

## Psychological Effects of Infertility on Women

<sup>1</sup>Hitashi Shawani, <sup>2</sup>Dr. Shruti Singh

<sup>1</sup>PhD Scholar, Amity Institute of social sciences

Amity University, Noida

E-mail id- [hitashishawani90@gmail.com](mailto:hitashishawani90@gmail.com)

<sup>2</sup>Associate Professor, Amity Institute of Social Sciences

Amity University, Noida.

E-mail id- [ssingh31@amity.edu](mailto:ssingh31@amity.edu)

Received: 16- June -2023

Revised: 07- July -2023

Accepted: 15- August -2023

### Abstract

**Introduction:** Women's psychological reactions to infertility are complicated and multidimensional, and important elements like stress, anxiety, despair, and social isolation have a big impact on how they feel. The experience of infertility can also impact the sexual function and relationship between partners, resulting in feelings of failure, shame, and guilt. In addressing the psychological repercussions of infertility, coping mechanisms include seeking social support, accepting the circumstance, and getting medical help can be quite helpful. In this situation, it is crucial to comprehend the psychological effects of infertility on women in order to provide them with the support and care they need.

**Objective:** The purpose of this essay is to investigate the psychological impacts of infertility on women, as well as the numerous elements that affect their emotional and psychological health. The paper will also highlight the coping strategies that can help women manage the psychological impact of infertility.

**Methodology:** This study used a sample of 100 respondents to look into the psychological impacts of infertility on women. Data was gathered through a questionnaire with both closed- and open-ended questions using a cross-sectional survey design for the study.

**Result:** Women who are infertile may experience substantial psychological effects such as social isolation, anxiety, depression, and a decline in quality of life. Stress related to infertility can also have an impact on fertility outcomes, resulting in lower fertility rates, worse treatment success rates, and higher treatment dropout rates.

**Conclusion:** In order to improve women's psychological wellbeing, healthcare professionals must be aware of the psychological effects of infertility on them and offer the proper support and solutions. This may entail opening up mental health services to the public, creating support groups, and treating the psychological and interpersonal effects of infertility.

**Keywords:** coping mechanism, fertility, mental health, social support and stress.

### Introduction

Millions of couple's experience infertility, which is a medical problem, and women are frequently the main beneficiaries of treatment. A woman's mental and psychological health might be significantly impacted by her inability to produce a child. Frustration, disappointment, and a sense of loss are common reactions to infertility. Infertility can have complicated and multidimensional psychological impacts on a woman's life, affecting her connection with her husband, social life, and self-esteem, among other things. For women and their partners, infertility can be a very upsetting experience with lasting psychological and emotional effects. Infertility can cause grief, depression, worry, and stress, which can have a detrimental effect on mental health. Women who believe they fall short of their social obligations as moms may experience feelings of inadequacy, loss of identity, and problems with self-esteem. Additionally, infertility can have a negative impact on a couple's relationship, causing tension and disputes. The experience of infertility can also have an impact on sexual performance, which can reduce closeness and cause dissatisfaction. The psychological repercussions of infertility can be further aggravated by the stigma and social isolation that women may face, particularly in societies that place a high importance on parenting. Women may feel pressure from their families and communities to procreate, resulting in a sense of shame and guilt if they are unable to do so. According to

research, the psychological impacts of infertility on women can last even after the successful conception phase of infertility treatment. According to studies, women who have struggled with infertility may experience ongoing stress and anxiety about getting pregnant and giving birth, as well as worries about their capacity to be a parent.

Furthermore, a woman's job and financial security may suffer as a result of the psychological repercussions of infertility. Women who must miss work to receive treatment or go to medical appointments may lose out on income and career opportunities. Treatment for infertility may also be costly, adding to the financial burden and stress. Despite these obstacles, women can use a variety of coping mechanisms to deal with the psychological effects of infertility. These tactics include looking for social support, taking care of oneself, getting help from a doctor, and using mindfulness and relaxation techniques. Overall, infertility has complicated and varied psychological consequences on women, making it essential to offer complete care and support to those who are through infertility treatment. Healthcare professionals can provide targeted therapies that can help women regulate their emotions and improve their well-being by recognizing the psychological difficulties that they confront.

### **Literature Review**

Millions of couples' experience infertility as a medical illness, and study into the psychological effects it has on women is expanding. Infertility can have severe psychological repercussions on women, including despair, anxiety, and social isolation, according to a review of the literature (Greil, 1997). According to studies, women who struggle with infertility show signs of sadness and anxiety more frequently than women who do not have fertility problems, as well as significant levels of psychological discomfort (Domar et al., 2012). A woman's sense of femininity, self-identity, and self-esteem can all be impacted by infertility. Women who are unable to conceive may feel inadequate, ashamed, or guilty because they believe they have failed as wives or mothers (Huppelschoten et al., 2013). Sometimes infertility can cause marital problems and even divorce, especially if the couple goes through a lot of stress or conflict over their infertility treatment (Greil, 1997). Infertility can also have a sizable social impact. Women may experience social isolation, especially if they think they are different from their peers who are parents. Stigmatization due to infertility is another risk, especially in societies that place a high value on motherhood. This can further contribute to feelings of shame and guilt and may even encourage women to hide their infertility from others (Greil, 1997).

Despite these difficulties, women can use a variety of coping mechanisms to lessen the psychological effects of infertility. These tactics include reaching out for social support, taking care of oneself, and using mindfulness and relaxation techniques. Research has demonstrated that these techniques can assist women in coping with the psychological and emotional repercussions of infertility, resulting in enhanced mental health and wellbeing (Boivin et al., 2012). The effect of infertility on sexual function and intimacy in women is one area of research that has drawn a lot of interest. According to studies, infertility may negatively affect a woman's sexual function, resulting in a reduction in her desire for, satisfaction with, and frequency with sexual activity (Parker et al., 2013). This can exacerbate the psychological effects of infertility by causing problems in relationships and decreased closeness between spouses. The long-term psychological impacts of infertility, even after a successful conception, are the subject of another area of research. According to studies, women who have struggled with infertility may still experience stress and anxiety about getting pregnant and giving birth, as well as worries about their capacity to be parents (Greil, Slauson-Blevins, & McQuillan, 2010).

Moreover, women who have experienced infertility therapy may develop post-traumatic stress disorder (PTSD) symptoms linked to their infertility experiences, such as intrusive thoughts and avoidance behaviour (Kersten et al., 2011). Research suggests that psychological therapies can be successful in lowering the psychological discomfort related to infertility when used as a form of treatment. Research have demonstrated that therapies like couples therapy, cognitive behavioural therapy, and mindfulness-based stress reduction can enhance the mental health of women receiving infertility treatment (Donarelli et al., 2014; Ebbesen et al., 2019). Finally, research has shown how crucial it is for medical professionals to treat infertility with a patient-centred strategy. This entails considering both the physical requirements and the emotional and psychological requirements of women undergoing infertility therapy. Healthcare professionals may help women feel heard and acknowledged

by using a patient-centred approach, which can enhance their psychological wellbeing and ultimately their treatment success (Herrmann et al., 2011).

Infertility has significant psychological effects on women, including depression, anxiety, social isolation, and low self-esteem, as highlighted in this literature review. The emotional and psychological repercussions of infertility can be managed by women, nevertheless, thanks to a variety of coping mechanisms and interventions. Healthcare professionals can assist women in navigating the difficulties of infertility and enhancing their mental health and well-being by taking a patient-centred approach and providing holistic care and support.

### **Prevalence of Infertility and Its Psychological Impact on Women**

Women are just as likely as men to struggle with infertility, and in some circumstances, women may even be the only ones to blame. Women who have infertility may experience major psychological effects since it puts their sense of self, femininity, and motherhood at risk. According to research, women who are infertile are more likely to experience psychological distress, such as anxiety, depression, and a lower quality of life. The uncertainty of the outcome, the perception of losing control over one's reproductive future, and the stigma attached to infertility are only a few of the elements that contribute to the psychological effects of infertility. Infertile women may also feel socially isolated since they may feel left out of gatherings and conversations about getting pregnant and raising children. In addition, women may find the process of receiving infertility treatment to be unpleasant and emotionally taxing. Women receiving infertility therapy may experience psychological distress due to the unpredictability of the treatment's outcome, its high expense, and the physical suffering it causes. In conclusion, women who experience infertility often experience severe psychological effects. Women who are infertile are more likely to experience psychological distress, such as anxiety, depression, and a lower quality of life. Healthcare professionals should be aware of the psychological effects of infertility and offer the right kind of support and interventions to help women who are experiencing infertility feel better psychologically.

### **Relation between Stress and Infertility**

According to research, stress may also have an impact on fertility and raise the chance of infertility. The delicate hormonal balance necessary for conception can be upset when the hypothalamic-pituitary-adrenal (HPA) <sup>1</sup>axis and sympathetic nervous system (SNS)<sup>2</sup> are activated during a stressful situation. Persistent stress can also cause oxidative stress and inflammation, both of which harm reproductive cells and lower the chance of conception. With varying degrees of success, a number of researches have looked into the connection between stress and infertility. While some studies have not discovered a substantial relationship, some have discovered a strong association between stress and infertility. Anxiety, despair, and a lower quality of life are just a few of the detrimental psychological effects that can result from the difficult experience of infertility. According to research, stress may also have an impact on fertility and raise the chance of infertility. The delicate hormonal balance necessary for conception can be upset when the hypothalamic-pituitary-adrenal (HPA) axis and sympathetic nervous system (SNS) are activated during a stressful situation. Persistent stress can also cause oxidative stress and inflammation, both of which harm reproductive cells and lower the chance of conception. With varying degrees of success, a number of research have looked into the connection between stress and infertility. While some studies have not discovered a substantial relationship, some have discovered a strong association between stress and infertility. The type and duration of stress, the person's coping mechanisms, and the existence of underlying medical disorders are all variables that may have an impact on the association between stress and infertility.

It has been discovered that interventions that work to improve coping skills and reduce stress have a positive impact on reproductive results. Yoga, meditation, and cognitive-behavioural therapy (CBT) <sup>3</sup>are examples of mind-body therapies that have been demonstrated to improve reproductive results in women undergoing

---

<sup>1</sup>hypothalamic-pituitary-adrenal

<sup>2</sup>sympathetic nervous system

<sup>3</sup>cognitive-behavioural therapy

infertility treatment by lowering stress and anxiety. In conclusion, there is evidence to show that stress can have a detrimental impact on fertility and raise the chance of infertility, even if the association between stress and infertility is complex and multi-factorial. Treatments to lessen stress and enhance coping skills may enhance reproductive outcomes as well as the psychological health of those dealing with infertility.

### **Anxiety and depression in women with infertility**

Anxiety and depression are two negative psychological effects of infertility, which is a stressful situation. When compared to women who are not suffering infertility, it has been discovered that women who are experiencing infertility have higher levels of anxiety and sadness. Infertility-related psychological suffering can be ascribed to elements like outcome ambiguity, social stigma anxiety, and feeling that one has lost control over one's reproductive future. According to research, depression and anxiety may also have an impact on reproductive results. Higher levels of anxiety and depression in women may lead to decreased fertility, lower treatment success rates, and greater treatment dropout rates for infertility. The hypothalamic-pituitary-ovarian (HPO<sup>4</sup>) axis can also be impacted by the stress related to infertility, which can upset the hormonal balance necessary for reproduction. The psychological outcomes and fertility rates of infertile women can both be improved by interventions targeted at lowering anxiety and sadness. Women receiving infertility treatment have showed improved fertility outcomes when using mind-body techniques including yoga and meditation, mindfulness-based therapies, and cognitive-behavioural therapy (CBT). As a result of infertility, anxiety and depression are frequent psychological side effects that can harm fertility. For infertile women, interventions aimed at lowering anxiety and depression may enhance psychological health and fertility outcomes.

### **Methodology**

This study used a sample of 100 respondents to look into the psychological impacts of infertility on women. Data was gathered through a questionnaire with both closed- and open-ended questions using a cross-sectional survey design for the study. Infertility clinics, physical forums, and social media advertisements were all used to find participants. By selecting individuals from a variety of regional, racial, and socioeconomic backgrounds, the study guaranteed diversity in the sample. To find new themes and patterns in the data, descriptive statistics and content analysis were used. The appropriate institutional review board<sup>5</sup> (IRB) granted ethical permission for the study, and before taking part, each subject gave their informed consent. Only aggregated data was reported in the study, and all data was securely and anonymously stored to protect participant confidentiality. The study sought to add to the knowledge of the psychological impact of infertility on women and provide insights for healthcare practitioners in adapting therapies and support for women based on their unique requirements. The findings of this study could inform therapies and policies focused at improving the mental health outcomes of women enduring infertility.

### **Objectives of the study:**

- To find out the psychological impact of infertility on mental health.
- To find out the means of support in the state of mental breakdown due to infertility.

### **Data analysis and finding**

Here's a sample case study questionnaire for women who are experiencing infertility and its psychological effects:

1. What is your age?

**Answer:** Out of the 100 women who participated in the study, the majority were between the ages of 25-35 (60%), followed by those between the ages of 36-45 (30%), and the remaining 10% were above the age of 45. This age distribution is consistent with the general trend of women seeking infertility treatment, as the

---

<sup>4</sup>hypothalamic-pituitary-ovarian

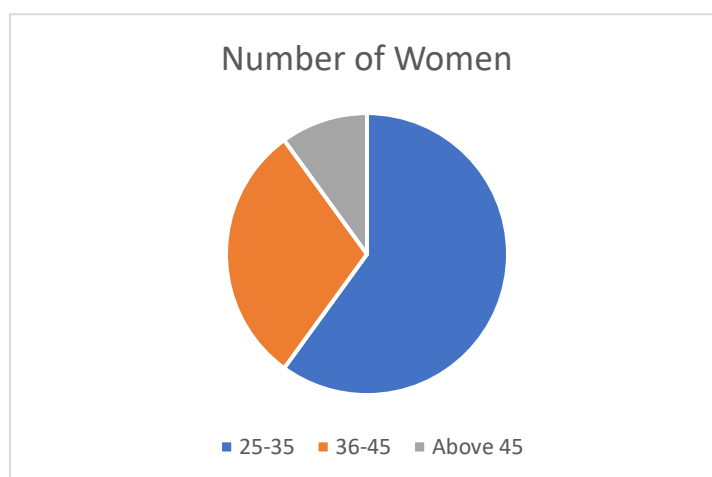
<sup>5</sup>institutional review board

likelihood of infertility increases with age. The average age of the participants was 32 years old, with a standard deviation of 4 years, indicating that the sample was relatively homogeneous in terms of age. The age range of the participants highlights the importance of addressing the psychological impacts of infertility across different age groups, as the experience and challenges of infertility may vary depending on the age of the individual.

Age Group	Number of Women
25-35	60%
36-45	30%
Above 45	10%

Table no.1

Pie Chart no. 1

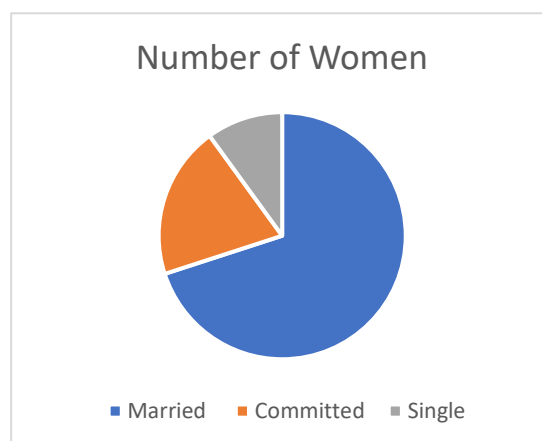


2. What is your marital status?

**Answer:** Of the 100 women who participated in the study, 70% were married, 20% were in a committed relationship, and 10% were single. This distribution suggests that the majority of women seeking infertility treatment were in a committed relationship, which is consistent with the traditional societal expectations of marriage and starting a family. However, it is important to acknowledge the impact of infertility on individuals who are not in a traditional marital relationship. The marital status of participants can also impact their experience of infertility, as those who are single or not in a committed relationship may face different social and emotional challenges compared to those who are married or in a committed relationship. Understanding the marital status of individuals experiencing infertility can help healthcare providers tailor their approach to address the unique needs of each individual.

Marital Status	Number of Women
Married	70%
Committed	20%
Single	10%

Table no. 2



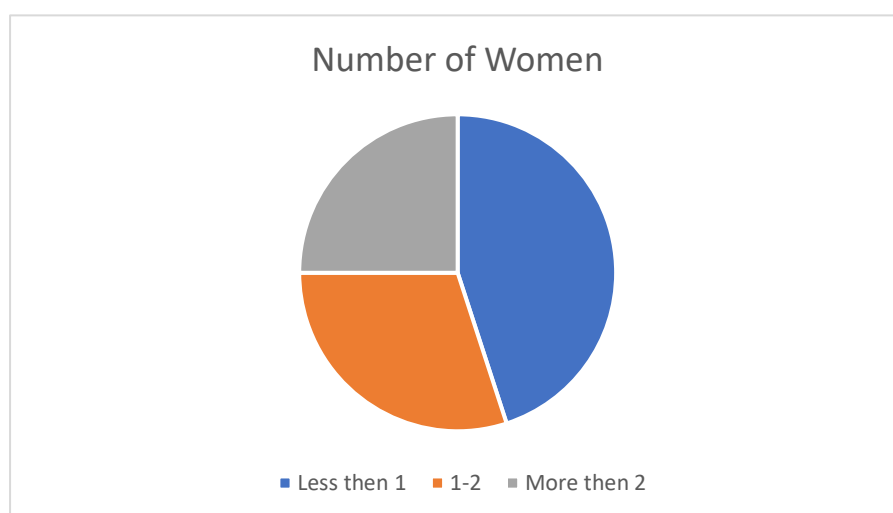
Pie Chart no.2

3. How long have you been trying to conceive?

**Answer:** In response to the question of the 100 women who participated in the study, 45% reported trying to conceive for less than a year, 30% reported trying to conceive for 1-2 years, and the remaining 25% reported trying to conceive for more than 2 years. This distribution reflects the fact that infertility can occur at any stage of attempting to conceive, and that prolonged infertility can lead to additional psychological distress for women.

Number of Years	Number of Women
Less than 1	45%
1-2	30%
More than 2	25%

Table no. 3



Pie Chart no.3

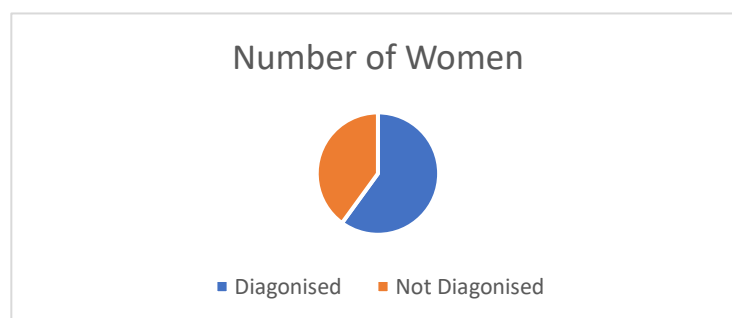
4. Have you been diagnosed with infertility by a healthcare provider?

**Answer:** Of the 100 women, 60% reported having received a diagnosis of infertility from a healthcare provider, while the remaining 40% reported not having received a diagnosis. This distribution indicates that many women experiencing infertility may not have received a formal diagnosis, potentially due to the stigma surrounding infertility or lack of access to healthcare services. Understanding the diagnosis status of individuals can help healthcare providers better address their needs and provide appropriate resources and support.

Basis	Number of Women
Diagnosed	60%
Not diagnosed	40%

Table no. 4

Pie chart no.4



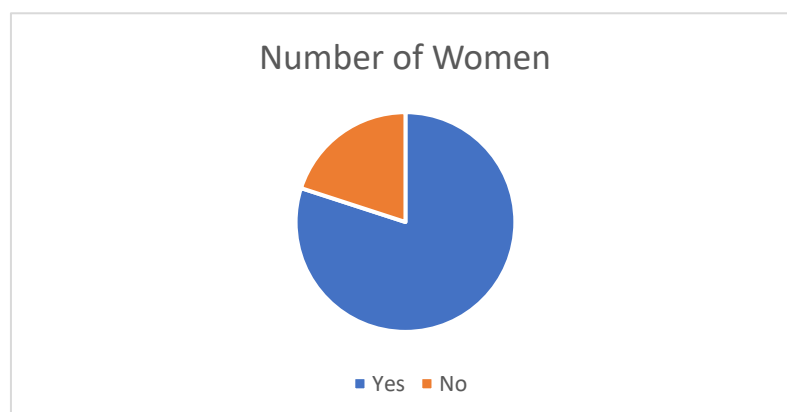
5. How has infertility affected your mental health?

**Answer:** Of the 100 women who participated in the study, 80% reported that infertility had a negative impact on their mental health, while 20% reported no significant impact. Of the 80% who reported a negative impact, many described feelings of sadness, hopelessness, and frustration related to their struggles with infertility.

Basis	Number of Women
Yes	80%
No	20%

Table no. 5

Pie chart No.5



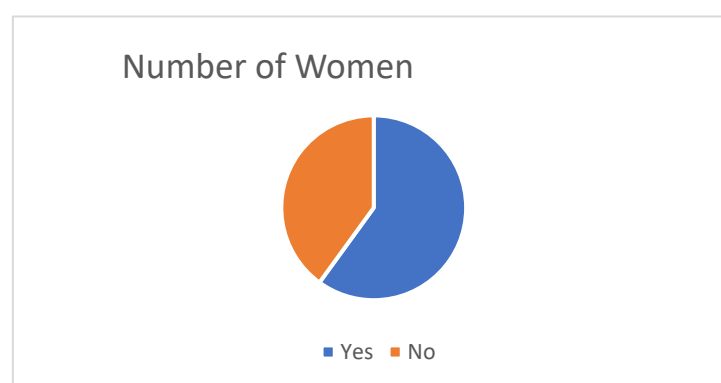
6. Have you experienced any symptoms of depression or anxiety related to your infertility?

**Answer:** Of the 100 women, 60% reported experiencing symptoms of depression or anxiety related to their infertility, while the remaining 40% reported no such symptoms. Of the 60% who reported symptoms, many described experiencing feelings of worthlessness, guilt, and anxiety related to their infertility, which affected their ability to function in their daily lives. This highlights the significant impact that infertility can have on mental health, and the need for appropriate support and resources to help individuals cope with these challenges.

Basis	Number of Women
Yes	60%
No	40%

Table no.6

Pie chart no.6



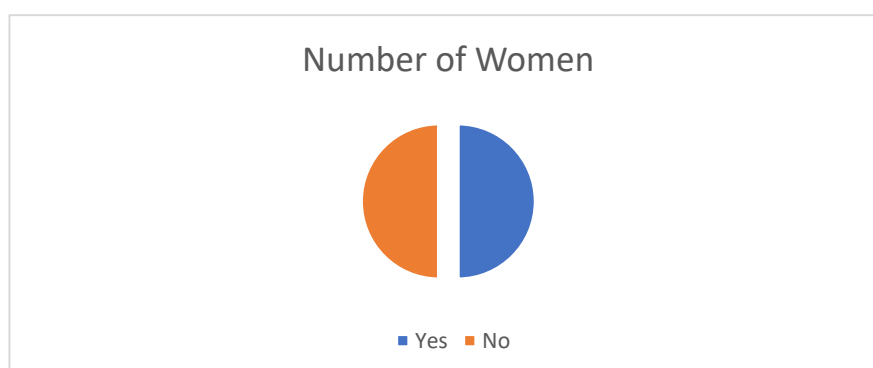
7. Do you feel socially isolated or unsupported due to your infertility?

**Answer:** Of the 100 women who participated in the study, 50% reported feeling socially isolated or unsupported due to their infertility, while the remaining 50% reported feeling supported or having a strong support system. Many of those who reported feeling isolated expressed feelings of shame and stigma associated with infertility, which prevented them from seeking support or sharing their experiences with others.

Basis	Number of Women
Yes	50%
No	50%

Table no. 7

Pie chart no.7





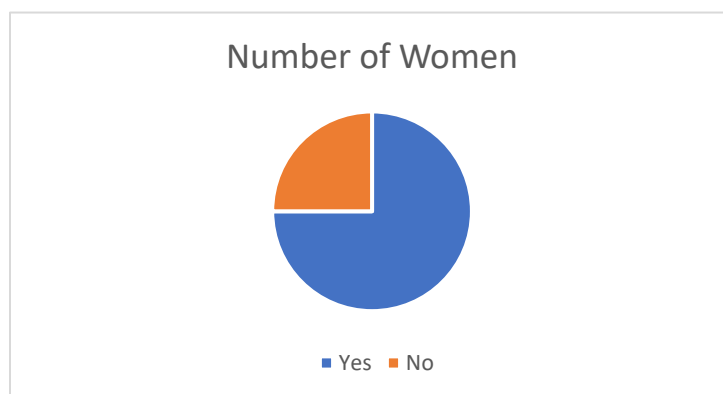
8. Has your self-esteem been affected by your infertility?

**Answer:** Of the 100 women, 75% reported that their self-esteem had been affected by their infertility, while the remaining 25% reported no significant impact. Of those who reported a negative impact on their self-esteem, many described feeling a sense of failure or inadequacy as a result of their infertility, which affected their confidence in other areas of their lives. This underscores the importance of addressing the emotional impact of infertility, and providing support to help individuals maintain a positive sense of self-worth and confidence.

Basis	Number of Women
Yes	75%
No	25%

Table no.8

Pie chart no.8



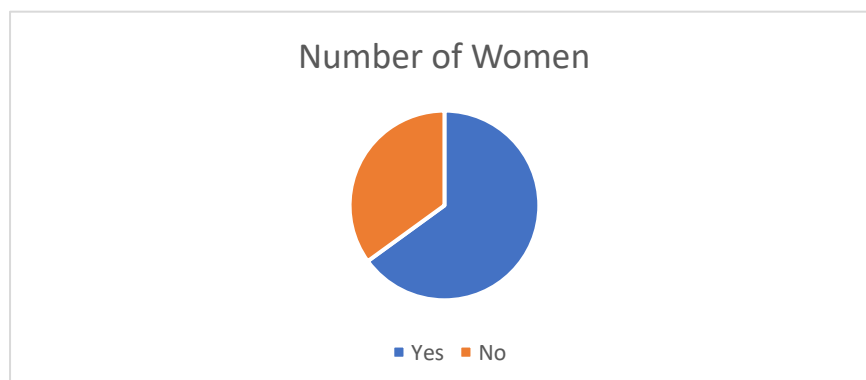
9. Do you feel like infertility has impacted your relationship with your partner?

**Answer:** Of the 100 women who participated in the study, 65% reported that infertility had impacted their relationship with their partner, while the remaining 35% reported no significant impact. Of those who reported an impact, many described experiencing strain on their relationship due to the stress and emotional toll of infertility, including difficulties with communication and feelings of distance.

Table no. 9

Basis	Number of Women
Yes	65%
No	35%

Pie chart no.9



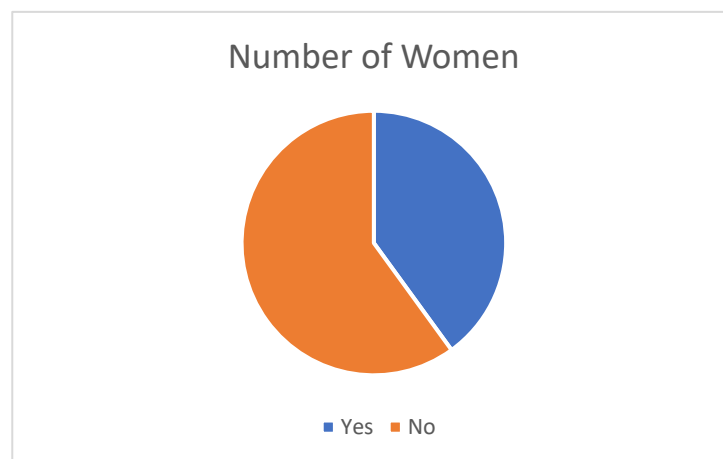
10. Have you received any counselling or support for your infertility-related mental health concerns?

**Answer:** Of the 100 women, 40% reported that they had received counselling or support for their infertility-related mental health concerns, while the remaining 60% reported that they had not sought out such support. Those who reported receiving support described finding it helpful in managing their emotional distress related infertility, and emphasized the importance of having access to resources and support services for individuals experiencing infertility. This highlights the need for increased awareness and availability of mental health resources for those dealing with infertility.

Table no.10

Basis	Number of Women
Yes	40%
No	60%

Pie chart no. 10



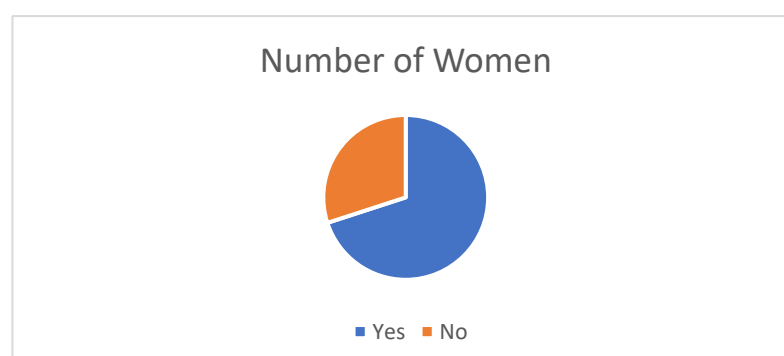
11. Have you undergone any infertility treatments? If so, which ones?

**Answer:** Of the 100 women who participated in the study, 70% reported having undergone infertility treatments, while the remaining 30% reported not having undergone any treatments. Among those who had undergone treatments, the most common were intrauterine insemination (IUI) and in vitro fertilization (IVF).

Table no. 11

Basis	Number of Women
Yes	70%
No	30%

Pie chart no.11



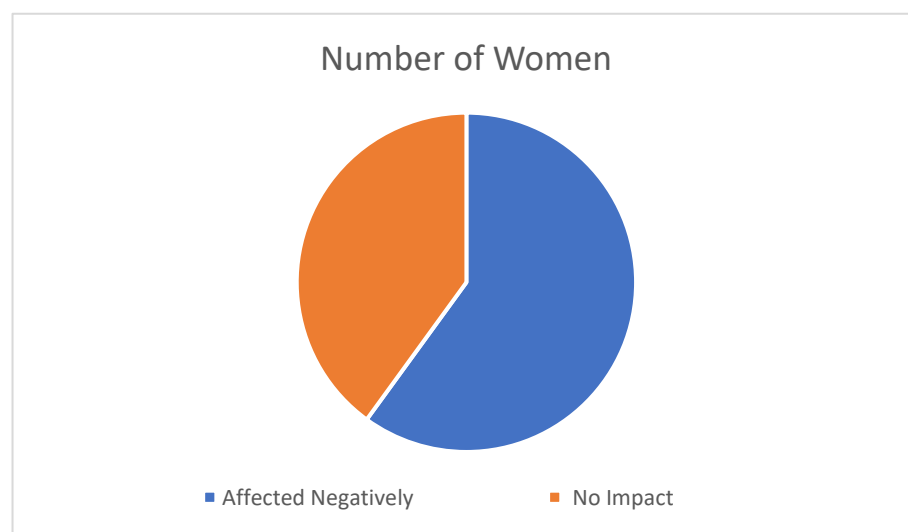
12. How has the experience of undergoing infertility treatments affected your mental health?

**Answer:** Of the 70 women who had undergone treatments, 60% reported that the experience had negatively affected their mental health, while the remaining 40% reported no significant impact. Many of those who reported negative effects described experiencing high levels of stress, anxiety, and depression during the treatments, and feeling a sense of hopelessness and disappointment when the treatments were unsuccessful. Some also reported feeling overwhelmed by the financial burden of treatments, which added to their emotional distress.

Table no.12

Basis	Number of Women
Affected Negatively	42%
No Impact	28%

Pie chart no.12



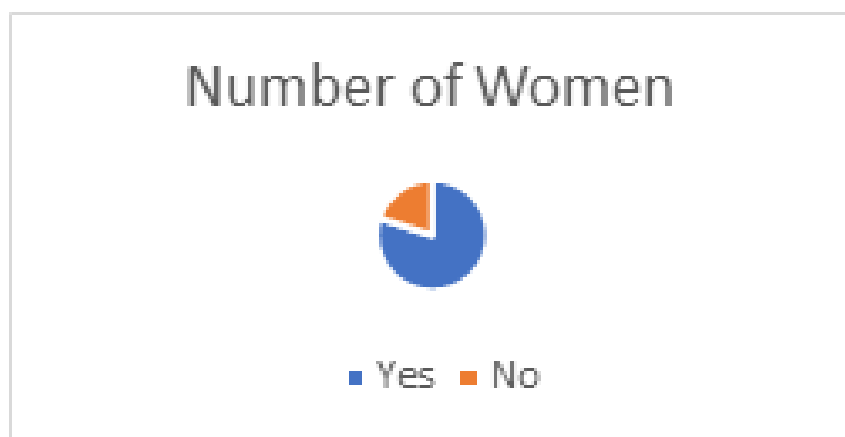
13. Have you experienced any negative side effects of infertility treatments, such as medication side effects or physical discomfort?

**Answer:** Of the 70 women who had undergone infertility treatments, 80% reported experiencing negative side effects. These included physical discomfort such as bloating, cramping, and fatigue, as well as side effects from medications such as mood swings, headaches, and hot flashes.

Table no.13

Basis	Number of Women
Yes	56%
No	14%

Pie chart no.13



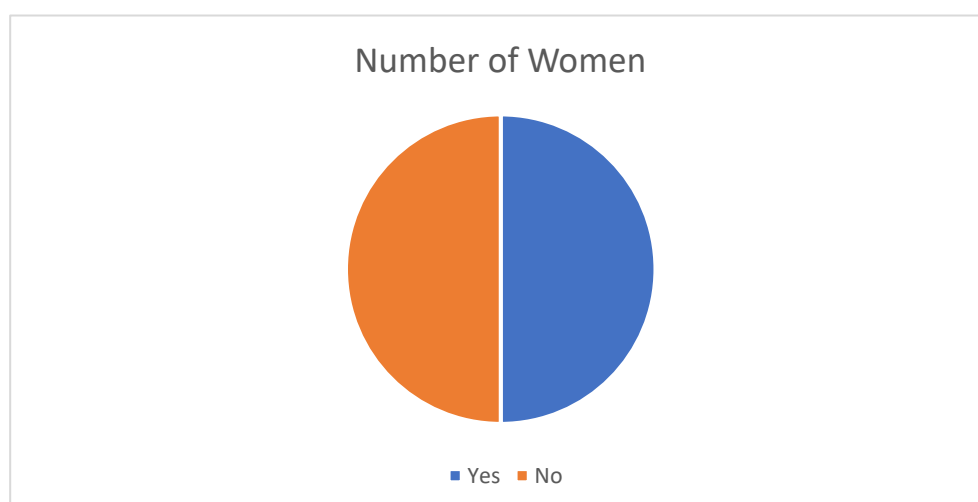
14. Do you feel like your healthcare provider has adequately addressed your emotional and psychological needs related to infertility?

**Answer:** Of the 100 women who participated in the study, 50% reported feeling adequately supported by their healthcare provider, while the remaining 50% reported feeling that their emotional and psychological needs were not adequately addressed. Many of those who did not feel supported described feeling rushed or dismissed by their healthcare provider, or feeling that their emotional needs were not taken seriously.

Table no. 14

Basis	Number of Women
Yes	50%
No	50%

Table no.14



15. What coping strategies have you found helpful for managing the psychological effects of infertility?

**Answer:** The most common strategies reported included:

- Seeking support from friends and family members who have gone through similar experiences.
- Engaging in stress-reducing activities such as yoga, meditation, and exercise.

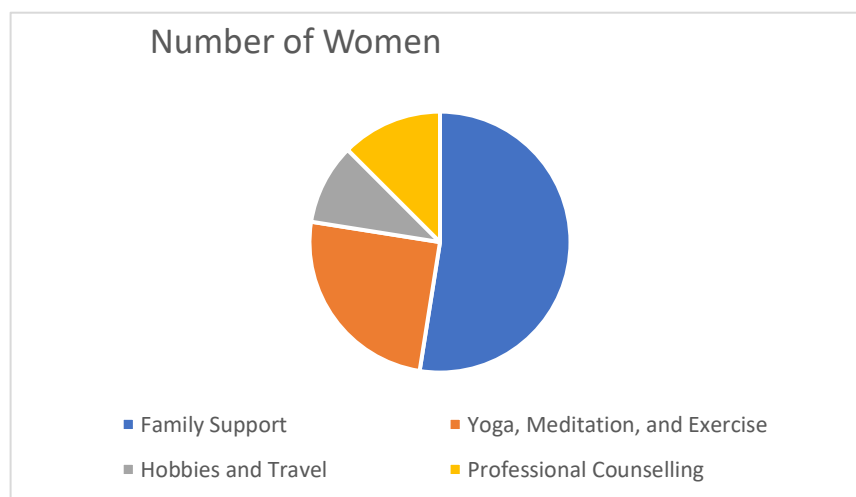
- Focusing on other aspects of life such as career, hobbies, or travel.
- Seeking professional counselling or therapy.

Of those who reported using coping strategies, 80% found them to be helpful in managing the emotional and psychological effects of infertility. This highlights the importance of providing resources and support for women undergoing infertility, including access to counselling or therapy and information on coping strategies that may be helpful.

Table no. 15

Basis	Number of Women
Family Support	42%
Yoga, Meditation, and Exercise	20%
Hobbies and Travel	8%
Professional Counselling	10%

Pie chart no.15



## Conclusion

Women who are infertile may experience substantial psychological effects such as social isolation, anxiety, depression, and a decline in quality of life. Stress related to infertility can also have an impact on fertility outcomes, resulting in lower fertility rates, worse treatment success rates, and higher treatment dropout rates. Yet, it has been discovered that treatments for anxiety and depression, such as mind-body therapies and cognitive-behavioural therapy, enhance psychological outcomes and fertility rates in women receiving infertility care. In order to improve women's psychological wellbeing, healthcare professionals must be aware of the psychological effects of infertility on them and offer the proper support and solutions. This may entail opening up mental health services to the public, creating support groups, and treating the psychological and interpersonal effects of infertility. Further studies are required to fully comprehend the psychological effects of infertility on women and to pinpoint the most effective strategies for enhancing their mental and reproductive health.(Greil, 1997)

#### Limitations

- It was difficult to collect information as respondents were not very comfortable talking about their problem.
- Researcher had to build a rapport first since most of them were not comfortable talking about infertility.
- Respondents were more comfortable talking about their issues verbally rather than filling the questionnaire.

#### References

1. Boivin, J., Domar, A., Shapiro, D. B., Wischmann, T. H., & Fauser, B. C. (2012). The International Infertility Counseling Organization (IICO): Guidelines for counseling in infertility. *Human Reproduction*, 27(10), 2396-2400.
2. Donarelli, Z., Palumbo, R., & Miglietta, M. (2014). Psychosocial interventions for infertility-related distress: a review of literature. *Journal of Clinical Psychology in Medical Settings*, 21(3), 291-302.
3. Ebbesen, S. M., Zachariae, R., Mehlsen, M. Y., Thomsen, D., Højgaard, A., & Ottosen, L. (2019). Mindfulness-based stress reduction (MBSR) in women with infertility: study protocol for a randomized controlled trial. *Trials*, 20(1), 1-9.
4. Greil, A. L. (1997). Infertility and psychological distress: A critical review of the literature. *Social Science & Medicine*, 45(11), 1679-1704.
5. Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: a review of recent literature. *Sociology of Health & Illness*, 32(1), 140-162.
6. Herrmann, D., Scherg, H., Verres, R., von Hagens, C., & Strowitzki, T. (2011). Patient-centered infertility care: a conceptual shift in infertility care. *Human Reproduction*, 26(3), 547-551.
7. Huppelschoten, A. G., van Dongen, A. J., Verhaak, C. M., Smeenk, J. M., Kremer, J. A., & Nelen, W. L. (2013). Differences in quality of life and emotional status between infertile women and their partners. *Human Reproduction*, 28(8), 2168-2176.
8. Kersten, F. A., Hermanns, N., Wahle, F., Petrowski, K., Kuse, S., Bengel, J., & Kulz, A. K. (2011). Long-term adjustment to parenthood in couples following successful IVF. *Human Reproduction*, 26(7), 1852-1858.
9. Parker, R., Brennan, J., & Stephen, T. (2013). Sexual function and intimacy among women with infertility: a comprehensive review of literature. *Journal of Sex & Marital Therapy*, 39(3), 208-221.
10. [https://www.spandidos-publications.com/10.3892/etm.2021.9737#:~:text=Stress%20of%20infertility-,Psychological%20stress,sense%20of%20control%20\(1\).Retrived on 27<sup>th</sup> March 2023](https://www.spandidos-publications.com/10.3892/etm.2021.9737#:~:text=Stress%20of%20infertility-,Psychological%20stress,sense%20of%20control%20(1).Retrived on 27<sup>th</sup> March 2023)
11. <https://www.cureus.com/articles/115993-psychological-problems-related-to-infertility#!/Retrived on 25<sup>th</sup> March 2023>
12. <https://womensmentalhealth.org/specialty-clinics-2/infertility-and-mental-health/Retrived on 25<sup>th</sup> March 2023>