



COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

PSYCHO-SOCIAL EXPERIENCES AND COPING STRATEGIES OF INFERTILE COUPLES ATTENDING AT INFERTILITY CLINICS IN SAINT PAUL'S HOSPITAL, ADDIS ABABA, ETHIOPIA, 2024: A QUALITATIVE STUDY.

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STATEMENT OF DECLARATION

With my signature below, I confirm that I am the original writer of this thesis. I have prepared, gathered, analyzed, and completed this thesis in accordance with the principles of ethics for research. Every academic source incorporated into the thesis has been acknowledged via citation. I confirm that every source I utilized when writing this paper has been cited and referenced. This thesis has been prepared with all possible precautions to avoid plagiarism. This thesis is submitted in partial fulfillment of the requirement for a graduate degree from Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery.

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ACRONYMS AND ABBREVIATIONS

EDHS	Ethiopian Demographic Health Survey
EFY	Ethiopian Fiscal Year
ETB	Ethiopian Birr
GC	Gregorian Calendar
IVF	In Vitro Fertilization
MOH	Ministry Of Health
RH	Reproductive Health
WHO	World Health Organization

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ABSTRACT

Background: One of the most challenging life experiences among couples is infertility, which can have a negative psychological and social impact on a relationship. Many couples are suffering from the psychological and social impacts of infertility, yet there has been a lack of information and less well understood information on the psychological and social experiences as well as coping mechanisms among infertile couples, and it lacks information on the implementation of appropriate interventions to effectively manage infertility and couples.

Objectives: The main objective of this study was to explore the psycho-social experiences and coping mechanisms of infertile couples attending an infertility clinic in Saint Paul's Hospital, Addis Ababa, Ethiopia, 2024.

Methods: A qualitative exploratory, descriptive study design was carried out among infertile couples who attend an infertility clinic from January 15–February 28, 2024, in Saint Paul's infertility clinic (center), Addis Ababa, Ethiopia. A total of 12 in-depth interviews were done through semi-structured interview guide, and each interview lasted for 26 to 50 min. The data was analyzed using thematic analysis methods.

Results: The analysis resulted in three major themes and twelve categories. The psychological facets of infertility, the effects of infertility on their social relationships, and coping strategies for infertility are the main themes. Motivation and desire to become parents, perceived causes of infertility, emotional responses to the lack of children, and the anguish of infertile couples are psychological facets. Repetitive questions to conceive and blamed by society were common social experiences that decreased their relationship. Infertile couples mainly need spiritual and medical support, and they discussed their issues with their spouse and other infertile couples.

Conclusion: Affected couples, particularly women, experience a significant negative psychosocial effect from infertility. For infertile couples, the primary sources of stress come from the family, and community and they utilized different coping strategies to manage their infertile problems. It is recommended to offer counseling and other support services and to develop a program for teaching couples how to cope with infertility.

Key words: *infertility, infertile couples, psychological experience, social experience, coping strategies, qualitative study*

1. INTRODUCTION

1.1. Background of the study

The World Health Organization (WHO) defines infertility as a disease of the male or female reproductive system defined by the failure to achieve a pregnancy after 12 months or more of regular, unprotected sexual intercourse (1).

Based on the classification of WHO, infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one prior pregnancy has been achieved. But some scholars add an unexplained type of infertility as a tertiary type, which is the root cause of infertility remains elusive. Lifestyle and environmental factors, such as smoking and obesity, can adversely affect fertility (2, 3).

Research has shown that 30–40% of infertility is primarily attributable to female factors, 30–40% to male factors, and 10% to unidentified cases. The remaining 20–30% is attributable to an interaction between the two partners, and the male is solely responsible for about 20% (4).

Infertility can be caused by different factors among women and men. There are several possible causes of infertility in women: ovarian (the most frequent), tubal, uterine, cervical, or unknown. Polycystic ovarian syndrome, or PCOS, is one of the causes of ovarian cancers, and its prevalence has significantly increased in recent years (5, 6). Male infertility can result from abnormal sperm production, issues with semen ejaculation, sperm motility disorders, or low or absent sperm counts (6, 7).

Fertility care includes prevention, diagnosis, and treatment of infertility; the diagnosis can lead to emotional challenges, social stigma, and strained relationships. Infertile couples often experience emotional responses such as, anger, depression, rejection and guilty feelings of worthlessness. These are emotional responses or manifestations of the psychological facet of infertility (8).

Infertility is a serious health issue preventing people from having children, causing psychological pain, decreased self-esteem, loss of meaning, and burden on their interpersonal relationships (9-13). Infertile couples face social outcast, cultural issues, and may retreat into themselves after being rejected, leading to feelings of unhappiness and even suicide (14-17).

The World Health Organization (WHO) emphasizes the importance of quality family planning services, including fertility care. However, infertile couples face challenges in managing infertility, and specialized fertility treatment can improve their quality of life and reduce psychological distress (18-20).

As reported many studies, active-confronting (asking friends and family for advice), active-avoidance (not sharing feelings; avoiding pregnant women), passive-avoidance (hoping for a miracle; believing that waiting is the only solution), and meaning-based coping (believing that the experience has led to great personal growth or that the marriage has evolved in a good way) are the four common coping strategies used by infertile couples during their infertility experiences (21, 22).

In some circumstance coping mechanism divided in to two; the first is the problem-solving coping mechanisms that is actively change or eliminate the circumstances that directly trigger stress, while the second is emotion-centered coping mechanisms that control the emotions provoked by the stressful life situations (23, 24).

Treatment or support for infertile couples other than medical treatment is limited due to a lack of qualitative studies (most prior research on the subject has been quantitative in nature) and effective interventional strategies. Empirical data is needed to understand the psychosocial experiences of infertile couples and to assist for the development of effective interventional strategies, as most studies are quantitative (25).

1.2. Statement of the problem

According to a World Health Organization (WHO) estimation, 48 million couples and 186 million individuals live with infertility globally, and approximately 17.5% of the adult population roughly 1 in every 6 people of reproductive age worldwide experiences infertility in their lifetime, showing the urgent need to increase access to affordable, high-quality fertility care for those who need it (26, 27).

Lifetime prevalence was 17.8% in high-income countries and 16.5% in low- and middle-income countries. Epidemiological studies have revealed high prevalence rates of male infertility ranging from 20–40% in Africa (27).

Based on the analysis of the 2016 Ethiopian Demographic and Health Survey (EDHS), the prevalence of infertility in the past 12 months was 24.2% (95% CI: 23.1–25.3%), of which the majority (90.7%) was secondary infertility (28).

In African societies, having children is a prerequisite for happy marriages, childlessness leading to instability and potential divorce. Due to the disease by itself and society and family members pressure, couples feel emotions like anger, guilt, sadness, depression, anxiety, and loss of self-confidence and self-esteem (29, 30). Their inability to conceive can also lead to feelings of inadequacy and exclusion, as individuals may feel they are not fulfilling their expected role within their culture. Women are often the primary focus of psychological and social reproductive life events, causing emotional and financial stress. Cultural expectations and financial pressures can also lead to inadequacy and exclusion (31, 32).

In order to find solutions to the pressure from themselves, family, society, and technology, couples who are unable to conceive visit a variety of places, such as churches, traditional healers, witchcraft, spiritualists, and lastly, modern medical institutions.

Those variety places make the women mistreated when seeking therapy from traditional healers and witchcrafts; this abuse often involves forced sexual relations as a condition of treatment and a cost related to keeping one's problems private. By acquiring STIs, this could make the issue much more difficult to solve (33).

Even if the couples come to a modern infertility center, they are restricted to using formal mental health support. This mental support involves helping patients with infertility access insurance coverage for care (34, 35). Couples experiencing infertility require a range of interventions from healthcare professionals to support them through the diagnosis and treatment phases but most healthcare professionals do not encourage infertile couples to communicate their experiences, needs, and concerns by offering understanding and support. This result in couples with infertility utilizes coping mechanisms that may do more harm than good to them (20, 36, 37).

Currently, the absence of holistic, qualitatively synthesized evidence on the psycho-social experiences and coping strategies of infertile couples in Ethiopia can affect the implementation of appropriate interventions to effectively manage infertility and couples experiences.

So this study aimed to explore the psycho-social experiences and coping mechanisms among infertile couples regarding infertility and aim to gain a more in-depth understanding of the processes.

1.3. Significance of the study

Firstly, this study will help by identifying the psychological and social experiences of infertile couples and then allowing for the development of strategies and interventions to minimize the effect and protect their well-being.

Secondly, it will be important to explore the multidimensional effects of infertility on psychological and mental health, as well as suitable social intervention strategies for patients both at an individual and couple level.

Additionally, this study will also enhance the availability of support systems and the coping strategies employed by couples. The findings of the study will increase the level of awareness about the need for nurses and other healthcare providers to display a good understanding of the uniqueness of psychological and social experiences associated with infertility when caring for couples with infertility.

This study will aim to provide valuable information to stakeholders and healthcare workers. The research also provides such information for health care planners and researchers for further investigation.

2. LITERATURE REVIEW

In this chapter, different literature, mainly published articles related to the experiences of infertile couples in psychological and social aspect and coping mechanisms, are reviewed in line with the study objectives.

2.1. The life experiences of infertile couples

2.1.1. Psychological experiences

Infertility and its treatments can be stressful and impact work, family, and relationships. Anxiety and depression can worsen infertility, and discomfort often contributes to these conditions. Up to 40% of women with infertility have a psychiatric diagnosis, with higher levels of anxiety and depression after in vitro fertilization (38).

A qualitative study was done on the experiences of infertile couples in West Bengal, India, with male factors, female factors, and unexplained infertility factors. This study showed that clients have a high degree of stress and pain as a result of infertility. It was very evident how infertility can cause low self-esteem, guilt feelings, monotony, and discouragement in couples who are unable to conceive (39).

A scoping review of the experiences of married couples with infertility in Indonesia showed that infertility-affected couples face psychological disorders like depression, anxiety, and loneliness, difficulty focusing, worry, decreased sexual satisfaction, and a loss of interest in social interactions (20).

A qualitative study on the emotional-psychological consequences of infertility among infertile Iranian women who sought treatment as well as a qualitative study on the psychological experiences of women with infertility in the Greater Accra Region of Ghana showed that infertility leads to emotional turmoil, anxiety, stress, and depression in individuals and couples. Post-infertility, patients experience mental engagement, loneliness, guilt, and loneliness; a lack of concentration; worrying; and decreased sexual satisfaction and regret. However, many healthcare providers and mental health clinics overlook these negative psychological effects (40, 41).

A qualitative study on psychological challenges and coping strategies of infertile women showed that infertile women exposed to variety forms of psychological challenges. The most commonly identified challenges are stress, depression, anxiety, low self-esteem, and sexual dissatisfaction (42).

2.1.2. Social experiences

A scoping review of the experiences of married couples with infertility showed that one of the main issues in marriage is divorce. Infertility is a significant issue in marriage, causing instability, lower satisfaction, and infertile men experience pressure and stress due to reproductive issues, while infertile women experience decreased sexual frequency, stress, and violence from their families and communities (20).

A descriptive qualitative study done in Turkey showed that in infertile marriages, women often protect their husbands by shouldering medical expenses, leading to concerns about lost income and time consumption. Men in infertile marriages feel uncomfortable expressing their feelings due to socialization, feeling overwhelmed by their partner's emotions and unable to access their own (43).

A qualitative study done in Iran on the emotional-psychological consequences of infertility among infertile women seeking treatment showed that participants in infertility faced isolation, stigma, societal pressure, and marital issues. They resorted to spiritual and social support as coping strategies. They also resisted societal pressure to hide their infertility or alleviate their husbands' discomfort, feeling socially isolated and excluded (29).

A qualitative study of the experiences of infertile couples in Northern Ghana and the lived experiences and coping strategies of persons seeking infertility treatment in the Kumasi metropolis, Ghana, showed that the absence of children affects physical and spiritual health, marriage, sexual lives, and financial stress. Infertile couples' psychological and sexual interactions also impact their relationships with family and relatives, and they also face societal expectations, friends mocking them, guilt for not doing more, and feeling like their income is wasted due to infertility (29, 44).

A study done on the psychosocial effects of infertility among couples attending St. Michael's Hospital, Jachie-Pramso, in the Ashanti Region of Ghana and the living experiences of infertile

women in southern and northern Ghana showed that infertile couples often face societal stigma, discrimination, abuse, and disruption of marriages due to their inability to live again. Society views infertility as a form of revenge for certain social crimes, resulting in social exclusion and a lack of invitation to social events, including weddings, highlighting the significant impact of infertility on individuals' emotional and social functioning (45, 46).

In infertile marriages, women often protect their husbands by shouldering medical expenses, leading to concerns about lost income and time consumption. Men in infertile marriages feel uncomfortable expressing their feelings due to socialization, feeling overwhelmed by their partner's emotions and unable to access their own (43).

2.2.3. Coping mechanisms

A scoping review of the experience of married couples with infertility showed that couples often seek help from psychologists, discuss their experiences on forums, seek support from friends, family, doctors, and legislators, and practice self-management to manage infertility and marital issues. Having support from family and friends is the best coping mechanism (20).

A qualitative study conducted on turkey showed that participants utilized traditional medicine strategies, such as consulting their local midwife about the use of herbal mixtures. Additionally, women with infertility showed that many of them shared problems with their spouse and with other infertile women, turning to spiritual coping methods to overcome stress, avoiding society, and using traditional methods of treating infertility (47).

A qualitative conventional content analysis study was conducted in Isfahan Fertility and Infertility Center, Iran showed that several factors can affect the similar emotion and problem-focused coping of a couple against stressful circumstances however, no significant difference was found between couples according to problem-focused coping and emotion-focused coping scores. Infertile women are more likely to experience grief and depression, and hence, coping strategy skills can lead to less considerable distress compared to men (48).

A descriptive phenomenological study on the lived experiences and coping strategies of persons seeking infertility treatment in the Kumasi metropolis showed that adoption was not favored by any participant as a coping mechanism. A few individuals additionally disclosed utilizing herbal remedies prior to visiting the fertility facility after realizing that this method was not assisting

them in reaching their intended result. The majority of participants' primary and immediate coping mechanisms are social and spiritual support (29).

A cross-sectional descriptive survey on coping strategies of infertility clients attending gynecological clinics in Southeastern Nigeria showed that most respondents used more self-controlling (86.3%) strategies than positive reappraisal (62.4%), escape-avoidance (59.8%), and other coping strategies (47.0%) (49).

Qualitative research conducted in Ethiopia on psychological challenges and coping strategies revealed that infertile women utilized different coping strategies, such as religious coping strategies, traditional coping strategies, medical coping strategies, and other strategies like marital separation and acceptance (42).

3. OBJECTIVES

3.1. General objective

- To explore the psycho-social lived experiences and coping mechanisms of infertile couples who attend an infertility clinic in Addis Ababa, Ethiopia, 2024GC.

3.2. Specific objectives

- To examine the psychological experiences of infertile couples who attend an infertility clinic in Addis Ababa, Ethiopia, 2024GC.
- To examine the social experiences of infertile couples who attend an infertility clinic in Addis Ababa, Ethiopia, 2024GC.
- To explore the coping mechanisms of infertile couples who attend an infertility clinic in Addis Ababa, Ethiopia, 2024GC.

4. METHODS AND MATERIAL

4.1. Study area and period

The study was conducted in Saint Paul's Hospital (Infertility Clinic) in the Addis Ababa city administration. Addis Ababa is the capital of Ethiopia and is located in East Africa. It lies at an elevation of 2,355 meters (7,726 ft) and is located at 9°1'48"N 38°44'24"E. According to United Nations population projections, the United Nations estimated that the current metro area population of Addis Ababa in 2023 will be 5,461,000 (50). According to the 2012 Ethiopian Fiscal Year (EFY) Health and Health Related Indicators published by the Ministry of Health (MoH), Addis Ababa has more than 52 Hospitals. Of these, 13 are run by the state and federal government, and others, more than 40, are private (51). The study was done at one selected fertility center (Saint Paul's Hospital IVF center). It is the first public fertility center in Ethiopia. It was opened as center for fertility and reproductive medicine in April 2019, and more than 5000 infertile couples were evaluated. The average number of patients being to the center is 900 per month. The infertility clinic is active 20 days per month (52).

The study was conducted from January 15 to February 28, 2024GC.

4.2. Study design

A qualitative exploratory, descriptive study design was used to achieve the objectives of the study.

4.3. Participant recruitment and Eligibility criteria

The study population consisted of infertile couples who visited infertility clinics. Infertile couples with primary or secondary infertility diagnoses (one of them or both) who are seeking treatment at the research locations were purposefully recruited for the study on account of their ability to provide information, but infertile couples who refused to provide information were excluded from the study. Infertile couples who meet the eligibility criteria were contacted by the midwives and nurses running the infertility clinics at the selected hospital to go over the objectives of the study, the activities associated with it, and the request to participate. After each participant gave their consent, the researcher approached them and followed them for the interview. A total of 12 couples were interviewed in the study, and the sample size was finalized based on data saturation.

4.4. Data collection tools and procedure

Eighteen couples were asked to participate in the study, but six of them refused because they were not interested in the subject and had a busy schedule. The principal investigator conducted in-depth face to face interviews with the infertile married couples in a private room in the designated hospital. A semi-structured interview guide was utilized in compliance with the study's objectives to document the real-life experiences of infertile women and their partners. The interview guide was divided into two sections, A and B. The questions in Section A focused on the "personal data and clinical characteristics" of the participants, while the questions in Section B looked at their psychological experiences, social experiences, and coping strategies. An interview guide was used to outline the open-ended topics in English and Amharic. All interviews were conducted in Amharic using a tape audio recorder. Interviews continued until data saturation was reached, when more data failed to reveal any new emergent codes or themes, which consisted of 12 participants. The time and place of the interviews were determined based on the convenience of the participants. During the interviews, favorable, non-threatening, and relaxed environment was created. With the participants' permission, the principal investigator recorded and took written notes during the interviews. Field notes were taken on his or her body language and mood, and any informal conversation that took place before or after the interview. The audio-recorded interviews ranged from 26 to 50 minutes.

4.5. Data analysis process

The primary investigator conducted data analysis simultaneously with data collection. The participants were audio-recorded for their verbal responses during the interview. Numerical codes were assigned to all data and other pertinent files to safeguard participant privacy. Furthermore, field notes were taken concerning the participant's gesture, tone, and language in doing so. The audio recordings of individual interviews were transcribed and translated verbatim from Amharic to English. The supervisors were verifying that the principal investigator accurately transcribed the audio data. The study used thematic analysis to examine all of the data. The data analyzed by using the six steps of thematic analysis described by Braun and Clarke (53). The participants' socio-demographic data were reported using descriptive statistics. Manual coding was used to facilitate data management and coding and to understand participants' infertility experiences and emerging inductive codes were generated. After this, the

codes and categories were combined to form themes. The following discussion of the emerging themes and categories is strengthened and clarified by statements from the respondents. Building on the major themes of the study, the principal investigator created a codebook. The writers created independently validated coded texts from the transcriptions based on the codebook. Quotations from the participants' statements were used to illustrate the findings and highlight the key themes.

4.6. Trustworthiness

The trustworthiness (rigor) of a qualitative study is determined by the extent to which it is credible, dependable, confirmable, transferable, and authenticable(54, 55).

Credibility

Credibility can be defined as confidence in the 'truth' of the findings. Techniques that were used to establish credibility include prolonged engagement with peer debriefing, and member-checking. Member checking was used to establish credibility as participants were asked to review a summary of their interview and provide feedback as to the interpretations, and conclusions.

Dependability

Dependability indicates that the findings are consistent and could be replicated by future researchers. To enhance the dependability of the study, some procedures that were utilized include the maintenance of an audit trail of process logs and peer debriefings with two expert supervisors. For this I submitted for review and critique to expert and advisors during the data collection and analysis procedures.

Transferability

Transferability means that the findings are also applicable in other contexts or generalized (transferred) to other similar contexts or settings or groups. At the end, rich and detailed description of the context, location, and people studied and transparent about analysis and trustworthiness were transferred. And also any disparities within the research data were documented.

Conformability

Conformability describes the degree of neutrality or, in other words, the extent to which the findings of a study reflect the respondents' opinions and experiences rather than the researchers' biases, motivations, or interests. Methods include maintenance of an audit trail of analysis and peer-debriefing sessions with a respected qualitative researcher were conducted. I organized and stored data that permitted others to follow my research procedures. That included notes on research questions, proposal, sampling procedures, interview guide, audio recordings, tables, and summaries of themes and patterns, drafts reports, and final report.

Authenticity

Authenticity is concerned with the ability of researchers to accurately depict the diverse realities that exist in the data collected from participants. The selection of appropriate people for the study sample and the provision of a rich, detailed description were done for the criteria.

4.7. Ethical consideration

Approval was obtained from the Institutional Review Board (IRB) of Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery. Written permission (authorization) was obtained from Saint Paul's Hospital (Infertility center) to conduct the study on their premises. Before participants signed the consent form, the investigator ensured that participants understood the information given and the level of their understanding. The participants chosen for this study were informed verbally and given consent to partake in the study. Participants were informed of the purpose of the study, the risks, and benefits of participation, the confidentiality aspect of the study, and the right to withdraw from the research study at any time without question. All the interviews were conducted in a private and comfortable room.

Finally, the participants' results and storage of data were assigned numerical codes, kept safe and confidential, locked up in a secure place, and the files were protected by a password. The names of the participants were not written in the study records.

4.8. Dissemination of the results

The result of this study will be disseminated to Addis Ababa University, College of Health Sciences, School of Nursing and Midwifery, Saint Paul's Hospital, and Addis Ababa Health Bureau. Attempts to publish parts of the research findings in reputable local and/or international journals will finally be made. The results will also be disseminated through workshops and seminars.

5. RESULTS

5.1. Participant's Socio-Demographic Characteristics

A total of 12 couples (12 males and 12 females) participated in the study. Demographic findings of the participants revealed the mean age of the females was (30 ± 4.41) years, whereas the mean age of the males was (36 ± 6.76) years. The education levels of the infertile couple ranged from illiterate to master's degrees. The average duration of infertility was 5 years (Table 1).

The data analysis revealed three major themes, namely psychological facets of infertility, effects of infertility on their social relationship, and coping strategies for infertility, and twelve categories emerged. The meaning of each theme is presented by using the participants' direct quotations.

The findings showed that couples with fertility problems encountered psychological and social stressors. Psychological facets of infertility emerged as the main theme, with four additional categories identified. They were motivation and desire to become a parent, perceived causes of infertility, emotional responses to the lack of children, and the anguish of infertile couples as categories. Effects of infertility on their social relationship emerged as the main theme, with three additional categories. They were relationship with their spouse, relationship with their family, and relationship with their friends/community. Coping strategies for infertility emerged as the main theme, with five additional categories. They were seeking medical advice for infertility, needs for spiritual support for infertility, pursuing traditional infertility treatment, intention for an adoption plan for a child, and comfort of a partner (Table 2).

Table 1: Socio demographic characteristics of infertile couples participated in this study.

N. P	Sex	Age	Education	Religion	Occupation	Duration of marriage	Type of infertility	Duration of infertility
P1	Woman	35	Primary	Muslim	Housewife	8 years	1o male infertility	1 year
	Man	39	Secondary	Muslim	Merchant			
P2	Woman	31	Master	Orthodox	Merchant	2 years	1o female infertility	1 years
	Man	36	Master	Orthodox	Engineer			
P3	Woman	22	Diploma	Protestant	Housewife	6 years	1o male infertility	2 years
	Man	25	Primary	Protestant	Farmer			
P4	Woman	28	Secondary	Muslim	Housewife	9 years	1o female infertility	2 years
	Man	32	Primary	Muslim	Construction			
P5	Woman	32	Bachelor	Protestant	Government employee	12 years	2o female infertility	6 years
	Man	40	Diploma	Protestant	Government employee			
P6	Woman	32	High school	Protestant	Private	4years	1o male infertility	3years
	Man	34	Secondary	Protestant	Government employee			
P7	Woman	38	Bachelor	Orthodox	Student	6 years	1o female infertility	3 years
	Man	37	Diploma	Orthodox	Construction			
P8	Woman	25	Secondary	Muslim	Housewife	5 years	1ofemale infertility	4 years
	Man	35	Diploma	Muslim	Government employee			
P9	Woman	32	Illiterate	Muslim	Housewife	4 years	2o female infertility	3 years
	Man	34	Secondary	Muslim	Private			
P10	Woman	29	Illiterate	Orthodox	Housewife	2 years	1o female infertility	1 year
	Man	54	High school	Orthodox	Private			
P11	Woman	35	Secondary	Orthodox	Private	12 years	1o female infertility	10 years
	Man	40	Master	Orthodox	Government employee			
P12	Woman	30	Illiterate	Orthodox	Farmer	15 years	1o female infertility	13 years
	Man	36	Primary	Orthodox	Farmer			

N. P = Number of participants

5.2. Theme developed

One hundred twenty four initial codes were extracted from the interviews and categorized into twelve categories and three main themes. The three main themes that emerged during data collection were identified as psychological facets of infertility, effects of infertility on their social relationship, and coping strategies for infertility (Table 2).

Table 2: Themes with categories emerged from analysis.

Main Themes	Category
Theme I: Psychological facets of infertility	Motivation and desire to become a parent
	Perceived causes of infertility
	Emotional responses to the lack of children
	The anguish of infertile couples
Theme II: Effects of infertility on their social relationship	Relationship with their spouse (Lack of desire to have sex with their partner, fear of divorce/ separation)
	Relationship with their family
	Relationship with their friends/community
Theme III: Coping strategies for infertility	Seeking medical advice for infertility
	Needs for Spiritual support for infertility/ The spiritual aspects of living with infertility
	Pursuing traditional infertility treatment
	Intention for an adoption plan for a child
	Comfort of a partner

Psychological facets of infertility

The main theme that emerged was psychological facets, with four categories: motivation and desire to become a parent, perceived causes of infertility, emotional responses to the lack of children, and the anguish of infertile couples. The meanings of these psychological facets, transcribed directly from the participants' responses, are given below.

Motivation and desire to become a parent

Motivation of becoming parent is unmet desire for infertile couples although these motivations and desires are remaining hidden in healthy couples. Couples desire for a child is typically reflected when they are infertile, leading to the expression of parental sensations that are generally suppressed in the community. Participants motivated to become parents for various reasons, including for the expected feelings of love, to meet personal criteria, and the continuation of family legacy.

All couples believe they are the first people in history to become parents. Happiness is therefore the one concept that keeps coming up. The respondents' expected feelings of love and happiness are the main reasons they want to become parents.

“...without having a child marriage is very difficult because there is something that comes with a child and there is a lot of happiness. For example, I see in my friends that they are living a very happy life.” (Couple_006; A 34-year-old male with secondary education; 3 years of infertility)

Few infertile couples had an intense desire for children towards couples who already had children. Their desire was increased when other couples who have children were interacting and playing with their children.

“When I see my neighbor's children having lunch in the morning, I am very sorry for not giving birth. You know? I am not like anyone else, so I have never done anything to myself...” (Couple_004; A 28-year-old female with secondary education; 2 years of infertility)

“Not having children or being infertile feels a lot, and it is very hard. Now, for example, when I see my friends having children, I just regret it, and I am so jealous that other people have

children...” (Couple_006; A 32-year-old female with a high school education; 3 years of infertility)

Some study participants’ responses revealed raising children establishes their legacy as a human being.

“As you know according to our culture, it is the son who inherits the prosperity and when there is no child to inherit this property, I often fight with myself and the creator and I say how can I die without seeing my replacement...” (Couple_005; A 32-year-old female with bachelor degree; 6 years of infertility)

“...if a father is worried about his son, about his wealth, he will say, “Who is going to inherit me?” So if you do not have a child, then you do not think about that wealth...” (Couple_005; A 40-year-old male with diploma education; 6 years of infertility)

“...I don’t know what happen, all peoples also don’t know or certain regarding what happen in their life. It means death may come accidental and if it happened and don’t have a child that raise your name and you forgotten...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

One study participant response revealed that involved meeting personal criteria to initiate their decision to become a parent.

“I saw others people’s child become older and assist their family in work, I mean I am farmer and my friends who have a child, when they become older assisted their family in work. And I feel like if I had a child like them, my child also assists me in work like others people child did...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

Perceived causes of infertility

Perceived infertility causes were explained by respondents in a variety of ways. Couples experiencing infertility were most frequently blamed on spiritual factors, especially God's disapproval or unwillingness. Couples thought that God was preventing childbirth when they desired it.

“...I thought that what I did was wrong that I had an abortion or that the God did this to me. As I told you, the problem was happen in education because we don't have the ability to raise the fetus...” (Couple_005; A 32-year-old female with secondary Bachelor degree; 6 years of infertility)

“...So we have to rely on God allowance, I mean if God allow I have, if it's not allowed I will accept the situation and lead my life. The treatments also depend on God willingness...” (Couple_011; A 40-year-old male with masters' degree; 10 years of infertility)

“...immediately I didn't feel anything regarding not having a child but as time progress and still not having a child as God allowance I feel sadly...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

A few participants identified age as a significant contributing aspect to their difficulty, describing it as a determining factor in the event that they are unable to find a solution. They were therefore afraid of growing old and not having children of their own.

“There is no option because it's not something you see. As you know, the older you get, the more science says that when you reach a certain age, you just can't have children...” (Couple_004; A 32-year-old male with primary education; 2 years of infertility)

Emotional responses to the lack of child

For couples, infertility frequently results in negative emotional feeling. The most commonly identified emotional responses are worry, tiredness, loneliness, and disappointment.

The one issue these couples had to deal with was worrying. Some participants were concerned about their infertility because their age-mates and coworkers had married and had children. In addition, couples with infertility stated that they experienced many concerns during their infertility diagnosis.

“I had been working for most of the year, so I didn't pay much attention to it. I started paying attention when they (the doctors) told me that I could not give birth. Apart from the disease, the tests done for this reason are very worrying and scary...” (Couple_002; A 31-year-old female with master's degree education; 1 year of infertility)

“Many of my friends have two or more children. I think a lot that the creator gives children to my friends; why did he not give me a child? I am very concerned about why a creator did this to me and did not give it to me, and I think it is the same curse...” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

One of the most stressful periods in an infertile couple’s life is diagnosis of infertility. The couples who took part in this study reported feeling a great deal of discomfort at that time. Many participants expressed stress as a result of not exhibiting any signs of pregnancy after a period of marriage.

“The feeling is so hard to express. I was stressed, especially when one month ends and another month comes, even though there are still 15 days left for the next cycle of menses. I stress too much...” (Couple_009; A 32-year-old female with no education; 3 years of infertility)

“...especially when time goes one person’s getting of a child become decrease; as we know from science, some hormonal change in women decrease women fertility capacity, and this lead some sort of depression...” (Couple_009; A 34-year-old male with secondary education; 2 years of infertility)

“...I am also depressed, especially when my younger brother gains a child after marriage. I feel like if my wife can bear a child, our child will mature as my brother's child...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

The majority of the participants experienced loneliness when returning home from work and seeing their houses empty of any child sounds or cries.

“One day when my husband goes on a trip and I am alone at home, I do occasionally feel lonely. I wish I had a kid by myself to play with, chat with, or even send shopping, but I look around and see not even a sign of a child's cry...” (Couple_001; A 35-year-old female with primary education; 1 year of infertility)

“Many times, besides work, I would go out with my friends and my husband to have fun and for recreation, and after this happened to me, I would just be lonely. I don't talk that much with my husband. It's very difficult not to have children...” (Couple_002; A 31-year-old female with master’s degree education; 1 year of infertility)

“Most of the time, I am alone at home. Why do you think I am alone at home? Because if I go and talk to my friends, they will inevitably bring up something about the child, so I think it is better if I stay at home alone instead of worrying like that...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

Experiencing disappointment is certainly common, as fertility is often considered to be expected. Couples felt disappointment when they see couples, whom they achieve a pregnancy with little or no effort.

“...I was very desperate and disappointed because I was pregnant before, but the fetus came down later. After that, my uterus could not hold...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

The anguish of infertile couples

Anguish feelings are often referred to as emotional distress or pain, and it can encompass several different emotions, such as emotional trauma, grief, sorrow, and fear.

Some participants had severe guilt because they believed that their infertility had prevented the partner from becoming parents. They felt guilty for themselves as they didn't think these challenging circumstances were their fault and perceived themselves as a source of problems that affect the health of family members.

“...I am sorry for the kind of sin I have committed. If I say what has happened to me by not having children, I am talking to myself...” (Couple_006; A 34-year-old male with secondary education; 3 years of infertility)

The participants described a sense of guilt and the need for putting the responsibility on God. They asked the God to explain how he made sense of their infertility.

“...after the diagnosis, I am very angry, and I blame myself and my creator always, thinking about not giving birth...” (Couple_003; A 22-year-old female with diploma education; 2 years of infertility)

“I think it is the meaning, and I am concerned about it. I think it's just because Allah's cruel to me...” (Couple_004; A 28-year-old female with secondary education; 2 years of infertility)

Many participants have experienced sadness and depression. In this study, most participants experienced sadness when they are hurt emotionally.

“...also, as I mentioned earlier, a child is one part of marriage, and it can make your marriage life odd, and this can also create some sort of sadness...” (Couple_011; A 35-year-old male with master’s degree education; 10 years of infertility)

“...due to this, immediately I didn’t feel anything regarding not having a child, but as time progressed and I still did not have a child, I felt sadly...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

Crying a lot was one of the anguish feelings that participants reported. Few participants cried during the interview and in their experience by discussing the financial and social problems they were confronted with in their lives.

“After my marriage, most of my friends get married and have children, and this also makes me cry. Most of the time I hide from my husband unless I am severely sad...” (Couple_011; A 35-year-old female with secondary education; 10 years of infertility)

One participant shared her experience as she cried when she felt sad, and her crying reduced pain and promoted a sense of well-being.

“Sadness and worry disappeared when I cried. But every other day, when I see my friends’ children, I remember what happened in the past when my husband left me...” (Couple_005; A 32-year-old female with bachelor education; 6 years of infertility)

Couples who were experiencing infertility sometimes found it difficult to concentrate since they were easily overwhelmed by their problems. More women than men reported that they had trouble concentrating. Some participants reported that:

“...sometimes, when I was at work, I would stay in one place for long hours, thinking about it. Even at work, my friends didn’t hear me talking; they asked me what happened. I talk to myself a lot.” (Couple_002; A 31-year-old female with master’s education; 1 year of infertility)

“My attention also diverts easily even when I communicate with other people regarding some issue. My attention goes to my infertile issue, and I think about this thing again and again. At the

end, I cannot respond to what they (peoples) said...” (Couple_008; A 25-year-old female with secondary education; 4 years of infertility)

Other participants also expressed lack of concentration as follows:

“...it also decreases my concentration ability; for example, when I talk with other people, I lack my attention.” (Couple_010; A 29-year-old female with no education; 1 year of infertility)

“...I cannot focus on my work. As I mentioned, I am a farmer, and when I was working, I lost my concentration suddenly, and my attention went to my infertility status and my lack of focus on my work.” (Couple_012; A 30-year-old female with no education; 13 years of infertility)

Effects of infertility on their social relationship

Most interviewed couples experienced difficulties within their social relationships because of infertility. In this theme, three categories which were identified were relationship with their spouse, relationship with their family, and relationship with their friends/community.

Relationship with their spouse

Couples deal with a lot of challenging situations in their relationship. Most couples had doubt about their marriage and they perceive their marriage is useless and meaningless.

“The other thing was that I felt useless, unmarried, and pointless in a marriage without a child...” (Couple_004; A 32-year-old male with primary education; 4 years of infertility)

“Marriage without having a child is meaningless, and it also raises so many arguments in my marriage life, and it may also lead to divorce...” (Couple_010; A 29-year-old female with no education; 1 year of infertility)

Infertile couples expressed their fears of going through with a divorce during interviews. Some of participants revealed that they were afraid of their marriage would end in divorce if they didn't become pregnant in the next years of their union.

“There are many who have married and given birth after me, and there are also those who have divorced. When I tell you this, it has happened to me from my own experience...” (Couple_001; A 39-year-old male with secondary education; 1 year of infertility)

“As you know, in our religion, it is common for a man to have multiple wives. As a result, I often worry that, even though he hasn't said it to me yet, if I don't make any attempt to become pregnant, my husband will eventually look for another woman to have children with...”
(Couple_001; A 35-year-old female with primary education; 1 year of infertility)

“What resulted in my marriage due to not having a child, and I fear it maybe leads to divorce; instead, that is most frightening...” (Couple_012; A 30-year-old female with no education; 13 years of infertility)

Some participants conveyed their experiences with thought of divorce. These participants stated that they are thought about not being able to have a biological child.

“It's very difficult not to have children in a marriage. Sometimes I also think that I will try with another woman by divorcing her...” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

“But again, this happens, and this is the worst, so we have to divorce. Why I said this is because why I tried this much when I was young was to raise children, so divorce is a must...”
(Couple_010; A 54-year-old male with a high school education; 1 year of infertility)

“...you cannot run a marriage without having children. It's very difficult not to have children in a marriage. Sometimes I also think that I will try with another woman by divorcing her, and I do not believe in my own infertility...” (Couple_005; A 40-year-old male with diploma education; 6 years of infertility)

Sexual dissatisfaction in the sexual relationship is more common for couples trying to intercourse for their fertile time. The participants said that being infertile makes it harder and more difficult to have a sexual relationship. It becomes challenging to sustain intimate feelings, passion, and even conversation as a result.

Furthermore, a few couples expressed a decrease in their level of sexual satisfaction, believing that they wouldn't need to date again if their years of love hadn't produced a child. Some couples reported feeling less satisfied with their sex, as mentioned below.

“...I am reaching the point of despair, so I don't have that much desire to have a sexual intercourse. If there is no child, I do not know the purpose of having sex...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

“...even when we are having sexual intercourse, I am not happy. Even when the doctor asks to bring semen for examination, I do not want to have sexual intercourse. It's just because I'm not in the mood...” (Couple_006; A 34-year-old male with secondary education; 3 years of infertility)

Some participants thought that the goals and outcomes of sexual activity were being pregnant and having children. Having a child was the major goal because the participants believed that having a sexual relationship led to having a child. They believed that having sexual relations was uninteresting and worthless when this goal was not achieved.

“If you are having sexual intercourse and it does not produce a child in six years, then what is the use of having sex? What is the purpose of having sex without a child not only within six years but also for one or two years?” (Couple_003; A 22-year-old female with diploma education; 2 years of infertility)

“Most of the time she (my wife) was not satisfied with our sexual relationship, but mine has decreased somewhat, so I have some interest in sex...” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

Some participants describe there was bad speech and arguments between partner.

“There are many things that happen to each other due to not having a child; for example, the bad words she (my wife) says to me hurt, then I get angry and talk to her about her bad speeches ...” (Couple_005; A 40-year-old male with diploma education; 6 years of infertility)

“There is too much argument in the marriage, and you also use unnecessary words that aggravate the argument. Even with the arguments raised and my anger towards her, she (my wife) said, "You do all this because I cannot conceive," and I got confused and angered by that time...” (Couple_008; A 35-year-old male with diploma education; 4 years of infertility)

Relationship with family

Couples suffer through years of infertility period, both partners often devastated by their inability to have a child. In Ethiopia, the family is the most significant social unit. Family and relatives are significant parts of a couple's existence. Family members become engaged in the life of the couple when couples is unable to give birth, adding to the tension placed on the woman by persistently asking and offering solutions or treatment options.

There were mixed responses concerning the experiences of couples within the family while some participants reported that they get support from their families, others blamed by their families. For example few participants faced frequent question and blamed by their family.

“...my in-laws talk about a lot of things. They say that “if it is not to replace your race, if he (husband) does not join our race or does not continue our race, divorce her (my wife) and just leave our child.” And also, even if my friends or relatives don't talk in front of me, I hear people talking even when I am not there...” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

“Every year, they (families) raise questions saying that “you don't have children.” And when they talk like that, I get more worried as time goes by, and I think more that it is for death without replacing me, so I choose to leave and avoid them...” (Couple_006; A 34-year-old male with secondary education; 3 years of infertility)

“...I have no close family, and other families don't have much concern for my life and don't influence me that much. But families from my husband's side influence me too much and frequently ask me why you have not had a child yet...” (Couple_011; A 35-year-old female with secondary education; 10 years of infertility)

Other respondents reported that they had a good relationship with the family. Good relationship and family supports put couples in a position of faith.

“The advice of my friends and the advice of my family have put me in a position of faith and religion (Couple_002; A 31-year-old female with master's degree education; 1 year of infertility)

“Sometimes we ask for family advice. The advice of my friends and my family has put me in a position of faith and religion, and I will go on my own...” (Couple_003; A 22-year-old female with diploma education; 2 years of infertility)

Few participants reported that their families other than asking they are sad about them because of not having child and they support them.

“All my family, friends, relatives and neighbors are very sad that we are not having children but they don't speak and say bad speech to me as well as to my wife...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

Most infertile couples decided to keep their infertility and treatment a secret from the outset. Like many others, participants felt that infertility was a very private thing and it is not something that they want to discuss with anyone because create a gap in their marriage.

“In both of our families, there will be people who ask “why you didn't give birth?” but not in a bad way; they are thinking about my health, not about my not giving birth. If they had told me a lot of things that they thought, a gap would have been created in our center or a gap would have been created in the marriage, and the family would have intervened and wanted to say a lot of things...” (Couple_004; A 28-year-old female with secondary education; 2 years of infertility)

However, some of them were prepared to acknowledge their childlessness-related issues. Some couples in the study believe that advice from family members make easier their efforts on their treatment options and choices.

“My husband's brother supports us with various things for example he gave us emotional support when we are sad...” (Couple_001; A 35-year-old female with primary education; 1 year of infertility)

“My families support and do anything for us. If you as ask her (my wife), I'm sure she (my wife) also replied in this way. My families concerned too much for her, praying or do "Dua" for her also...” (Couple_012; A 36-year-old male with primary education; 13 years of infertility)

Relationship with their friends/community

For many couples, infertility had negative social effect and concerned them regarding to their relationship such as repetitive questions and blame from the community, self and social abstain, and negligent social involvement, as revealed by most participants.

Some participants said that it was not only the infertility issues, but the frequent questions asked by their friends and community would lead to psychological distress. Most often from friends and work colleagues questioning why they had not children yet.

“...other than family members, friends are also engaged in your life and raise so many questions. This all adds up to some confused things and can affect your marriage in some extent...” (Couple_011; A 35-year-old male with master’s degree education; 10 years of infertility)

Almost all participants in the study agreed that women are blamed for childlessness. Many of the interviews with childless couples in the study also revealed negative experiences and criticized for not being able to have children. A few couples frequently get criticism and blame from neighbors.

“I think some people may consider this sin and curse, but I know myself, and this also does not happen due to this. But this is not from the whole society; some rare people do this...” (Couple_009; A 34-year-old male with secondary education; 3 years of infertility)

Few of the study participants were did not attend social events. Some participants choose not to attend events such as male circumcision and birthday celebrations on their own choice.

“In our culture, people invite what we call a male circumcision ceremony. You know, it is obligatory to go when you are invited to this place by the people. I am very concerned about not giving birth when I attend this party...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

Few couples experienced difficulties within their social relationships because of infertility. The story told by few participants with infertility illustrates this:

“...but there is some elder people I meet them on the street and said "did you turn around" and I replied for them you are elder don't do this...At all I don't say society views me in this way, I also avoid societies that disrupt me...” (Couple_010; A 54-year-old male with a high school education; 1 year of infertility)

Few of the participant's revealed that the community tends to neglect infertile couples who are unable to conceive and bad advices were come from their friends.

“Friends often give bad advice, saying, “How long will you stay with someone who doesn't give birth?” Neighbors, Many times they don't call me for such social things and ceremonies as birth day and graduation because they say, “They don't call me for his child's birth day and graduation” because of my childlessness.” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

“The neighbors keep their children away from the door, and when they do that, I used to cry a lot...” (Couple_006; A 32-year-old female with a high school education; 3 years of infertility)

Just a few of participants had explicit exclusions from social occasions like weddings and naming ceremonies. According to what was stated in an interview, when it did occur, isolation resulted. Moreover, a couple may work outside of their community and avoid the pressure to get pregnant because they had more freedom.

“...there was a party at our neighbor's house, and that neighbor invited all her neighbors to a party, but she (my wife) did not tell me and invite me, and I don't know why she didn't invite me. I think it is because I don't have children, and there was a time when she insulted me because I didn't have any children...” (Couple_006; A 32-year-old female with a high school education; 3 years of infertility)

Few participants told their relation with the community by talking about negative speech in the form of offensive remarks made by neighbors. These experiences made them emotionally traumatized.

“Some friends and neighbors are talking about us having so many children, and they say, “Have you refused yet?” Their speech is unknown to them, but for me, it is very open and offends me...” (Couple_006; A 32-year-old female with a high school education; 3 years of infertility)

“...when some time I got some arguments with neighbors, they used veiled words and said, "You haven't a child et," ...” (Couple_008; A 25-year-old female with secondary education; 4 years of infertility)

In addition similar thoughts were shared by another participant that describe the experience of that his wife experienced;

“...all other staff of people from my side, but sometimes my wife blames some neighbors, saying they (neighbors) want to attack her by using veiled words that describe her as infertile. I think she (my wife) had some bad social experiences; maybe she spent her time at home regularly...” (Couple_008; A 35-year-old male with diploma education; 4 years of infertility)

Even if some participants have social experience but many participants were hiding their infertility from their community, especially from their friends. By remaining silent about their fertility problem, participants escaped the judgments and poor attitude of the society.

“As I told you before, when people ask, “Why don't you have children? Why don't you go to the hospital?” They (people) also ask, “Is this problem is yours or hers?” I choose to leave and avoid them...” (Couple_006; A 34-year-old male with secondary education; 3 years of infertility)

“Most of the time I stayed home, don't have work, and most of the time also my friends don't come home, regardless it I don't want what other people did regardless I am infertile, may be when they meet me in line just ask do you not pregnant still? And I just answered if God allowed it happen and period...” (Couple_010; A 29-year-old female with illiterate level of education; 1 year of infertility)

Oppositely few of them were prepared to disclose their childlessness-related issues rather than hiding. Few couples in the study believe that asking advice and counsel make their efforts in the long run. As a result, the study participants think that they were not to give up on their information requirement.

“...I also consult many people who have experienced such things in such cases. When a problem comes to you, you can overcome it with money and patience...” (Couple_001; A 39-year-old male with secondary education; 1 year of infertility)

“...unless we can solve it as much as we can, I have many friends in mosque, and I ask them for advice when I cannot solve the problem by ourselves...” (Couple_004; A 32-year-old male with primary education; 2 years of infertility)

Coping strategies for infertility

The third main theme is about strengthening relationships as a means of coping with the effects of infertility and living a better married life without having children. Participants indicated that there are days when the reality of life without children just seems too much to handle, but that they have found ways to deal with it. Participants reported that having a coping strategy was important as was their condition of being infertile. Many of those interviewed talked about how they were unable to resolve their infertility. Couples frequently use a variety of coping mechanisms to get by.

The respondents identified five categories related to this theme:

Seeking medical advice for infertility

Couples were able to cope with it by seeking out the available medical treatment options. Modern medicine brought relief and gave them hope for a child in the future. Almost all infertile couple have described that they tried medical advice and treatments in different places to solve their infertility problem.

“...we came straight to modern medicine. It means there is a Christian hospital in Wolaita. We have gone to many places besides the Christian hospital, a clinic called Buto in Areka, and there is a Catholic hospital in Otona...” (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

“...she (my wife) followed almost for seven years in the Marie Stopes clinic in order to conceive, but that was also again difficult, and we came here. The physician also talks about IVF...” (Couple_007; A 37-year-old male with diploma education; 3 years of infertility)

“First, as I said, with my family's encouragement, I go to health centers. For one year I have followed a private infertility center...” (Couple_008; A 25-year-old female with secondary education; 4 years of infertility)

“...I and my wife go to a health institution. The first hospital that we visited sent an investigation to the Aresho Laboratory center, and after he (the doctor) saw the results, he referred us to this institution...” (Couple_010; A 54-year-old male with a high school education; 1 year of infertility)

Needs for spiritual support for infertility

According to the respondents, a spiritual support is preferable to solve their infertility challenges. Some infertile couples seeking support from the church, including God or Allah and religious peoples within the church. In addition, most of the participants see religion as their first option, and for their problem, they are also travelling to different churches outside of Addis Ababa, as the Christian respondents reported.

“What I thought was the solution was to make my request to God, which means to pray with the hope that the creator will give me what I asked for, because every solution is in God’s hands, not in human beings. And I also read religious books; I go to different religious areas...” (Couple_002; A 36-year-old male with master’s degree education; 1 year of infertility)

“...there is also a need to be close with our (Couples) religious spirit, because our final goal at the end is to request heaven. So we have to rely on God's allowance. I mean, if God allows, I have it; if it's not allowed, I will accept the situation and lead my life. The treatments also depend on God's willingness...” (Couple_011; A 40-year-old male with master’s degree education; 10 years of infertility)

“The measure I have been using to overcome this infertility problem is I go to church and pray... My hopes also strengthen after I go to church and did pray...” (Couple_012; A 30-year-old female with no education; 13 years of infertility)

Pursuing traditional infertility treatment

Traditional treatments have a long history of treating infertility with the hope of curing certain types of it. However, only a few of the participants are taking traditional treatments that, although used to treat infertility in their culture, did not work for them.

“We have tried solutions in many places; one of them is traditional medicine. We have found a certain solution, and in religion, sometimes you use black cumin, etc., but knowing its use is necessary...” (Couple_001; A 39-year-old male with secondary education; 1 year of infertility)

“Before we first came to modern medicine, my father has been pushing me to go to a traditional treatment center and he has tried to give me advice, so that traditional treatment was for my husband, and the traditional medicine was given to my husband, but we did not get anything...” (Couple_003; A 22-year-old female with diploma education; 2 years of infertility)

“I went to a traditional medicine place before modern medicine. I spent about 2200 Birr for traditional treatment. At first, the traditional healer tried me with a small drinking medicine, but I didn't get a solution, so I asked him to find another medicine...” (Couple_003; A 25-year-old male with primary education; 2 years of infertility)

“...the other thing was that once someone pointed me to a traditional place like Wegesha, we went there because we were told that the pelvic bone might be preserved, but I didn't find a solution... (Couple_005; A 32-year-old female with bachelor degree education; 6 years of infertility)

Intention for an adoption plan for a child

Few couples report conditions such as infertility that require sustained commitment to treatment over an extended length of time. These seem to be more common in situations where stressful events are out of control or not going well.

For many couples, pursuing adoption is difficult because they do not want to accept infertility. Even if adoption often comes after infertility, for many participants, adoption is neither a cure for infertility nor a solution to any grief that they have. Many participants were generally not prepared to consider child adoption as an alternative to having children now a time but they have an idea in the future if the medical treatment fails.

“I think that adoption is a good option because if something Allah doesn't allow, there is no option because it's not something you see. As you know, the older you get, the more science says that when you reach a certain age, you just can't have children, and then you think about adoption.” (Couple_004; A 32-year-old male with primary education; 2 years of infertility)

“Yes, we thought regarding the adoption issue, and we raised this issue previously as fun, and also, my wife also said, ‘Is it possible to think about conceiving a child?’ And she (my wife) said ‘we have to raise at least one child who has no social support.’” (Couple_007; A 37-year-old male with diploma education; 3 years of infertility)

Adoption might be a preferable choice for couples who are struggling with childlessness to enjoy parenthood. There were several reasons why participants opposed the idea of child adoption due to that many participants are unwilling to adopt. Couples and even close family, friends, and colleagues are the ones who are unwilling to consider adoption as a possibility for them.

“To tell the truth, I do not want to use a coping mechanism called adoption, and I do not want to raise a child that way. Even if I do have a thousand times the money, I don't want to adopt. So I want to raise the one that came out of my own belly.” (Couple_006; A 32-year-old female with a high school education; 3 years of infertility)

“...I don't do this because "human is human" and I don't want another person's child. I also raised and supported other people's children in my young life, including my brothers, sisters, and other family members. They (raised children) currently reach out to universities, colleges, or some other places where they all started their lives, but they didn't recall you at the end...” (Couple_010; A 54-year-old male with a high school education; 1 year of infertility)

“...but I never thought about this measure, and I don't want to have another person's child; rather, I choose to die because humans are humans. I don't want it at all.” (Couple_011; A 35-year-old female with secondary education; 10 years of infertility)

Comfort of a partner

The participants adopted strategy to manage psychological stress. Some of participants actively advice and assure by their spouse and family members for their psychological stress.

“...my husband's brother supports us with various things; for example, he gives us emotional support when we are sad, and he advises us to go to the hospital...” (Couple_001; A 35-year-old female with primary education; 1 year of infertility)

“...my husband has a very good mentality, and he does not give up, so he was comforting me a lot. I am not a very strong and hopeful person, but I want to face problems by myself. Try to face problems on my own, and my husband's support makes it less difficult to make decisions and easier to find solutions...” (Couple_002; A 31-year-old male with master’s degree education; 1 year of infertility)

6. DISCUSSION

This study was conducted qualitatively to examine the psycho-social experiences and coping mechanisms of infertility. The present study is one of the few studies that focus on the psychological and social experiences of infertile couples. The research showed that the concept of infertility experience was perceived as psychological and social.

The findings of this study indicated that infertility frequently affects infertile couple's psychology, especially women, and that they have experienced it in various ways. According to the findings, the participants stated that they had motivation and desire to become parents, emotional responses to the lack of children, and the study find anguish feeling of infertile couples. Similar findings were presented by different studies that are mentioned in a review of related literature.

The research results indicated that infertile couples experienced positive feeling like desire to become parent. Most participants in this study agreed with the majority of reasons for desiring a child. The two most common motivations were happiness and the desire to continue the legacy (name). And also women in this study have more desire to become parent.

Similarly, study in South Africa reported that happiness was the primary motive and the one that was most frequently endorsed, making it the most important motive overall. Continuity was other motive (56).

This study found that negative experiences of infertile couples include: worry, stress, disappointment, loneliness, and jealousy. Similarly, a qualitative systematic review revealed that women experience infertility at a higher level of stress and depression than men do because they are subjected to greater pressure from society and family (57).

In addition, infertility is a major problem in marriage, leading to instability, lower satisfaction, and psychological concerns such as loneliness, anxiety, and depression, as reported in a scope review (20).

Furthermore, a study at Fertility Health Research Center in Iran, found explicitly that psychological turmoil, fear and anxiety, worry, grief, and depression have all contributed to the psychological experiences that infertile couples experience. However, consequences such as

mental engagement, loneliness, guilt, and regret were only reported as consequences of infertility (40).

Similarly, a study conducted in Ethiopia revealed that participants were exposed to a variety of psychological challenges. The most commonly identified challenges are stress, depression, anxiety, low self-esteem, and sexual dissatisfaction (42).

Findings from the current study revealed that couples with fertility problems expressed the perceived cause of infertility in a variety of ways, couples in this study associated the problem of fertility with spirit, and they perceived as the creator is the one who solve this problem or not to solve. Participants think that both wellbeing and health come from the creator. Few participants think that they have infertility because it is the unwillingness of God.

This finding is consistent with a study conducted in Quetta, Pakistan, which found that most respondents reported God's anger or unwillingness as a perceived cause of infertility (58).

This study showed that the participants experienced severe emotional and mental pain while trying to become fertile. Couples with infertility also expressed that they experienced crying, inability to concentrate, guilt, and sorrow as anguish feeling. Due to this infertile couples suffer for years as a result of their circumstances, which lead to infertility suffering.

A study in southeastern Nigeria reported that some participants indicated that they cry all the time because of their circumstances and thought that it helped them deal with their unmet desires. In a similar way, study participants expressed feeling anxious and hopeless, particularly when they observed other parents with their kids, which made them cry and lose concentration (49).

Furthermore, research conducted in the Greater Accra Region of Ghana revealed consistent findings for this study, which are that infertility causes disruptive emotions and sadness in both individuals and couples (59).

In addition, this study, along with studies conducted in Ghana showed that the majority of participants are sad a lot about their situation and sometimes keep to themselves (29).

The findings of this study provide some insight into the relationship within each other, with family and with the society on the experience of infertile couples in Ethiopia. Studies have shown that infertile couples have experience with different societal relations. In this study, infertile couples reported a lack of desire to have sex or a feeling of sexual dissatisfaction. Women generally reported more concern about their sexual relationship with their partner than men.

One reason couples experience problems with marriage is infertility, according to reports. Divorce is one of the main issues in marriage. In this study, women rather than men stated that infertility could threaten their marriage; this has been reported in other studies too. Fear of divorce and separation has also been reported in Iran (48).

Similarly, in the Philip T. and Philip B. study, the lack of children was pointed out by study participants as the reason for their marital dissatisfaction. As many of them reported feeling less interested in having sex with their spouses, their unhappiness also affected their sexual lives. Particularly among men, procreation was cited as the primary motivation for having sex among couples. However, with the consistent failure of attempts to have children, the desire to have sex diminishes (60).

Contrarily, another study revealed that none of the participants expressed worries about their spouses. Marrying someone else may be explained by the participants' greater levels of desire to have children because the majority of them were young (61).

Families must be respectful of the needs of the infertile person or couple, especially during holidays and special occasions. Most of the time family members intervene on infertile couple's decision and maintain open channels of communication.

In this study, couples had mixed experiences concerning the relationship of couples with their families. Even if they hide the problem from their families, most of the participants reported that they have a good relationship with the family and get support from their families, and a few participants were blamed by their families.

Similarly, according to Philip T. and Philip B., their study revealed that respondents have a good relationship with their extended family. The best educated respondents reported more support from their families than uneducated couples (60).

Relationships with the community are vital in the lives of infertile people and were not always negative, but they still carried the idea that they supported the couples and something to overcome the infertility. Most couples had some friends and neighbors who advised them to dedicate time and effort to their search for children and efforts to overcome infertility. Additionally, most participants pointed out the positive attitude of community members, but they did not know their negative views towards infertility because they did not disclose the infertility issue to the community.

Similar results were found in research conducted in Northern Ghana, where it was revealed that infertile couples reported that some of their friends and families keep asking about the situation. Though it can be disturbing, these well-wishers do so to show love and care (46).

Couples had negative relationships with the community because of their inability to conceive. In the present study, infertility was found to have a negative impact on couple's social relationships for instant couples are frequently asked and blamed by friends and neighbors to establish a family as quickly as possible, and suggestions for treatments are made to them.

This report is similar to another study conducted in India, which also showed that participants faced social blame for their inability to conceive and were pushed to have children as soon as possible. Additionally, participants shared a lack of emotional and social support from family, friends, and society, as well as having no power to make decisions due to the perspectives and perceptions of society regarding infertility (62).

The findings of this study indicate that couples choose not to attend events and were not willing to participate in social activities like birthday parties, and wanted to be alone. Furthermore, the neighbors tend to neglect and not invite couples to such ceremonies who are unable to conceive.

Similar results were found in research conducted in Ghana, where it was revealed that infertile couples frequently experience social stigma because of their inability to conceive. Because infertility is perceived by society as a kind of punishment for certain social violations, it leads to

social exclusion and a lack of invitations to social gatherings, such as weddings, emphasizing the serious impact of infertility on people's emotional and social functioning (45).

The study also showed that, even in cases where the woman had nothing to do with the etiological reasons, women were often held responsible for the infertility of a relationship. Society has a tendency to blame women for couple's childlessness.

Few participants in this study felt verbally stigmatized and mocked in the form of offensive remarks made by neighbors about their infertility. Results of a study in Iran also showed that all participants mentioned the distressful behavior of verbal stigma and its different forms, like humiliation and the use of offensive terms for infertility (48).

Most participants in this study prefer spiritual support and medical advice with their infertility problems. Not only participants utilized those strategies, but also participants utilized traditional infertility treatment. Within the context of this research, infertile couples' choices and decisions on the strategies they employed typically centered on knowledge, attitude, finances, information, and beliefs.

Similarly, evidence from a scope review points to infertile couples reporting that couples often seek support from friends, family, doctors, and legislators and practice self-management to manage infertility and marital issues. Having support from family and friends for medical advice is the best coping mechanism (20).

This finding ties in with that of the study in Turkey. In this study, women with infertility showed that many of them shared problems with their spouse and with other infertile women, turning to spiritual coping methods to overcome stress, avoiding society, and using traditional methods of treating infertility (47).

A few couples in this study try to treat their infertility with traditional treatment techniques because their families pushed them to have children. This encouraged them to attempt the strategy, but they were unable to solve the problem. Consultation with family and neighbors, the use of herbal mixes (e.g., drinking and chewing herbals), and cultural physiotherapy (*wegesha*) were among the traditional treatment strategies. Other studies conducted in Turkey found similar

strategies; that participants acknowledged using traditional medicine strategies, such as consulting their local midwife about the use of herbal mixtures (47).

The majority of study participants used religious choices as a coping strategy for their childlessness problems. It was usual for a large number of couples to search for solutions to their infertility through spiritual means prior to contacting a fertility center. All of the participants had come to medical health care, despite the fact that many of them had visited places of religion and sought spiritual support.

This study is somewhat comparable to that of the Louisa A. and Edward A. studies', in which a large number of participants used herbal remedies to treat their infertility issues prior to consulting with the appropriate fertility center. But the majority of study participants were from religious areas (29).

In addition, a study in Ethiopia on psychological challenges and coping strategies revealed that respondents utilized different coping strategies, such as religious coping strategies, traditional coping strategies, medical coping strategies, and other strategies like marital separation and acceptance (42).

With the exception of child adoption, all coping mechanisms discussed in this study were employed by participants. Due to cultural expectations and the hopeful outlook of seeking medical advice, the majority of the couples in this study was not prepared to think about adopting a child and had no intention of adoption plan as an alternative to having children; nevertheless, some of the participants did consider adopting a child from another person.

The findings of this study are similar to study conducted in Ghana, namely that adoption was not favored by any participant as a coping mechanism (29). Similarly, another study in India reported that adoption has cultural and societal expectations that influence its use as a coping mechanism for infertility, so it is an unpopular decision (63).

The current study also showed that infertile couples supported one another and banded together when psychologically suffering as a coping mechanism. Research indicates that this method functions best when husbands encourage their spouses. This supports the myth that when a male

is the cause of infertility, women should support men, not the other way around. This false belief frequently made infertility more psychologically stressful for women than for men.

Similarly, a study in Ghana assessed that another coping strategy adopted by infertile couples is to unite in grief where they support each other. This strategy works better when the husbands are very supportive of their wives (59).

Additionally, those authors pointed out that infertile couples shield each other from family and friends to avoid having to answer unpleasant questions about their infertility. Sometimes, they put up a posture to suggest that their infertility does not bother them. This is a deliberate coping mechanism to prevent people from prying on their issues (59).

7. STRENGTHS AND LIMITATIONS OF THE STUDY

Strength of the study

This study takes both husband and wife participation, as their viewpoint would have been crucial to reaching a result that would have represented couples.

This study has a specific and detailed look into the experience of couples so that the data acquired is viewed in the context of the situation.

The research addresses the heterogeneity that takes place within the study by take diverse couple's socio-demographic backgrounds.

Limitations of the study

The study findings were limited to one hospital and couples who seek modern infertility treatment due to that this cannot be transferred to all Ethiopian infertile couples.

8. CONCLUSION AND RECOMMENDATIONS

8.1. Conclusion

The main conclusion drawn from this study is that infertile couples are a vulnerable group with devastating effects on their psychological and social well-being. Infertile couples experienced both positive and negative psychological experiences such as motivation and desire to become parents as positive experiences and emotional responses, and the anguish feeling for the lack of children as a negative experience.

This study showed that the infertility for infertile couples is a source of psychological suffering with effects on psychological wellbeing. The results also showed that one of the major causes of psychological suffering is the diagnosis of infertility. This has a negative influence on the psychological well-being of infertile couples. Infertile couples experienced negative emotional responses such as stress, disappointment, loneliness, and jealousy. These infertility-related emotional responses bring up intense feelings and pain.

Infertile couples experienced sexual dissatisfaction in their sexual relationship, and they had doubts about their marriage, and were afraid that their marriage would end in divorce. Family, friends, and neighbors serve as the main source for infertile couple's positive and negative social experiences.

Even if infertile couples hide their infertility from family and friends to avoid unpleasant questions about their infertility, society has a good attitude towards infertile couples. Most couples have no good relationships with their families, friends, or community.

Couples face negative experience from their families and their communities in which they live. They reported to be having challenges with their relationships, they receive repetitive questions, pressures to conceive, verbal attacks, and exclusion from social gathering and this affects their social wellbeing. Additionally, infertile couples avoided social situations by not accepting invitations from the community, even for events planned and hosted by close relatives and neighbors.

In order to cope with infertility, infertile couples most commonly need to get spiritual and medical support, and they discussed their issues with their spouse and other infertile couples and used traditional infertility treatments.

Based on the result, we gained a deeper understanding of the psychological and social experiences of infertile couples and their coping mechanisms to overcome the problem in Ethiopia.

8.2. Recommendations

To cope with the psychological and social sufferings and to promote pregnancy at health facilities, the results of this study recommended that:

For health facilities (especially those that have infertility clinic)

Health facilities should establish an area specifically dedicated to offering counseling and other support services by identifying couple's psychological needs and be equipped with appropriate coping mechanisms at every level of diagnosis and treatment in infertility clinics.

Health facilities should take into account the availability of clinical psychologists, physicians, and nurses who specialize in fertility issues and have been mandated to provide infertile couples with psychosocial support.

They should setting up stronger social worker that support and fulfill the needs of infertile couples with the medical interventions in the infertility clinics and in order to manage the issue of infertility in psychological and social aspects.

They should collaborate with institutions such as non-governmental organizations within the country as well as outside the country by focusing on how to support people diagnosed with infertility.

They should develop a program for teaching couples how to cope with infertility.

For health professionals (especially those who work in obstetrics and gynecology departments)

Health professional should provide additional and specific counseling, treatment, and referrals for couples with fertility concern.

Healthcare professionals should provide more intervention and support services for infertile couples undergoing any kind of medical or surgical infertility treatment in order to improve the coping mechanisms of couples who may be at risk.

For infertile couples

When couples are childless, they should support each other along, as it will greatly contribute to their emotional support.

For future research

More extended prospective cohort studies are required to fully understand the psychological and social effects of infertility as well as how couples deal with it.

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10. ANNEX

ANNEX-I: Respondents information sheet (English version)

Title of the research paper

Psycho-social experiences and coping mechanisms of infertile couples attending at infertility clinics in Saint Paul's Hospital, Addis Ababa, Ethiopia, 2024

Name of principal investigator: Yidnekachew Tekle

Name of organization: Addis Ababa University, college of Health Science, School of Nursing and Midwifery.

Name of sponsor: Addis Ababa University.

Purpose of research: the aim of the study is to examine psycho-social experiences and coping mechanisms of infertile couples who attend an infertility clinic in Addis Ababa, Ethiopia, 2024 GC.

Participants to be included: Infertile couple with primary or secondary infertility diagnoses who are seeking treatment.

Benefits: there is no direct benefit to you in participating in this study but it helps us in exploring about yours experience on infertility and to design better intervention to prevent effect that affect you're suffering.

Incentive/payment for participating: you will have not been proved incentives or payment to take part in this project.

Risk and/or Discomfort: The study will be carried out by asking you the already prepared interview guide. The procedure doesn't cause any physical or psychological trauma. Furthermore, you will not be forced to respond to the information you do not know, and by participating in this research project, you may feel that it has some risks or discomfort, but it has no risk or discomfort. The interview will have only taken 30 to 60 minutes.

Confidentiality: The information collected from you will be kept confidential. It will be stored in a file and audio record using codes without your name. And it will not expose to anyone except the investigator. In addition, it will be used only for this particular research and not for other purposes.

Right to refuse or withdraw: You have a full right to refuse to participate in this research. You can choose not to answer any or all questions, and this will not affect you. You have also the full right to withdraw from this study at any time you wish, without losing any of your rights.

Consent: Your participation in the study will be totally based on your willingness. You have the right not to participate from the beginning or to stop any time after starting participation. You will not be forced to respond to the information you do not know.

Finally, I would like to acknowledge you for your responses after listening to me.

If you want to know more information, you can contact ask at any time you want.

- Yidnekachew Tekle
- Mobile: 09-27-95-41-70
- Email: yidnektekle1@gmail.com

ANNEX-II: Consent sheet (English version)

Dear Respondent:

My name is Yidnekachew Tekle and I am currently studying my Master's degree at Addis Ababa University, School of Nursing and Midwifery. This interview is prepared to examine psycho-social experiences and coping mechanisms of infertile couples attending at infertility clinics in Saint Paul's Hospital, Addis Ababa, Ethiopia, 2024. The interview is made for the partial fulfillment of the research thesis in the MSc Degree in Maternity and RH Nursing. The interview contains open-ended and closed-ended questions.

You are therefore kindly requested to provide genuine answers to the questions. The information you provide is confidential and is used only for the purpose of this study. If you have any questions, don't hesitate to ask the interviewer. Your cooperation and participation until the completion of the interview is very necessary for the successful completion of the assessment. I am therefore asking for your genuine willingness.

I hereby freely consent to take part in this study.

Name of participant's _____

Signature of the participants _____

Date _____

ANNEX-III: Semi-structured in-depth interview guide (English version)

Title: The Psycho-social experiences and coping mechanisms of infertile couples attending at infertility clinics in Saint Paul’s Hospital, Addis Ababa, Ethiopia, 2024GC: A qualitative Study

Section A: Socio-demography

Participant ID: _____

Age _____ Occupation _____ Religion _____

Education _____ Lived together as a couple for _____ Yrs.

Type of infertility _____

Interviewer Initials (Xxx): _____

DATE: _____ **START TIME:** _____ **AM/PM End Time** _____

Introduction and Interview Purpose

Welcome and thank you again for agreeing to participate in this study. I’m _____, and I will be talking with you regarding your infertility experiences and, your views and understanding about infertility and your coping strategies.

Consent

- For the purpose of analysis, I would like to record our conversation. I will just take notes if you would prefer that our conversation not be recorded.

Do you have any questions before we begin?

Section B

Infertility and Psychological experiences

1. Tell me about your healthcare; for example, how often do you see a doctor and for what reasons?
2. Let's talk about your experience about infertility:
 - Please tell me how you felt when you were diagnosed with infertility? Whose problem was it? [Wife or husband]
 - How have you been feeling as a couple that has been diagnosed with infertility?
 - As a married person with infertility, what issues/problems does this condition bring to your marital relationship? What reminds you of this situation? As you recall, what emotions or responses do you typically experience? In this case, how do you see marriage without having a child?

Social Experiences

1. Let's now discuss your infertility-related social experiences:
 - In light of Ethiopian culture's strong emphasis on having biological children of one's own, would you mind sharing some of your experiences on the treatment you received from friends, family, and relatives due to your infertility?
2. Based on your experiences, how do you think the society views you?
3. How will you compare your standing in the Society prior to and following the diagnosis?

Coping strategies

1. Considering all that you have told me, have you been using some measures to adjust? If not, why? If yes, can you please share with me those measures?
2. As a therapeutic alternative, how does the adoption of children sound for you? Do you have any idea of the adoption process?

Closing

Thank you for your time and thoughtful responses. That is all the questions that I have for you. Is there anything else that you think we should know that I did not ask about?

[Pause for participant response]

Thanks again for your time.

ANNEX-IV: Information and consent form (Amharic version)

የ መረጃ እና የፈቃደኝነት ማረጋገጫ ቅጽ

የ መረጃ ቅጽ

የጥናቱ ርዕስ: መሃን ጥንዶች በመሃንነት ያላቸው ሥነ ልቦናዊ እና ማህበራዊ ልምድና ልምዳቸውን የመቋቋም ዘዴ፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2016 ዓ.ም.።

ውድ ተሳታፊ:-

እኔ ይድነቃቸው ተክሌ እባላለሁ። በአሁን ሠአት በአዲስ አበባ ዩኒቨርሲቲ የነርስ እና ሚድዌይሪ ትምህርት ቤት ሁለተኛ ዲግሪዬን እየተማርኩ ነው። ይህ ቃለ መጠይቅ መሃን ጥንዶችን በመሃንነት ያላቸውን ሥነ ልቦናዊ እና ማህበራዊ ልምድና ልምዳቸውን የመቋቋም ዘዴን ለመመርመር የተዘጋጀ ነው። ቃለ-መጠይቁ የተደረገው በ ማስተርስ ዲግሪ ነርሲንግ ላይ ያለውን የምርምር ጥናት በከፊል ለማሟላት ነው። ይህ ጥናት በ አዲስ አበባ ዩኒቨርሲቲ በ ነርሲንግ እና ሚዴዌይሪ ት/ት ክፍል ስነ ምግባር ኮሚቴ ተቀባይነት ያገኘ ነው።

በዚህ ጥናት ላይ በመሳተፎው ቀጥተኛ የሆነ ጥቅም ላያገኙ ይችላሉ በተጨማሪም የጥናቱ ውጤት በመሃንነት ያለውን የጤና አገልግሎት እንዲሻሻል እና አገልግሎት በጤና ተቋም እንዲጨምር ያደርጋል። እንዲሁም በዚህ ጥናት ላይ በመሳተፍ ምንም አይነት ጉዳት አይደርስዎትም። ቃለ-መጠይቁ ክፍት እና የተዘገገ ጥያቄዎችን ይዟል። ስለዚህ ለጥያቄዎቹ እውነተኛ መልስ እንድትሰጡ በትህትና ተጠይቀዋል።

ያቀረቡት መረጃ ሚስጥራዊ ነው እና ለዚህ ጥናት ዓላማ ብቻ ጥቅም ላይ ይውላል። ማንኛቸውም ጥያቄዎች ካሉት፣ ቃለ-መጠይቁን ከመጠየቅ ወደኋላ አይበሉ። በጥናቱ ላይ ያለመሳተፍ ሙሉ መብት አሎት፤ እንዲሁም በማንኛውም ጊዜ ጥያቄውን አቋርጦ የመውጣት መብት አሎት። ቃለ መጠይቁ እስኪጠናቀቅ ድረስ የእርስዎ ትብብር እና ተሳትፎ ለግምገማው በተሳካ ሁኔታ እንዲጠናቀቅ በጣም አስፈላጊ ነው ። ስለዚህ የእናንተን እውነተኛ ፈቃድ እጠይቃለሁ።

ተጨማሪ ጥያቄ ካሎት በሚከተለው አድራሻ ያገኙኛል

ስልክ:0927954170

ኢሜል:yidnektekle1@gmail.com

የፈቃደኝነት ማረጋገጫ ቅጽ

ጥናቱ የሚሰጠውን ጥቅም በመረት እንዲሁም በጥናቱ ላይ የመሳተፍ ሆነ አቋርጦ የመውጣት መብቴን በማወቅ ጥናቱ ላይ ለመሳተፍ መወሰኔን እገልጻለሁ።

የተሳታፊው ስም-----

ፊርማ-----

ቀን-----

ANNEX-V: Semi-structured in-depth interview guide (Amharic version)

የ ጥናቱ ርዕስ፡ መሃን ጥንዶች በመሃንነት ያላቸው ሥነ ልቦናዊ እና ማህበራዊ ልምድና ልምዳቸውን የመቋቋም ዘዴ፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2016 ዓ.ም.።

ክፍል አንድ፡ የማህበራዊና ስነ - ሕዝብ አወቃቀር ሁኔታዎች

የተሳታፊ መታወቂያ፡ _____

ዕድሜ _____ ሥራ _____ ሃይማኖት _____

የትምህርት ደረጃ _____ እንደ ባልና ሚስት ለ _____ ዓመታት አብረው ኖረዋል።

የመሃንነት አይነት _____

የቃለ መጠይቅ መጀመሪያዎች (Xxx): _____

ቀን፡- _____ መጀመሪያ ሰዓት፡ _____ ጠዋት/ከሰዓት የማብቂያ ሰዓት፡ _____ ጠዋት/ከሰዓት

የመግቢያ እና የቃለ መጠይቅ ዓላማ

እንኳን ደህና መጣችሁ እና በዚህ ጥናት ላይ ለመሳተፍ ስለተሰማችሁ በድጋሚ እና መሰግናለን። እኔ _____ ነኝ፣ እና ስለ መሃንነት ልምዶች እና፣ ስለ መሃንነት ያለዎትን አመለካከት እና ግንዛቤ እና የመቋቋሚያ ስልቶችን በተመለከተ ከአርስቦ ጋር እነጋገራለሁ።

ፍቃድ

- ለትንታኔ አላማ ንግግራችንን መዝግቤ እወስዳለሁ። ንግግራችን እንዳይመዘገብ ከፈለግክ ማስታወሻ እወስዳለሁ።

ከመጀመሪያችን በፊት ጥያቄዎች አሉት?

ክፍል ሁለት፡ መሃንነት እና ስነ - ልቦናዊ ልምዶች

1. ስለ ጤና አጠባበቅዎ ይገነኙኝ; ለምሳሌ, ምን ያህል ጊዜ ዶክተር ይመለከታሉ እና በምን ምክንያቶች?

2. ስለ መሃንነት ያሎትን ልምድ እንነጋገር፡-

- እባካችሁ የመሃንነት ምርመራ ሲደረግ ምን እንደተሰማዎት ገነኙኝ? ችግሩ የማን ነበር? [ሚስት ወይም ባል]
- የመሃንነት ችግር እንዳለባችሁ እንደ ጥንዶች ምን ተሰማዎት?
- ባለትዳር እንደመሆናችሁ፣ ይህ ሁኔታ በትዳር ግንኙነትዎ ላይ ምን ችግሮች/ችግር ያመጣል? ይህንን ሁኔታ ምን ያስታውሳል? እንደምታስታውሱት፣ በተለምዶ ምን አይነት ስሜቶች ወይም ምላሾች ያጋጥሙዎታል? በዚህ ጉዳይ ላይ ልጅ ሳይወልዱ ጋብቻን እንዴት ያዩታል?

ማህበራዊ ልምዶች

1. አሁን ከእርስዎ መሃንነት ጋር የተያያዙ ማህበራዊ ልምዶችን እንወያይ፡-

- የኢትዮጵያ ባህል የራሱ የሆነ የሰጋ ልጆች እንዲወልዱ ከሰጠው ከፍተኛ ትኩረት አንፃር በመሃንነትዎ ምክንያት ከጓደኞችዎ፣ ከቤተሰብዎ እና ከዘመዶቻችሁ ያገኙትን አንዳንድ ገጠመኞቻችሁን ብታካፍሉ ምን ይላችኋል?

2. ከተሞክሮዎ በመነሳት ህብረተሰቡ ለእርስዎ ምን ይመለከታል ብለው ያስባሉ?

3. ከምርመራው በፊት እና በኋላ በማህበሩ ውስጥ ያሎትን አቋም እንዴት ያወዳድራሉ?

የመቋቋም ስልቶች

1. የነገርከኝን ሁሉ ግምት ውስጥ በማስገባት፣ ለማስተካከል አንዳንድ እርምጃዎችን ተጠቅመህ ነበር? ካልሆነ ለምን? አዎ ከሆነ፣ እባክዎን እነዚህን እርምጃዎች ለእኔ ያካፍሉኝ?

2. እንደ ሕክምና አማራጭ፣ የልጆች ጉዲፊቻ ለእርስዎ እንዴት ይሰማል? ስለ ጉዲፊቻ ሂደት ምንም ሀሳብ አሎት?

መዝገያ

ለጊዜዎ እና ለተቃና ምላሾች እናመሰግናለን። ላንተ/ላንቺ ያለኝ ጥያቄ ይህ ነው። ማወቅ ያለብን ሌላ ያልጠየቅኩት ነገር አለ?

ለጊዜህ/ ሽ በድጋሚ አመሰግናለሁ።

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by Yidnekachew Tekele

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