

Silent Stress of Infertility Suffering Nepalese Couple: A Study of Urban and Rural Areas

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ABSTRACT

Infertility is a silent phenomena which no one wish to disclose in society because this is stressful to the couple. This study aim to find out the infertility and societal perspectives and action taken among the couple of Bharatpur Rural and Urban areas of Nepal. A case study example of some 16 couples through phone interview generates many evidences and facts that helps to generalize the fact of infertility and its societal effects are one of the mixed method of this study. Study were conducted during Feb-March 2025. The study found that the couples are highly suffering of mental, domestic and societal stress not being conceived. The rate of shame, low mentality and moral are highly affected due to the infertility. The stress also effects on the quality of work doing in the home and outside. The societal view in rural sectors is more vibrant and communicable compared to the urban areas with low sharing. Alternative fertility mechanism are the best mode to conceive and child birth, this process much helpful to the couples start cover there all backlogs'. Study concluded that infertility word is enough to exaggerate stress level that downsize the level of quality of work and thoughts.

Keywords: Infertility, stress, societal, morals and shame.

Introduction

Researchers say, infertility is a consequence of modern lifestyles and consumption patterns (alcohol, smoking and other toxic substances), the higher average age of marriage, career and family-related stresses, and even environmental pollution and global warming (The Kathmandu Post, 2019).

Infertility is a reason of not being conceive baby or people not pregnant and not maintaining that pregnancy to live birth and in male, when motile and viable sperm can't find in ejaculation of man than such a male can be define as infertile. Nowadays, through different treatment procedures and advances in reproductive technologies, assisted pregnancy is possible in the world, so patient friendly term "subfertility" is used as equivalent term of infertility (WHO, 2018; Regmi et al., 2024).

Infertility is one of the major health problems worldwide, including Nepal. The average prevalence of infertility in developing countries is estimated to be around 6.9-9.3% (Boivin et al., 2007) . An increasing trend of infertility has been noticed recently in Nepal however, exact prevalence is still unknown. It has been found that among the various male and female infertility factors, abnormal reproductive tract, quality of sperm and embryo, abnormalities in the implantation process and other conditions including immunological factors are common (Marc & Fritz, 2011). Similarly, lifestyle factors of infertility are sedentary lifestyle, heavy use of alcohol, smoking, late marriage, miscarriages and frequent abortion (Sharma et al., 2013). Particularly in Nepal, millions of young fertile groups have migrated for job and they are coming back home after long gap and this may have reduced the fertility (Subedi et al., 2016). Some time, the migrant come to visit home and they might carry sexual transmitted diseases and this may have caused infertility (Gautam & Risal, 2017).

Infertility is defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse (Zegers-Hochschild et al., 2009). Infertility maybe considered as one of the most stressful events, infertility is not only a medical or psychological problem, but also a social problem due to the inability to play one of the essential social roles- being a parent. Owing to the cultural and social reasons, as well as religious beliefs, having children in Asian countries is a more crucial factor than Western countries. Infertility associated with stressful experience, health problems, and lack of self-confidence, feeling of grievance, threat, depression, sin, disappointment, and marital problems (Noorbala et al., 2009). According to the World Health Organization, about 33.35 % (About 5 million) people in the world are infertile (Vander & Wyns, 2018).

A study shows that infertility can play a role in generating stress in the family. The stress due to infertility reduces self-esteem in couples. The collection of these emotions leads to depression and anxiety in them (Biringer et al.,

2018). Females are more vulnerable to having anxiety than males in infertile couples it was prevalence of 13.5 % (Zhang et al., 2022). Assisted reproductive technology (ART) treatment is effective solution to infertility that was widely accepted by infertile couples. However, it is costly and needs a series of complex processes which can increase the psychological burden on infertile couples, especially on the female partner (Karimzadeh, 2017; Khyaju et al., 2023).

Various study revealed that the Childbearing as a marker of the transition to adulthood is a cross-cultural universal classified as a diversification of paths to adulthood and delays in traditional markers such as childbearing (Dennison, 2016). Studies from both high- and low- to middle-income countries (HIC and LMIC, respectively) report that having children can be a considerable source of social status, particularly for women (Aronson, 2008). Failure to meet this social expectation, then, can sometimes lead to severe stigma, this apply in the Nepalese context too that child birth is critical if male is born that is a proud to women that birth male not only externally but also in the form of self-stigma. The social pressure to have children is often especially strong in high-fertility settings, particularly in sub-Saharan Africa (Dyer, 2007). In Nepalese system, the social views and perspectives are negative in many cases, if birth is delayed, directly women are blamed something wrong with her health issues (Thoma, 2021).

Methods

This is a cross sectional case study where the respondents are selected based on the data available with Health Office and private medical clinics. A total of 16 cases (9 from urban areas of Bharatpur metro city ward no 25 and 7 from rural area of Bharatpur metro ward no 27) were selected for this case study analysis. At the first stage, the total number of infertility cases were identified and such couples information were listed and started follow up for the availability for the interview. After confirming respondents and standard questions was prepared and based on that question, telephone interview conducted to manage the request of respondents of not being exposed in face to face.

All respondents were contracted and provided at least 10 min time on mobile to captured data. The data collection process takes nearly one to two weeks during March end week to April first week 2025. In addition, KII format supported to manage internal and external factors of infertility through the expert's opinions and responses. Health officials from Local government and District Health Office, Private medical and peoples from the laboratory, epidemiology and health personals were responded on the issue of infertility. The collected data is further process in MS Excel and SPSS for the analysis. Table, graphs and various mode of analysis were demonstrated in this paper.

Theories relevant to the study on the silent stress of infertility among Nepalese couples:

Infertility can cause significant psychological distress, influenced by biological, emotional, and social factors. The **Biopsychosocial Model** helps explain how these elements interact, shaping individual and couple experiences. **Stress and Coping Theory** (Lazarus & Folkman) highlights how couples manage the emotional burden of infertility, while **Social Support Theory** emphasizes the role of community and family in alleviating suffering.

Results

In this section, the analysis is done based on the data collected from the field.



Figure-1, Marriage age of couple

(Source: Field visit, 2025)

The marriage age of couple originate in between before 20 to 30 years, the majority of couple reported doing marriage before 25, this also indicates that couple are doing marriage at the young age and this age is suitable to perform children on time. Among the surveyed communities FGD concluded that in both Urban and rural areas,

marriage perform in time, even in rural area, the marriage conduct earlier.

KII with LG added that in rural areas marriage perform earlier to assigned responsibility, but in Uan areas, after study or job this is initiate.

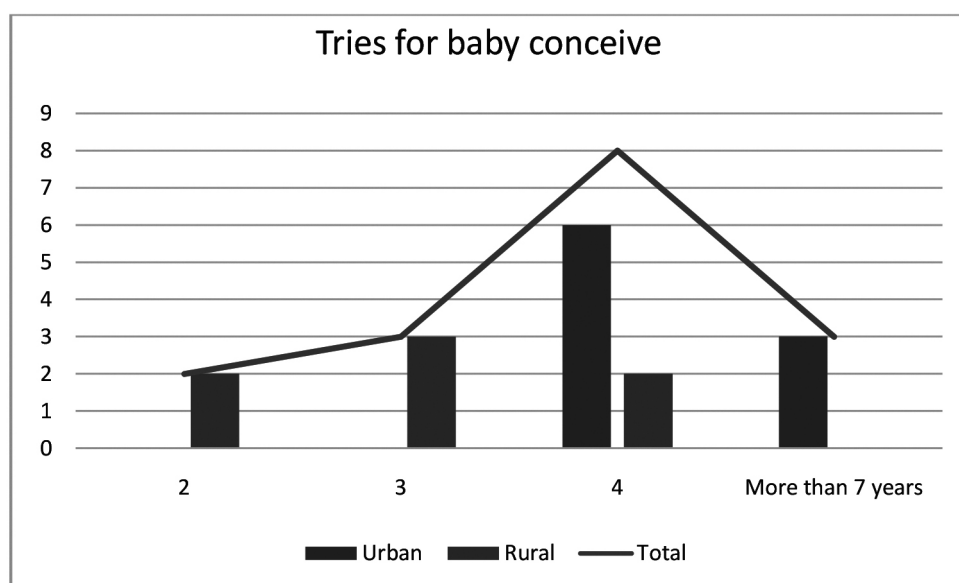


Figure-2, Tried to conceive baby

(Source: Field visit, 2025)

Compare to the rural areas, the attempt of baby conceiving is high in urban area as per the data presented here through Figure no-x. The couple shared their experiences that took tried even for 7 years and the result is not generated. The FGD participants expressed that the rural peoples are taking natural food and hard work is around and couple have enough task to perform and lack of electronics devices and gazettes states. Whereas in the areas, the Electronic gazes and switch-based work are higher and this causes people lazy and unhealthy and this could be one of the reason of delay conceive.

KII with Health Office added that modern couples highly uses piles and medicines to cure any disease and this bring distortion in natural grown and this caused delay in child birth and infertility is the cause of such medicine and excessive uses of pills and medicines.

Couples added that if child is delayed, they seek medical advice and knock the doctors. In many cases, hiding and try are common attitudes among the couples. Sharing to own families and elders and closest are common to get a way for the future.

Table 1: Summary of knowing relatives and others about fertility

Legend		average	Very few	No one knows except couples
Knowing fertility in families	Urban	0	3	6
	Rural	3	2	2
In friend circle	Urban	3	6	0
	Rural	2	3	2
Corporate sector	Urban	3	6	0
	Rural	0	7	0

(Source: field visit, 2025)

About the infertility, table-xx shows that the trend of infertility knowing is hidden in a families and very few only shared within families. Since, this is a matter of Prestige so they don't disclosed this. On the other hand. In friend circle, the sharing on trust is high on trend, this also help couple to release some information and seek there advices.

Among the corporate sectors, the rate of sharing is very few because in working areas or in farming profession sharing is minimal and since this is matter of shame and Guilty so exposure of infertility is shame to them.

In a personal question of sharing infertility couple of surveyed area shared that they feel guilty and shame and if they shared might peoples around will keep them negative and this information would discourage to leave the platform or the area could be harmful for them. Thus they don't share such information.

KII and cases study revealed that the Social perspectives in a majority is very talkative and sharing in the rural area. People mostly blame to the Female as a primary cause as a result of this the stress level of females recorded high then men. The extra pressure of marriage and no child capacity terminology are very stressful to the couples.

Table 2: Alternative mode to get child

Legend		Yes	No
Alternative fertility method	Urban	7	2
	Rural	4	3
Surrogacy	Urban	1	8
	Rural	3	4
IVF	Urban	7	2
	Rural	0	7
Alternative Medicine	Urban	0	9
	Rural	5	2

(Source: Field visit, 2025)

In contrast to the alternative mode of child conceiving being infertile, the Trend of alternative mode like allopathic medicines, Surrogacy, IVF and medicines like Ayurveda and Homeopathy medicines are minimal uses, but the rate of users found high in Urban area compared to the rural areas because in Urban all branches of medicines and facilities are available and due to dense population the medicine and treatment are available and secrecy are maintained. But, such facilities and counseling and facilities are unavailable and privacy are questionable.

In some cases, respondent told that the success rate of alternative medicine and IVF is limited and in one cases Surrogacy is success reported by the couple, this also indicates that alternative method of treatment success rate is also limited.

KII with Health Officials stated that the couples are found taking suggestions in the nearby health clinics. Clinical people added that secrecy are maintained but still due to multiple consultation couple are expose, They added that guilty and share feeling by the couples are common.

Table 3: Perspectives of relatives and elders

Legend		Positive	Negative	Average
Elders behave in family	Urban	6	0	3
	Rural	2	2	3
Younger behave in family	Urban	6	0	3
	Rural	2	0	5
Neighbors Behaves	Urban	0	0	9
	Rural	2	2	3
Community people behaves	Urban	0	0	9
	Rural	3	2	2
Medical people behaves	Urban	3	0	6
	Rural	0	5	2
Close friend react/ Behaves	Urban	0	3	6
	Rural	5	0	2

(Source: Field visit, 2025)

From the Societal perspectives, elder people like in-laws/ father, in-laws/ mother and grandparents are deal infertility very positive as this is a prestigious matters of the family and being a head of the Family they behave gentle. In other hand, younger like, sister and brothers are average views on infertility and being a younger people the perspectives of infertility is exposed.

Neighbor perspectives shows a mixed result of positive and negative but in reality backbiting of neighbors about the infertility is high and this information discourage couples and this increased stress among the couples.

The community behaves are average as infertility is a matter of prestige and community tendencies is towards girls is negative due to male dominant society and the rate of blame is more towards Female as a low fertility rates.

Couple responded that the close friends are became the best to share and there advice and suggestions supported to the people to overcome the problems and this process is helpful to take advice from the friends. Couple

Survey result shows that the medical persons behaves are not good as various tests and sharing are one of the critical process to the couple to cross over, this process is trouble to the couple to deal with series of consultation and follow upon and continue follow up and consultation are little hectic process so couple responded that the medical person behave is challenging and couples are feeling share as the person knew the infertile couples.

In summary the societal perspective are challenging, infertility is one of the challenging work and incident to the couples and this raise many questions like Who how and What next? To address this question, it is very challenging for all to address the accurate answer of this question and true and share mode of answer through couple is challenging to share all. Thus this table hidden shows the behaviors of relations are normal and positive but the societal perspectives are negative towards female in reality and male are cleaned chit but in reality infertility has many causes like genetics, biological and medical reasons as stated by medical expert that the modern foods are highly contaminated and infertility rate is increasing. High stressful work load, uses of modern and gazettes and medications resulted infertility.

Table 4: Couples opinion on daily life routine

Legend		Enough	low	extreme low	as usual
Amount of Sleep	Urban	4	4	0	1
	Rural	4	0	1	2
Amount of food	Urban	5	0	2	2
	Rural	1	1	0	5
Amount of Happiness	Urban	5	2	1	1
	Rural	1	2	2	2
Responsibilities	Urban	4	1	1	3
	Rural	3	2	0	2

(Source: Field Visit, 2025)

The level of stress recorded high among the couples, The amount of sleep, happiness and are obvious limited and low as the no child of own heavily affect the social and mental prestige of the couples and various mental and stress diseases like blood pressure are common among the couples. The rate of happiness may be average due to age factors but the pain of couple can only realize by the couple and shame and guilt feelings are internal.

The social and financial responsibilities are also noticed positive as the domestic role found active like cooking to managing livelihood are responsible task and couples are doing best to manage this role but only a lack of child extremism stress and panic of future sustainability and remarriage force to Male, so such cases stress female more than Male.

From the telephone interaction with couple it was found that the Female are more victimized of infertility then men because once it's a delay in child society always raise finger to female and this is rare to blame male. The modern diagnostic system encouraged people to go for the regular checkup and still respondents replied that in rural system people belief on angriness of ancestor and God angriness are primary reason of no child and many traditional healing process also did not success the child cases.

Conclusion

The study concluded as infertility among the couple in rural and urban areas of Bharatpur are common phenom-enal caused due to various factors. Modern food, electrification, uses of modern medicines and gazettes found more in the study area. Infertility and societal perspectives are two major consequences. Sharing and privacy are

major factors of exposing that stress and shame among the couples. From the social perspectives, women are discourages and men are save from the community and neighbors views but in reality the lack of proper medication and consultation is another issue in the surveyed communities. Compared to the rural area, the infertility is serious issue in the urban area due to high and stress life with limited physical and natural activities taking to the hidden stress among the couple of study area. Hence, counseling, expert treatment, and campaigning social wellbeing strategies are must to implement.

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