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Original Research Article

The emotional toll of infertility: a study of perceived stress, well-being and couple satisfaction in women undergoing fertility treatment

Rajashree Roy Som[1]*, Sreya Khan[2]

[1]Amity Institute of Psychology and Allied Sciences, Amity University Kolkata, West Bengal, India
[2]Sarojini Naidu College for Women, Kolkata, West Bengal, India

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***Correspondence:**
Dr. Rajashree Roy Som,
E-mail: rajashree.som@gmail.com

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ABSTRACT

Background: Infertility is a life-altering condition that can place significant emotional and relational strain on individuals and couples. While the psychological consequences of infertility are well-documented, its specific impact on perceived stress (PSS), couple satisfaction (CS), and overall wellbeing remains underexplored. This study aimed to examine the impact of PSS on CS and psychological wellbeing (PWB) among individuals undergoing infertility treatment compared to naturally fertile individuals with at least one child.
Methods: Participants included individuals from two groups: those undergoing infertility treatments (e.g., IVF, IUI) and those with natural fertility. Standardized questionnaires were administered to assess PSS, CS, and PWB. Data was analyzed using correlation and group comparison techniques.
Results: A significant negative correlation was found between PSS and CS in both groups, indicating that increased stress levels were associated with lower relationship satisfaction regardless of fertility status. However, no significant differences emerged between the groups in terms of overall PWB.
Conclusions: Infertility may compromise CS but does not necessarily diminish broader PWB. These findings highlight the need for targeted psychological interventions and counseling to reduce stress and improve relationship quality in couples undergoing infertility treatment. Future research should explore specific dimensions of wellbeing that may be uniquely affected by infertility.

Keywords: Infertility, IVF, IUI, Perceived stress, Psychological wellbeing, Couple satisfaction, Intervention

INTRODUCTION

Infertility is a major reproductive health issue affecting millions of couples worldwide and is clinically defined as the inability to achieve pregnancy after 12 months of regular unprotected intercourse, or after six months among women aged 35 years and above.[1] Although infertility is commonly viewed as a medical condition resulting from multiple factors, its consequences extend beyond physical health and significantly affect psychological and relational wellbeing. Women undergoing fertility treatments such as *in vitro* fertilization (IVF) and intrauterine insemination (IUI) often experience repeated cycles of hopelessness, uncertainty, and disappointment, leading to elevated levels of anxiety, depression, PSS, low self-esteem, and reduced sense of control. In many socio-cultural contexts where motherhood is strongly associated with feminine identity and social expectations, infertility-related distress tends to be particularly pronounced among women.[2] Furthermore, the emotional, physical, and financial obligations of infertility treatment may negatively affect marital relationships, resulting in communication difficulties, reduced intimacy, and lower CS.[3-5] From a positive psychology perspective, PWB-comprising autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance-is often

challenged by infertility and unsuccessful treatment outcomes. At the same time, PSS plays a crucial role in influencing emotional adjustment, treatment adherence, and overall quality of life.[6,7] While previous research has independently examined psychological distress, stress, and relationship adjustment among infertile populations, limited attention has been given to understanding the interrelationship among PWB, PSS, and CS among women undergoing infertility treatment.[8-10] Therefore, analysing these constructs together is essential for developing holistic psychological interventions and counselling strategies that can enhance both individual wellbeing and relationship quality during the fertility journey.

Women aged 35 years and older are at increased risk of infertility due to age-related declines in oocyte quality and quantity, as well as conditions such as ovulatory disorders, endometriosis, uterine fibroids, and tubal abnormalities that can impair conception and pregnancy outcomes.[11-13] These factors highlight the prerequisite for early diagnosis, timely intervention, and psychological support to address the medical and emotional challenges associated with infertility. Infertility treatment also related to psychopathological issues and low libido. Emotional turmoil, distress, and relationship dissatisfaction are often noted as significant psychological consequences of infertility.[4,14] Increase stress and lower self-esteem and higher psychopathological issues among infertile couples.[2] These psychological factors are not just by-products but are deeply entangled with the lived experiences of women undergoing infertility treatment, especially those undertaking assisted reproductive technologies like IVF and IUI.[7,15]

Infertility is a multifaceted reproductive health issue that affects not only the ability to conceive but also the psychological and relational flourishing of individuals and couples. Women undergoing fertility treatments such as IVF and IUI often experience heightened levels of anxiety, depression, PSS, reduced self-esteem, and diminished optimism. The repeated cycle of treatment attempts, uncertainty regarding outcomes, and societal expectations surrounding motherhood can intensify emotional distress, making infertility one of the most stressful life experiences. Research has consistently shown that women report greater infertility-related distress than men, highlighting the gendered nature of reproductive challenges.[2,16,17]

Infertility can adversely affect marital relationships by reducing intimacy, impairing communication, and lowering CS.[4] High PSS during fertility treatment is linked to poorer PWB and relationship quality, whereas supportive partner relationships can promote better emotional adjustment.[5,18] Despite increasing research on infertility-related distress, limited studies have examined the combined relationship among PWB, PSS, and CS among women undergoing infertility treatment. Therefore, the present paper formulated the following aim, objectives and hypotheses.

Aim

Aim was to study PWB, PSS and CS in women undergoing infertility treatment.

Objectives

Objectives were *t*o study the level of PWB, PSS and CS in couples undergoing infertility treatment, to study the difference in PSS, CS and PWB between women undergoing infertility treatment and those who conceived normally and to study the relationship between PSS, CS, and PWB.

Hypotheses

H1

There is a significant difference in PSS, CS, and PWB between women undergoing infertility treatment (IVF/IUI) and women who conceived naturally.

H2

There is a significant negative relationship between PSS and CS among women undergoing infertility treatment.

H3

There is a significant negative relationship between PSS and PWB among women undergoing infertility treatment.

H4

There is a significant positive relationship between CS and PWB among women undergoing infertility treatment.

Review of literature

Recent research highlights infertility as both a medical and psychosocial challenge that significantly affects women's mental health and quality of life. Women undergoing fertility treatments frequently experience anxiety, depression, stress, reduced self-efficacy, and diminished optimism, particularly during prolonged or unsuccessful treatment cycles.[15,19,20] Infertility-related distress is often greater among women than men due to sociocultural expectations surrounding motherhood and family roles.[3,17] Studies have also shown that factors such as treatment type, age, and perceived treatment success influence PWB and quality of life among women receiving infertility treatment.[21]

Research further indicates that infertility can negatively affect marital relationships, increasing stress, sexual dissatisfaction, and emotional distress.[4] However, successful treatment outcomes are associated with

improved emotional adjustment and greater psychological resilience.[7,16] Consequently, scholars have emphasized the importance of integrating counselling, stress management, and psychological support into fertility care to enhance wellbeing and coping during treatment.[4,22] Collectively, these findings demonstrate the need for continued investigation of PWB, PSS, and relationship outcomes among women undergoing infertility treatment.

METHODS

Study design, setting, and duration

This study employed a comparative cross-sectional research design to examine differences in PSS, PWB, and CS between women undergoing infertility treatment and women who conceived naturally. The study was conducted at multiple fertility private clinics in Kolkata, India, during the period of January to June, 2025.

Participant selection

A total of 60 married women aged 28-40 years participated in study. Participants were selected through convenience sampling and divided into 2 groups of 30 participants each.

The infertility treatment group included women diagnosed with primary infertility who had been undergoing assisted reproductive treatment, specifically IVF or IUI, for a minimum of six months. These participants were recruited from the fertility clinic during their treatment.

The comparison group included participants of naturally fertile women recruited from the general community. They had at least one biological child and no history of infertility diagnosis or assisted reproductive treatment.

Inclusion criteria

Women aged between 28 and 40 years, currently married or in a long-term committed relationship, able to read and understand the language of the study instruments, for the infertility group: diagnosed with primary infertility and undergoing IVF or IUI treatment for at least six months and for the fertile group: at least one biological child and no history of infertility treatment were included in study.

Exclusion criteria

History of diagnosed psychiatric illness, currently receiving psychological or psychiatric treatment and presence of severe medical conditions that could interfere with participation were excluded.

Measures

PWB scale

PWB was assessed using the 42-item PWB scale developed by Ryff (1989). The scale measures six dimensions of wellbeing: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Higher scores indicate greater PWB.

PSS scale (PSS-10)

PSS was measured using the 10-item PSS scale developed by Cohen, Kamarck, and Mermelstein. The scale assesses the extent to which individuals perceive their lives as stressful, unpredictable, and overwhelming during the previous month. Higher scores indicate higher levels of PSS.

CSI (CSI-32)

CS was assessed using the 32-item CS index developed by Funk and Rogge. The scale evaluates overall relationship satisfaction among married or partnered individuals. Higher scores indicate greater relationship satisfaction.

Procedure

Prior to data collection, permission was obtained from the concerned clinic authorities. Eligible participants were approached individually and informed about the objectives and nature of the study. Written informed consent was obtained from all participants before their inclusion in the study.

Participants who met the eligibility criteria were administered a demographic information sheet followed by the PWB scale, PSS scale, and CSI. Data collection was conducted individually in a quiet and private setting within the clinic premises for the infertility group and at mutually convenient locations for the fertile group. Participants were encouraged to seek clarification whenever necessary, and the researcher remained available throughout the administration process. Completion of all questionnaires required approximately 15-20 minutes. Confidentiality of responses were maintained throughout the study.

Ethical considerations

The study was conducted in accordance with ethical guidelines for research involving human participants. Ethical approval was obtained from the institutional ethics committee of psychology department as a part of dissertation of the post graduate students. Participation was voluntary, and written informed consent was obtained from all participants. Participants were informed of their right to withdraw from the study at any stage without any adverse consequences. Confidentiality and privacy of participant information were strictly maintained.

Statistical analysis

Data was analyzed using the statistical package for the social sciences (SPSS), version 30. Descriptive statistics, including means and standard deviations, were computed

for all study variables. Independent samples t-tests were performed to examine differences between the infertility treatment group and naturally fertile group on PSS, PWB, and CS. Pearson's product-moment correlation analysis was used to assess the relationships among PSS, PWB, and CS. Statistical significance was determined at 0.05 level.

RESULTS

Mean score and standard deviation for group -1 is higher than -2 in the variable PSS. On the other hand, in variables CS and PWB, group 1 mean is lower than 2 mean, but standard deviation score is higher in group 1 than 2.

Table 2 showing the comparison result of group-1 and 2 reveals on the scale of PSS and CS with both significant at level 0.01 (0.000).

Table 3 shows, that a significant negative correlation of -0.620 was obtained p<0.01 (significant at 0.01 level) between PSS and CSI.

Table 4 shows that a significant negative correlation of -0.434 was obtained p<0.05 (significant at 0.05 level) between PSS and CS. It also shows that a significant negative correlation of -0.489 was obtained p<0.01 (significant at 0.01 level) between PSS and PWB.

Table 1: Demographic characteristics of participants.

Variables	Infertility treatment group, (n=30)	Comparison group, (n=30)	Total, (n=60)
Age group (in years)			
28-31	8 (26.7%)	10 (33.3%)	18 (30.0%)
32-35	12 (40.0%)	11 (36.7%)	23 (38.3%)
36-40	10 (33.3%)	9 (30.0%)	19 (31.7%)
Education			
Higher secondary	6 (20.0%)	7 (23.3%)	13 (21.7%)
Graduate	15 (50.0%)	14 (46.7%)	29 (48.3%)
Postgraduate	9 (30.0%)	9 (30.0%)	18 (30.0%)
Duration of marriage (in years)			
1-5	9 (30.0%)	11 (36.7%)	20 (33.3%)
6-10	14 (46.7%)	13 (43.3%)	27 (45.0%)
>10	7 (23.3%)	6 (20.0%)	13 (21.7%)
Employment status			
Homemaker	18 (60.0%)	16 (53.3%)	34 (56.7%)
Employed	12 (40.0%)	14 (46.7%)	26 (43.3%)
Socioeconomic status			
Lower middle	7 (23.3%)	8 (26.7%)	15 (25.0%)
Middle	18 (60.0%)	17 (56.7%)	35 (58.3%)
Upper middle	5 (16.7%)	5 (16.7%)	10 (16.7%)

Table 2: Mean score and standard deviation of PSS, CS and PWB of women undergoing fertility treatment (Group 1) and women having at least one child (Group 2).

Group statistics	Group	Mean	SD
PSS	1	26.67	5.833
	2	15.03	5.72
CS	1	120.97	17.214
	2	138.77	14.922
PWB	1	96.73	14.73
	2	102.77	11.202

Table 3: Result showing difference of PSS, CS and PWB variables between group 1 and 2.

Independent samples test	T test for equality of means		
	T	**Df**	**Sig. (2-tailed)**
PSS	7.799	58	0.000
	7.799	57.978	0.000
CS	-4.280	58	0.000
	-4.280	56.855	0.000
PWB	-1.786	58	0.079
	-1.786	54.138	0.08

Table 4: Correlation among PSS, CS and PWB of group 1.

Correlations IVF group (Group 1)		PSS	CSI	PWB
PSS	Pearson correlation	1	-0.620	-0.152
	Sig. (two tailed)		0.000	0.423
	N	30	30	30
CS	Pearson correlation	-0.620	1	0.282
	Sig. (two tailed)	0.000		0.131
	N	30	30	30
PWB	Pearson correlation	-0.152	0.282	1
	Sig. (two tailed)	0.423	0.131	
	N	30	30	30

Table 5: Correlation among PSS, CS and PWB of group 2.

Correlations non-IVF group (Group 2)		PSS	CSI	PWB
PSS	Pearson correlation	1	-0.434	-0.489
	Sig. (2-tailed)		0.017	0.006
	N	30	30	30
CSI	Pearson correlation	-0.434	1	0.336
	Sig. (2-tailed)	0.017		0.07
	N	30	30	30
PWB	Pearson correlation	-0.489	0.336	1
	Sig. (2-tailed)	0.006	0.07	
	N	30	30	30

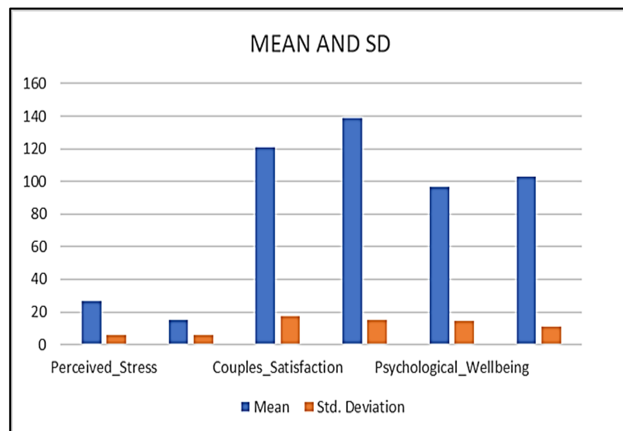

Figure 1: Mean score and standard deviation of PSS, CS and PWB of women.

DISCUSSION

The present study examined the relationships among PSS, CS, and PWB among women undergoing fertility treatment and women with at least one child. The findings revealed a significant negative relationship between PSS and CS in both groups, indicating that higher stress levels were associated with lower relationship satisfaction. This finding is consistent with previous studies showing that PSS negatively affects dyadic adjustment, marital satisfaction, and relationship quality.[23-25] The emotional demands associated with fertility challenges may contribute to communication difficulties and reduced satisfaction within intimate relationships.

The study also found a negative relationship between PSS and PWB in both groups. Women experiencing higher levels of stress reported lower PWB, supporting previous evidence that stress adversely affects happiness, emotional functioning, and overall wellbeing.[26-28] This finding highlights the importance of stress management in maintaining positive psychological functioning among women facing reproductive challenges.

Furthermore, CS was positively associated with PWB, suggesting that satisfying intimate relationships may serve as a protective factor for mental health. This result is in line with studies demonstrating that higher marital satisfaction is linked to better psychological adjustment and lower levels of anxiety and depression.[29,30]

The comparative analysis revealed significant differences between the two groups in PSS and CS. Women undergoing fertility treatment reported higher stress and lower CS than women with children. These findings corroborate earlier research indicating that infertility and reproductive failure are associated with increased psychological distress and reduced marital satisfaction.[31-33] The uncertainty of treatment outcomes and social expectations surrounding parenthood may contribute to these adverse psychological experiences.

However, no significant difference was observed between the groups in PWB. This finding contrasts with studies reporting lower wellbeing among infertile women compared to fertile women.[34,35] A possible explanation is that many participants in the present study were educated

and employed women who may derive a sense of competence, autonomy, and personal fulfilment from their professional roles. These resources may help maintain overall PWB despite infertility-related stress.

Overall, the findings suggest that PSS plays a central role in influencing both relationship satisfaction and PWB. Integrating psychological counselling, stress-management interventions, and couple-based support within fertility treatment programs may help improve emotional wellbeing and relationship quality among women undergoing infertility treatment.

One key limitation of the study is its relatively small sample size of 60 participants, which restricts the generalizability of the results. A broader, more varied sample would enhance the robustness and applicability of the findings. Additionally, the study employed a cross-sectional design, capturing participants' experiences at a single point in time. This approach limits the ability to observe changes in PWB, PSS, and CS throughout the infertility treatment process or following its outcomes. Moreover, the study included only female participants, neglecting the emotional and relational experiences of male partners. Since infertility affects couples as a unit, excluding men provides an incomplete picture of the psychological impact. The study may also suffer from cultural or regional bias if all participants were from a single area or socio-cultural group, limiting the broader applicability of its conclusions.

These limitations point to the need for future studies that utilize longitudinal methods, larger and more diverse samples, and a more comprehensive assessment of psychological and contextual variables related to infertility.

CONCLUSION

The present research aimed to understand how women undergoing infertility treatments experience stress, relationship satisfaction, and PWB compared to women who conceived naturally. The findings indicated that women receiving treatments like IVF or IUI experienced higher levels of stress and lower levels of satisfaction in their relationships compared to those who conceived without assistance. However, there was no significant difference observed in their overall PWB. It was also evident that when stress increased, CS decreased, and a positive connection existed between relationship satisfaction and wellbeing.

These results highlight how infertility and its treatments impact not only the physical health of women but also their emotional bonds and mental stability. Fostering supportive environments, stress management, and couple-focused counselling can thus play a vital role in enhancing their journey towards parenthood and strengthening their personal wellbeing.

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