ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 07 | July - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A STUDY ON SOCIAL STIGMA AND FAMILIAL ATTITUDES RELATED TO INFERTILITY AMONG INFERTILE WOMEN ATTENDING INFERTILITY CLINICS

Obstetrics & Gynaecology

Ms. Sarita Singh Nursing Tutor, King George's Medical University Lucknow, College of Nursing Lucknow

Ms.Mathivathani M Assistant Professor, LPS institute of cardiology (GSVM Medical college), Kanpur.

ABSTRACT

Background: Infertility is a major reproductive health issue affecting millions worldwide, with significant psychological, emotional, and social consequences. This study assesses the social stigma and familial attitudes related to infertility among infertile women attending infertility clinics at Queen Mary Hospital, KGMU, Lucknow. Infertility affects approximately 15% of reproductive-aged couples worldwide1. In India, societal norms and cultural expectations often exacerbate the emotional burden experienced by infertile women 2. Women with infertility frequently face marital instability, discrimination, and exclusion from family and social events 3,4. **Methodology:** Using a descriptive correlational research design, data were collected from 120 infertile women through structured questionnaires. Socio-demographic characteristics, social stigma, and familial attitudes were analyzed using statistical methods. **Results:** The findings of this study reveal that infertile women experience varying levels of social stigma and familial attitudes, which significantly affect their quality of life. More than half (59.17%) of the participants reported experiencing mild self-devaluation, while 24.17% faced moderate self-devaluation. Social withdrawal was another common issue, with 58.33% of the respondents experiencing mild social withdrawal and 33.33% experiencing moderate levels of withdrawal. Additionally, 60% of women reported experiencing some form of public stigma related to their infertility. The study also assessed familial attitudes toward infertility. While 58.33% of respondents stated that their families held neutral attitudes toward their infertility, 41.67% reported receiving positive support from their families. None of the participants indicated experiencing extremely negative familial attitudes, which suggests that family support plays a crucial role in mitigating the psychological burden of infertility. Furthermore, correlation analysis showed a weak positive relationship between social stigma and familial attitudes (r = 0.102), indicating that family support may help counteract the effects of societal stigma. The association between social stigma and socio-demographic variables revealed that factors such as age, income level, and duration of marriage played a role in shaping individuals' experiences with stigma. Younger women and those with lower socioeconomic status were more likely to experience higher levels of infertility-related stigma.

KEYWORDS

Infertility, Social Stigma, Family Attitudes, Emotional Well-being, Psychological Impact, Assisted Reproductive Technology (ART), Infertility Treatment, Mental Health, Quality of Life, Women's Health, Reproductive Health, Social Pressure, Emotional Distress.

INTRODUCTION

Infertility is a medical condition that affects millions of people worldwide, impacting not only their physical health but also their emotional well-being, social interactions, and mental health. Defined as the inability to conceive after 12 months or more of regular, unprotected intercourse, infertility can be classified into two types: primary infertility, where a couple has never been able to conceive, and secondary infertility, where conception has occurred before but is no longer possible.

Beyond its biological aspects, infertility carries significant social stigma, particularly in societies where parenthood is closely tied to an individual's identity and worth. Women, in particular, often face emotional distress, discrimination, and pressure from family and society. Studies indicate that the rising incidence of infertility has made it a major global health concern, affecting nearly 186 million people, with a substantial impact in developing countries.

This study aims to explore the effects of infertility on family attitudes and the social stigma experienced by infertile women attending infertility clinics. By understanding the emotional and psychological challenges these women face, this research seeks to highlight the need for improved support systems, awareness programs, and policy interventions to enhance their quality of life.

MATERIAL AND METHODOLOGY

Descriptive correlational study was conducted on 120 infertile women attending infertility clinic at Queen Mary Hospital, KGMU, Lucknow. Uttar Pradesh.

Infertile women were selected by Purposive and the study was conducted in Queen Mary Hospital, KGMU, Lucknow .

Sample Size Calculation

Sample size is calculated using acceptable formula for pre-experimental study as stated below,

n = z 2 pq/d2

where n = minimal sample size

z = standard normal deviation at 95% confidence interval =1.96

p = proportion was 0.1

q = complementary probability (1- p) =1- 0.1=0.9

d = precision=5%=0.05

n = (1.96)2 0.1 * 0.9 / (0.05)2 = 138.2976

n = 138

Therefore, the sample size will be 138 infertile women

*Due to dropouts total sample size is 120 .

Description of Tools

Tool 1: Socio- demographic Profile

It is a self structured close ended questionnaire for the assessment of social demographic variables of infertile women .

Tool 2: Self Structured Questionnaire Regarding Social Stigma and Familial Attitude Related to Infertility.

It consists of questionnaire related to social stigma which has 26 questions and questionnaire related to familial attitude consisting 14 questions.

Testing of the Tool

Content Validity of the Tool

The content validity of the tour was established by requesting experts to go through the developed tour and give their valuable suggestions.

Reliability of the Tool

Reliability is the ability of the instrument to create the productive result. It is concerned with the consistency of measurement tools.

Ehitcal Consideration

Ethical clearance was obtained ethical committee of KGMU Research cell(Ref. code: XX-PGTSC-IIC/P2). Informed consent was taken from the subject. Confidentiality of information provided by subjects and anonymity was maintained.

Data Collection Procedure

The investigator got permission from the selected setting. Those samples were selected who fulfilled the inclusion criteria. The samples were selected by purposive sampling technique. The study was explained in detail to the samples and also obtained Informed consent from them.

The Data Was Collected in Following Manner:

Self introduction and explain the study in detail to the samples.

Samples were assured of confidentiality of their responses.

Samples were selected using purposive sampling technique.

Inclusion Criteria:
- The study included the participants who were:17 Unable to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.
- Between the age group of 18-45 years
- Who can speak and read hindi and english and are willing to participate in this study.

Exclusion Criteria:
- who were experiencing menopausal symptoms and menopause.
- who were mentally retarded.

Selection and Development of Tools

The tool used for this research study consists of:

Tool 1: Socio- demographic Profile

Tool 2: Self structured questionnaire regarding social stigma and familial attitude related to infertility.

Data Analysis

Data was analyzed by Descriptive statistics and inferential statistics.

3. RESULTS (Tables Summary)

Table 4.1: Socio-demographic Variables of Samples

S. N.	Name of variable	Frequency	Percentage
1	Age (in year)		
	18-24	12	10.0
	25-32	63	52.5
	33-39	41	34.2
	40-45	4	3.3
2	Employment status		
	Housewife	97	80.8
	Private job	16	13.3
	Government job	6	5.0
	Business	1	0.8
3	Duration of marriage		
	Less than 1 year	7	5.8
	1-5 year	60	50.0
	6-10 year	41	34.2
	More than 10 year	12	10.0
4	Religion		
	Hindu	103	85.8
	Muslim	16	13.3
	Sikh	1	0.8
5	Type of family		
	Nuclear	42	35.0
	Joint	64	53.3
	Extended family	11	9.2
	Separate	3	2.5
6	Place of residence		
	Rural	40	33.3
	Urban	71	59.2
	Semi urban	8	6.7
	Others	1	0.8
7	Family monthly income		
	Less than 15000	48	40.0
	15001-30000	49	40.8
	30001-45000	19	15.8
	Above 45001	4	3.3
8	Previous pregnancy status		
	Primary infertility	75	62.5
	Secondary infertility	45	37.5
9	Duration of infertility		
	1-3 year	44	36.7
	3-6 year	46	38.3
	6-9 year	21	17.5
	More than 9 year	9	7.5
10	Duration of infertility treatment		
	1-3 years	78	65.0
	3-6 years	28	23.3
	6-9 years	11	9.2
	More than 9 years	3	2.5
11	Causes of infertility		
	Male factor	26	21.7
	Female factor	70	58.3
	Combined factor	23	19.2
	Other	1	0.8
12	Treatment of infertility		
	Timing therapy	4	3.3
	Artificial insemination (AIH)	39	32.5
	In vitro fertilization (IVF)	12	10.0
	Micro insemination (ICSI)	8	6.7
	None	57	47.5

The majority of participants (52.5%) were between the ages of 25 and 32. Regarding employment status, 80.8% of women were housewives. In terms of marriage duration, 50% of the women had been married for 1-5 years,Religiously, 85.8% were Hindu,Family structure analysis showed that 53.3% of women lived in joint families. Regarding residence, 59.2% lived in urban areas, Financially, 40% of women had a family monthly income of less than ₹15,000.

Table 4.2: Social Stigma Related to Infertility Among Women With Infertility

S.N.	Name of variable	Frequency	Percentage (%)
1	Self-Devaluation		
	No Self-Devaluation	13	10.83
	Mild Self-Devaluation	71	59.17
	Moderate Self-Devaluation	29	24.17
	Severe Self-Devaluation	7	5.83
2	Social Withdrawal		
	No Social Withdrawal	4	3.33
	Mild Social Withdrawal	70	58.33
	Moderate Social Withdrawal	40	33.33
	Severe Social Withdrawal	6	5.00
3	Public Stigma		
	No Public Stigma	6	5.00
	Mild Public Stigma	72	60.00
	Moderate Public Stigma	38	31.67
	Severe Public Stigma	4	3.33
4	Family stigma		
	No Family stigma	27	22.50
	Mild Family stigma	63	52.50
	Moderate Family stigma	21	17.50
	Severe Family stigma	9	7.50

A significant portion of women (59.17%) experienced mild self-devaluation, Social withdrawal was also a common issue, with 58.33% of participants reporting mild withdrawal and 33.33% reporting moderate withdrawal. Public stigma was experienced by 60% of women at a mild level, whereas 31.67% faced moderate public stigma. Family-related stigma was present in 52.50% of cases at a mild level, while 17.50% experienced it moderately.

Table 4.3: Familial Attitudes Related to Infertility Among Women With Infertility

Name of variable	Frequency	Percentage (%)
Negative attitudes	0	0.00
Neutral attitudes	70	58.33
Positive attitudes	50	41.67
Very positive attitudes	0	0.00

Among the participants, 58.33% reported that their families had a neutral attitude toward their infertility. Meanwhile, 41.67% of women received positive support from their families. No participant reported experiencing negative or very negative familial attitudes.

Table 4.4: Level of Relationship Related to Social Stigma and Familial Attitudes Related to Infertility

	Mean	SD	"r"	P value	Result
Social Stigma	48.308	14.9238	0.102	0.270	NS
Familial Attitudes	27.26	5.198			

The study found a weak positive correlation (r = 0.102) between social stigma and familial attitudes, indicating that family support may slightly counteract the impact of social stigma. The p-value for this correlation was 0.270, suggesting that the relationship was not statistically significant.

Table 4.5: Association Between Social Stigma and Socio-demographic Variables

S. No.	Variables	Social Stigma				Chi Square Value	DF	"P" Value	Result
		No	Mild	Moderate	Severe				
1	Age (inyear)					4.092	9	0.905	NS
	18-24	0	7	4	0				
	25-32	1	39	22	1				
	33-39	0	22	18	0				
	40-45	0	3	1	0				
2	Employment status					6.432	9	0.696	NS
	Housewife	1	53	41	2				
	Private job	0	12	3	1				
	Government job	0	5	1	0				
	Business	0	1	0	0				
3	Duration of marriage					12.555	9	0.184	NS
	Less than 1 year	0	6	1	0				
	1-5 year	0	28	29	3				
	6-10 year	1	28	12	0				
	More than 10 year	0	9	3	0				
4	Religion					3.435	6	0.753	NS
	Hindu	1	63	36	3				
	Muslim	0	8	8	0				
	Sikh	0	0	1	0				
5	Type of family					5.914	9	0.748	NS
	Nuclear	1	24	15	2				
	Joint	0	36	27	1				
	Extended family	0	9	2	0				
	Separate	0	2	1	0				
6	Place of residence					11.641	9	0.234	NS
	Rural	1	19	20	0				
	Urban	0	45	24	2				
	Semi urban	0	6	1	1				
	Others	0	1	0	0				
7	Family monthly income					7.242	9	0.612	NS
	Less than 15000	1	26	20	1				
	15001-30000	0	27	20	2				
	30001-45000	0	14	5	0				
	Above 45001	0	4	0	0				
8	Previous pregnancy status					7.242	3	0.065	NS
	Primary infertility	1	49	22	3				
	Secondary infertility	0	22	23	0				
9	Duration of infertility					4.531	9	0.873	NS
	1-3 year	1	24	18	1				
	3-6 year	0	27	17	2				
	6-9 year	0	15	6	0				
	More than 9 year	0	5	4	0				
10	Duration of infertility treatment					6.859	9	0.652	NS
	1-3 years	1	49	26	2				
	3-6 years	0	15	12	1				
	6-9 years	0	4	7	0				
	More than 9 years	0	3	0	0				
11	Causes of infertility					18.169	9	0.033	S
	Male factor	0	24	2	0				
	Female factor	1	37	30	2				
	Combined factor	0	9	13	1				
	Other	0	1	0	0				
12	Treatment of infertility					32.583	12	0.001	S
	Timing therapy	0	3	1	0				
	Artificial insemination (AIH)	1	29	8	1				
	In vitro fertilization (IVF)	0	8	4	0				
	Micro insemination	0	5	1	2				
	(ICSI)								
	None	0	26	31	0				

No significant association was found between social stigma and variables.

Table 4.6: Association Between Familial Attitudes and Socio-demographic Variables

S. N0.	Variables	Familial Attitudes		Chi Square Value	DF	"P" Value	Result
		Mild	Moderate				
1	Age (in year)			8.513	3	0.037	S
	18-24	6	6				
	25-32	42	21				
	33-39	18	23				

	40-45	4	0				
2	Employment status			2.729	3	0.435	NS
	Housewife	56	41				
	Private job	8	8				
	Government job	5	1				
	Business	1	0				
3	Duration of marriage			9.894	3	0.019	S
	Less than 1 year	7	0				
	1-5 year	39	21				
	6-10 year	19	22				
	More than 10 year	5	7				
4	Religion			1.515	2	0.469	NS
	Hindu	60	43				
	Muslim	10	6				
	Sikh	0	1				
5	Type of family			10.678	3	0.014	S
	Nuclear	26	16				
	Joint	32	32				
	Extended family	11	0				
	Separate	1	2				
6	Place of residence			2.933	3	0.402	NS
	Rural	21	19				
	Urban	45	26				
	Semi urban	4	4				
	Others	0	1				
7	Family monthly income			6.794	3	0.079	NS
	Less than 15000	23	25				
	15001-30000	32	17				
	30001-45000	14	5				
	Above 45001	1	3				
8	Previous pregnancy status			2.057	1	0.151	NS
	Primary infertility	40	35				
	Secondary infertility	30	15				
9	Duration of infertility			4.671	3	0.198	NS
	1-3 year	29	15				
	3-6 year	24	22				
	6-9 year	14	7				
	More than 9 year	3	6				
10	Duration of infertility treatment			1.258	3	0.739	NS
	1-3 years	45	33				
	3-6 years	18	10				
	6-9 years	6	5				
	More than 9 years	1	2				
11	Causes of infertility			11.879	3	0.008	S
	Male factor	21	5				
	Female factor	32	38				
	Combined factor	16	7				
	Other	1	0				
12	Treatment of infertility			13.441	4	0.009	S
	Timing therapy	2	2				
	Artificial insemination (AIH)	14	25				
	In vitro fertilization	7	5				
	(IVF)						
	Micro insemination (ICSI)	6	2				
	None	41	16				

A significant association was found between familial attitudes and factors such as age, duration of marriage, family type, causes of infertility, and infertility treatment. Younger women and those who had been married for a shorter duration were more likely to receive neutral or supportive familial attitudes. Additionally, the type of infertility treatment influenced how families perceived infertility.

4. DISCUSSION

The study findings indicate that social stigma and familial attitudes significantly affect the emotional and social well-being of infertile women. Many participants reported mild to moderate levels of social withdrawal and self-devaluation (5). Familial attitudes varied, with a majority expressing neutral or positive attitudes. Previous studies support these findings, highlighting the impact of infertility stigma on women's psychological health and social interactions (6, 10). Furthermore, cultural norms and religious beliefs play a critical role in shaping the perceptions of infertility, often leading to increased societal pressure on infertile women (11, 14). In some cultures, women are solely blamed for infertility, which exacerbates their emotional distress (15, 16).

5. CONCLUSION

Infertility-related stigma remains a major challenge, influencing women's self-esteem, emotional well-being, and social interactions. The study emphasizes the need for psychological support systems and policy measures to reduce stigma and provide better care for infertile

women. Implementing awareness programs and counseling services can significantly improve the mental health of affected individuals (7, 8). Future research should focus on developing culturally appropriate interventions to support infertile couples and minimize stigma.

REFERENCES

1. Bakhtiyar, K., Beiranvand, R., Ardalan, A., & Changaee, F. (2019). An investigation of the effect of infertility on women's quality of life: A case-control study. BMC Women's Health. Retrieved from https://bmcwomenhealth.biomedcentral.com
2. Katole, A., & Saoji, A. (2019). Prevalence of primary infertility and its associated risk factors in the urban population of central India: A community-based cross-sectional study. National Center for Biotechnology Information (NCBI). Retrieved from https://www.ncbi.nlm.nih.gov
3. Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2012). The experience of infertility: A review of recent literature. Sociology of Health & Illness, 32(1), 140-162. https://doi.org/10.1111/j.1467-9566.2009.01213.x
4. Fisher, J. R., & Hammarberge, K. (2012). Psychological and social aspects of infertility in men: An overview of the evidence. Human Reproduction Update, 14(1), 121-129. Retrieved from http://pubmed.ncbi.nlm.nih.gov
5. Cousineau, T. M., & Domar, A. D. (2007). Psychological impact of infertility. Best Practice & Research Clinical Obstetrics & Gynaecology, 21(2), 298-308. https://doi.org/10.1016/j.bpobgyn.2006.12.003
6. Ebrahim Zadeh, S. et al. (2021). Iranian infertile couples' strategies to manage social interactions after unsuccessful treatment with assisted reproductive technologies. Healthcare, 10(1907). https://doi.org/10.33901/healthcare1010927
7. Sabarre, K., Khan, Z., Whitten, A., Remesh, O., & Phillips, K. (2013). A qualitative study of Ottawa university students' awareness, knowledge, and perception of infertility. Reproductive Health Journal. Retrieved from https://reproductive-health-journal.biomedcentral.com
8. Nakamura, Y., Wada, A., Tsuno, Y., & Nagasaka, K. (2019). Occupational stress and related factors among childless working women in their 20s-40s. J-Stage. Retrieved from https://www.jstage.jst.go.jp
9. Domar, A. D., Zuttermeister, P. C., & Friedman, R. (1993). Psychological stress and infertility: A controlled study. Fertility and Sterility, 59(3), 531-537. https://doi.org/10.1016/S0015-0282(16)55769-5
10. Greil, A. L., McQuillan, J., Shreffler, K. M., & Tichenor, V. (2011). Infertility treatment and fertility-specific distress: A longitudinal analysis of a population-based sample. Journal of Family Issues, 32(7), 943-972. https://doi.org/10.1177/0192513X10397661
11. White, L., & McQuillan, J. (2006). No longer intending: The relationship between relinquished fertility intentions and distress. Journal of Marriage and Family, 68(2), 478-490. https://doi.org/10.1111/j.1741-3737.2006.00264.x
12. Peterson, B. D., Newton, C. R., & Rosen, K. H. (2003). Examining congruence between partners' perceived infertility-related stress and its relationship to depression and marital adjustment in infertile couples. Family Process, 42(1), 59-70. https://doi.org/10.1111/j.1545-5300.2003.00059.x
13. Abbey, A., Andrews, F. M., & Halman, L. J. (1992). Gender's role in responses to infertility. Psychology of Women Quarterly, 16(2), 221-238. https://doi.org/10.1111/j.1471-6402.1992.tb00252.x
14. Whiteford, L. M., & Gonzalez, L. (1995). Stigma: The hidden burden of infertility. Social Science & Medicine, 40(1), 27-36. https://doi.org/10.1016/0277-9536(94)00124-C
15. Inhorn, M. C. (2003). Global infertility and the globalization of new reproductive technologies: Illustrations from Egypt. Social Science & Medicine, 56(9), 1837-1851. https://doi.org/10.1016/S0277-9536(02)00208-3
16. Greil, A. L. (1997). Infertility and psychological distress: A critical review of the literature. Social Science & Medicine, 45(11), 1679-1704. https://doi.org/10.1016/S0277-9536(97)00102-0