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Psychological and social experiences of women with infertility in tamale teaching hospital

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Abstract
Infertility is a major reproductive health concern in Ghana, with significant psychological and social implications for affected women. This study explores the experiences of women with infertility at Tamale Teaching Hospital, focusing on psychological distress (anxiety, depression, loneliness) and social challenges (stigma, marital instability, and societal pressure). A qualitative descriptive approach was employed, with semi-structured interviews conducted among 15 women diagnosed with infertility. Findings indicate that infertility affects women's emotional well-being, self-esteem, and social relationships, often leading to isolation and discrimination. The study highlights the need for integrated psychological and social support systems in infertility management.

Keywords: Infertility, psychological distress, social challenges, women, Tamale Teaching Hospital

Introduction: Study Background

Infertility is a significant reproductive health issue that affects millions of women worldwide, with profound psychological and social consequences. The World Health Organization (WHO) defines infertility as the inability to conceive after 12 months or more of regular unprotected sexual intercourse (Organization 2021) [24]. In sub-Saharan Africa, including Ghana, infertility is often perceived not only as a medical condition but also as a social stigma that can lead to severe emotional distress, marital conflicts, and social exclusion(Ofosu-Budu and Hänninen 2021) [22].

Tamale Teaching Hospital, a major referral center in northern Ghana, provides reproductive health services to women experiencing infertility (Abdul-Mumin, Cotache-Condor *et al.* 2021) [1]. However, due to cultural and societal perceptions surrounding childbearing, many women in this region face immense psychological and social challenges when dealing with infertility. Studies indicate that in many African societies, motherhood is closely tied to a woman's identity, social status, and even economic security (Berger, Asaba *et al.* 2022) [9]. As a result, women struggling with infertility may experience depression, anxiety, low self-esteem, and social isolation (Ali *et al.*, 2022).

Psychologically, infertility has been linked to various mental health issues, including stress, anxiety, and depression. Research conducted in Ghana suggests that women who struggle with infertility often experience significant emotional distress, which may be exacerbated by pressure from spouses, family members, and the broader community (Fledderjohann, 2012). In some cases, women are blamed for infertility, leading to emotional trauma and increased vulnerability to intimate partner violence (Nukpezah *et al.*, 2021). The lack of adequate psychological support and counseling services further exacerbates these challenges, making it difficult for affected women to cope with their condition effectively.

Socially, women with infertility often face discrimination, stigma, and exclusion. In patriarchal societies, the ability to bear children is frequently regarded as a measure of a woman's worth, and infertility can result in social alienation, economic disempowerment, and even marital instability (Leghorn and Parker 2022) [16]. In northern Ghana, some infertile women face polygamous marriages or even divorce as their husbands seek alternative partners who can bear children.

Moreover, societal pressure often leads women to seek traditional or religious interventions before considering medical treatment, sometimes delaying effective healthcare interventions (Adjei 2023) [2].

Despite the availability of medical interventions for infertility, limited access to specialized reproductive healthcare services, financial constraints, and cultural beliefs often hinder women from seeking appropriate medical attention. Addressing these challenges requires a multidisciplinary approach, integrating medical, psychological, and social support systems to improve the well-being of women affected by infertility (Matin, Williamson *et al.* 2021) [20].

Given the cultural significance of motherhood in Ghanaian society, it is crucial to explore the lived experiences of women facing infertility at Tamale Teaching Hospital. Understanding their psychological and social struggles will contribute to developing targeted interventions to reduce stigma, provide psychosocial support, and enhance healthcare services for women dealing with infertility.

This study seeks to explore the psychological and social experiences of women suffering from infertility at Tamale Teaching Hospital. Specifically, the research aims to:

1. Examine the psychological impact of infertility on affected women, including stress, anxiety, depression, and self-esteem issues.
2. Investigate the social experiences of infertile women, including stigma, exclusion, and marital challenges.
3. Assess the coping mechanisms employed by these women in response to infertility-related challenges.
4. Provide recommendations for improved psychosocial support systems for infertile women within the healthcare system and broader society.

By shedding light on the lived experiences of infertile women, this study aims to contribute to policy discussions on reproductive health and mental well-being while advocating for the integration of psychosocial care into infertility management.

Methodology

Study Design

This study employed a qualitative descriptive design to explore the psychological and social experiences of women suffering from infertility. A qualitative approach was deemed appropriate as it allows for an in-depth understanding of the lived experiences, emotions, and perceptions of affected individuals. The study utilized semi-structured interviews to collect rich, detailed narratives from participants. The qualitative descriptive design facilitated a comprehensive exploration of the complex psychosocial challenges faced by infertile women, providing insights that may not be captured through quantitative methods (Kim, Sefcik *et al.* 2017) [12]. This approach enabled the researcher to gather firsthand accounts of the emotional and social struggles associated with infertility, ensuring that the voices of affected women were accurately represented.

Participant Recruitment

Participants for this study were recruited using a purposive sampling technique, which allowed for the intentional selection of individuals who could provide rich and relevant insights into the psychological and social experiences of infertility. The study targeted 15 women diagnosed with infertility who sought medical care at Tamale Teaching Hospital.

Eligibility criteria included

1. Women who had been clinically diagnosed with primary or secondary infertility.
2. Participants who had been experiencing infertility for at least one year.
3. Women willing to share their experiences and consent to participate in the study.
4. Participants aged 18 years and above.

Recruitment was facilitated through collaboration with healthcare providers in the hospital's obstetrics and gynecology department, who assisted in identifying potential participants. Women who met the inclusion criteria were approached and given detailed information about the study's objectives, confidentiality, and voluntary participation. After obtaining informed consent, interviews were scheduled at a time and location convenient for the participants, ensuring privacy and comfort.

Data Collection and Analysis

Data collection was conducted through in-depth, semi-structured interviews with the selected participants. A semi-structured interview guide was developed to ensure consistency while allowing flexibility for participants to share their personal experiences freely. The guide included open-ended questions focusing on psychological challenges, social interactions, marital relationships, coping strategies, and the impact of infertility on their daily lives.

All interviews were conducted in person at a private setting within Tamale Teaching Hospital, ensuring confidentiality and comfort for the participants. Each interview lasted between 30 to 60 minutes and was audio-recorded with participants' consent. Field notes were also taken to capture non-verbal cues and additional observations that could enrich the data analysis process.

Data analysis followed a thematic approach, which involved transcribing all audio-recorded interviews verbatim. The transcripts were then reviewed multiple times to ensure accuracy before being coded using qualitative analysis software. Thematic coding was used to identify recurring patterns and key themes related to psychological and social experiences. An inductive approach was employed, allowing themes to emerge naturally from the data. The coding process involved categorizing responses into major themes such as emotional distress, societal stigma, marital instability, and coping mechanisms. These themes were further analyzed in relation to existing literature to provide a comprehensive understanding of the findings.

To enhance the credibility and trustworthiness of the study, member checking was performed, where preliminary findings were shared with some participants for validation. Additionally, peer debriefing was conducted to reduce researcher bias and ensure objective interpretation of the data. Ethical considerations, including obtaining informed consent and maintaining participant anonymity, were strictly adhered to throughout the research process.

Findings

Psychological Impact: Anxiety, Depression, and Emotional Trauma

The psychological burden of infertility manifested in heightened levels of anxiety, depression, and emotional

trauma among participants. Many women expressed overwhelming fear about their marital stability and future. One participant stated, *"I wake up every day with fear in my heart, wondering if my husband will leave me because I can't give him a child."* This anxiety was compounded by constant societal pressure and the expectation that every married woman should bear children.

Another woman added, *"Every month, I pray for a miracle, and every month, I am met with disappointment. The pain never goes away."*

Feelings of social withdrawal and isolation were also prevalent. One woman shared, *"I used to be very sociable, but now I avoid people because all they do is ask me why I don't have children yet."* Depression deepened as women struggled with repeated failures to conceive. *"Every time I see a pregnant woman, my heart sinks. I wonder if I will ever get to experience that joy,"* said another participant. The prolonged emotional distress led some women to experience severe self-doubt and hopelessness. *"I feel like I am cursed. No matter what I do, nothing changes,"* one woman lamented.

Social Impact: Stigma, Marital Instability, and Social Exclusion

Infertility-related stigma was deeply ingrained in participants' experiences. Women described being ostracized by their families and communities. One participant recounted, *"People talk about me behind my back. They call me 'that barren woman' as if I don't have a name."*

Marital instability was a significant concern. One woman revealed, *"My mother-in-law keeps telling my husband to marry another woman. She says I am 'blocking his blessings.'"*

Women also faced exclusion from social and religious gatherings. Another participant expressed, *"I don't go to naming ceremonies anymore. People give me pitying looks, and I feel like an outsider."*

Infertility was also found to have profound social consequences, including stigma, marital instability, and social exclusion. Many women faced discrimination from their communities and even their own families. Participants reported being labeled as "barren" and excluded from conversations or gatherings involving mothers and children.

One woman recounted: *"In my church, they always pray for the pregnant women and mothers, but no one talks about women like me. It's as if we don't exist."*

Marital instability was another major concern. Some women reported that their husbands were under pressure to take a second wife or end the marriage. Others faced direct blame for the infertility, even when their husbands had not undergone medical testing to determine the cause.

A participant shared: *"My mother-in-law told my husband to marry another woman because I am 'wasting his time.' I cry every day because I don't know what to do."*

Social exclusion was also evident, as some women reported losing friendships and feeling unwelcome at family gatherings. Many participants withdrew from social activities to avoid constant questioning and judgment.

Overall, the findings highlight the urgent need for psychological and social support mechanisms for infertile women in Ghana. Addressing both emotional distress and societal discrimination is crucial in improving their well-being.

Discussion

Comparison with global and local literature

Psychological Distress and Emotional Well-being

Infertility is not just a medical condition; it is an emotional and psychological crisis that profoundly impacts the well-being of affected women. In societies like Ghana, where motherhood is considered a defining role for women, the inability to conceive brings immense distress (Ofosu-Budu and Hanninen 2020) [21]. The findings of this study reveal that women struggling with infertility experience high levels of anxiety, depression, and emotional trauma. The uncertainty of whether they will ever conceive, coupled with societal expectations and marital pressures, contributes to significant mental health challenges. Unlike other medical conditions where the cause and treatment may be clear, infertility often remains an ongoing struggle with no guaranteed resolution, further deepening emotional distress.

One of the most common psychological responses observed in this study was anxiety. Many women constantly worried about their future, their marriages, and their place in society. The pressure to conceive led to feelings of restlessness, nervousness, and fear. One participant shared, *"I wake up every day with fear in my heart, wondering if my husband will leave me because I can't give him a child."* This statement reflects a recurring theme in the study: women feel an overwhelming burden to meet societal expectations, and failure to do so brings profound fear of abandonment. Unlike in Western societies, where infertility is often viewed as a medical challenge faced by both partners, in Ghana and many parts of Africa, the burden is almost entirely placed on women, exacerbating their anxiety(Yusuf 2018) [30].

Closely linked to anxiety is depression, which many women in this study experienced as they struggled with the emotional pain of childlessness (Malina and Suwalska-Barancewicz 2021) [18]. Participants described feeling hopeless, unworthy, and isolated. Some reported crying frequently and withdrawing from social activities. One woman expressed, *"I used to be very sociable, but now I avoid people because all they do is ask me why I don't have children yet."* The fear of being judged or pitied by friends and family led many women to isolate themselves, deepening their sense of loneliness. This aligns with findings from infertility studies in other African countries, such as Nigeria and Kenya, where infertile women often experience social withdrawal due to shame and stigma (Adjei 2023) [2].

Beyond anxiety and depression, emotional trauma was a significant issue among participants. Many women had endured years of disappointment, unsuccessful treatments, and social rejection. Some described infertility as a cycle of hope and devastation, where each month brought renewed expectations that were often crushed by yet another negative pregnancy test. One participant stated, *"Every time I see a pregnant woman, my heart sinks. I wonder if I will ever get to experience that joy."* This deep emotional pain reflects the persistent suffering that infertile women endure, often with little or no psychological support. In many cultures, including Ghana, discussing infertility-related distress is often discouraged, leaving women to navigate their emotions alone. The findings of this study once again show that women with reproductive issues frequently worry. This result supports a study by researchers who found that infertile women had considerably higher depression and

anxiety scale factor scores (Lakatos, Szigeti *et al.* 2017) [14]. The results also showed that, in contrast to women with infertility who were still held responsible for their predicament, women with children were embraced and treated well in the family and society.

The psychological distress associated with infertility is not unique to Ghana. Globally, studies have shown that women facing infertility often experience mental health symptoms similar to those seen in patients with chronic illnesses (Khalesi and Kenarsari 2024) [11]. Research in the United States and Europe has found that infertility-related distress can be as severe as the distress experienced by cancer patients (Markopoulou, Papadimitriou *et al.* 2025) [19]. However, the difference lies in the availability of mental health support systems. In many Western countries, women have access to counseling, infertility support groups, and psychological therapy. In contrast, Ghanaian women often lack access to such services, forcing them to cope with their struggles alone (Berger, Asaba *et al.* 2022) [9].

Another critical factor contributing to psychological distress is the lack of control over infertility. Unlike other health conditions where lifestyle changes or treatments may lead to improvement, infertility treatments often involve long, uncertain processes with no guarantees. Many participants in this study described feelings of helplessness and frustration. One woman shared, *"I have tried everything—herbs, prayers, medical treatments—but nothing works. It makes me feel like I am cursed."* This sense of powerlessness can intensify feelings of despair, leading some women to question their self-worth and purpose in life (Sharma, Shrivastava *et al.* 2022) [28].

Despite these challenges, some women in the study displayed remarkable emotional resilience. Many relied on religious faith as a coping mechanism, believing that divine intervention would eventually bless them with a child (Bano, Akram *et al.* 2025) [8]. Others sought solace in community support, forming bonds with other women facing similar struggles. However, these coping strategies, while helpful, do not fully address the deep psychological wounds that infertility can cause. There is a critical need for better mental health interventions in Ghana's healthcare system, including counseling services, peer support programs, and greater public awareness about the emotional toll of infertility (Bano, Akram *et al.* 2025) [8].

The psychological distress associated with infertility is profound and multifaceted, affecting women's mental health, social interactions, and overall well-being. The findings of this study highlight the urgent need for increased mental health support, social acceptance, and alternative coping mechanisms to help women navigate the emotional burden of infertility. Without these, many women will continue to suffer in silence, bearing the invisible scars of a condition that extends far beyond the inability to conceive (Ozcan, Hoelterhoff *et al.* 2021) [26].

Social Stigma and Community Perception of Infertility

Infertility is not just a private struggle; it is a deeply social issue that carries significant stigma, particularly in societies where childbearing is viewed as a fundamental aspect of womanhood. In Ghana, as in many parts of Africa, the inability to conceive is often met with shame, discrimination, and exclusion (Kuug, James *et al.* 2023) [13]. Women who struggle with infertility face negative labeling, community gossip, and diminished social status, making their journey even more painful. This study found that the stigma surrounding infertility often leads to marital instability, social rejection, and psychological distress, compounding the emotional burden that affected women experience.

One of the most striking aspects of infertility-related stigma is the way women are blamed for their condition, regardless of the actual medical cause. In Ghanaian society, infertility is predominantly perceived as a woman's issue, even though research shows that male infertility contributes to nearly half of all infertility cases worldwide (Kuug, James *et al.* 2023) [13]. Women are often expected to bear sole responsibility for conception, and when they are unable to do so, they are seen as failures in their marriages and communities. One participant in this study shared, *"People talk about me behind my back. They call me 'that barren woman' as if I don't have a name."* Such labeling dehumanizes infertile women, reducing their identity to their reproductive capacity rather than recognizing them as individuals with value beyond childbearing.

Beyond verbal stigma, many infertile women also experience social exclusion. In Ghana, many cultural and religious ceremonies, such as naming ceremonies, baby showers, and mother's blessings, celebrate motherhood and childbirth. Women who cannot conceive often find themselves excluded from these events, either because they feel unwelcome or because they fear the painful questions and comments that inevitably arise. One participant expressed, *"I don't go to naming ceremonies anymore. People give me pitying looks, and I feel like an outsider."* This exclusion extends beyond celebrations; in some cases, infertile women are denied leadership roles in women's groups, churches, and community organizations because they are perceived as incomplete or unlucky (Oyuyo 2024) [25]. The stigma surrounding infertility also extends into family structures, where many women face intense pressure from their in-laws and extended families. In traditional Ghanaian settings, a wife's ability to conceive is often viewed as a measure of her contribution to the family. When conception does not happen, mothers-in-law, sisters-in-law, and even distant relatives may interfere in the marriage, urging the husband to find another wife or seek alternative solutions. One participant in this study revealed, *"My mother-in-law keeps telling my husband to marry another woman. She says I am 'blocking his blessings.'"* Such pressure can lead to marital instability, polygamous marriages, or even divorce, leaving women even more vulnerable (Oyuyo 2024) [25].

Infertility stigma is not unique to Ghana; it is a global issue, although the way it manifests differs across cultures. In Western societies, infertility is often framed as a medical condition that can be treated with Assisted Reproductive Technologies (ART) such as *in-vitro* fertilization (IVF) and surrogacy (Leghorn and Parker 2022) [16]. While stigma still exists in some Western contexts, there is greater awareness, psychological support, and access to treatment that helps to mitigate its impact. In contrast, in many Middle Eastern, South Asian, and African societies, infertility is often linked to spiritual beliefs, curses, or supernatural causes, making the stigma even more profound. Studies from Nigeria and Kenya have shown that infertile women are frequently subjected to accusations of witchcraft, abandonment, and even domestic violence (Ofosu-Budu and Hanninen 2020) [21]. Similar trends were observed in this study, where

participants described being accused of being "cursed" or "possessed" due to their inability to conceive.

Another major consequence of infertility stigma is its economic impact. In some Ghanaian communities, a woman's financial security is tied to her ability to bear children. Women who do not have children may be seen as unworthy of inheritance or economic support, particularly in rural areas where land and property are often passed down through family lines. Some participants in this study reported that they were denied financial assistance from their husbands or families because they had not produced an heir. This economic exclusion makes infertile women even more dependent and vulnerable, limiting their ability to seek medical help or explore alternative treatment options (Roy, Ayalon *et al.* 2024) [27].

Despite the deeply ingrained stigma, some women in this study demonstrated resilience and resistance against societal pressures. Some participants reported finding support in church groups, female support networks, and online communities where they could share their struggles without fear of judgment. Others turned to religious faith, believing that divine intervention would one day grant them children. One woman said, *"I know God has a plan for me. Even if I don't have a child now, I believe my time will come."* These coping mechanisms, while valuable, highlight the urgent need for broader societal change to reduce infertility stigma and provide better support for affected women (Zou, Tang *et al.* 2025) [31].

The stigma surrounding infertility in Ghana is a deeply rooted cultural issue that significantly impacts women's emotional well-being, social standing, and marital stability. The perception that a woman's worth is tied solely to her ability to conceive leads to discrimination, exclusion, and suffering. While infertility stigma exists globally, the lack of support systems, economic independence, and access to reproductive healthcare makes the situation even more challenging in Ghanaian society. Addressing these issues requires public awareness campaigns, psychological support services, and policies that protect the rights of infertile women. Without such interventions, many women will continue to suffer in silence, carrying the weight of a condition that should be treated with compassion rather than judgment (Ofosu-Budu and Hänninen 2021) [22].

Marital Instability and Family Pressures

Infertility does not only affect a woman's emotional well-being and social standing; it also creates significant strain within marriages and family relationships. In many cultures, particularly in Ghana and other parts of Africa, marriage is often centered around the expectation of childbirth. When a couple struggles to conceive, the pressure from spouses, in-laws, and extended family members can lead to conflict, emotional neglect, and even the breakdown of the marriage. This study found that many infertile women in Ghana experience marital instability due to blame, emotional distance from their husbands, and external interference from family members (Lanfer, Anderson *et al.* 2025) [15].

One of the most profound issues identified in this study is that women are often solely blamed for infertility, regardless of whether the medical issue is due to the woman, the man, or an unexplained factor. In Ghanaian society, there is a strong belief that childbearing is primarily a woman's responsibility, and when pregnancy does not happen, the woman is seen as the cause. One participant in this study revealed, *"My husband refuses to go for medical tests, yet he blames me for our childlessness. He says I am the one with the problem."* This reflects a common challenge in many African societies, where male infertility is rarely acknowledged, and women bear the entire burden of reproductive failure (Ofosu-Budu and Hänninen 2021) [22].

As a result of this blame, many women experience emotional neglect and distance in their marriages. Initially, husbands may be supportive, but as the years pass without conception, frustration often grows. Some women reported that their husbands became emotionally unavailable, avoiding discussions about infertility or spending more time outside the home. One participant shared, *"At first, my husband was understanding, but now he hardly talks to me. He comes home late and avoids discussing our problem."* This emotional withdrawal further isolates women, leaving them to navigate their infertility struggles alone.

In addition to emotional neglect, many infertile women face direct pressure from their in-laws and extended families. In Ghanaian culture, marriage is not just a union between two people but a bond between families (Tonah 2022) [29]. When a couple remains childless, in-laws often intervene aggressively, making direct demands and accusations. One woman explained, *"My mother-in-law told my husband that I am wasting his time and that he should take another wife."* Such interference can erode trust and stability in the marriage, making it difficult for couples to navigate their infertility struggles together (Tonah 2022) [29].

One of the most common outcomes of family pressure is the encouragement or acceptance of polygamy as a "solution" to infertility. In Ghana, as in many African societies, when a woman is unable to conceive, it is often expected that the husband will take a second wife to "continue the family line." Some women in this study reported that their husbands had either married additional wives or were considering doing so. One participant stated, *"My husband's family keeps pushing him to take another wife. He says he doesn't want to, but I know the pressure is getting to him."* The introduction of a second wife often creates further emotional distress and tension, leaving the first wife feeling rejected, humiliated, and powerless in her own marriage (Alex-Assensoh and Assensoh 2021) [5].

For some women, infertility leads to divorce or abandonment. In cases where polygamy is not an option, husbands may end the marriage entirely, particularly if they face pressure from their families to remarry and produce children. One participant in this study recounted, *"After five years of trying, my husband sent me back to my parents. He said he needed children to carry on his name."* This reflects a harsh reality where women are often discarded if they cannot fulfill traditional reproductive expectations. In contrast, in Western societies where infertility is seen more as a medical issue, divorce due to childlessness is less common, and alternative solutions such as adoption and assisted reproductive technologies (ART) are more widely accepted (Tonah 2022) [29].

Interestingly, while family pressure often contributes to marital instability, some women in this study reported that infertility had strengthened their bond with their husbands. These women described how mutual support, open communication, and shared coping mechanisms helped them navigate the emotional turmoil of infertility. One woman said, *"Even though we have no children, my husband stands by me. He tells his family that we are in this*

together." This highlights the importance of strong marital relationships, psychological resilience, and external support systems in helping couples cope with infertility (Alex-Assensoh and Assensoh 2021) [5].

Despite the severe marital and family challenges faced by infertile women, there are potential interventions that could help reduce the pressure and instability associated with infertility. Increased public education on male infertility, greater access to counseling services, and policies protecting women's marital rights could help shift the cultural perception of infertility from being solely a woman's burden to a shared medical condition. Encouraging more supportive family dynamics, promoting open communication between couples, and providing community-based infertility support groups could also help ease the psychological and emotional burden that women face.

Coping Mechanisms and Emotional Resilience

Infertility is an emotionally distressing experience, but despite its challenges, many women develop coping mechanisms to navigate the psychological and social burdens associated with childlessness. The inability to conceive can lead to anxiety, depression, social exclusion, and marital instability, yet some women find ways to manage their distress and maintain a sense of hope. This study found that women dealing with infertility in Ghana rely on various coping strategies, including religious faith, social support, alternative treatments, emotional withdrawal, and psychological adaptation. These mechanisms shape their emotional resilience and influence how they navigate their experiences (Bano, Akram *et al.* 2025) [8].

One of the most common coping strategies among participants was religious and spiritual faith. Many women in the study turned to prayer, fasting, and faith-based interventions to cope with their infertility. In Ghanaian society, religion plays a central role in daily life, and many women believe that divine intervention can bring them the gift of motherhood (Bano, Akram *et al.* 2025) [8]. One participant stated, *"I pray every day and believe that one day God will bless me with a child."* Another woman shared, *"The only thing keeping me strong is my faith. If it is God's will, then I will conceive."* This spiritual reliance provides emotional strength and a sense of hope, helping women manage their distress. Research has shown that religious beliefs can serve as a powerful psychological buffer, allowing individuals to reframe their suffering in a more positive light. However, while faith can be a source of comfort, it can also create additional pressure, as some women feel judged by religious communities for their childlessness.

Another key coping mechanism observed in the study was seeking social support from family, friends, and support groups. Infertility is a deeply isolating experience, and many women struggle with feelings of loneliness and rejection (Ozcan, Hoelterhoff *et al.* 2021) [26]. However, those who actively sought support from other infertile women, close friends, or compassionate family members reported feeling stronger and more emotionally stable. One woman explained, *"Talking to other women who are going through the same thing makes me feel less alone. We encourage each other and share advice."* Studies have shown that peer support groups can reduce infertility-related distress, as they create a safe space where women can share their struggles without fear of judgment. Unfortunately, in Ghana, formal infertility support groups are limited, and many women must rely on informal networks of friends or religious circles for emotional support.

For some women, turning to traditional and alternative treatments provided a sense of control over their situation (Jerome, Allen Heath *et al.* 2023) [10]. Many participants in this study reported using herbal medicine, spiritual cleansings, or traditional healing practices as part of their infertility journey. One woman shared, *"I have tried everything—hospital treatments, herbal medicine, and even spiritual baths. I just want to feel like I am doing something to change my situation."* The use of alternative medicine is widespread in Ghana, where modern fertility treatments like *in-vitro* fertilization (IVF) are expensive and inaccessible for many women. While these alternative treatments may not always have scientific backing, they provide women with a sense of agency and hope, which can help them cope emotionally (Jerome, Allen Heath *et al.* 2023) [10].

Some women in the study coped through emotional withdrawal and avoidance. For these women, avoiding discussions about pregnancy, isolating themselves from social gatherings, and limiting interactions with family members became a way to protect themselves from emotional pain. One participant stated, *"I no longer attend naming ceremonies or baby showers because they remind me of what I don't have."* This form of avoidance is a defensive coping mechanism that helps women temporarily escape painful experiences. However, long-term social withdrawal can lead to depression and deeper emotional distress, making it crucial for women to find healthier coping strategies (Jerome, Allen Heath *et al.* 2023) [10].

Despite the immense challenges of infertility, some women in this study demonstrated psychological resilience, which allowed them to accept their situation and find ways to live fulfilling lives despite their struggles. This resilience was often shaped by positive self-talk, personal growth, and shifting expectations about motherhood. One woman said, *"I have come to accept that motherhood is not the only thing that defines me. I can still have a meaningful life in other ways."* Another participant expressed, *"I have decided to focus on my career and my marriage instead of stressing over what I cannot change."* Such adaptive coping strategies align with global research, which suggests that women who reframe their infertility in a more positive way experience less psychological distress(Adlington, Vasquez *et al.* 2023) [3].

While some women found ways to build resilience, others in this study reported that they lacked access to professional psychological support, which could have helped them develop healthier coping mechanisms. Unlike in many Western countries, where infertility counseling is widely available, Ghanaian women have limited mental health services tailored to infertility-related distress. This highlights the need for better psychosocial interventions, including counseling, support groups, and community awareness programs, to help women cope more effectively (Adlington, Vasquez *et al.* 2023) [3].

Coping mechanisms play a crucial role in how infertile women navigate their emotional struggles. Women in Ghana rely on religious faith, social support, alternative treatments, emotional withdrawal, and psychological resilience to manage their distress. While these strategies provide temporary relief, long-term emotional well-being requires more structured support systems, public awareness

campaigns, and access to mental health services. By providing better psychological and social support, society can help infertile women develop healthier coping mechanisms and improve their overall quality of life. (ALSumri, Szatkowski *et al.* 2023) [6].

The Role of Healthcare Systems in Addressing Infertility

Infertility is a complex medical condition that requires a multidisciplinary approach involving medical, psychological, and social interventions. However, in many parts of the world, including Ghana, the healthcare system often falls short in providing adequate diagnostic, treatment, and support services for infertile couples. The role of healthcare systems in addressing infertility is crucial, as they determine the availability, accessibility, and affordability of fertility care. This study found that many women struggling with infertility in Ghana face delayed diagnosis, financial barriers to treatment, inadequate psychological support, and a lack of public awareness about reproductive health. Addressing these gaps requires improving fertility care infrastructure, expanding treatment options, and integrating psychosocial support services into the healthcare system (Azize Diallo, Anku *et al.* 2024) [7].

One of the key challenges infertile women face is delayed diagnosis and limited access to fertility specialists. Many participants in this study reported that they spent years trying to conceive without knowing the underlying cause of their infertility (ALSumri, Szatkowski *et al.* 2023) [6]. In Ghana, infertility is not always prioritized within the healthcare system, and many women must undergo multiple referrals before they receive a proper diagnosis. One participant shared, *"I went from hospital to hospital, but no one could tell me what was wrong. It took years before I finally saw a specialist."* This reflects a broader issue where general healthcare providers often lack the expertise or resources to diagnose and treat infertility effectively. In contrast, countries with well-developed reproductive health services, such as the United States and the United Kingdom, offer comprehensive fertility assessments as part of routine gynecological care, ensuring that infertility is detected and addressed early.

Another major issue is the financial inaccessibility of fertility treatments. In Ghana, advanced reproductive treatments such as *in-vitro* fertilization (IVF), intrauterine insemination (IUI), and ovulation-stimulating medications are prohibitively expensive for most women (Okantey, Adomako *et al.* 2021) [23]. Unlike in Western countries where insurance often covers fertility treatments, in Ghana, all fertility procedures are out-of-pocket expenses, making them accessible only to the wealthy. One woman in the study explained, *"I was told I needed IVF, but when I heard the cost, I knew I could never afford it."* This financial barrier leaves many women with no viable medical options, forcing them to seek traditional healers and herbal remedies, which may not be scientifically effective. Addressing this issue requires policy changes to subsidize fertility treatments, expand insurance coverage, and increase government investment in reproductive health services (Okantey, Adomako *et al.* 2021) [23].

Apart from financial constraints, inadequate psychological support for infertile women remains a critical gap in the healthcare system. Infertility is not just a medical issue; it also has severe emotional and psychological consequences, including anxiety, depression, and social stigma. Despite this, many healthcare facilities in Ghana do not offer infertility counseling or mental health support. In contrast, in countries like Canada and Sweden, infertility care includes psychological counseling, support groups, and stress management programs, helping women cope with the emotional burden of infertility. One participant in this study stated, *"Doctors only focus on medical tests, but no one asks how we feel or how we are coping."* This highlights the need for a more holistic approach that integrates mental health services into fertility care to support women emotionally and psychologically (Lopez 2023) [17].

Public awareness and education on infertility are also severely lacking in many healthcare systems, including Ghana's. Infertility remains a highly misunderstood condition, with many women facing blame and judgment due to cultural misconceptions. Many people wrongly believe that infertility is always a woman's fault, leading to stigma, marital instability, and social exclusion. Healthcare systems should play a critical role in dispelling myths about infertility, educating the public on reproductive health, and promoting early medical intervention. One way to achieve this is through nationwide awareness campaigns, school-based reproductive health programs, and community outreach initiatives. Countries such as South Korea and France have successfully implemented public fertility awareness programs, leading to better knowledge about infertility and greater acceptance of medical interventions (Lopez 2023) [17].

The role of healthcare systems also extends to training healthcare professionals on infertility management. Many general practitioners, midwives, and nurses in Ghana lack specialized training in reproductive endocrinology, making it difficult for them to guide patients effectively. One participant in this study mentioned, *"When I first went to the hospital, the nurses told me to just keep trying and pray. It took years before I was referred to a specialist."* This delay reflects a lack of infertility education among healthcare workers, which can delay treatment and increase emotional distress for women. Implementing training programs and continuous professional development for medical staff can help bridge this gap, ensuring that women receive accurate information, timely referrals, and appropriate care(Afferri, Allen *et al.* 2022) [4].

To improve the role of healthcare systems in addressing infertility, several policy recommendations should be considered:

1. Incorporating infertility screening into routine healthcare services to ensure early diagnosis and intervention.
2. Expanding access to fertility specialists and treatment centers in both urban and rural areas.
3. Introducing government subsidies or insurance coverage for fertility treatments, making procedures like IVF more affordable.
4. Integrating mental health support into infertility care, including counseling services and support groups.
5. Implementing nationwide infertility awareness campaigns to reduce stigma and misinformation.
6. Providing specialized training for healthcare workers on infertility management and patient care.

Healthcare systems play a critical role in addressing infertility, but in many countries, including Ghana, there are significant gaps in diagnosis, treatment accessibility,

psychological support, and public education. Women struggling with infertility need early detection, affordable treatment, emotional support, and community awareness to navigate their challenges effectively. By improving reproductive health services, reducing financial barriers, and prioritizing infertility as a public health issue, healthcare systems can offer more inclusive, compassionate, and effective fertility care, helping millions of women achieve their dream of motherhood.

Implications for Mental Health and Social Policy

The findings of this study highlight the urgent need for mental health interventions and social policy reforms to support women experiencing infertility. The psychological distress associated with infertility, including anxiety, depression, emotional trauma, and suicidal ideation, underscores the necessity of integrating mental health services into reproductive healthcare. Without proper psychological support, many women continue to suffer in silence, navigating the burden of infertility alone (Azize Diallo, Anku *et al.* 2024) [7]. Addressing this issue requires mental health policies that prioritize infertility counseling, public awareness programs, and access to professional psychological support.

One major implication for mental health policy is the need for specialized infertility counseling services within healthcare facilities. Many participants in this study reported feeling isolated and unsupported by the healthcare system, with doctors focusing solely on medical interventions rather than addressing their emotional struggles. One participant stated, *"Doctors only talk about tests and treatments, but no one asks how we feel."* This gap in care demonstrates the necessity of training healthcare professionals to recognize the psychological impact of infertility and refer patients to counseling services (Okantey, Adomako *et al.* 2021) [23]. Countries such as the United Kingdom and Canada have integrated psychosocial support into reproductive healthcare, ensuring that women receive both medical treatment and emotional support. Ghana's healthcare system should adopt similar approaches by establishing dedicated infertility counseling units in hospitals and training psychologists to specialize in reproductive mental health.

Beyond individual mental health care, community-based support programs and peer counseling can play a crucial role in alleviating emotional distress among infertile women. Many women in this study described social withdrawal and feelings of shame, as infertility is often met with stigma. Establishing infertility support groups within communities and healthcare centers can provide women with safe spaces to share their experiences, access emotional support, and reduce feelings of isolation. Support groups have been shown to improve mental well-being by fostering a sense of belonging and empowerment, helping women develop healthier coping mechanisms.

From a social policy perspective, infertility-related stigma must be addressed through public education campaigns and legislative measures (Sharma, Shrivastava *et al.* 2022) [28]. Many participants reported facing discrimination, exclusion from social and religious gatherings, and marital instability due to societal pressures. In some cases, infertile women were even denied economic support by their families. Social policies should aim to combat stigma by promoting awareness about the medical causes of infertility and emphasizing that infertility is not solely a woman's issue. Nationwide campaigns, similar to those used for HIV/AIDS awareness, could dispel myths surrounding infertility, encourage male involvement in reproductive health, and shift societal perceptions.

Furthermore, policies protecting women's marital and economic rights must be strengthened to prevent the marginalization of infertile women. In some cases, women reported being pressured into polygamous marriages or abandoned by their husbands due to their inability to conceive. Implementing legal protections against spousal abandonment and discrimination based on infertility status can help secure the rights of affected women. Additionally, providing economic empowerment programs, vocational training, and financial assistance for infertile women can reduce their dependence on marriage for social and economic security.

Another key area for policy intervention is access to affordable fertility treatment (Yusuf 2018) [30]. Many participants in this study expressed frustration over the high cost of fertility services, with procedures such as *in-vitro* fertilization (IVF) being out of reach for most women. One participant explained, *"I was told to try IVF, but when I heard the price, I knew it was impossible for me."* In contrast, countries such as Sweden and Israel have implemented government-funded fertility treatment programs, making IVF and other assisted reproductive technologies accessible to all citizens. Ghana's government could subsidize fertility treatments or introduce insurance coverage for reproductive health services, ensuring that infertility care is not limited to the wealthy.

In conclusion, the findings of this study emphasize the urgent need for mental health and social policy reforms to support infertile women. Infertility is not just a medical issue-it is a psychological, social, and economic challenge that requires comprehensive interventions. Integrating mental health services into reproductive healthcare, establishing community-based support systems, promoting infertility awareness campaigns, enforcing legal protections, and expanding access to fertility treatments are essential steps toward reducing the stigma and emotional distress associated with infertility. By implementing these changes, policymakers and healthcare providers can create a more inclusive, supportive, and compassionate environment for women facing infertility challenges.

Conclusion and Recommendations

Need for Mental Health Interventions

The emotional distress associated with infertility cannot be ignored, as many women experience anxiety, depression, and even suicidal thoughts due to societal pressure and personal grief. Despite these severe psychological impacts, mental health services remain largely inaccessible or underutilized in Ghana's healthcare system. There is an urgent need for mental health interventions to be integrated into reproductive health services to provide emotional support to women dealing with infertility.

One of the key recommendations is the establishment of infertility counseling services within hospitals and clinics. Many participants in this study reported that doctors and nurses focus solely on medical treatments without addressing the psychological impact of infertility. Counseling services should be made available at fertility clinics and general hospitals to help women navigate the emotional burden of infertility. Training healthcare

professionals, including gynecologists, nurses, and midwives, in psychological counseling techniques can ensure that women receive comprehensive support, rather than just medical treatment.

Additionally, peer support groups should be developed within healthcare institutions and community centers to provide a safe space for women to share their experiences and emotions. Many infertile women suffer in silence due to fear of judgment, but structured support groups can help reduce isolation and encourage open discussions about infertility. Countries such as the United Kingdom and Canada have successfully implemented infertility support networks that connect women with similar experiences, providing both emotional support and practical coping strategies. Ghana's healthcare system should adopt a similar model to ensure that no woman faces infertility alone.

Another crucial intervention is the inclusion of infertility-related mental health education in public health campaigns. Infertility is often misunderstood, and many women are blamed or ostracized for their condition. By educating the public on the emotional toll of infertility and the importance of psychological support, communities can become more empathetic and supportive toward affected individuals. Governments, NGOs, and healthcare institutions should work together to promote mental health awareness related to infertility through media campaigns, educational programs, and policy advocacy.

Community Awareness to Reduce Stigma

The stigma associated with infertility remains one of the most significant barriers to emotional well-being and social acceptance for affected women. Community awareness initiatives must be intensified to challenge misconceptions about infertility and promote a more inclusive and understanding society.

One of the first steps in reducing stigma is to reframe infertility as a medical issue rather than a moral or social failing. Many cultures, including those in Ghana, still hold deep-rooted beliefs that infertility is caused by spiritual curses, past sins, or supernatural forces. Public education campaigns should emphasize scientific explanations for infertility, highlighting that both men and women can be affected. These campaigns can be conducted through radio, television, social media, and community outreach programs to ensure widespread awareness.

Engaging religious and traditional leaders in infertility awareness efforts can also help shift cultural attitudes. Many women turn to spiritual and traditional healers when facing infertility, and while faith can provide emotional support, it is essential that religious leaders also advocate for medical interventions and support networks. Religious institutions should incorporate messages of compassion, encouragement, and acceptance for infertile women into sermons and teachings, reducing the stigma that often comes from faith-based communities.

Additionally, men should be actively involved in infertility awareness campaigns. Infertility is often wrongly perceived as a women's issue, leaving men out of discussions on reproductive health. Involving men in education programs can help shift the cultural narrative and encourage shared responsibility for fertility challenges. When men understand that infertility is not solely a woman's burden, they are more likely to support their partners emotionally and seek medical evaluations for themselves.

Finally, schools and educational institutions should incorporate reproductive health education into their curriculums. Teaching young people about fertility health, including the medical causes of infertility and the available treatment options, can help reduce stigma in future generations. Education fosters a more informed society that approaches infertility with empathy rather than judgment.

Conclusion

Infertility is not just a medical issue-it is a profound psychosocial challenge that affects mental health, family stability, and societal perceptions of womanhood. The findings of this study highlight the urgent need for mental health interventions and stigma reduction strategies to support women experiencing infertility. Implementing counseling services, peer support networks, and public education campaigns can provide women with the emotional support and resources needed to navigate their struggles.

At the same time, community awareness programs, media advocacy, and male involvement in reproductive health discussions can help reduce stigma and discrimination. Addressing infertility requires a collaborative effort from healthcare professionals, policymakers, religious leaders, and society as a whole to create a supportive and compassionate environment for affected women.

By prioritizing mental health services and infertility awareness, Ghana can take significant steps toward ensuring that infertile women receive the care, dignity, and respect they deserve. Without these interventions, many women will continue to suffer in silence and shame, bearing the burden of infertility alone. Now is the time to act, advocate, and create lasting change for women facing infertility-related challenges.

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