

A Qualitative Inquiry: Experiences of Women who Underwent Subfertility Treatment and Successfully Conceived in Teaching Hospital, Kurunegala

A. M. R. N. Athauda, W. A. A. Weerasooriya, T. M. D. U. K. Thennakoon,
K. W. P. G. T. A. Pathmathilaka, G. A. G. S. Yasarathne, P. W. G. D. P. Samarasekara

Department of Nursing, Faculty of Health Sciences, The Open University of Sri Lanka.

Original Article

Abstract

Introduction: Infertility is a significant global public health concern affecting around 48 million couples and 186 million individuals worldwide. It can have a profound impact on women's mental, emotional, sexual, and spiritual health, often resulting in stress, anxiety, and depression. Available treatment options include medication, surgery, and advanced fertility procedures such as in vitro fertilization (IVF). Approximately 85% to 90% of female subfertility cases can be managed with medication or surgery, while fewer than 3% require IVF. The success of subfertility treatment is influenced by several factors, including the underlying cause of infertility, individual circumstances of the couple, and the quality of care provided by the treatment centre. Throughout the process, women may face a range of physical, emotional, and social challenges. The objective of this study is to explore the psychological, socio-cultural, and treatment-related experiences and challenges of women who have undergone subfertility treatment and successfully conceived.

Methods: A qualitative study was conducted in 2024 at the Gynecology and Obstetrics wards of the Teaching Hospital, Kurunegala, Sri Lanka. Fifteen women who had successfully conceived following subfertility treatment were selected using purposive sampling. Data were collected through in-depth, face-to-face interviews using a structured interview guide until data saturation was achieved. The data were analyzed using a six-step thematic analysis approach.

Results: Thematic analysis identified treatment-related, psychological, and sociocultural challenges. Women reported physical discomfort, repeated treatment attempts, financial burden, and barriers to accessing healthcare services. Psychological experiences included stress, anxiety, coping mechanisms, and feelings of social isolation. Sociocultural factors such as cultural expectations, gender roles, and family dynamics influenced their experiences.

Conclusion: The study revealed that subfertility treatment significantly affects women's mental, physical, and socio-cultural well-being. Common psychological reactions include fear, anxiety, and helplessness, influenced by social attitudes and feelings of insecurity. Socio-cultural experiences are also negatively affected by subfertility and family-related challenges. The findings highlight the importance of encouraging women with untreated infertility to seek appropriate treatment.

Key Words: subfertility, women's health, psychological experience, socio-cultural experience, fertility treatment, emotional stress

Introduction

Infertility is a significant global public health concern affecting millions of couples, with approximately 48 million couples and 186 million individuals experiencing subfertility worldwide [1]. Around 17.5% of the adult population, roughly 1 in every 6 people globally, is affected by subfertility [2]. According to the World Health Organization, subfertility is defined as the inability to conceive after 12 months of regular, unprotected intercourse. It is a profound global health issue affecting approximately 15% of reproductive-aged couples worldwide [3]. In Sri Lanka, the prevalence of infertility is estimated at approximately 10–15%, with 30–50% of subfertility cases, posing a substantial public health concern [3–6].

Infertility has a considerable impact on women's overall well-being, including their mental, emotional, sexual, and spiritual health [7,8]. A successful pregnancy often brings immense joy and relief, validating the emotional and physical efforts endured during the treatment process [9]. However, this transition also introduces new emotional and psychological dynamics that need to be understood [10]. Women experiencing infertility often face emotional distress, anxiety, depression, and social stigma, which can negatively affect their quality of life and interpersonal relationships [11]. In many cultural contexts, particularly in developing countries, motherhood is closely linked to a woman's identity, and the inability to conceive may lead to social pressure, discrimination, and feelings of inadequacy.

Many couples seek medical assistance to overcome infertility, including medication, surgical interventions, and Assisted Reproductive Technologies (such as *in*

vitro fertilization) [12]. While successful treatment and conception often bring relief and fulfillment, women who achieve pregnancy after subfertility treatment may continue to experience ongoing psychological and emotional challenges [13,14]. These may include anxiety related to pregnancy outcomes, fear of complications, and lingering stress from the treatment journey [9].

Previous studies have highlighted that women undergoing subfertility treatment experience complex psychological and sociocultural challenges, including emotional stress, social isolation, and societal pressure [15]. Discontinuation of treatment is often prompted by mental fatigue, weak prognosis, and emotional overwhelm rather than medical complications alone. Other barriers include inadequate healthcare infrastructure and limited access to skilled healthcare professionals [7,16]. Treatment failure can also negatively affect sexual relationships and emotional intimacy between partners [9].

Even among women who achieve pregnancy after treatment, emotional and psychological burdens may persist. Several studies have shown that the stress of medical interventions, such as hormone therapy, IVF procedures, or ethical dilemmas related to assisted reproductive options such as surrogacy and egg donation, can lead to anxiety, guilt, low self-esteem, and emotional burnout. Financial strain is another critical concern, especially in countries without comprehensive health insurance coverage for infertility treatments [17].

Despite the cultural differences between developed and developing nations,

infertility-related distress shows surprising similarities across contexts. However, the consequences tend to be more severe in developing countries, where childlessness is perceived as a failure to fulfill a woman's role and identity. In contrast, voluntary childlessness in developed countries is often accepted and less stigmatized [18]. These findings underscore the profound sociocultural dimensions of subfertility and treatment-related experiences.

As explained, infertility and subfertility are increasingly recognized as significant global public health concerns with profound psychological, social, and emotional consequences for women. Studies have shown that infertility and its treatment can lead to anxiety, depression, emotional distress, and social isolation, affecting overall quality of life [19]. Qualitative evidence further highlights that women undergoing fertility treatment experience complex challenges, including stigma, relationship strain, and inadequate healthcare support systems [20]. Despite the growing body of global evidence, there is limited research exploring the experiences of women who have successfully conceived following subfertility treatment, particularly in developing country settings.

In the Sri Lankan context, research focusing on the post-treatment experiences of women remains scarce, especially using qualitative approaches that capture in-depth psychological and sociocultural dimensions. This represents a significant gap in understanding how women navigate the transition from subfertility to successful pregnancy within specific cultural and healthcare contexts. Therefore, this study aims to explore the psychological, socio-cultural, and treatment-related challenges experienced by women who

have undergone subfertility treatment and successfully conceived, contributing to a more comprehensive understanding of their lived experiences and informing patient-centered care approaches.

Methods

A qualitative research approach was used to explore the subjective, real-life experiences of women who underwent subfertility treatment and successfully became pregnant. This approach was considered appropriate for capturing in-depth information on the psychological, social, and cultural challenges experienced before and after subfertility treatment. Further, this method enables a deeper understanding of complex human experiences, particularly within natural settings, irrespective of their demographic characteristics [21].

This study was conducted in 2024 at the Gynecology and Obstetrics wards of the Teaching Hospital, Kurunegala, Sri Lanka, which is a major tertiary care hospital in the Northwestern Province. The study population consisted of women admitted to these wards who had undergone subfertility treatment and successfully conceived.

Purposive sampling was used to select participants based on specific inclusion criteria relevant to the study objectives. Women aged 18–50 years who had undergone subfertility treatment and successfully conceived were included in the study, while women diagnosed with pre-existing psychological disorders were excluded. Data collection continued until data saturation was reached, at which point no new themes emerged from the interviews [22].

A structured interview guide was developed based on the study objectives to collect data from participants. The guide included

questions on demographic characteristics, challenges faced before and after treatment, societal perceptions, and psychological experiences. The interview guide was reviewed by experts in the field to ensure content validity and clarity.

Data were collected through in-depth, face-to-face interviews (multilingual) conducted in the ward setting. Interviews were carried out using the structured interview guide, supported by audio recordings and field notes. Written informed consent was obtained from all participants before data collection.

Ethical approval was obtained from the Ethics Review Committee of the Teaching Hospital Kurunegala, and written permission to conduct the study was granted by the Director of the Teaching Hospital Kurunegala. Participation was voluntary, and written informed consent was obtained after fully explaining the nature, objectives, potential risks, and benefits of the study. Participants were informed of their right to withdraw at any time without penalty. Confidentiality and privacy were strictly maintained, with all data anonymized and securely stored in a password-protected computer system. Given the sensitive nature of subfertility and pregnancy, participants were approached with emotional sensitivity, and access to counselling support services was ensured when necessary. All participants were treated with respect regardless of their background or medical history, ensuring non-discrimination. The study was conducted in accordance with the principles of beneficence and non-maleficence, and cultural norms and beliefs were respected throughout the research process. Care was taken to avoid exploitation of vulnerable participants. Participants allowed to receive feedback on the study findings. All

data were used solely for academic and publication purposes and will be securely stored for five years before deletion.

Data analysis was conducted using the six-step thematic analysis approach described by Braun and Clarke (2019), including familiarization with the data, coding, theme development, reviewing themes, defining themes, and reporting [23,24]. The analysis followed an iterative process, whereby data collection and analysis occurred simultaneously to identify emerging patterns throughout the study [25]. This approach enabled the identification of key themes related to the psychological, socio-cultural, and treatment-related experiences of the participants.

Results

Participant profile highlights

According to Table 1, the participants were aged between 30 and 43 years, while their husbands were aged between 33 and 45 years. The duration of treatment ranged from 1.5 to 3 years before achieving the first successful pregnancy. The main causes of subfertility among women were identified as polycystic ovary syndrome (PCOS/PCOD) (7 out of 12), irregular menstrual cycles (4 out of 12), and hypothyroidism/anovulation (2 out of 12), while husbands reported no fertility-related health issues. Professionally, wives worked as teachers (4 out of 12), nurses (2 out of 12), government/bank officers (3 out of 12), or were homemakers (2 out of 12); husbands held roles like businessmen (5 out of 12), government officers (3 out of 12), and armed forces/police (2 out of 12). Family structures were either extended (7 out of 12) or nuclear (5 out of 12). Notably, 4 wives had histories of spontaneous abortions (1 to 2 instances).

Themes, Sub-themes, and codes of the analysis

Thematic analysis was conducted based on three key objectives: (1) identifying challenges faced by women who underwent subfertility treatment and achieved preg-

nancy, (2) exploring their psychological experiences, and (3) examining their socio-cultural experiences throughout this journey. The themes derived from the analysis that reflect the objectives are presented in Table 2.

Table 1. Participants profile

	Age (at first childbirth)		Education Level/ Occupation		Treatment Period (until first successful pregnancy)	Etiology of the women	Family Structure	Other
	Wife	Husband	Wife	Husband				
1	37	39	Accountant	Officer	2	Irregular Menstrual cycle	Extended	One spontaneous abortion
2	41	42	Nurse	Businessman	1.5	Hypothyroidism, PCOS, and Anovulation.	Nuclear	One spontaneous abortion
3	30	33	Teacher	Executive	3	PCOS	Extended	-
4	33	35	Clark	Businessman	2	PCOS	Nuclear	-
5	33	35	Teacher	Army Officer	1.5	PCOD	Extended	-
6	36	40	Nurse	Accountant	2	Irregular Menstrual Cycle	Extended	-
7	34	37	Housewife	Bank Officer	2	Irregular Menstrual Cycle	Extended	-
8	33	33	Government Officer	Businessman	3	PCOS	Extended	-
9	32	36	Teacher	Government Officer	3	PCOS	Nuclear	-
10	43	45	Bank officer	Bank officer	2.5	Irregular menstrual cycle	Nuclear	Two spontaneous abortions
11	35	40	Teacher	Policeman	2	PCOS	Extended	-
12	40	41	Housewife	Businessman	3	Hypothyroidism, Anovulation	Nuclear	Two spontaneous abortions

Table 2. Themes, Sub-themes, and codes of the analysis

Objective	Themes	Sub-themes	Codes
To identify challenges faced by women who underwent subfertility treatment and achieved pregnancy	Physical Exhaustion	Side effects from fertility treatment	Post-treatment discomfort
		Multiple attempts at conception	Pain from frequent hormone injections and procedures
		Mental challenges	Complications resulting from repeated cycles of treatments like IVF
	Financial Strain	High costs of Subfertility treatments	Large out-of-pocket expenses for treatment and medication
		Economic burden on the family	Families needing to take loans or cut back on daily expenses
		Limited access to fertility specialists	Financial stress on the couple, affecting their overall well-being
	Navigating the Healthcare System	Long waiting periods and lack of personalized care	Difficulty in securing appointments with reproductive specialists
			Long waiting times for procedures and consultations
			Challenges in accessing timely and continuous medical care
To explore the psychological experiences of women who underwent subfertility treatment and achieved pregnancy	Emotional Stress and Anxiety	Fear of failure with each treatment cycle	Fear of the treatments not resulting in pregnancy
		Anxiety about maintaining the pregnancy	Constant worry about miscarriage or complications
			Feelings of helplessness after repeated failed attempts
	Coping Mechanisms	Emotional support from spouses and family	Strong reliance on spouse for emotional resilience
		Seeking counselling or mental health support	Involvement in religious or spiritual practices for comfort
			Attending therapy or support groups to manage stress and emotions
	Feelings of Isolation	Social isolation due to subfertility struggles	Avoiding gatherings where pregnancy or motherhood is discussed
		Inability to relate to other pregnant women	Lack of understanding from friends who have children
		Pressure to conceive from society and family	Sense of being "different" because of the subfertility journey

(Continued)

Objective	Themes	Sub-themes	Codes
To examine sociocultural experiences during this journey	Cultural and Social Expectations	Judgment from community on delayed pregnancies	Constant questions or advice from relatives and friends
			Negative cultural beliefs around childlessness
	Gender Roles and Family Dynamics	Expectation to fulfill traditional roles of motherhood	Feeling inadequate or incomplete as a woman due to delayed conception
		Marital and in-law pressure to produce an heir	Emphasis on motherhood as central to a woman's identity
			Strain in the relationship due to family's pressure for children
	Support Systems	Support from extended family or community	Tension between the couple due to external expectations
			Emotional encouragement from family members
		Role of peer support during the fertility journey	Financial support from relatives for fertility treatments
			Celebratory response from the community once pregnancy was achieved

Thematic analysis under challenges during subfertility treatment

Physical Challenges

Participants reported experiencing physical side effects associated with fertility treatments, including fatigue, discomfort, and pain from repeated medical procedures.

"The injections induced significant illness; I did not anticipate experiencing such fatigue and emotional distress." (Participant 3)

Repeated attempts at conception were also described as physically and emotionally draining.

"Each unsuccessful cycle felt like a heartbreak." (Participant 5)

Financial Strain

High costs of treatment were commonly reported, including expenses related to medication, procedures, and travel.

"I spent all my savings on just one round of IVF; it felt like I was gambling my future." (Participant 6)

Participants also described financial pressure that affected family relationships.

"My husband and I argued constantly about money. The stress of subfertility added to our worries about our finances" (Participant 2)

They also expressed the limitations to access healthcare due to economic barriers.

"Travelling to see a specialist was a challenge. The costs piled up quickly, making it difficult to get the help I needed." (Participant 9)

Navigating the Healthcare System

Additionally, limited access to fertility specialists exacerbated difficulties. These challenges often delayed treatment and intensified the emotional and physical toll of subfertility.

Here, participants reported challenges related to accessing fertility services, including long waiting times and limited availability of specialists.

"I waited for weeks to consult the specialist. Each postponement diminished my hope." (Participant 10)

Some participants also reported a lack of personalized care during treatment.

"I felt like merely a statistic in the system. My concerns were frequently disregarded." (Participant 5)

Thematic analysis of psychological experiences during subfertility treatment

Emotional Stress and Anxiety

Participants described experiencing stress and anxiety throughout the treatment process, particularly related to uncertainty and fear of failure.

"With each new cycle, I felt as though I were on a tightrope; the dread of hearing 'not this time' was overwhelming." (Participant 7)

Anxiety persisted even after successful conception, particularly regarding pregnancy outcomes.

"Upon seeing the positive test, my relief was fleeting; I was perpetually anxious about losing the baby. It seemed as if I was holding my breath constantly." (Participant 7)

Coping Mechanisms

Coping strategies also played a critical role, with many women relying on emotional support from spouses or professional counselors.

"My husband was my support; he reminded me I was not alone in this struggle." (Participant 6).

"Engaging with a counselor facilitated my emotional processing. We acquired coping strategies that significantly impacted our situation." (Participant 3)

Feelings of Isolation

Feelings of isolation emerged strongly as the third theme under the psychological experiences, as participants described social withdrawal and difficulty relating to other pregnant women.

"I felt as though I was inhabiting an alternate reality. Friends who were expecting did not comprehend my suffering, leading me to isolate myself." (Participant 3)

"I found it hard to celebrate others' pregnancies due to my preoccupation with my own challenges." (Participant 3)

Societal pressures exacerbated this isolation, with one participant noting,

"Every family gathering resembled an interrogation regarding when we would have children. The strain was overwhelming." (Participant 1)

Thematic analysis of sociocultural experiences during subfertility treatment

Cultural and Social Expectations

Participants reported experiencing societal pressure and expectations related to motherhood.

"Whenever I participated in a family gathering, I could perceive the judgment in their gazes. The assessment of my value appeared to be based on my ability to bear children." (Participant 3)

"Our culture views motherhood as the ultimate achievement for women. I saw myself as letting everyone down due to my inability to conceive." (Participant 2)

Gender Roles and Family Dynamics

Family and societal expectations contributed to stress, particularly pressure from in-laws and extended family members.

"My in-laws consistently enquired about when I would provide them with a grandchild. I felt like I was constantly under scrutiny." (Participant 9)

"My husband was supportive, but I could see the disappointment in his family's eyes...it was shared failure for all of us." (Participant 7)

Support Systems

Support from family, partners, and peers was identified as important.

"Having friends experiencing similar challenges provided me with a sense of validation. We would cry together and celebrate little triumphs." (Participant 6)

"Participating in a support group transformed my life. Listening to others' narratives made my challenges more manageable". (Participant 10)

Discussion

This study explored the experiences of women who underwent subfertility treatment and successfully conceived, focusing on psychological, socio-cultural, and treatment-related challenges. The findings highlight the complex and multidimensional impacts of subfertility treatment on women's lives.

Challenges during Subfertility Treatment

The findings under this theme revealed that women experienced significant physical, financial, and healthcare-related challenges during subfertility treatment. Participants reported physical discomfort and side effects associated with repeated medical procedures. Similar findings have been reported in previous studies, which indicate that fertility treatments such as IVF can lead to physical exhaustion and reduced quality of life [26-28]. These results highlight the need for healthcare providers to implement supportive strategies addressing both physical and psychological challenges.

Financial strain emerged as a major challenge, with participants reporting high out-of-pocket expenditures and financial stress affecting family dynamics. This is consistent with existing literature, which highlights the financial burden of subfertility treatment, particularly in low- and middle-income countries where access to affordable care is limited. For example, Ozturk et al. (2021) state that financial burdens often restrict access to

care, causing significant stress [28]. Thus, the economic burden on families was identified as a frequent theme, with women highlighting its impact on household finances and relationships.

Participants also reported difficulties in accessing healthcare services, including long waiting times and a lack of personalized care. These findings, aligned with previous research, indicate that healthcare system barriers contribute to increased stress and reduced satisfaction with treatment [29,30]. These challenges highlight the need for more accessible, patient-centered fertility care services.

Psychological experiences during subfertility treatment

Many women described experiencing intense fear before each treatment cycle, with repeated failures contributing to growing feelings of hopelessness and emotional exhaustion [31]. The study identified significant psychological challenges, including emotional stress, anxiety, and fear associated with treatment outcomes. Participants described persistent anxiety during treatment and even after achieving pregnancy. Sharma and Shrivastava (2022) similarly noted that psychological burdens often extend beyond successful treatment [32].

According to the findings, we can understand that the emotional support from spouses and family was vital, with one participant stating, *"My husband was my rock"* a sentiment aligning with Kenarsari et al. (2015) emphasis on partner support [33]. Professional counseling also improved mental well-being, offering strategies to build resilience [32]. This is consistent with previous literature highlighting the role of social and emotional support in improving

psychological well-being among women undergoing subfertility treatment

Feelings of isolation were also commonly reported, particularly due to social pressure and difficulty relating to others, confirming that the social and familial expectations to conceive further intensified distress. These results emphasized the importance of strong support networks in mitigating feelings of isolation and enhancing coping capacity.

Sociocultural experiences during subfertility treatment

The findings demonstrated that socio-cultural expectations significantly influenced women's experiences. Participants reported societal pressure to conceive and negative perceptions related to delayed pregnancy. These findings are consistent with previous studies, which indicate that infertility is often associated with stigma and social judgment, particularly in developing countries [34].

Gender roles and family expectations also contributed to stress, with women experiencing pressure from spouses and extended family members. Similar findings have been reported in other studies, where motherhood is strongly linked to female identity, leading to feelings of inadequacy among women facing fertility challenges [35].

Support systems, including family and peer support, were identified as important factors in coping with subfertility challenges. These findings align with previous research highlighting the role of social support systems in reducing emotional distress and improving resilience [36]. Overall, these findings emphasize the need to address sociocultural factors in subfertility care.

Conclusion

This qualitative research offers significant insights into the complex experiences of women who have received subfertility treatment and subsequently achieved pregnancy while hospitalized in the gynecology and obstetrics wards at the Teaching Hospital, Kurunegala. The research explored the complexities of subfertility and its significant effects on women's lives by examining the challenges, psychological experiences, and societal situations encountered by these women. The research highlights the need for compassionate and well-informed care. The study revealed that subfertility has substantial impacts on women's mental, physical, and socio-cultural well-being. Emotional stress is a major issue linked with subfertility, and women often experience social isolation due to cultural expectations and pressure to become parents. The findings highlight the importance of adopting a holistic approach to subfertility treatment that includes medical care alongside psychological and social support.

Recommendations

The research provides important insights into improving subfertility care services. There is a need to establish quality subfertility treatment services that are respectful, accessible, and affordable, while minimizing the challenges experienced by women. Healthcare professionals and policymakers should consider the high cost of subfertility treatments and take necessary steps to make them more affordable and accessible to all individuals.

Emotional and psychological support should be integrated into subfertility care. Providing counselling services and support groups can help reduce psychological stress and improve overall well-being.

Health care professionals should be trained to understand the complex challenges faced by women undergoing subfertility treatment and create a supportive and empathetic care environment throughout the treatment journey. In addition, there is a need to develop policies and programs that address the social challenges associated with subfertility, including stigma and cultural pressure. Educational programs and awareness initiatives should be implemented to support women and encourage those who have not yet sought treatment to access appropriate care and support services.

Ethical Approval

Ethical approval for this study was obtained from the Ethics Review Committee of the Teaching Hospital, Kurunegala. Written permission to conduct the study was also granted by the Director of the Teaching Hospital, Kurunegala prior to data collection.

Author Contribution

A.M.R.N.A., W.A.A.W., T.M.D.U.K.T., and K.W.P.G.T.A.P. contributed to the study design, data collection, and data analysis. G.A.G.S.Y. drafted the manuscript. All authors contributed to manuscript revision, reviewed the manuscript, and approved the final version. P.W.G.D.P.S. and G.A.G.S.Y. provided supervision throughout the study.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability Statement

The data supporting the findings of this study are not publicly available due to ethical and privacy considerations. Data

may be available from the corresponding author upon reasonable request and with appropriate ethical approval.

Statement on use of Artificial Intelligence

Artificial intelligence tools were used only for language editing and improving the clarity of the manuscript. No AI tools were used in this research, including data collection, analysis, or interpretation.

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