

Original Research Article

Psychosocial Impacts of Infertility among Women in Low-Resources Communities in South-South, Nigeria

Gbaranor K. B^{1*}, Imarhiagbe O. C², John E. E³, Owen T. P², Ibrahim A. O⁴, Adjugah J. U⁵, Barinua-Gbaranor N. P⁶, Etuk M. S³, Okoishah O. S⁷, Ile V. I², Mgbere M⁸, Etim N. D⁹, Seleye-Fubara S.D¹⁰

¹Department of Human Physiology, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

²Department of Family Medicine, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

³Akwa Ibom State Ministry of Health, Uyo, Akwa Ibom State, Nigeria

⁴Department of Family Medicine, Afe Babalola University, Ado-Ekiti, Ekiti State, Nigeria

⁵Department of Family Medicine, University of Port Harcourt Teaching Hospital, Port Harcourt, Rivers State, Nigeria

⁶Department of Office and Information Management, Faculty of Administration and Management, Rivers State University, Rivers State, South-South, Nigeria

⁷Department of Obstetrics and Gynaecology, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria

⁸Department of Nursing Sciences, College of Medical Sciences, Rivers State University, Port Harcourt, Rivers State, Nigeria

⁹Department of Human Physiology, College of Medical Sciences, University of Uyo, Uyo, Akwa Ibom State, Nigeria

¹⁰Department of Surgery, Rivers State University Teaching Hospital, Port Harcourt, Rivers State, Nigeria

*Corresponding Author: Gbaranor, K. B.

Department of Human Physiology, College of Medical Sciences, Rivers State University, Rivers State, South-South, Nigeria

Article History

Received: 03.12.2025

Accepted: 27.01.2026

Published: 30.01.2026

Abstract: Women in low-resource communities are women who live in environments with limited access to economic, social, educational, and healthcare resources. Their lives are shaped by poverty, inequality, and structural barriers that affect their well-being and opportunities. The psychosocial impacts of infertility are often more intense and complex for women in low-resource communities because infertility intersects with poverty, gender inequality, and limited access to health and social support systems. The psychosocial impacts of infertility and women in low-resource communities are deeply intertwined. Infertility is not only a medical condition but a social and psychological crisis that can affect women's identity, mental health, safety, and economic survival. Infertility among women in low-resource communities is not caused by women themselves, but is often the result of social, economic, and healthcare-related factors that increase health risks. Infertility has serious psychosocial impacts on women in low-resource communities because motherhood is often closely linked to a woman's social status, identity, and security. This study is aim to evaluate the Psychosocial Impacts of Infertility Among Women in Low-Resources Communities in South-South, Nigeria. This was a cross-sectional study involving 250 women with age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant. The results revealed that 68% of the participants were married, 60% has married for more than 5 years, 60% residence in rural areas, 60% had secondary level of education, 80% were of low class, 80% have not sought medical help for infertility, 70% sought traditional healer, 68% had stress, 76% are anxious or worried, 72% are sad, 80% are pressured, 80% had relationship affected, 80% had family relationship affected, majority had economic impacts.

Keywords: Psychosocial, Impacts, Infertility, Low-Resources, Communities.

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Citation: Gbaranor K. B., Imarhiagbe O. C., John E. E., Owen T. P., Ibrahim A. O., Adjugah J. U., Barinua-Gbaranor N. P., Etuk M. S., Okoishah O. S., Ile V. I., Mgbere M., Etim N. D., Seleye-Fubara S.D (2026). Psychosocial Impacts of Infertility among Women in Low-Resources Communities in South-South, Nigeria. *South Asian Res J App Med Sci*, 8(1), 31-35. 31

INTRODUCTION

Reproductive process is an important activity that women of reproductive age engaged in at different levels of relationship (Gbaranor *et al.*, 2020a). Continuity in the family is the key reason why a male and a female come together as couple in accordance with their customs, tradition or religion (Gbaranor *et al.*, 2022). This coming together can only be achieved when they have attained reproductive age (Gbaranor *et al.*, 2020a). Infertility has caused a lot of psychological traumas to married women who have not given birth to any child or those who could not give birth again after their first birth at their matrimonial home. Child bearing is the most important reason why most couples got married and if that sole aim is not achieved, it becomes a taboo in some culture in Africa (Gbaranor, *et al.*, 2024). Infertility is the inability to conceive after 12 months of regular unprotected intercourse. It affects millions of women globally and poses significant psychosocial challenges, particularly in low-resource settings where childbearing is deeply tied to female identity, social status, and marital stability (Tadesse *et al.*, 2025; Heywood *et al.*, 2024). Research consistently shows that women in these settings are disproportionately burdened by social stigma, psychological distress, and limited access to psychosocial support. The happiness of every husband is to see their wives conceiving at their desired time (Gbaranor K. B., *et al.*, 2020b). Also, married women will be comfortable in their matrimonial homes when conception is not delayed to avoid hate speeches or maltreatment from their in-laws (Gbaranor K. B., *et al.*, 2020b). Infertility has, as of right now, grown to be a major issue in our society, resulting in a number of psychological trauma cases and even shattered homes (Austin-Asomeji, *et al.*, 2022). Infertility is viewed as a personal or unique tragedy in Sub-Saharan Africa (Ombelet, *et al.*, 2008). In many countries where having children is highly valued, married couples who are childless confront a range of concerns, from outright rejection or divorce to more subtler forms of social humiliation that lead to isolation and mental health problems (Wischmann, *et al.*, 2001; Dyer, 2008; Tebong and Adomgo, 2013). A systematic review and meta-analysis reported a pooled depression prevalence of approximately 49% among infertile women in low-resource settings, with significant associations with primary infertility, prolonged duration, and lack of partner support (Tadesse *et al.*, 2025). Delayed conception has brought a lot of psychological effects on women across the globe (Ohaka, *et al.*, 2023). Women who find it difficult to conceive face a lot of problem that may even cause separation or divorce (Ohaka, *et al.*, 2023). Abuse, hatred, depression and rejection and other psychological trauma are situations undergoes by female who had delayed in conceiving a child (Ohaka, *et al.*, 2023). Pressure from husband, in-laws and friends placed a married woman who has not conceived into psychological trauma. It is important to know that when women are yet to conceive, they are always in a bad mood and this condition can worsen the situation (Gbaranor *et al.*, 2024). Psychological trauma arising from infertility is on the increased and this has caused a lot of havoc to women. Previous study revealed that those participants who have infertility issues were passing through several degrees of psychological trauma including depression, bordered, stress/pressure, humiliation, suicidal threat, isolation, elevated blood pressure and sending them out of their matrimonial homes (Gbaranor, *et al.*, 2024).

MATERIALS AND METHOD

This was a cross-sectional study involving 250 women with age between 18 to 47 years. A well-structured questionnaire was administered to participants. The study lasted for a period of 3 months. Statistical analysis was done using SPSS version 25.0 and $p < 0.05$ was significant.

RESULTS

The results revealed that 68% of the participants were married (Table 1), 60% has married for more than 5 years (Table 2), 60% residence in rural areas (Table 3), 60% had secondary level of education, 80% were of low class (Table 4), 80% have not sought medical help for infertility (Table 5), 70% sought traditional healer (Table 6), 68% had stress (Table 7), 76% are anxious or worried, 72% are sad, 80% are pressured, 80% had relationship affected, 80% had family relationship affected, majority had economic impacts.

Table 1: Marital Status of Respondents

Education	Frequency	Percentage (%)
Married	170	68.00
Cohabiting	80	32.00
Total	250	100.00

Table 2: Duration of marital relationship

Duration (years)	Frequency	Percentage (%)
<2	50	20.00
2-5 years	50	20.00
>5 years	150	60.00
Total	250	100.00

Table 3: Place of residence

Place of residence	Frequency	Percentage (%)
Urban	100	40.00
Rural	150	60.00
Total	250	100.00

Table 4: Socioeconomic status

Response	Frequency	Percentage (%)
Low	200	80.00
Middle	40	16.00
High	10	4.00
Total	250	100.0

Table 5: Participants who have not sought medical help for infertility

Response	Frequency	Percentage (%)
Participants who have sought medical help for infertility	50	20.00
Participants who have not sought medical help for infertility	200	80.00
Total	250	100.0

Table 6: Type of care sought

Response	Frequency	Percentage (%)
Public health facility	10	4.00
Private clinic	5	2.00
Traditional healer	175	70.00
None	60	24.00
Total	250	100.0

Table 7: Participants who experienced stress due to infertility

Response	Frequency (%)	Percentage (%)
Agree	170	68.00
Disagree	30	12.00
Not sure	50	20.00
Total	250	100

Table 8: Infertility makes me feel anxious or worried about the future

Response	Frequency	Percentage (%)
Agree	190	76.00
Disagree	10	4.00
Not sure	50	20.00
Total	250	100.0

DISCUSSION

Women in low-resource communities are women who live in environments with limited access to economic, social, educational, and healthcare resources. These communities are often found in rural areas, urban slums, or marginalized regions in low- and middle-income countries. Their lives are shaped by poverty, inequality, and structural barriers that affect their well-being and opportunities. Infertility among women in low-resource communities is not caused by women themselves, but is often the result of social, economic, and healthcare-related factors that increase health risks. Infertility has serious psychosocial impacts on women in low-resource communities because motherhood is often closely linked to a woman's social status, identity, and security. Infertility has serious psychosocial impacts on women in low-resource communities because motherhood is often closely linked to a woman's social status, identity, and security.

The study shows that 68% of the participants were married and this could be one of the basic reasons why they are passing through psychosocial trauma. Married women who are facing delayed in getting pregnant are constantly abuse, molest and neglect mostly by their husband, in-laws or close friends. Also, these participants have married for more than 5 years and thus expose them to various degree of psychosocial trauma that may worsen the situation. Again, the study revealed that majority of the participants residence in the rural areas and of course, a low-income area. This might affected their gynaecological findings or investigation because this requires money or resources to fast tract the investigations. The study also, revealed that 80% of the participants are in low resource communities and this low economic status has affected

or contributed to their exposure to psychosocial trauma. Lack of resources is the greatest route to psychosocial trauma such as abuse, depression, isolation, molestation, shame, anxiety, hatred, stress and many of them are pressured. In many low-resource communities, womanhood is closely tied to motherhood. A woman's social status, security, and value within her family or marriage may depend on her ability to bear children. When infertility occurs women may be labeled as incomplete, cursed, or useless. Infertility is frequently blamed on women, even when male factors are involved. This blame reinforces gender inequality and marginalizes women socially. Again, majority of the participants had secondary level of education and this could also due to their socioeconomic status that may affect them from furthering their education. Limited access to healthcare and mental health support in low-resource settings often lack affordable infertility diagnosis and treatment, accurate reproductive health information and mental health services or counseling. As a result, women may internalize blame and misinformation, emotional suffering goes untreated and psychological distress becomes normalized rather than addressed

The study shows that 80% of the participants have not sought medical help for their infertility and this could be due to the low socioeconomic status the participants are experiencing. Therefore, they may not have the resources that may cater for their hospital bills and as such decided to stay away from health facility that would have be of help to their delayed in conception. Again, health facility may not be within their locality thus need them to travel far before getting or seek medical attention. The study revealed that majority (70%) of the participants seek the service of the traditional healer due to their low socioeconomic status. They believed that seeking traditional healer's service is easy, affordable, accessible, available, stress free and proximity of treatment centre.

The psychosocial impacts of infertility are often more intense and complex for women in low-resource communities because infertility intersects with poverty, gender inequality, and limited access to health and social support systems. Also, the study revealed that majority of the participants experienced several degrees of psychosocial trauma such as Loss of identity, diminished self-worth, and chronic emotional distress, stigma, discrimination, social exclusion, verbal abuse, gossip, or public humiliation, loneliness, shame, fear, guilt anxiety, and depression. Again, the participants experienced marital conflict, fear of divorce, or husband seeking another wife.

Majority of the participants agreed that they pass through stress while experiencing infertility. Stress and infertility have a bidirectional relationship such that infertility may cause significant stress, and chronic stress may in turn impair reproductive function. This relationship is especially pronounced among women in low-resource settings due to social pressure, stigma, and limited access to care. Chronic stress activates the hypothalamic–pituitary–adrenal (HPA) axis, increasing cortisol and other stress hormones. Elevated cortisol disrupts reproductive hormones in several ways such as: Suppression of gonadotropin-releasing hormone (GnRH), leading to irregular ovulation, altered the secretion of luteinizing hormone (LH) and follicle-stimulating hormone (FSH), menstrual irregularities, anovulation, and luteal phase defects. These psychological states can indirectly affect fertility by disrupting sleep, appetite, sexual desire, and adherence to medical treatment. Depression and anxiety have also been associated with poorer outcomes in fertility treatments.

Also, the study shows that majority (80%) of the participants agreed that infertility has affected the relationship between them and their partners.

CONCLUSION

Women in low-resource communities face economic hardship, limited healthcare, gender inequality, and strong cultural expectations. These factors increase their vulnerability, especially when dealing with sensitive issues like infertility, mental health, or chronic illness. Women in low-resource communities face structural and systemic challenges that increase the risk of infertility. Improving education, healthcare access, nutrition, and reproductive rights can significantly reduce infertility rates. Stress negatively affects fertility through complex biological, psychological, and social mechanisms. The study revealed that majority of the participants in low resource communities experience infertility and thus passed through several degrees of psychosocial trauma.

Acknowledgments

We acknowledge Nazor Barinua-Gbaranor, Nuazor Victory Barinua, Kedumle Success Barinua, Tuamene Excellent Barinua and Excellent Support Global Foundation for their moral support, prayers, understanding, and encouragement during the period of this research.

Funding: No funding.

Conflict of Interest: None declared.

Ethical Approval: Not required.

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