International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Lived Experiences of Persons Affected by Infertility and Nurses' Perceptions of Infertility Care in the Public Health Sector in Namibia

[1]Carolina Teixeira, [2]Emmanuel Magesa, [3]Sarah Mlambo, & [4]Lamech M. Mwapagha

[1]Department of Health Sciences, Faculty of Health, Natural Resources and Applied Sciences, Namibia University of Science and Technology, Namibia
[2]School of Public Health, Faculty of Health Sciences, Triumphant College, Namibia
[3] School of Nursing, Faculty of Health Sciences, Welwitchia University, Namibia
[4]Department of Biology, Chemistry and Physics, Faculty of Health, Natural Resources and Applied Sciences, Namibia University of Science and Technology, Namibia

[1]https://orcid.org/0009-0000-3441-5333
[2]https://orcid.org/0000-0002-5954-6556
[3]https://orcid.org/0000-0001-9282-6165
[4]https://orcid.org/0000-0003-1048-1787

***Corresponding Author:** carolinasongoteixeira@gmail.com

ABSTRACT

Background: Infertility is a public health concern worldwide**,** affecting both men and women equally, sharing the burden with significant emotional, social and cultural consequences. In Namibia, where childbearing is a social status in the community, there is limited research on the experiences of persons affected by infertility.
Objective: This study explored the lived experiences of individuals affected by infertility in Namibia
Methods: A qualitative exploratory design was employed. The study included 15 participants, 12 females and 3 males, from the gynaecology department at 4 referral hospitals in Namibia, until data saturation was reached. Purposive sampling was used to select the participants. Data was collected using a semi-structured interview guide, and thematic analysis was followed using the 6 steps of the Braun and Clarke framework.
Results: Five themes emerged: emotional and psychological distress due to stigma, strained partner and family relationships; health system challenges such as long waiting times, poor communication, and high costs; coping through faith, persistence, and limited counselling; and inadequate infertility care with unaffordable advanced treatments.
Conclusion: Infertility leads to psychological distress and social stigma for the affected individuals, and it is worsened by cultural and societal expectations. Health care system barriers add to the challenges of the affected persons.
Unique contribution: In-depth insight into the lived experiences of individuals affected by infertility. Male perspectives added new evidence regarding men's views on infertility in the country.
Key recommendations: Integration of psychosocial support into infertility care at the public health facilities.

Keywords: Infertility, Patient experience, Stigma, Healthcare barriers, Coping

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

INTRODUCTION

Infertility affects about 186 million people globally, as reported by the World Health Organisation's estimates of 2023 (Liang et al., 2025). The number of couples affected by infertility is estimated at 10-20% worldwide, with male factors contributing to 50% of cases, and it affects individuals across all countries, independently of their income level (Wang et al., 2025; WHO, 2023). The report further reported that global lifetime prevalence of infertility is approximately 17.5%, with similar rates reported in both high-income countries (17.8%) and low- and middle-income countries (16.5%) (WHO, 2023). These findings are an indication that infertility affects both developed and developing nations in equal proportions. The regional data reported that the Western Pacific region had the highest lifetime prevalence at 23.2%, followed by the Americas (20.0%), Europe (16.5%), and Africa (13.1%), with the lowest estimates being reported from the Eastern Mediterranean Region, at 10.7%. These figures indicate that there is a need to scale up infertility care support across all regions of the world (WHO, 2023). Apart from its reproductive impact on the affected individuals, Infertility also carries immense social and psychological effects, causing grief, anxiety, and strained personal relationships, caused by stigma leading to isolation, misunderstanding, feelings of shame, judgments and harassment (Hayat et al.,2025; Toluk & Ozekinci, 2025).

A qualitative study by Charu and Khan (2025) of 46 published studies which examined the psychological and social aspects of infertility supports that infertility is associated with a lower quality of life, increased anxiety, depression, mental health conditions, and maladaptive coping strategies, with women generally more affected than men (Jain & Khan, 2025). In social circles, Infertility can either strain or strengthen partner relationships, but it often leads to higher marital tension, family dissatisfaction, and exposure to intimate partner violence, and a lack of awareness of infertility risk factors, particularly among men, worsens partners relationships and psychological distress (Jain & Khan, 2025).

A study that looked specifically at the impact of infertility on males reported that the condition is shaped by biological, socioeconomic and cultural factors, with enormous psychological and social consequences, with cultural norms surrounding masculinity often discouraging men from seeking help, increasing their vulnerability to mental health issues such as anxiety, depression, and low self-esteem (Sahoo et al.,2025). This evidence supports the need for a culturally sensitive approaches that integrate psychological, social and patient-centred care into infertility management to mitigate mental health risks and provide comprehensive support for both partners during treatment (Sahoo et al.,2025; Kuug et al., 2025).

The Social Ecological Model (SEM) helped explain the experiences of individuals affected by infertility in Namibia by guiding the interpretation of data from the transcribed interviews. The model guide is that the individual level, feelings of loss, altered self-worth, and coping strategies shape personal responses to infertility, and the interpersonal relationships, family expectations, and societal pressure can either provide support or intensify stigma. Community norms and societal attitudes towards childbearing influence how individuals consider how to disclose how they seek help, while socioeconomic and health system factors determine access to psychosocial support. In this study, the SEM was applied to capture these influences, offering guidance to

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

analyse the experiences shared by the participants and identify intervention points that address not only personal coping but also the social environments where infertility is experienced (Stokols,1996).

Despite infertility being known as a reproductive health priority worldwide, studies on the experiences of persons affected by infertility are not readily available in Namibia. This gap necessitated the need to develop a comprehensive care model that incorporates psychosocial support and patient-centred care of individuals affected by infertility. For the support model to work, it is first important to know the experiences of affected individuals, so that effective interventions can be designed to meet the needs of the affected individuals in Namibia. This study explored the experiences of persons affected by infertility in Namibia. The findings are intended to contribute to evidence-based recommendations for psychosocial and patient-centred care, which may guide health care providers to adequately support infertility care in Namibia.

METHODS

Study Design: This study employed a qualitative approach with an exploratory and descriptive design to explore the experiences of individuals affected by infertility in Namibia. The approach was chosen to capture the participants' experiences with infertility.

Objective of the Study

The study aimed to explore the lived experiences of individuals affected by infertility at the public health facilities in Namibia, with a focus on the psychosocial impact on the affected individuals.

Setting: This study took place at the four referral hospitals: Katutura Intermediate Hospital (Khomas region), Windhoek Central Hospital (Khomas region), Rundu Intermediate Hospital (Kavango East), and Oshakati Intermediate Hospital (Oshana region). The hospitals were selected purposively as they provide specialised services such as infertility and serve as the main referral hospitals in the country (Fouché et al.,2021).

Study Population and Sampling Strategy: The population consisted of male and female individuals affected by infertility who were seeking treatment at the selected four hospitals at the time of the study. The study participants were selected using a purposive sampling technique, and 15 (fifteen) individuals affected by infertility were interviewed between March 2024 and August 2024 on the days of the gynaecology and urology clinic at the selected four referral hospitals until data saturation was reached. The participants were approached before the interviews, and the purpose of the study was explained to them. Those who agreed to participate were given a consent form to sign and taken to a private room for the interview.

Data Collection and Management: The interviews were conducted using a semi-structured interview guide to obtain responses from the participants. They lasted between 30 and 45 minutes and were recorded with a voice recorder and transcribed verbatim afterwards. The nonverbal cues were captured and incorporated into the transcripts, helping the interviewer to better understand the participants' experiences. Data saturation was reached at the 13th interview (Fouché et al.,2021).

Data Analysis: Thematic analysis was used following Braun and Clarke's six-step framework, which is widely employed in qualitative health research to identify and report patterns within the data (Braun & Clarke, 2006). The steps in analysis were as follows: Familiarisation of data: all

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

interviews were transcribed verbatim immediately after data collection. Searching for Themes: Related codes were grouped into broader subthemes and themes. Reviewing Themes: Themes were refined through iterative comparison with data, ensuring internal consistency within themes and distinctiveness between themes. Defining and naming themes: Each theme was clearly defined to capture the essence of participants' experiences. Writing the Report: Themes were presented in the results chapter with the verbatim participant quotes to demonstrate authenticity and contextual depth.

Trustworthiness

Rigour was enhanced by applying Lincoln and Guba's (1985) trustworthiness criteria. Credibility was ensured through prolonged engagement with the participants and the inclusion of direct quotations to reflect their authentic voices, which represented their authentic realities. Transferability was supported by providing detailed descriptions of the participants' demographic information and the setting where the study took place. Dependability was achieved by following Brawn and Clarke's six-step thematic analysis framework, keeping detailed notes of coding decisions, theme development, and data management using Atlas.ti. Confirmability was ensured by the researcher putting aside her knowledge in the nursing field to minimise personal bias, by grounding interpretations in the actual narratives of participants rather than assumptions. The use of direct quotations in the results section and cross-checking themes with peers and supervisors enhanced neutrality.

RESULTS

The study included fifteen infertile patients, 12 females and 3 males. Although data saturation was reached after 13 interviews, two more interviews were added to ensure data saturation. The mean age of the participants was 37.8 years, and all participants were Christian. Table 1 shows the characteristics of the participants.

Table 1: Demographic characteristics of the participants

Variables	categories	n (%)
Age	24-29	2(13.3)
	30-35	5(33.3)
	36-39	2(13.3)
	40-45	4(26.6)
	More than 46	2(13.3)
Gender	Male	3 (20)
	Female	12(80)
Number of children	0	6(40)
	1-5	9(60)
Marital status	Married	7(46.6)
	Single	2(13.3)
	Engaged	6(40)
Religion	Christian	15(100)

From the data analysis, 5 themes and 12 subthemes emerged. Table 2 summarises the themes and subthemes of narratives of the experiences of the participants

Table 2: Themes and subthemes related to the experiences of individuals affected by infertility

Themes	Subthemes
1.Emotional and psychological burden	1.1 Distress and Anxiety 1.2 Social stigma and judgment
2.Partiner and family relationships	2.1 Partner relationships 2.2 Family relationships
3.Experiences with health care system	3.1 Infertility care challenges 3.2 Uncoordinated communication 3.3 Financial constrains
4. Coping strategies	4.1 Persistence in seeking care 4.2 Spiritual belief 4.3 Psychological support
5.Inadequate infertility care support	5.1 Lack of psychosocial support 5.2 Expensive infertility treatment

The themes presented in Table 2 were drawn from 15 interviews: Each theme consisted of several subthemes demonstrating the experiences of individuals affected by infertility in Namibia. The supporting direct quotations that are presented under the themes and subthemes under the results section are provided to convey the depth and authenticity of the participants' experiences with infertility. Participants were identified as P1 F "participant 1 Female", P3 M "Participant 3 Male"

Theme 1: Emotional and Psychological Burden

The participants expressed feelings of emotional distress and anxiety, as well as social stigma and judgment from the community, family members and partners.

Distress and Anxiety

Participants reported deep emotional distress associated with infertility, describing feelings of sadness, worthlessness, disappointment and in some cases suicidal ideation.

> Well, it is very distressing. It is very sad. You just wonder why this is happening to me. *(P1 F)*

Social Stigma and Judgment

Participants expressed that they often faced negative criticism from family members and the community, which resulted in shame, isolation, and strained social interactions.

> The problem is the people in the community. They say all sorts of things about me. They throw bad words at me. I feel bad. (P14)

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Theme 2: Partner and Family Relationships

Partner Relationships

Female participants reported having strained relations with their partners, while this was not the case with the male participants. The responses varied among participants. Some described their partners as supportive, while others reported that their partners blamed them for their infertility.

> I’m supposed to get married, but now he said we must wait. I must be treated first, so that when we get married, he is assured that we can have a baby in the marriage. (P12 F)

> Nothing has changed between me and my wife; everything is still the same. (P5M)

> My partner is always getting angry when he sees me on my period. He ends up saying. Maybe you are using family planning, and you did not inform me. He just ends up stressed. (P3 F)

Family relationships

Participants expressed different experiences with family members. Their own family experiences were of support, and from the in-laws, it was of disrespect and rejection.

> My family is very close. My cousins and aunties are very supportive. They don’t make me feel like I am less of a person. (P2F)

> There are dramas that I'm getting from my husband's family members. They're calling me barren, no matter that I have children. Those are the things that I'm going through; they're working on my mind so much (P4F)

Theme 3: Experiences with the Health Care System

Participants’ experiences regarding access to health care were mixed. Some expressed good experiences, and others expressed negative experiences. Some participants expressed dissatisfaction because they had to incur additional financial costs to have urgent examinations done at private institutions due to the delay in the public sector.

Infertility Care Challenges

Participants encountered challenges in the public health system, including long waiting periods from one visit to the next. Delays in referrals and delayed procedures, leading some to seek private services to speed up the process:

> Last year, I had to pay for the sonar out of my own pocket, and it cost me $500. This year, again, it's the same. I have been booked since January until now. They didn't call me to go to the sonar, and now these things are just growing in my stomach. (P12F)

> I have been waiting for a long time today. I'm just coming for the results. It's stressful. (P15F)

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Uncoordinated Communication

Experiences with healthcare communication were mixed. Some participants praised the supportive staff, while others described rushed consultations and inadequate explanations of diagnostic results:

> The doctor did not tell me much. They just gave me the papers. He sent me to do a pregnancy test, but what is it for? I am confused. (P14 F)

> The doctors and nurses are very helpful, and they are trying their best wherever they can. I haven't seen anything negative, but you need to be very patient while waiting for the services to be completed. (P9 F)

Financial Constraints

Participants expressed that the cost of treatment was a barrier to accessing the more advanced treatments that are not available in the public sector:

> I would consider having in vitro fertilisation or artificial insemination. But if they don't charge money. I will not be able to afford it if I have to pay for it. (P13 F)
> If the doctor recommends me for artificial insemination, I will go for it. But I heard that it's only at private. I don't have the money to pay for it. The government must support us; we need help so that I can also have my child. (P14 F)

Theme 4: Coping Strategies

Participants expressed different opinions on coping strategies that they use and their help-seeking behaviours.

Persistence in Seeking Care

Participants demonstrated persistence in pursuing medical help despite repeated disappointments, attending clinics regularly, and sometimes visiting multiple facilities in the hope of finding a solution to their problem.

> I went several times to the hospital, yes, and they just examined me and gave me some tablets to see whether I can conceive. (P1 F)

> I visited a lot of hospitals to be checked to see whether there was something wrong with me, but they did not tell me what was wrong with me (P3 F)

Spiritual Belief

Prayer and faith were expressed as coping mechanisms for most of the participants. This has provided comfort and sustaining hope.

> I remain prayerful. Maybe God will hear me (P10 F)

> God makes me strong. I believe that he will answer me one day. (P15 F

Psychological Support

Although the majority of participants expressed poor referrals to the psychologists, those who were referred to social workers found some consolation in expressing their feelings to someone.

> They sent me to the social worker. I know it is necessary because I came through counselling, because if it were not for counselling, I would not be here. I used to think too much. Now I don't think like I used to. (P12 F)

Theme 5: Inadequate Infertility Care and Support.

The absence of consistent infertility care was expressed by the participants. Some expressed feeling disappointed by the service due to a lack of psychosocial support, long waiting periods, and unavailability of advanced technology such as artificial insemination and in-vitro fertilisation at the state facilities.

Lack of Psychosocial Support

Participants expressed deficiencies in the psychosocial support they receive from the state hospitals and advocated for such services to be available.

> There is no counselling. There are those people who have bad words because you even just think I want to kill myself, that you are just nothing. These words are painful. People need counselling to cope. (P14 F)

> The government need to make more space for us, to have more doctors to help us. Also, the counselling place. Sometimes it's difficult to understand what the doctor is saying. Maybe if the nurses can also do the explanations. (P15 F)

Expensive Infertility Treatment

Artificial insemination was preferred over adoption. Participants called for subsidised infertility treatments to reduce inequalities in access

> If the option of artificial insemination were available here at the state hospital, I would want to do that one, but they don't have it here at this hospital. I do not have the money to go to a private doctor, and I heard it's very expensive. (P3 F)

> I suggest that the government bring services such as artificial insemination. (P4 F)

DISCUSSION

This paper reports on the experiences of individuals affected by infertility in Namibia, which is underresearched in the country. The results provide a rich understanding of the experiences of individuals affected by infertility. Five themes emerged: emotional and psychological burden, Partner and family relationships, Experiences with the health care system, coping strategies, and inadequate care support.

The emotional and psychological burden experienced associated with emotional distress, including sadness, self-blame, and suicidal ideation, aligns with evidence from other studies on a similar topic, which reported that infertility is strongly associated with psychological distress and reduced quality of life (Sahoo et al, 2025; Moutzouroulia et al, 2025; Jain & Khan, 2025). The stigma and social judgment described by participants reflect the African cultures where childbearing is a form of social identity (Ekpor et al, 2025). In Namibia, where childbearing is highly valued in the communities, the emotional burden and social isolation caused by gossip, harsh words, and constant questioning match the findings from other African settings where infertility stigma drives isolation and concealment of reproductive struggles (Ekpor et al, 2025).

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Partner and family relationships of the individuals affected by infertility were reported as being strained due to the uncertainty of the treatment outcomes, especially for the women. Some participants faced delays in the realisation of their weddings as their partners wanted to be guaranteed that the woman they would marry would be able to bear a child. Female participants shared their experiences of strained relationships with family members, more specifically, the in-laws, as they blamed them for the infertility in the couple. This lack of support exacerbated their distress. Those whose partners supported them felt encouraged to keep seeking treatment and help in the hope of having a child. Partner and family support has been linked to better treatment outcomes, as highlighted by Joseph et al. (2025), who found that women with supportive partners achieved more positive fertility results. Male participants were more fortunate in experiencing partner and family support. They reported that nothing had changed in their relationships, and their partners often accompanied them to the hospitals. It is noted in this study that the majority of participants were female compared to men, which demonstrates that males shy away from seeking infertility care, as culturally in Namibia, infertility is often attributed to female factors. A study on gender biases in male infertility supports this observation, showing that societal and family expectations tied to masculinity strongly shape how women are perceived and treated when their male partner faces infertility (Abdullahzadeh et al, 2025).

The experiences with the health care system showed that individuals affected by infertility in Namibia face challenges with the health care system caused by long waiting times, limited diagnostic resources, centralised specialised care, inconsistent communication from health care workers, and reliance on private services for quicker care. Individuals who depend on state hospitals find barriers to accessing advanced infertility care, such as artificial and in vitro fertilisation, due to financial constraints. These challenges align with other studies in the region that indicated that access to infertility services in sub-Saharan Africa is hindered by inadequate infrastructure, low prioritisation of infertility in health policy, and cost barriers to advanced treatments (Ombelet & Lopes, 2024; Al-Worafi, 2024). Coping strategies employed by the individuals affected by infertility included persistence in seeking treatment in the hope of finding a solution to their problem. The faith in God helped some of them overcome the social stigma caused by judgments from the community, family, especially the in-laws and blame from partners. Similar findings from a study in Ethiopia showed that women relied on religion, counselling, and trusted social networks when dealing with infertility (Adane et al, 2024). Inadequate infertility care support, participants expressed that there is inadequate infertility psychosocial support from the hospitals. This situation made their infertility care journey more difficult, as explanations from the healthcare providers were difficult to understand. They also expressed dissatisfaction with the inaccessibility of much-needed services such as artificial and in vitro insemination, especially older women, who are now worried about their reproductive age, which may further their inability to conceive. They also revealed gaps in the care system, more specifically, the lack of clear guidelines for infertility care. The majority expressed the need for a dedicated space and personnel in the gynaecological department that is reserved for infertility care. They advocated for privacy and more health care workers trained in infertility, especially nurses. Suggestions were made for the government to subsidise the artificial and in vitro insemination that is only available in the private sector. These sentiments align with findings from other African studies, which advocate for comprehensive strategies such as

strengthening reproductive health education, reducing stigma, expanding access to services, increasing medication availability, promoting policy reforms, and fostering collaborations to meet the needs of those affected (Al-Worafi, 2024).

While the psychosocial burden identified in this study aligns with findings globally, cultural factors set Namibian experiences apart from those in high-income countries, where cultural perceptions differ. In high-income countries, infertility stigma is often less severe, and support services are more easily accessible (Bueno-Sánchez et al., 2024).

This qualitative study offered in-depth insights into the experiences of people affected by infertility in Namibia, bringing perspectives that quantitative research could not capture. The inclusion of both male and female participants further strengthens the understanding of both genders' experiences with infertility. The study limitation was that it explored the experiences of persons affected by infertility who were actively seeking care. The perspectives of affected individuals who had already given up were not included.

CONCLUSION

This paper reports the experiences of individuals affected by infertility in Namibia. The experiences of individuals affected by infertility are not known in Namibia. The study revealed profound emotional, psychological and social effects of infertility on those affected, influenced by cultural expectations, gender norms, and systemic health challenges. Participants' expressions illuminate the need for integrated psychosocial support, better health system responsiveness, and a policy guideline that prioritises infertility within reproductive health and financial assistance to qualifying individuals to assess artificial and in vitro fertilisation. Addressing these gaps could improve the quality of life of the affected individuals in Namibia.

Ethical considerations

Ethical approvals for the study were obtained from the Ethics Committee of the Namibia University of Science and Technology (FHNRAS:62/2023), the Ministry of Health and Social Services (Ref: 22/3/1/2), and the selected public healthcare facilities to access the records. The study safeguarded the fundamental principles of human research ethics as follows:
The patients' files were taken to a private room, and data were collected according to the checklist variables. Confidentiality was upheld throughout the research process. After data collection, the hard copies of the completed checklist were securely stored in a locked cupboard, accessible only to the researcher and the research supervisors.

Acknowledgments

The authors acknowledge the participating hospitals' management for allowing the researcher to collect data. This article benefited from the use of ChatGPT version 40 and Grammarly for grammar refinement and improved readability. The content was reviewed and edited by the authors, who take full responsibility and its accuracy

Source of funding

No funding was received to fund the study

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Competing interest

The authors declare no financial or personal relationship that has inappropriately influenced the writing of this article. The authors declare no financial or personal relationship that has inappropriately influenced the writing of this article.

Authors' contribution

Conceived and designed the study CD, LM, EM, SM. Collected data: CD. Analysed the data: CD, with the help of SM. Wrote the paper: CD. Reviewed the Manuscript: CD, EM, SM and LM. All authors approved the final version of the manuscript.

Funding

No funding was received to fund the study

Availability of materials

Data supporting this study's findings are available from the corresponding authors on reasonable request.

Disclaimer

The views and opinions expressed in this article are those of the authors and are the product of professional research. They do not necessarily reflect the official policy or position of affiliated institution, funder, agency or that of the publisher. The authors are responsible for this article's results, findings and content.

Citation:

Teixeira, C., Mages, E., Mlambo, S, & Mwapaga, L. (2025). Lived experiences of persons affected by infertility in Namibia: A Qualitative Exploration. *International Journal of Sub-Saharan African Research,* 3 (4), 74-86

REFERENCES

Abdullahzadeh, M., Vanaki, Z., Mohammadi, E., & Mohtashami, J. (2025). Gender Biases in Male Infertility and Its Impact on Women: A Qualitative Exploration. Nursing Research and Practice, 2025(1), 8103777.

Adane, T. B., Berhanu, K. Z., & Sewagegn, A. A. (2024). Ethiopian women experiencing infertility: sociocultural challenges and coping strategies. Cogent Social Sciences, 10(1), 2324973.

Al-Worafi, Y. M. (2024). Infertility Management in Developing Countries. In Handbook of Medical and Health Sciences in Developing Countries: Education, Practice, and Research (pp. 1-20). Cham: Springer International Publishing.

Al-Worafi, Y. M. (2024). Infertility Management in Developing Countries. In *Handbook of Medical and Health Sciences in Developing Countries: Education, Practice, and Research* (pp. 1-20). Cham: Springer International Publishing.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Bueno-Sánchez, L., Alhambra-Borrás, T., Gallego-Valadés, A., & Garcés-Ferrer, J. (2024). Psychosocial Impact of Infertility Diagnosis and Conformity to Gender Norms on the Quality of Life of Infertile Spanish Couples. *International Journal of Environmental Research and Public Health*, *21*(2), 158. https://doi.org/10.3390/ijerph21020158

Cox, C. M., Thoma, M. E., Tchangalova, N., Mburu, G., Bornstein, M. J., Johnson, C. L., & Kiarie, J. (2022). Infertility prevalence and the methods of estimation from 1990 to 2021: a systematic review and meta-analysis. Human Reproduction Open, 2022(4), hoac051.

Ekpor, E., Brobbey, S. S., Kumah, C. Y., & Akyirem, S. (2025). Experience of infertility-related stigma in Africa: a systematic review and mixed methods meta-synthesis. International Health, ihaf060.

Fouché, C. B., Strydom, H., & Roestenburg, W. J. H. (2021). *Research at grassroots: For the social sciences and human service professions* (5th ed.). Pretoria, South Africa: Van Schaik Publishers.

Hayat, K., Chaudhary, A., Batool, Z., & Mahmood, B. (2025). The Social Stigma of Infertility Causes & Consequences. Review Journal of Social Psychology & Social Works, 3(1), 44-56.

Jain, C., & Khan, W. (2025). Psychosocial Concomitants of Infertility: A Narrative Review. Cureus, 17(3).

Joseph, S. A., El Amiri, S., Brassard, A., Carranza-Mamane, B., & Péloquin, K. (2025). The role of partner support in infertility-related quality of life in couples seeking fertility treatment. Sexual and Relationship Therapy, 40(1), 67-88.

Kuug, A. K., James, S., & Sihaam, J. B. (2025). Psychosocial-cultural care for couples experiencing infertility: An integrative review. International Journal of Africa Nursing Sciences, 22, 100823.

Liang, Y., Huang, J., Zhao, Q., Mo, H., Su, Z., Feng, S., ... & Ruan, X. (2025). Global, regional, and national prevalence and trends of infertility among individuals of reproductive age (15–49 years) from 1990 to 2021, with projections to 2040. Human Reproduction, 40(3), 529-544.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.

Moutzouroulia, A., Asimakopoulou, Z., Tzavara, C., Asimakopoulos, K., Adonakis, G., & Kaponis, A. (2025). The impact of infertility on the mental health of women undergoing in vitro fertilization treatment. Sexual & Reproductive Healthcare, 43, 101072.

Okonofua, F. E., Ntoimo, L. F. C., Omonkhua, A., Ayodeji, O., Olafusi, C., Unuabonah, E., & Ohenhen, V. (2022). Causes and risk factors for male infertility: A scoping review of published studies. *International Journal of General Medicine*, 5985-5997.

International Journal of Sub-Saharan African Research (IJSSAR)
Vol. 3, Issue 4, pp. 74-86, December 2025, ISSN: 3043-4467 (Online), 3043-4459 (Print)
doi:10.5281/zenodo.18089370

Ombelet, W., & Lopes, F. (2024). Fertility care in low and middle income countries: Fertility care in low-and middle-income countries. Reproduction and Fertility, 5(3). Page numbers ??

Sahoo, S., Das, A., Dash, R., Behera, A., Mishra, N., Bal, K., ... & Behera, A. (2025). The Psychological Impact of Male Infertility: A Narrative Review. Cureus, 17(8). Page numbers ??

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. American Journal of Health Promotion, 10(4), 282-298.

Toluk, G., Kirca, N., & Ozekinci, M. (2025). The Socio-Cultural Dimension of Infertility and Stigmatization. International Journal of Caring Sciences, 18(1), 588.

Wang, Q., Sun, X., Peng, L., Gu, X., Chen, Y., Yu, M., ... & Yuan, Q. (2025). Optimizing the High-Quality Embryo Rate in Couples With Male Factor Infertility: Insights From Predictive Modeling and Causal Effect Estimations. Clinical and Experimental Obstetrics & Gynecology, 52(6), 38733.

WHO: Infertility prevalence estimates, 1990–2021. World Health Organization (WHO) (ed.) 2023