

Silent Suffering: A Qualitative Study On The Impact Of Infertility On The Social And Psychological Health Of Women In District Faisalabad, Pakistan, And Its Socio-Cultural Factors

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Abstract

Infertility is an apparent issue among women in Pakistan, observed across all aspects of life. Women face societal challenges, and their independent opinions are often disregarded, persisting against socio-cultural norms. Pakistan is a male-dominated society that blames women for infertility due to a lack of modern studies and biological factors. Discrimination against women is a significant issue that hinders progress in the nation. This qualitative study explores the effects of fertility on the social life and psychological health of infertile women in Faisalabad, considering economic conditions. A structured interview schedule collects information on demographics, household, locality, and other socio-cultural and psychological variables. The non-probability snowball sampling method selects 15 women of reproductive age (excluding widows) from Faisalabad, province of Punjab, Pakistan. Thematic analysis identifies significant challenges, including ignorance from loved ones and psychological distress such as anxiety and depression. Women face criticism and assault due to their dependency on in-laws, although on a small scale in Faisalabad. Many women lead happy lives due to support from their families, not just independence. The government should empower women by providing support and building their skills, acknowledging infertility as a natural phenomenon beyond human control.

Keywords: infertility, women, discrimination, sociocultural norms, psychological health.

INTRODUCTION

In Pakistan, infertility is a significant issue that affects both men and women ([Bhamani et al., 2020](#)). There is confusion due to the lack of a

standard definition of infertility. Medically speaking, infertility is diagnosed in couples who are unable to conceive after engaging in regular, unprotected intercourse ([Sermonn & Viville,](#)

2014). Several couples and individuals seek medical treatment despite the hefty burden, and some are successful. Infertility has a significant impact on the lives of women, and the WHO estimates that over 10% of women are infertile (Infertility, 2023) or that women who have been in a stable relationship for at least five years have a two-year window. Infertility, which affects both men and women equally and hasn't improved in the past 20 years, is another burden. From 1990 to 2017, the global infertility rates for women in 195 countries increased by 0.370% annually. In many regions of the world, the lack of reproductive healthcare, illiteracy, misogynistic imaginary services, oppressive social action against women, and violence against women prevent the majority of women from accessing healthcare. In this scenario, healthcare professionals must ensure that all individuals have equal access to reproductive healthcare (Perritt et al., 2022). Infertility causes social and psychological distress that impacts the marital life of a couple. Societal pressure frequently results in spouses' uncooperative behavior and their desire for second marriages, thereby adding to the stress of women. As the likelihood of stress decreases, this condition can aggravate women's reproductive health concerns. Infertility is divided into primary and secondary subclassifications. Primary infertility refers to a woman's inability to procreate for the first time, whereas secondary infertility is the inability to conceive after a live birth (Gibson & Myers, 2000). The infertility rate in the United States is estimated to be between 10 and 15% of the population, with 85 percent of couples able to conceive within a year (ASRM, 2013). Infertility has a significant impact on an individual's or a couple's biological, psychological, and social aspects. Infertility, which frequently necessitates external assistance such as FABMs to achieve pregnancy (Kicińska et al., 2023), has thwarted the societal expectation of starting a family after marriage and rearing children. A WHO-DHS

comparative report revealed in 2004 that there were more than 186 million married women in developing countries, representing more than a quarter of married women of reproductive age in these nations. In Pakistan, the infertility rate is 21.9%, composed of 3.9% primary infertility and 18.0% secondary infertility (Ali et al., 2011). Tension and strain on the joints can contribute to infertility and a range of psychopathologies, such as tension, hostility, anxiety, frustration, self-blame, and suicidal ideation. Depending on the infertility definition and data, the cumulative incidence of infertility by age 38 ranged from 14.4% to 21.8% for men and from 15.2% to 26.0% for women. (Roode et al., 2019). These findings indicate that infertile women experience a significant level of psychological distress. In 2009, Begum and Hassan compared the anxiety and depression levels of infertile and reproductive women in urban Karachi. According to the results of the investigation, infertile women are more susceptible to psychological consequences. Infertile women at Liaquat National Hospital, Patel Hospital, Infertility Conception, and Zainab Hospital provided data (Begum et al., 2014), whereas fertile women in urban Karachi were drawn from the general population. Women aged 20 to 35 were separated into working and nonworking subgroups. The study concluded that the average age of fertile women was 27.48 160.75, while that of infertile women was 27.36 160.75, based on the results of personality and aptitude assessments measuring the severity of melancholy and anxiety. Fertile women had depression levels of 21.85 10.98, while infertile women had depression levels of 32.01 12.50. The respective anxiety levels were 24.45 (9.63) and 36.20 (12.51).

In 2022, Naz et al. conducted a research study in Lahore, Pakistan, to investigate the mental health issues experienced by infertile individuals. This study concludes that infertility is a significant source of stress for both men and women, with both direct and indirect effects. This research

paper presents the findings of an investigation into the experiences and perspectives of infertile individuals. The survey sample comprised thirty individuals recruited from four institutions. The participants were divided into three categories, each containing ten individuals: infertile individuals, spouses, and infertility experts. Participants' data were analyzed to obtain insight into the causes, effects, and treatments of infertility, among other aspects. It is anticipated that the findings of this study will contribute to the existing corpus of knowledge on infertility and inform the development of effective interventions to assist individuals and couples affected by this condition. Significant concern exists regarding the prevalence of infertility in Pakistani society ([Khan et al., 2011](#)), which is primarily attributable to the moral and social pressures that exist within the cultural context. Many couples are distressed by their inability to conceive, and societal expectations regarding parenthood can exacerbate this emotional burden. Therefore, infertility is a complex issue that requires further study and consideration. Numerous factors have been identified as contributing to the occurrence of infertility, revealing its complexity. Included in these factors are social, cultural, emotional, physical, and economic issues. These factors' influence on infertility has been extensively researched and documented in the scientific literature. Stigma and discrimination are social and cultural factors that can delay the diagnosis and treatment of infertility. Emotional factors such as tension and anxiety have also been shown to negatively affect fertility. Physical factors, such as hormonal imbalances and reproductive disorders, can contribute to infertility. Economic factors, such as a lack of access to affordable healthcare and fertility treatments, can also affect infertility. To develop effective interventions to address the issue of infertility, it is essential to comprehend the complex interplay of these factors. Infertility is a global issue, afflicting an astounding 80

million people around the globe. The prevalence of infertility in the United States ranges from 5 to 30 percent, indicating that a sizable portion of the population suffers from this condition. According to a 2005 study conducted in Iran, a significant proportion of the world's infertile individuals reside in developing nations. In certain social contexts, women are frequently assessed based on their reproductive capacity. In some societies, infertility is a prevalent problem, with a significant proportion of cases resulting in permanent infertility. According to research, 40% of infertility cases can be attributed to masculine factors, while the same proportion can be attributed to feminine factors. The remaining 20% of cases either involve both sexes or have an unknown cause. The condition of infertility is not considered a disease; however, the treatment of infertility can have significant effects on many aspects of a person's existence. These effects can manifest as psychological and emotional distresses, such as anxiety, depression, tension, feelings of hopelessness, remorse, and a lack of lifestyle interest. The prevalence of infertility-related psychosis is estimated to range from 25% to 60% worldwide, which can be attributed to a number of factors, including gender, causes and duration of infertility, treatment strategies, and lifestyle issues. The psychological status of women is significantly related to the aetiology of the infertility problem; therefore, women undergoing treatment for fertility problems must have individualized psychological support based on the aetiology of their infertility problem ([Lykeridou et al., 2019](#)). According to existing literature, the study of infertility and its effects on lifestyle is complex and heavily influenced by an individual's social and cultural context. Consequently, it is essential to consider articles that incorporate this perspective. Quantitative research is frequently used to examine the social and psychological effects of infertility, but it may fail to establish a causal link. To effectively investigate the social and psychological effects of

infertility and its treatment, it is necessary to modify the research methodology.

The Impact of Sociocultural Factors on Female Fertility in Long-Term Relationships

Harmony is a prevalent sociocultural phenomenon that is deeply ingrained in many societies, with the highest rates occurring in the Middle East (20 to 50%) and exceeding 80%. Permanent marriages provide significant social and economic benefits in these societies, including the reinforcement of family ties, the opportunity to find a suitable spouse, and the support of a female companion, which results in enhanced family relationships. Numerous studies have investigated the relationship between reproductive outcomes and partnership harmony. An observational study estimated the fertility of women born to permanent parents and found a correlation between parental concordance and lower fertility and ovulation rates. This finding is consistent with historical analyses of urban and parish registries in remote Swiss villages, which discovered that daughters of authoritarian parents have reduced fertility.

In certain populations, including Jordan, Saudi Arabia, Iran, Iraq, Bahrain, and Turkey, preconception screening programs have been observed to detect potential genetic disorders that may have an impact on offspring. Approximately 90 Saudi Arabian couples are susceptible to having children with thalassemia or sickle cell disease, according to the present study. Due to the social stigma associated with these disorders, premarital screening is crucial. Diverse nations have proposed promoting sustainability as a means of promoting health and offering couples counseling services. The ultimate goal of these endeavors is to achieve population-wide positive effects.

STUDY BACKGROUND

Infertility is a global issue that has far-reaching effects on individuals and, upon diagnosis, causes significant emotional turmoil. Patients with infertility are more likely to develop depressive, apprehensive, and tense states that play a role in infertility, which raises important questions about the nature of their relationship. In particular, it is unknown whether tension is a cause of infertility or whether infertility causes stress. The complex relationship between adversity and infertility makes causal inferences tenuous. In spite of this, it is undeniable that infertility is a significant source of anxiety, and there is evidence that psychological interventions can reduce frustration and increase pregnancy rates. The impact of trauma on treatment outcomes is somewhat ambiguous. The purpose of this article is to describe the psychological issues involved in infertility treatment and compare them to the extent of reproductive treatment utilized in cancer-affected infertility patients. It is estimated that one in eight couples, or twelve percent of married women, experience difficulty conceiving or maintaining a pregnancy. Despite the high prevalence of infertility, infertile women are frequently reluctant to discuss their difficulties with family or friends, which exacerbates their psychological distress. Research indicates that patients who seek treatment more frequently are at greater risk of developing depressive and anxious symptoms. Those who experience treatment failure exhibit more severe depressive states compared to patients without a history of treatment. Therefore, it is prudent to begin infertility treatment after a single cycle.

The Impact of Mental Factors on Pregnancy Rates in Reproductive Treatment

The potential effect of mental factors on pregnancy rates is one of the most contentious areas within the field of reproductive therapy. Although numerous wives' tales support the notion that stress inhibits reproductive function,

this principle refutes that notion. The principal has been difficult to verify. Several studies have investigated the relationship between mental symptoms before and after the RT cycle and the resulting contradictory pregnancy outcomes. While a few studies have proven that females are more tense earlier than men, in the course of treatment, sixteen- to 19-year-old pregnancy rates decrease.

The presence of multiple possible explanations may account for the observed inconsistencies. One potential issue in mental health research is the underreporting of anxiety levels by individuals when completing questionnaires. This phenomenon has been observed in recent studies, indicating a potential limitation in accurately assessing anxiety levels through self-reported measures. A recent study conducted in the United Kingdom has revealed that a total of 339 adolescent females are actively seeking to conceive. Among these individuals, 22 have reported experiencing symptoms of stress, tension, and strain. The findings of this study suggest that a significant proportion of young women in the UK are interested in becoming pregnant and that a subset of this population may be experiencing psychological distress related to this goal. In a study conducted on a sample of 501 women residing in the United States, it was observed that there exists a significant association between stress-inducing factors and salivary α -amylase levels with respect to gestational age. According to the findings, women who were in the optimal range of α -amylase at baseline were twice as likely to experience infertility in the future. In a recent study involving 135 patients who underwent in vitro fertilization (IVF), cortisol levels were assessed through the collection of hair samples. The samples were taken over a period of three to six months prior to the study. The present study aimed to investigate the potential association between hair cortisol levels and pregnancy rates. The results revealed a significant correlation between hair cortisol

levels and pregnancy rates ($P = 0.017$). The observed outcomes align with the expectations of the majority of individuals experiencing infertility.

Objectives of the Study

1. Investigate the social and psychological challenges experienced by women who are struggling with infertility in Faisalabad, Pakistan.
2. Determine how infertility affects the lives of women.
3. Examine the socio-economic status of women who are facing infertility.

Review of Literature

Infertility has been a problem that has been recognized throughout history and documented in various cultures and religions ([Abdelnabi, 2022](#)). Back in the olden days, people used to believe that being unable to have children was a punishment from the gods. The belief is still present in some communities ([Chamberlain, 2022](#)). They thought that the gods were responsible for causing infertility. It might be a result of sin. Throughout history, many cultures have stigmatized and excluded women who were unable to conceive children. Back in ancient Rome, women who couldn't have children were often blamed for their infertility and seen as a source of shame for their families. There are sociocultural factors at play when a couple and its family interpret infertility as a source of shame and poor reputation ([Husain & Imran, 2023](#)). During the Middle Ages people believed that infertility was a punishment from the divine (Ademiluka, n.d.).

Women who had difficulty conceiving were often accused of practicing witchcraft. Back in the day, people believed that if a woman couldn't have children, it meant she was a bad person and had no spiritual worth. As a result, women who couldn't conceive were treated terribly and often faced physical and emotional harm. During the

19th century, medical and technological progress facilitated the emergence of infertility treatments. Nevertheless, the aforementioned therapies were frequently intrusive and inefficacious, and they were linked to elevated levels of morbidity and mortality. During the initial decades of the 1900s, the identification of hormones and the advancement of assisted reproductive technologies (ART) brought about a significant transformation in the management of infertility. Nevertheless, the implementation of these therapies was met with opposition from conservative and religious factions, resulting in controversy. During the latter part of the 20th century infertility gained recognition as a medical condition. We came to know that it is associated stigma gradually diminished. The progression of assisted reproductive technologies (ART), including the implementation of in vitro fertilization (IVF), has facilitated an increased likelihood of conception for a greater number of couples. Furthermore, the efficacy of these treatments has demonstrated a positive trend over the course of time. Though Assisted reproductive technology (ART) is increasingly adopted to tackle rising infertility and subfertility rates but treatments can be costly and may not be readily available to all couples experiencing infertility ([Grech & Gatt, 2022](#)).

[Lutz \(2002\)](#) examined the effects of mental trauma and infertility in the UK. The family is a source of population growth, and due to the pressures on societies to maintain their balance, children are required to make space for the deceased. It no longer merely influences, but also affects the entire nation. Man is renowned for its members. Their society and state are devoted to the pursuit of their mission due to their efficient and innovative abilities. Although mental trauma and infertility can be treated with cooperation and ridicule, this is not always the case. [Hasanpoor-Azghdy](#) investigated the psychological effects of infertility on a woman's existence. In the Pakistani cultural context, this is considered a

major flaw in a couple's relationship. In our society, an immediate pregnancy after marriage is expected if the woman is able to conceive within a year or two causing social constraints that place her under psychological stress. This tehsil was established within the communities of Chow Syedan Shah Chakwal and Dolamial. The research was conducted on a sample of sixty-four infertile women with both primary and secondary infertility over the course of three weeks using interview guides as a qualitative instrument. According to research, not only do these women experience negative social outcomes, but their mental health is also severely impaired. The inability to conceive is a sign of impending doom for her future lifestyle. The simplest cause of infertility places the greatest burden on the woman who suffers from it. [Syeda Farhana Kazmi](#) conducted a study to investigate the effects of infertility on the mental health of women. The study design was cross-sectional. Data was collected from various hospitals, including DHQ Hospital Mansehra, DHQ Hospital Abbottabad, DHQ Hospital Haripur, Ayub Medical Complex Abbottabad, Saad Maternity Hospital Mansehra, Afshan Zarkhiz Hospital Mansehra, Samilia Zarkhizi Hospital Sher Khan Abbottabad Ghazi Haripur, Alaa Ishaq Hospital and American Hospital Haripur, and Jinnah Maternity Clinic Haripur. The research was conducted from October 2015 to April 2016. The study included 200 infertile women between the ages of 25 and 50 who had experienced infertility for five to three years. The Mental Health Inventory (MHI-38) was used to assess infertile women's mental health. According to the findings, infertile women experience stress, tension, and behavioral or emotional distress (mental distress). The study revealed that women with prolonged infertility tend to experience a higher level of tension, frustration, and loss of emotional control. Leila Musalanjad: Assisted Reproductive Technology (ART) gives infertile

women hope for pregnancy, but this optimism is not always realized.

A gynecologist (Orthopedic Center) selected 23 subjects who encountered infertility failure in 2012 and who met the inclusion criteria. The records were acquired through semi-structured interviews and analyzed using an approach based on analytical studies across the university's seven ranges. A total of ninety-six codes were identified. The statistics have been categorized. Variables in the treatment of infertility increase and decrease. Five issues and twenty subthemes have been eliminated in total. Growing factors emerging from the records include "spiritual resource," "family interaction and assistance," and "media facts," and growing factors include "nature of treatment" and "poor mind." Throughout the years, infertility has received a great deal of attention. Infertility affects approximately 80 million individuals worldwide. The potential causes constitute a significant area of interaction between psychopathology and infertility. In the past, 25 to 60% of infertile couples experienced mental health issues. Despair and tension are significantly more prevalent among fertile controls and the general population than among infertile couples. Obsession with infertility is associated with symptoms of pollution, psychosis, substance misuse, and eating disorders. The mental effects of infertility are greater for women than for men. In addition, the authors discovered that infertile patients had higher acxithymic levels than healthy controls. There are various psychiatric interventions for extraordinary desires. Counseling can provide invaluable assistance in treating infertility and coping with its ultimate failure.

In Lahore, Pakistan, a theory was developed to investigate the "mental issue" of infertile men and women. Statistics were gathered from thirty companions (10 infertile men and women, 10 spouses, and 10 infertility professionals) using semi-established interviews. Four hospitals'

infertility departments' patient records have been gathered through the use of reasonable sampling techniques. For the purpose of thematic analysis, interviews were recorded and transcribed. As a result of reading the documents, eight main themes emerged that highlighted areas of concern. 1) social concerns, 2) family strain, 3) personal issues, 4) intellectual concerns, 5) sexual harassment, 6) marital conflict, 7) problem resolution, and 8) opposition Personal dissatisfaction (consisting of a lack of determination), marital conflict (e.g., separation risk and partner dominance), and gender infertility issues also surfaced in the facts. Men typically record this issue of masculine ego taint while concealing their infertility and displaying treatment resistance. while experiencing family and social pressures, social instability, difficulties in diagnosing and treating patients, and menstrual pressures. The findings suggest that gender discrimination issues should also be considered when addressing infertility issues. It was determined that knowledge of the social and psychological aspects of infertility-related issues should eventually serve as the basis for an effective intellectual intervention plan. The Advanced Studies and Research Board (AS&RB) of GCU, Lahore, Pakistan, approved the procedure after receiving a request for permission from the involved hospital administrators. A gynecologist diagnosed infertility sufferers, and infertility specialists working with partners and within the field of infertility were selected. Prior to the facts series, participants were briefed on the study's objectives, and informed consent was obtained. In Urdu, semi-established interviews with infertility patients, their partners, and professionals were conducted.

Similarly, all specialists and physicians were questioned about their workplaces. In separate chambers adjacent to the outpatient sanatorium, patients and their spouses had been interviewed. protecting the personal outcomes of psychological, social, familial, and infertility

through 30- to 40-minute interviews. Marital conflicts, erotic issues, treatment issues, expectations, and competitive strategies were investigated. Due to the sensitivity of the records, a sympathetic relationship developed during the interview. Everyone has been assured of anonymity and confidentiality. Interviewers were not only interested in determining infertility-related issues but also in gathering information that could be used to enhance the future well-being of these patients. A total of thirty interviews were conducted and transcribed in Urdu. [Brown and Clark \(2006\)](#) and [Bran, Clark, and Terry \(2012\)](#) proposed a six-step thematic analysis method, which was utilized to analyze data effectively. The files have been encoded using a case-by-case structure. They were examined and analyzed repeatedly to identify emerging topics based on their ideological coherence. The first author transcribed the case using case coding and discussed the initial topics with the second author, resulting in a consensus on the topics. After all of the interviews were transcribed, gender comparisons were conducted to identify the mental issues of infertile men and women. Vital components of a couple's physical and mental fitness—a healthy sexual function and an appropriate marital relationship—are the foundation of a long-lasting relationship and are essential to their physical and mental fitness. Existing evidence suggests that concentration during sexual activity is associated with sexual issues. For example, this has an effect. Happiness instead of having intercourse during sex, sexual conduct, decreasing stimulation and interest in sex, diminishing fertile days and frustration, additional frustration and stress during the menstrual cycle, and problems with the duration of sexual activity. Pay more attention to The 30-year-old partner suggested, "Doctors advise against sexual activity on fertile days." But my spouse is afraid of ejaculation, and he does not engage in sexual activity as recommended by doctors. Patients report difficulty concentrating

during intercourse when contemplating having children or reciting religious verses. Patients reported ruminating about other people's traumatic minds, making accusations, and demanding behaviors during sexual activity. Gradually, they stopped engaging in sexual activity and began to view it as a duty rather than a pastime. Even if infertility did not have a negative impact on sexual performance, he stated that he thought about having children during sexual intercourse. When patients seek treatment, we inform them of their fertile days and suggest engaging in sexual activity within the subsequent ten days. Then, their focus shifts, and they only do it for children and the treatment of infertility. No. It becomes a treatment and medication for them. I don't believe so, as it is the best method to have a good time. When they are forced to stay in due to family obligations or other reasons, they become irritable and depressed (Infertility Specialist, Experience in Years: 6). The women reported experiencing pain, frustration, weeping spells, and other forms of failure. The men claimed they were attempting to offer advice to a friend, but they were irritated and frustrated by the ineffective treatment. In response to inquiries from relatives regarding the menstrual cycle, the females suggested lying to their in-laws. Regarding gender, masculine infertility was perceived as sexual misconduct, shame, and stigma within a society. In the local language, the term "Nimurd" indicates "no longer masculine" or "a lacking masculinity." For men, infertility became more agonizing than for women. Women complained of acute pain during and after having sex with 6 NAZ and BATOOL, while men reported less interest, and arousal, and a greater impact on female sexual behavior. "Before I was diagnosed with infertility, I was not." My family inquired about my wife and made numerous inquiries about her. However, I now present them with reports indicating that my sperm count and penis size are minimal. He did not utter a single word. However, he advised me to seek treatment.

My friends frequently inquire as to whom I have lied to. "YourMrs.?" The issue persists, but I remain mute in front of the majority of people. Typically, I do not discuss it with everyone. (Affected male, 26 years of age) In addition to affection, deep courtship, and familial ties, wives of infertile husbands typically remain with them. These women were no longer viewed as sacrificing their emotional desires for the sake of their spouses. She stated that she tried to consult her spouse more effectively. "He is a cousin of mine." I eventually become boorish, but he does not say anything to me. I compelled her to receive medication and treatment. We refrain from having sexual relations before treatment out of concern that our spouse will leave Carly. However, owing to the treatment, we now adhere to the doctor's advice. Because he is my relative, I accounted for the possibility that we would no longer live together even if there were no children. (Female Spouse, Age: 30) "Men believe that if they are having intercourse, everything is exceptional, and they are reluctant to be examined and treated." But while couples come to us, there are only fifty percent. Our protocol is to evaluate the male partner first in order to avoid unusual female approaches, and then to determine if he has low speed, low counting, or other issues. The pressure comes from men and "By the policies." Nobody contemplates the male point of view. If the problem is with the other individual, then the majority of the time, e women will make an effort to save the relationship. Typically, men have sexual problems. It is reported because the individual is an active associate. When the husband's concerns are discussed, women are generally mute. They apply no pressure to the spouse. 1% to 2% of the population are ambitious. Tell your parents about your husband's problem, while other women attempt to adapt and tolerate the problem.(Infertility Specialist, Experience: 20 Years). Shawn Shehzad possesses a natural aptitude to produce healthy offspring. Infertility

is the inability to conceive and bear children. There are numerous causes of infertility, including age, illness, and the constitution of the reproductive system. Infertility is an extreme condition. This issue is considered taboo, with varied social and psychological consequences. Using a semi-structured questionnaire, 40 respondents from the city of Rawalpindi were selected through a snowball sampling technique. The study was conducted over a span of two months. The results of the study indicate that infertile individuals encounter numerous marital lifestyle challenges. Family and society have traditionally regarded infertility as forbidden; therefore, Rebellion and rise up exclude them from all social and cultural sports, including family decision-making and participation in cultural galas. Thus, expulsion can result in severe psychological issues including despondency, tension, remorse, and dissatisfaction. Infertile Partners Infertility is a major source of tension for couples. This difficulty may result in aggressive behavior stemming from domestic violence. Determining the relationship between domestic violence and infertility, as well as other contributing factors. From May to December 2015, 400 females were admitted to the Al-Zahra Teaching Hospital in the Islamic Republic of Iran as part of this special case. This information was collected by the WHO through the Domestic Violence Questionnaire, which was confirmed. Was carried out within the Islamic Republic of Iran. Histories of Physical Abuse One hundred twenty (60%) of the 136 (68%) slow infertile women experienced professional sexual violence, and one hundred forty (70%) experienced mental violence. There was a correlation between infertility and physical, sexual, and mental violence (p .05). Logistic regression analysis reveals that women's education level [OR-0.176, 95% CI (0.070-0.446)], unemployed spouses [OR-15.83, 95% CI (1.307-191.977)] are related to, odds ratios. ...and infertility [OR-0.133, 95%

CI (0.050.070–0.4467-0.31)] associated with domestic violence (P0.05). The study found a correlation between infertility and physical, sexual, and psychological violence, and infertile women were more likely to be victims of domestic violence. Screening for domestic violence may be of utmost importance for infertile couples. Infertile couples face mental stress. This may cause home-violence-based aggression. Identifying domestic violence and infertility causes. Four people tested this unusual instance. 100 Iranian women were referred to Al-Zahra Teaching Hospital from May to December 2015. WHO's Domestic Violence Questionnaire collected this data. licensed in Iran. Physical Abuse 120 (60%) infertile women experienced sexual violence and 140 (70%) psychological trauma. Infertility was strongly linked to physical, sexual, and emotional abuse. Logistic regression demonstrates that women's education, unemployed husbands, and infertility are linked with domestic violence ($p < 0.05$). Infertile women are more likely to experience domestic abuse, sexual, and intellectual violence. Infertile couples need domestic violence screening. Lowering any unknown or obscure fertility and internal sensitivity leads to a condition that, to a point or unintentionally, suits the person or couple. Allows a baby to enter. In this situation, mental and social intellectual processes can be quite nuanced, and their neuroendocrinological linkages are an attractive field for future investigation. Here are several social, anthropological, and psychological analyses. Three outcome-based anecdotes summarized the clinical material. Remedy is summarized and discussed. Very few cases of infertility are brought to the attention of a psychiatrist or analytic psychologist. In quantitative medical research, there is compelling and irrational evidence for psychogenesis in infertility. Numerous individuals and couples suffering from mental disorders emerge as expectant and begin to have children, and numerous couples no longer

appear "regular." Utilizing science, however, demonstrates to oneself and others that the brain plays a role in bringing about many cases of infertility (Christic and Passon, 1988, 1989). In light of these findings, it appears that, over time, social and cultural forces will have a pervasive influence on human birth rates, a force that is not always fully understood. Psychologists and sociologists have played a leading role in our inability to fully comprehend the significance of mental and psychological effects on human fertility. Yet, do we truly know what to look for in a psychologist? When diagnosing infertility in a couple, it is not sufficient to conclude that the female is lacking in ovarian characteristics or the individual is not producing enough viable sperm, even if neurotransmitters or hormones are present. There is a disparity. Antibodies can indicate the presence of equilibrium or are associated with a particular type. It is not always sufficient to acknowledge that the use of a male partner's sperm paralyzes the cervical secretions of a female. Are these outcomes applicable to any fundamental experience? Do we even comprehend these concerns, and how should they relate to the fundamental nature of the relationship between women and men? Through the ability to reopen queries, the intellectual analyst's position in acquiring solutions demonstrates a high performance trend. One of the concerns I'd like to revisit relates to a problem that's nearly fertility-related, namely, that many of my female patients who are evaluated psychologically are sterile or women have experienced unique infertility durations. After prolonged and unsuccessful fertility investigations and remedies, the subject is immediately introduced with care and investigated effectively. The nearly conventional opportunity presented by the concept and onset of Ambiguity is normal (Feder, 1980) and does not cause infertility on its own. But if The antithetical and horrifying aspect of the disease is ruled out, and the prevalence of pregnancy is reduced to

focusing on the safety norm and the desire to conceive, then The fertility stage will at least decrease temporarily. Can In psychiatric treatment with such patients, it is of utmost importance. To observe how often it is possible to cultivate strong emotions regarding how to respond to a woman's negative emotions and allow the women to return. Obtain extra-balanced knowledge. Medical evidence shows that, at the level of anesthesia, there may be a connection between subconscious infertility and profound sensitivity within the individual in cases where the infant is not permitted to return. In such a circumstance, there may be intra-mental psychological conflict or some mental social distress. Relevant subconscious strategies can be significantly refined, which can extend a great deal deeper than the standard depiction of duress and its management. I am about to make a profound preparation that will momentarily or permanently impede the young lady's guidance. Identifying previously unknown cases of infertility is a crucial aspect of reproductive health. Individuals or couples who are able to uncover any hidden or habitual conflicts that may be affecting their fertility, particularly in the lower back of the subconscious, may have a higher chance of success. Success is a widely discussed concept that has been analyzed and debated by scholars, philosophers, and individuals alike. It is a subjective term that can be defined differently depending on one's personal beliefs, values, and goals. Some people may view success as achieving financial stability, while others may define it as finding happiness and fulfillment in their personal lives. Regardless of how one defines success, it is generally agreed that it requires hard work, dedication, and perseverance. Success is not something that can be achieved overnight, but rather it is a journey that requires consistent effort and a willingness to learn from failures and setbacks. Furthermore, success is not limited to any particular field or industry. It can be achieved in any area of life,

whether it be in one's career, relationships, or personal growth. Success is also not a one-size-fits-all concept, as what may be considered successful for one person may not be the same for another. In conclusion, success is a complex and multifaceted concept that is unique to each individual. It requires a combination of hard work, dedication, and perseverance and can be achieved in any area of life. Ultimately, success is a journey that requires continuous effort and a willingness to learn and grow. Couples may benefit from undergoing a thorough search before fully committing to professional technical intervention, even if the woman's situation is unique. This is my personal viewpoint. Women are considered to be within their reproductive years during the period of time in which they are capable of becoming pregnant. The phenomenon of excessive appearances has been observed in various contexts. This refers to a situation where something or someone appears too frequently or in an overwhelming manner. It can be seen in the media, in advertising, or even in personal relationships. The effects of excessive appearances can vary, but may include desensitization, annoyance, or even a negative impact on the perceived value or quality of the thing or person in question. As such, it is important to consider the frequency and manner in which something or someone is presented in order to avoid the negative consequences of excessive appearances. According to Petersen and [Teachmann's \(1984\)](#) research, it is important to remember the saying of the German people in the area that "when a child wants to come, he will come." By doing so, we can gain a deeper understanding of its meaning. Try As per an old French proverb, "Time respects whatever has not been achieved without it," as quoted by the user. Before taking action, it is important to thoroughly understand the problems at hand. Therefore, it is recommended that you invest time in deepening your knowledge of these issues. According to Patterson and Teachmann's (1984) perspective,

adopting such a mindset can enhance our understanding of the more profound aspects of human existence. The ability to connect with beliefs or preventative measures that go beyond our current understanding of physical functions and external pressures is essential. In their 1984 study, Patterson and Teachmann aimed to establish a framework that encompasses cognitive, emotional, and interpersonal aspects of the early stages of romantic relationships. They proposed a model that takes into account the triadic nature of the couple's initial interactions. It is important to be prepared to grant access when necessary. The upbringing of a woman is an important aspect of her development. The knowledge regarding this profound surface is limited or nonexistent. In our quest for knowledge, we consulted not only medical professionals and therapists, but also specialists in infertility, psychology, economics, and anthropology. We also sought insights from experts such as Anne Morgan, Campbell Paul, and Francis Salo Thomson in Melbourne, Australia. Required. According to Paul and Cello Thompson's research in 1997, the relationship between a mother, father, and their infant is a delicate one that involves anticipation, both before and after birth, as well as actual conversation. In her work on the history of Womanhood, De Mouse (1974) highlights the remarkable resilience of young children. Recent reports indicate that mortality rates in certain regions of Europe and rural areas of China have reached unprecedented levels. The issue of women's abuse is becoming increasingly prevalent, and its effects may be more visible than its actual occurrence. There are alternative methods to resolving the Oedipus complex besides the traditional approach of revealing the truth to the individual on a mountaintop. Louis Federer, a psychologist, discussed the concept of a "psychological ambulance" in his 1980 book. This refers to the idea that our experiences during pregnancy and early childhood can have a

significant impact on our psychological well-being later in life. Federer specifically focused on the importance of the parents' own early experiences and how they can affect their ability to parent effectively. The concept was originally conceived by the author, who highlights a prevalent suppression of this uncertainty. The author notes that the severity of denying the existence of an infanticidal entity is equivalent to its widespread occurrence. In a 1980 study by Federer, it was found that perceptual ambiguities such as the roles of "dad" and "mom" can contribute to internal conflicts and potentially impact the development of women in the future. The interpretation of the role of the key element in the beginning of the Oedipus story is complex, according to his perspective. In the mythological tale of Oedipus, his parents attempted to kill him as an infant. According to historical records, anthropological studies, and economic analyses, as well as the observations of psychologists, it appears that there is a delicate balance between the act of giving birth and the subsequent decision to raise a child. Preventing and Forestalling Abortion: A Man's Perspective The balance between opposing forces is a complex matter that can be approached in various ways. Our personal interest in these changes plays a significant role in the forces that affect us, both internally and externally. Organizational forces impact individuals differently based on their level of sensitivity. However, there is limited understanding of the crucial nature of these forces. Experiencing heightened levels of excitement, which may also include feelings of disappointment, restlessness, and stress, can have an impact on an individual's well-being. Personal matters such as desiring to become a parent can also contribute to one's emotional state. The issue of sexual orientation has been a topic of heated debate, with individuals expressing their opinions on the matter. This has led to a collective war of words, with some threatening separation and others adopting an intellectual approach.

However, this discourse has highlighted the challenges associated with addressing problems related to sexual orientation. Men in particular seem to be struggling with this problem; they express frustration and rage while also hiding their infertility and demonstrating apathy towards finding a solution. When dealing with issues related to sexual exchange, it is important for women to consider the potential impact on their family and social relationships, as well as their own emotional well-being. These issues can lead to social instability, evaluation, and treatment. Understanding the social and psychological landscape of a desolate region and its associated challenges can serve as a foundation for an effective mental intervention strategy. Sidi Batol Hassanpur Azghadi, Masooma Sambar, and Abuli Vidhadir have examined the issue of infertility as a significant opportunity for modifying lifestyles that contribute to social and cognitive challenges. The socio-cultural and gender characteristics of various geographical regions determine the distinct order and classification of these issues. Purpose: The impetus behind this private investigation was to elucidate the psychological ramifications of Iranian infertile women's inability to attain their desired treatment. The topic of discussion pertains to minerals and their strategic significance. This study presents a subjective analysis of the discontinuation of individual substance testing on 25 women who lacked sustainable adolescent development in 2012. He was selected by a highly esteemed research institution located in Tehran, Iran, based on his exceptional qualifications. The statistical data has been methodically arranged into 32 partially prepared sessions and segregated through the application of standard substance analysis techniques. The study's conclusions encompass four main themes. 1. Cognitive Response to Infertility A scholarly reaction to the process of remedying mental distress, specifically in the context of conditions characterized by feelings of frustration The experience of being

naked elicits a range of intense emotional responses, including fear, panic, and tension, as well as feelings of deception and blame, physical and emotional pain, and deep sorrow and mourning. The topic of interest is treatment, specifically the restoration of the system. This process involves addressing various negative emotions such as worry, tension, pressure, exhaustion, chance, misery, frustration, and suffering. The study has revealed that infertile Iranian women seek intellectual stimulation as a means of remedying their condition, which has a positive impact on their psychological and overall well-being. This issue is considered a biomedical concern within the Iranian context. Insufficient emphasis is placed on psychological, emotional, social, and societal perspectives. I'm sorry, but the user's text does not provide any context or information that needs to be rewritten academically. Please provide more details or a specific topic to work with. Infertility presents a multifaceted and distinct situation for each partner involved. The economic scrutiny and analytical treatment can be arduous, resulting in a miserable and unpleasant experience despite the abundance of opportunities. Happens. The condition of infertility elicits diverse effects on an individual's physical, cognitive, societal, emotional, and financial well-being. Despite being a precarious issue, it is frequently encountered as a result of the unfavorable life circumstances that couples may face. For humans, it is widely acknowledged that engaging in such activities is associated with the social status of youth. Couples experiencing infertility are not the only ones grappling with the condition; however, it is exacerbating certain emotional states. The relinquishment of infertility can lead to a transformation of the emotions, cognition, and convictions of the couple experiencing it. Based on the concept of social stigma, couples experiencing infertility may opt to conceal their condition due to the perceived security risks associated with disclosing it.

Furthermore, the unproductive union has an adverse impact on the well-being of the married individuals. Bibi Noorin Begum and Sharia Hassan conducted a study to investigate the differentiation between tension and melancholy in women who are infertile and those who are fertile. The study was conducted in 2009 and involved both fertile and infertile women. The study collected samples from infertile women who were receiving treatment at Liaquat National Hospital, Patel Hospital, Infertility Taswar Hospital, and Zainab Hospital, which are potentially situated in urban areas of Karachi. Concurrently, samples were also collected from fertile women who were selected from the general population in Karachi. All participants possessed a minimum of 10 years of formal education, and their ages ranged from 20 to 35 years. The organizations were categorized into two subgroups, namely employed women and unemployed women. For the evaluation of depressive symptoms and anxiety levels, the Institute for Personality and Ability Testing developed the Depression and Anxiety Scales. SPSS 14.0 was utilized for data analysis. The findings were consistent among a total of 120 participants, with an equal distribution of 50% ($n = 60$) in both organizations. The mean age of women capable of reproduction was found to be 27.48 years ($SD = 160.72$), while in the group of women who were unable to conceive, the mean age was 27.36 years ($SD = 160.75$). The prevalence of depression was found to be 21.85 ($SD=10.98$) among fertile women, while it was 32.01 ($SD=12.49$) among infertile women. The pertinent values for anxiety are 24.40, 9.63, 36.20, and 12.51. The discrepancy became significant. The authors of the study deduce that women who are unable to conceive experience more pronounced psychological impacts. Through an analysis of the social ramifications of infertility experienced by Saeedi Batool Hassanpur Aghghadi, Masooma Shambar, and Abu Wali Wahdir, an Iranian

couple, the aforementioned individuals were able to attain a desirable social status and subsequently bring to light various social and intellectual concerns. The objective of this examination is to provide evidence of the societal consequences of infertility among Iranian women who are seeking medical intervention. The study on fabric analysis underwent modifications following semi-structured interviews conducted with 25 primary and secondary infertile women who refrained from using contraception. The study conducted by the Fertility Health Research Center in Tehran, Iran involved intentional evaluation of participants from January to October 2012, with a high degree of variability. The present document was compiled based on semi-unbiased interviews and subjected to conventional material evaluation techniques for analysis. The study reveals that the consequences of infertility can be categorized into five primary classifications: firstly, violence, which encompasses both psychological and physical domestic violence; secondly, marital instability or uncertainty. Social isolation refers to the phenomenon where certain individuals may choose to discontinue participation in social sports, either with or without reassurance. Socializing with family and friends. The phenomenon of social exclusion and partial deprivation persists with the aid of family members and results in reduced social interaction between the infertile woman and the wider community. According to the Social Separation Examination, Iranian women who experience fertility issues encounter social challenges when seeking treatment, which may have detrimental impacts on their unique way of life. As a result, the pageant suggests that infertility in Iran should be considered a biomedical issue involving a capable couple. Additionally, greater attention should be directed towards its social and cultural aspects as well as its ramifications. Princess Shivan, Dr. Abid Ghafoor Chaudhry, and Mohammad Irfan have expounded that the

fertility of women is the overall potential for reproduction. The inability to recall and reproduce is commonly referred to as "infertility." Infertility can be attributed to various factors, including but not limited to advanced maternal age, infections, and abnormalities in the reproductive system. Infertility is a significant issue that is deemed unlawful. It possesses distinctive socio-psychological impacts that are unique. The present study adopted a semi-systematic survey approach to select a sample of forty respondents through the snowball sampling technique, resulting in an accrual of data from the city of Rawalpindi. The research extended over a period of several months. The observations reveal that individuals experiencing infertility encounter numerous obstacles in their marital relationships. The widely recognized issue of infertility within one's own family and society is deemed implausible. Preventing and halting individuals from organizing and participating in social and societal sporting events that serve as basic forms of leadership within the family unit. Collaboration and cooperation are essential in all network-related activities. The implementation of Prohibition resulted in genuine cognitive difficulties, including changes in facial expressions, stress, feelings of culpability, and dissatisfaction.

Materials and Methods

The development of our research project is based on the materials and techniques used. The research design approach considers the connection between the research methodology and the process of gathering information from our study participants. Our study follows a standardized approach utilizing a questionnaire to investigate the impact of infertility on women experiencing it. Our research is focused on the Faisalabad District, and we have collected data using a simple random sampling method. The questionnaire includes open-ended questions to

capture the diverse opinions and experiences of infertile women. Thematic analysis is the chosen method of data analysis. In this study, data was collected using a non-probability sampling method, and critical analysis was conducted based on existing data. A comprehensive questionnaire was developed to facilitate interviews with the participants.

Study Population

The study population is a group of individuals or objects that are the main focus of scientific studies. This study focuses on 15 women facing infertility effects in the Faisalabad district, regardless of their education and residence. The data were collected from women aged between 18 and 50 plus.

The sample population consists of 15 respondents who are facing infertility disorder. The researcher used snowball sampling to select respondents. The researcher conducted in-depth interviews to capture the respondent's subjective experience. The study contains primary and secondary data, and the primary source was customized interviews with infertile women.

Interviews, Case study and Thematic Analysis

We conducted interviews as a part of our research study. We developed an interview guide that was designed specifically to address the research problem at hand. The interview guide contained a set of prepared and open-ended questions. These questions were formally prepared in English but were translated during the interview in a way that could be easily understood by the respondents. This included translating the questions into languages such as Punjabi and Urdu.

To conduct the interviews we used a case study approach. This involved collecting data from individual cases and then analyzing the information to form case studies based on these individual cases. We used thematic analysis as a

method to identify and record patterns (or 'themes') in the data.

Respondents Profile

Total Interviews: 15

Due to privacy concerns, data of only 11 respondents is being shared

Name	Age	Religion	Education	Residence
Noshaba Nadeem	40	Islam	Nil	FSD City
Nasreen Bibi	35	Islam	MPhil	FSD City
Shiza Waheed	44	Islam	Bachelors	FSD City
Zohra Parveen	50	Islam	Matric	FSD City
Farzana Sohail	42	Islam	Bachelors	FSD City
Memona Kashif	45	Islam	F.A	FSD City
Mehmoda Akhtar	50	Islam	Matric	FSD City
Fatima Bibi	50	Islam	Nil	FSD City
Samina Bibi	32	Islam	Nil	FSD City
Sakina Akhtar	50+	Islam	Nil	FSD City
Shama Kosar	35	Islam	Matric	FSD City

Results and Discussions

Emotional Challenges Faced by Women Dealing with Infertility

The emotional experiences of women with fertility problems are more likely to express negative emotions compared to women who conceive spontaneously. These adverse emotions, notably shock, denial, anger, loneliness, guilt, grief, and depression, are frequently reported,

with a staggering 80% or more of infertile women admitting to experiencing them. In addition to outlining the emotional challenges confronting individuals dealing with infertility, many respondents highlight the resilience and determination displayed by couples endeavoring to conceive. An examination of several controlled and standardized inquiries produced mixed results. While some studies did not reveal infertility having any significant impact on emotional wellbeing, others highlighted a slight

uptick in stress levels associated with specific stages of IVF treatment. However, it is vital to acknowledge that the bulk of infertile persons who participated in these studies had yet to receive medical intervention, making it possible that their emotional experience is not representative of couples who receive fertility treatments. Apart from suffering from distressing emotions, women grappling with fertility issues are also at higher risk of developing several psychological disorders such as anxiety, panic disorder, obsessive-compulsive disorder, and phobias, among others. Healthcare professionals charged with counseling patients battling infertility should be mindful of this fact to ensure that interventions promote emotional and psychological wellbeing. Moreover, therapists must be cognizant of patients' previous experiences since past failures may impact present mental health and quality of life.

Advancements in technology have led to a greater understanding of the mental implications of poor fertility and its treatment. Medical research and experience have shed light on the impact of infertility on both men and women, with women being more susceptible to depression and anxiety. Infertility can also compromise marital and sexual stability. Therefore, it is recommended that couples seek treatment together and emphasize infertility as a marital issue. Psychological services can be beneficial for couples undergoing infertility treatment. Dealing with infertility can be overwhelming, with both somatic and psychological factors playing a role. When evaluating individuals seeking infertility treatment, it is essential to consider various factors, including family relationships, response to diagnosis and treatment, and impact on trust and self-awareness. To better understand how couples cope emotionally with infertility treatment, factors such as the time of diagnosis, treatment, mental state, emotional decision-making, and readiness for psychological and psychiatric support must be considered. Infertile

women and men share a desire to build a happy and fulfilling family, but coping with emotional responsibility during treatment and feelings of fear and parental incompleteness are common challenges. Overcoming psychological barriers can significantly facilitate the treatment of infertile couples. Further comprehensive research on the topic is necessary.

Psychological Factors and Emotional Coping Mechanisms in Infertility Treatment

A majority of females admit that finances are a pivotal factor in their development, encompassing healthcare expenses, commuting, and prescription bills. Occasionally, disabled women necessitate an independent mode of transportation for transport to and from hospitals. A noteworthy population of these women pursue physical rehabilitation procedures and regularly embark on journeys. The consequences for female entrepreneurs are substantial. In a scenario where a woman manages a business via a pushcart, she forfeits profit due to the expenses incurred for rehabilitation of women. This loss can cause turmoil in her business, and some women have to quit their jobs to take care of others. "We may eat less, but we can meet the need," said one woman. Various psychological and physical factors can contribute to infertility. Psychological issues are sometimes the primary cause, while in other cases, they result from the treatment process. When making a mental diagnosis of infertility patients, several factors should be considered, such as family relationships, the response to the diagnosis and recommended treatment, the decision to start treatment, and self-esteem. Couples undergoing infertility treatment have a desire to build a happy family, but they face emotional challenges such as fear and feelings of parental incompleteness. Infertile men face similar challenges. One woman shared her personal experience of facing depression for several years due to her infertility

and the criticism of her husband and in-laws. However, she eventually accepted reality and learned how to deal with difficulties. Economically stable women are less likely to face divorce compared to those who are illiterate and dependent.

Physical Challenges Faced by Women in Seeking Healthcare and Infertility Treatment

All respondents reported suffering from shoulder and back pain as a result of carrying their loads. Additionally, there has been a recent increase in body aches caused by women's anxiety and the need to travel long distances. Due to a lack of knowledge and availability of wheelchairs, women face the most difficulty when transporting their loads for physiotherapy treatment. Some women even fall asleep during treatment when they are ill. Women also encounter psychological difficulties, experiencing a range of negative emotions from mild anger to exhaustion and frustration. One respondent reported occasionally becoming so enraged that she beats her spouse, while another wondered if she would have been better off dead to escape her anxiety. Women's physical strain and lack of progress are also impacting their health, including their blood pressure and overall fitness. The survey revealed that there is no known cure for infertility and no clear motivation to find one. Physical and psychological symptoms are extremely common, with psychological issues often playing a primary or secondary role in the recovery process. Various factors must be considered when attempting to diagnose infertility-related psychological issues, such as family relationships, emotional responses to diagnoses and treatments, and self-esteem. To understand why couples decide to undergo infertility treatment and how they emotionally cope with the experience, one must consider reasons for seeking assistance, coping strategies, and the readiness to use mental and psychiatric support.

Despite the challenges, women seeking infertility treatment hope to have a prosperous and happy family. However, emotional responsibility during treatment, feelings of anxiety, and parental imperfection are common obstacles. Infertile men also face similar challenges. Understanding the psychological techniques used to treat infertility can aid in diagnosing the difficulty of dealing with this challenging situation. Overcoming mental limitations can also be of great assistance in treating infertile couples.

Conclusions

Our study shows that infertility and its treatment can cause significant psychological distress, leading to detrimental effects on the mental well-being of infertile couples. Social pressure from the community was identified as a major source of this distress. Despite the dominant medical discourse on infertility, the study highlights the need to consider its emotional, social, and cultural aspects, which are often overlooked in Faisalabad. As infertility is more prevalent among individuals from lower socioeconomic backgrounds who may not have access to psychological counseling, the study suggests that professionally trained social workers should be integrated into infertility clinics to address the issue comprehensively. Such interventions not only meet the needs of infertile individuals but also benefit the broader social system in which they reside. Therefore, policymakers should prioritize the rights and needs of infertile individuals by incorporating infertility into social development planning. This will help recognize infertility as a biosocial phenomenon, thereby promoting better understanding and support for those affected.

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