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Original Research Article

Quality of life and psychological health among women undergoing medically assisted reproductive treatments

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ABSTRACT

Background: Infertility affects an estimated 15-20% of married couples in India, and women undergoing medically assisted reproduction (MAR) are exposed to considerable psychological strain. This study assessed depression, anxiety, stress and fertility-related quality of life (QoL) among women undergoing MAR and compared women with primary and secondary infertility.

Methods: A cross-sectional study was conducted among 150 women undergoing in vitro fertilisation (IVF)-based MAR treatment (75 with primary and 75 with secondary infertility) at two fertility hospitals in Chennai, India, from June to September 2025. Participants were selected by purposive sampling. Psychological health was assessed using the depression anxiety stress scales-21 (DASS-21) and QoL using the fertility quality of life (FertiQoL) tool. Data were analysed using the chi-square test, independent samples t-test and one-way ANOVA.

Results: Depressive, anxiety and stress symptoms of at least mild severity were present in 76.0%, 85.3% and 86.0% of the women, respectively. Stress severity was significantly associated with type of infertility (χ^2=13.38, p=0.01); moderate to extremely severe stress was seen in 58.7% of women with primary infertility and 37.3% of women with secondary infertility. Women with secondary infertility had higher total FertiQoL scores (64.06±9.38 versus 55.82±10.15; p<0.001). Infertility duration of more than 7 years was associated with depression, anxiety and stress, and with the lowest total FertiQoL score (52.5±12.3).

Conclusions: Psychological distress was common among women undergoing MAR. Women with primary infertility and those with a longer duration of infertility were most affected. Routine psychological screening and psychosocial support should be included in fertility care.

Keywords: Infertility, Medically assisted reproduction, DASS-21, FertiQoL, Psychological health, Quality of life

INTRODUCTION

The World Health Organization defines infertility as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.[1] Infertility is classified as primary, when a woman has never conceived, or secondary, when a woman who has conceived previously is unable to conceive again.[2] Poddar et al also described subfertility, combined infertility and unexplained infertility as further categories.[3]

In India, infertility is estimated to affect 15-20% of married couples, or approximately 27.5 to 30 million people. The reported prevalence is higher in urban areas (15-20%) than in rural areas (8-10%), and National Family Health Survey data suggest an increase from 7% in 2015-16 (NFHS-4) to 12% in 2019-21 (NFHS-5).[4] The Indian assisted reproductive technology (ART) market is expected to grow from USD 900 million in 2024 to USD 1.8 billion by 2029, which reflects the growing demand for treatment.[5]

Infertility has psychological and social consequences in addition to its medical aspects. Women bear a larger share of this burden, which includes stigma, marital strain, social isolation, depression, anxiety and low self-esteem.[6,7] In Indian societies, motherhood is closely linked to a woman's social identity, and childlessness can affect her position within the family and the community.[3]

ART procedures such as in vitro fertilisation (IVF), intrauterine insemination (IUI) and intracytoplasmic sperm injection (ICSI) have improved the chances of conception for infertile couples. However, treatment involves repeated procedures, hormonal stimulation, high costs and uncertain outcomes. Women undergoing IVF have described treatment as one of the most stressful experiences of their lives, comparable to living with a chronic illness.[8] Unsuccessful cycles are followed by grief, a sense of loss and reduced self-worth, and the demands of treatment can also affect the marital relationship.[9]

Psychological screening and psychosocial support are not yet part of routine fertility care in India.[6] Information on the psychological health and QoL of women undergoing MAR is needed to plan patient-centred services. The present study was therefore conducted among women attending fertility hospitals in Chennai, Tamil Nadu.

Objectives

The objectives of the study were to: assess the prevalence and severity of depression, anxiety and stress among women undergoing MAR treatment; compare psychological health and fertility-related QoL between women with primary and secondary infertility; and examine the association of duration of marriage, duration of infertility and duration of MAR treatment with psychological distress and QoL.

METHODS

Study design and setting

This cross-sectional study was conducted at two fertility hospitals in Chennai, Tamil Nadu, India, from June 2025 to September 2025.

Permission was obtained from the management of both hospitals before data collection. Participants were recruited by purposive sampling.

Participants

The sample consisted of 150 women undergoing MAR treatment: 75 with primary infertility (no previous clinical pregnancy) and 75 with secondary infertility (a previous pregnancy followed by inability to conceive or by miscarriage). Participants in each group were categorised into three age groups: 20-30 years, 31-40 years and above 40 years.

Inclusion criteria

Women aged 20 years and above, diagnosed with primary or secondary infertility, currently undergoing IVF treatment and willing to give written informed consent.

Exclusion criteria

Women with a previously diagnosed psychiatric disorder, women receiving treatment other than IVF, and women unable to understand the study questionnaires.

The study was approved by the institutional ethics committee, and written informed consent was obtained from all participants before data collection.

Study tools

Socio-demographic data sheet

A structured proforma prepared for this study was used to record age, educational qualification, occupation, area of residence, duration of marriage, duration of infertility, duration of MAR treatment and medical history.

Depression anxiety stress scales-21 (DASS-21)

The DASS-21 is a 21-item self-report questionnaire with three subscales of seven items each for depression, anxiety and stress.[10] Subscale scores are multiplied by two to obtain the final score. Severity was graded as follows. Depression: normal 0-9, mild 10-13, moderate 14-20, severe 21-27 and extremely severe ≥28. Anxiety: normal 0-7, mild 8-9, moderate 10-14, severe 15-19 and extremely severe ≥20. Stress: normal 0-14, mild 15-18, moderate 19-25, severe 26-33 and extremely severe ≥34. The DASS-21 has shown good internal consistency in clinical and community samples (Cronbach's α 0.87-0.94).[11]

Fertility quality of life (FertiQoL) tool

The FertiQoL is an internationally validated measure of fertility-related QoL. The Core module (24 items) has four domains: emotional, mind/body, relational and social. The optional treatment module (10 items) has two domains: environment and tolerability. Items are rated on a 5-point scale (0-4), and scores are converted to a 0-100 scale; higher scores indicate better QoL.[12]

Statistical analysis

Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 16.0.[13] Descriptive statistics were used to summarise participant characteristics. The chi-square test was used to examine the association of type of infertility with DASS-21 severity categories. For the analysis by duration of marriage, infertility and treatment, each DASS-21 subscale was categorised as present (mild or above) or absent (normal range), and associations were tested with the chi-square

test. FertiQoL scores of women with primary and secondary infertility were compared using the independent samples t-test. Total FertiQoL scores across duration categories were compared using one-way ANOVA, followed by Tukey's honestly significant difference (HSD) post hoc test.[14] A p value of <0.05 was considered statistically significant.

RESULTS

Socio-demographic and clinical characteristics

The characteristics of the participants are given in Table 1. The largest age group was 31-40 years (44.0%). Undergraduate education was the most common educational level (38.7%), and 40.0% of the women were self-employed. Half of the women (50.7%) lived in suburban areas. Polycystic ovary syndrome (PCOS) was the most common medical condition (45.3%). Nearly half of the women (46.0%) had been married for 5-10 years, 51.3% had been infertile for more than 7 years, and 43.3% had been receiving MAR treatment for less than 3 years.

Psychological health by type of infertility

The severity of depression, anxiety and stress in the two groups is shown in Table 2. Overall, 76.0% of the women had depressive symptoms, 85.3% had anxiety symptoms and 86.0% had stress symptoms of at least mild severity. Type of infertility was not significantly associated with the severity of depression (χ^2=4.883, p=0.299) or anxiety (χ^2=2.515, p=0.642). Stress severity was significantly associated with type of infertility (χ^2=13.38, p=0.01). Moderate to extremely severe stress was reported by 58.7% of women with primary infertility and 37.3% of women with secondary infertility.

Table 1: Socio-demographic and clinical characteristics of the participants (n=150).

Variables	Category	N	Percentage
Age (years)	20-30	49	32.7
	31-40	66	44.0
	>40	35	23.3
Educational qualification	SSLC	24	16.0
	HSC	49	32.7
	Undergraduate	58	38.7
	Postgraduate	19	12.7
Occupation	Office employee	39	26.0
	Self-employed	60	40.0
	Homemaker	51	34.0
Area of residence	Rural	54	36.0
	Suburban	76	50.7
	Urban	20	13.3
Duration of marriage (years)	<5	35	23.3
	5-10	69	46.0
	>10	46	30.7
Duration of infertility (years)	<3	22	14.7
	4-6	51	34.0
	>7	77	51.3
Duration of MAR treatment (years)	<3	65	43.3
	4-6	58	38.7
	>7	27	18.0
Medical history	Irregular periods	47	31.3
	PCOS	68	45.3
	Thyroid disorder	26	17.3

PCOS: Polycystic ovary syndrome; SSLC: secondary school leaving certificate; HSC: higher secondary certificate; MAR: medically assisted reproduction.

Table 2: Severity of depression, anxiety and stress by type of infertility (n=150).

Domain	Severity	Primary infertility (n=75) N (%)	Secondary infertility (n=75) N (%)	χ^2	P value
Depression	Normal	14 (18.7)	22 (29.3)	4.883	0.299 (NS)
	Mild	23 (30.7)	27 (36.0)		
	Moderate	18 (24.0)	10 (13.3)		
	Severe	13 (17.3)	11 (14.7)	2.515	0.642 (NS)
	Extremely severe	7 (9.3)	5 (6.7)		
Anxiety	Normal	12 (16.0)	10 (13.3)		
	Mild	28 (37.3)	24 (32.0)		
	Moderate	21 (28.0)	19 (25.3)		
	Severe	10 (13.3)	17 (22.7)		
	Extremely severe	4 (5.3)	5 (6.7)		
Stress	Normal	6 (8.0)	15 (20.0)	13.38	0.010*
	Mild	25 (33.3)	32 (42.7)		
	Moderate	31 (41.3)	13 (17.3)		
	Severe	8 (10.7)	12 (16.0)		
	Extremely severe	5 (6.7)	3 (4.0)		

NS: Not significant; *p<0.05. Severity categories based on DASS-21 cut-off scores.

Table 3: Comparison of FertiQoL scores between women with primary and secondary infertility.

FertiQoL domain	Primary infertility (n=75) Mean±SD	Secondary infertility (n=75) Mean±SD	t value	P value
Emotional	51.57±12.09	59.83±14.41	−3.82	<0.001***
Mind/Body	53.44±11.75	58.65±12.19	−2.66	0.009**
Relational	58.70±16.33	64.48±18.85	−2.01	0.046*
Social	57.56±12.62	65.18±10.87	−3.97	<0.001***
Environment	58.27±11.05	63.73±10.65	−3.08	0.002**
Tolerability	62.79±14.40	69.18±15.78	−2.59	0.011*
Core FertiQoL	54.92±12.56	65.76±13.13	−5.17	<0.001***
Treatment FertiQoL	63.25±11.59	65.61±12.87	−1.18	0.240 (NS)
Total FertiQoL	55.82±10.15	64.06±9.38	−5.18	<0.001***

SD: Standard deviation; NS: Not significant; *p<0.05; **p<0.01; ***p<0.001.

Fertility-related quality of life by type of infertility

Women with secondary infertility had higher mean scores than women with primary infertility on all six FertiQoL domains (Table 3 and Figure 1). The differences were statistically significant for the emotional (t=−3.82, p<0.001), mind/body (t=−2.66, p=0.009), relational (t=−2.01, p=0.046), social (t=−3.97, p<0.001), environment (t=−3.08, p=0.002) and tolerability (t=−2.59, p=0.011) domains, and for the core FertiQoL (t=−5.17, p<0.001) and total FertiQoL (t=−5.18, p<0.001) scores. The treatment FertiQoL score did not differ significantly between the groups (t=−1.18, p=0.240). Among women with primary infertility, the lowest scores were in the emotional and mind/body domains.

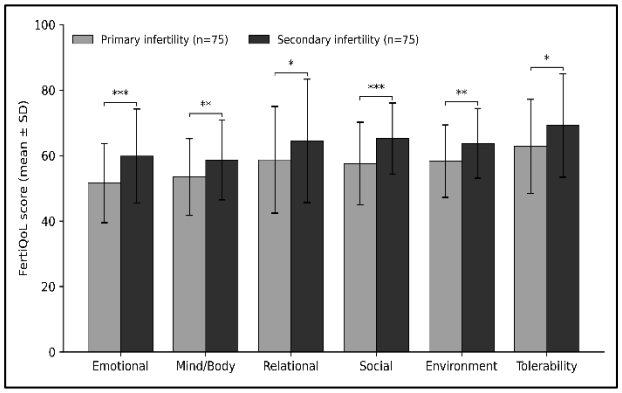


Figure 1: FertiQoL domain scores (Mean±SD) of women with primary and secondary infertility.
Higher scores indicate better quality of life (0-100 scale). *p<0.05; **p<0.01; ***p<0.001.

Association of duration of marriage, infertility and treatment with psychological health

Table 4 shows the association of duration variables with depression, anxiety and stress. Duration of marriage was significantly associated with depression (χ^2=15.77, p<0.001), which was most common among women married for 5-10 years (73.9%). It was not significantly associated with anxiety (χ^2=0.98, p=0.612) or stress (χ^2=4.43, p=0.109). Duration of infertility was significantly associated with depression (χ^2=23.57, p<0.001), anxiety (χ^2=8.90, p=0.012) and stress (χ^2=35.15, p<0.001). The proportion of women with each of these symptoms increased with the duration of infertility: depression from 31.8% to 84.4%, anxiety from 86.4% to 100% and stress from 22.7% to 87.0% between the shortest and longest duration groups. Duration of MAR treatment was significantly associated with depression (χ^2=35.24, p<0.001), which increased from 40.0% in women treated for less than 3 years to 100% in those treated for more than 7 years. Treatment duration was not significantly associated with anxiety (χ^2=2.83, p=0.243) or stress (χ^2=1.96, p=0.376). These proportions are shown in Figure 2.

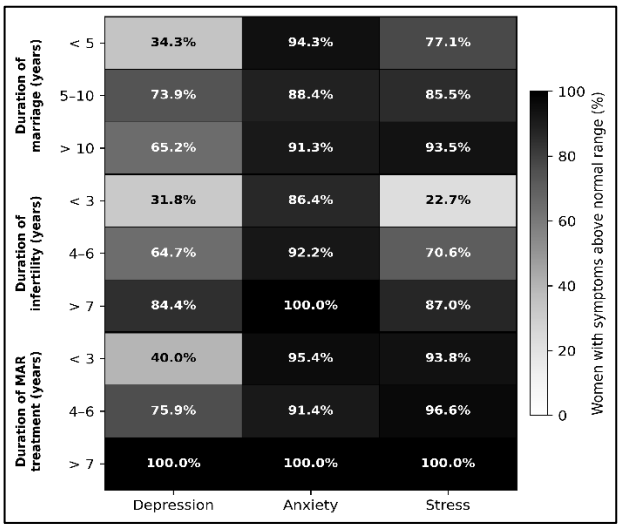


Figure 2: Percentage of women with depression, anxiety and stress (mild or above) by duration of marriage, infertility and MAR treatment.
Darker shading indicates a higher percentage.

Table 4: Association of duration of marriage, infertility and MAR treatment with depression, anxiety and stress (n=150).

Variables (years)	Depression present N (%)	χ^2 (p)	Anxiety present N (%)	χ^2 (p)	Stress present N (%)	χ^2 (p)
Duration of marriage						
<5 (n=35)	12 (34.3)	15.77 (<0.001)*	33 (94.3)	0.98 (0.612)	27 (77.1)	4.43 (0.109)
5–10 (n=69)	51 (73.9)		61 (88.4)		59 (85.5)	
>10 (n=46)	30 (65.2)		42 (91.3)		43 (93.5)	
Duration of infertility						
<3 (n=22)	7 (31.8)	23.57 (<0.001)*	19 (86.4)	8.90 (0.012)*	5 (22.7)	35.15 (<0.001)*
4–6 (n=51)	33 (64.7)		47 (92.2)		36 (70.6)	
>7 (n=77)	65 (84.4)		77 (100.0)		67 (87.0)	
Duration of MAR treatment						
<3 (n=65)	26 (40.0)	35.24 (<0.001)*	62 (95.4)	2.83 (0.243)	61 (93.8)	1.96 (0.376)
4–6 (n=58)	44 (75.9)		53 (91.4)		56 (96.6)	
>7 (n=27)	27 (100.0)		27 (100.0)		27 (100.0)	

Present: DASS-21 score above the normal range (mild to extremely severe). Percentages are calculated within each category. *p<0.05.

Table 5: Total FertiQoL scores by duration of marriage, infertility and MAR treatment.

Variables	Category (years)	Mean±SD	F	P value
Duration of marriage	<5	63.2±12.4	5.13	0.007**
	5-10	55.8±10.5		
	>10	59.4±11.6		
Duration of infertility	<3	68.8±12.0	15.65	<0.001***
	4-6	57.1±11.8		
	>7	52.5±12.3		
Duration of MAR treatment	<3	65.4±12.7	15.52	<0.001***
	4-6	56.7±11.9		
	>7	51.4±10.5		

SD: Standard deviation; **p<0.01; ***p<0.001. One-way ANOVA.

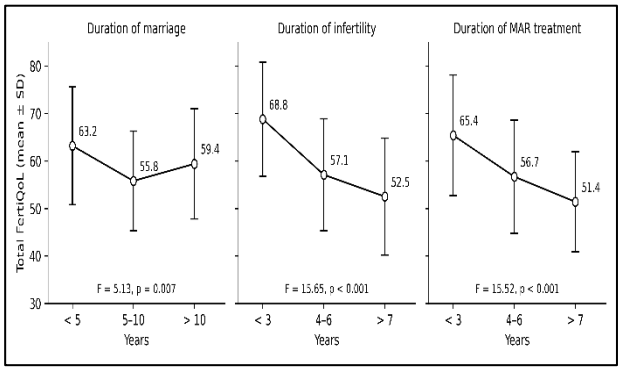


Figure 3: Total FertiQoL scores (mean±SD) by duration of marriage, infertility and MAR treatment.

Quality of life by duration of marriage, infertility and treatment

Total FertiQoL scores by duration categories are given in Table 5. The score was lowest among women married for 5-10 years (55.8±10.5) and highest among those married for less than 5 years (63.2±12.4) (F=5.13, p=0.007). The score decreased as the duration of infertility increased, from 68.8±12.0 in women infertile for less than 3 years to 52.5±12.3 in women infertile for more than 7 years (F=15.65, p<0.001). A similar decrease was seen with duration of MAR treatment, from 65.4±12.7 in women treated for less than 3 years to 51.4±10.5 in those treated for more than 7 years (F=15.52, p<0.001). On Tukey's HSD test, the scores of the <3 years and >7 years groups differed significantly for both duration of infertility and duration of treatment (Figure 3).

DISCUSSION

This study assessed psychological health and fertility-related QoL among 150 women undergoing MAR treatment in Chennai. Symptoms of depression, anxiety and stress above the normal range were present in most participants, and about half had moderate or more severe anxiety and stress. Fertility treatment has previously been described by women as one of the most stressful experiences of their lives. High levels of depression, anxiety and stress have also been reported among infertile couples in Bihar, among women receiving fertility treatment in Bangladesh and among ART patients in Ghana.[15-17] In the Indian setting, where a woman's identity

is closely associated with motherhood, infertility can affect her self-esteem, social standing and marital relationship, which adds to the psychological burden.[18] Reviews of women undergoing IVF have also reported depression, anxiety, mood changes, irritability and sleep disturbance, related in part to hormonal treatment and uncertainty about the outcome.[19]

Stress was significantly higher among women with primary infertility than among those with secondary infertility, while depression and anxiety did not differ between the groups. Women with primary infertility have never experienced a pregnancy, and this has been linked to greater uncertainty about the future and loss of reproductive identity.[8] Women with secondary infertility have conceived before, and this experience may provide some reassurance during treatment.[20]

Women with secondary infertility also had better QoL on all six FertiQoL domains and on the core and total scores. The difference in the treatment FertiQoL score was not significant, which suggests that the treatment environment and the burden of treatment were experienced similarly by both groups. The lower emotional and mind/body scores among women with primary infertility indicate that emotional and physical well-being were the areas most affected.[21]

Duration of infertility was the variable most consistently associated with poor outcomes in this study. It was associated with all three DASS-21 outcomes, and women infertile for more than 7 years had the lowest Total FertiQoL score. Duration of MAR treatment was associated with depression and with lower QoL. These findings suggest that psychological distress increases and QoL decreases as infertility and treatment continue over time. A similar relationship between infertility, mental health and QoL was reported in women receiving fertility treatment in Bangladesh.[14] Depression and lower QoL were also more common among women married for 5-10 years. This is the period during which a couple is usually expected by the family to have a child, and it is also the period in which repeated treatment cycles may have failed.

These findings have implications for clinical practice. Screening with validated tools such as the DASS-21 and FertiQoL may be included in routine fertility care, with particular attention to women with primary infertility and those with a long duration of infertility or treatment. Psychosocial interventions such as cognitive behavioural therapy, mindfulness-based stress reduction, group psychoeducation and hope-oriented counselling have been shown to reduce distress and improve QoL in infertile women.[22] Such services should be available within fertility clinics. A study from Ghana that found high distress among ART patients also reported that routine psychological screening was lacking.[15]

This study has some limitations. The cross-sectional design does not allow causal conclusions. Purposive sampling from two hospitals in one city limits generalisability, and there was no control group of fertile women. Some duration subgroups had small numbers, with low expected counts in some cells for anxiety. Information on the male partners, the number of previous failed cycles, socioeconomic status and social support was not collected. Longitudinal studies with larger samples from different regions are needed to examine these relationships and to evaluate psychosocial interventions in Indian fertility settings.

CONCLUSION

Women undergoing MAR treatment in this study had high levels of depression, anxiety and stress and reduced fertility-related QoL. Women with primary infertility had higher stress and lower QoL than women with secondary infertility. Longer duration of infertility and treatment was associated with greater psychological distress and poorer QoL. Psychological screening and support before, during and after MAR treatment should be included in routine fertility care to improve the mental health and QoL of these women.

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