






REVIEW ARTICLE OPEN ACCESS

Impact of Infertility on Marital Stability Among Ghanaian Women: A Systematic Review

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ABSTRACT

Background: Childbearing holds profound social and personal significance for many Ghanaian married women. An inability to conceive threatens both the psychological well-being and marital stability, often generating tension, distress, bitterness, pain and relational strain within the home. This study, therefore, aims to answer the research question: What is the impact of infertility on marital stability among Ghanaian women?

Objective: To explore the impact of infertility on marital stability.

Method: Articles published globally, specifically in Ghana, between January 2018 and January 2025 that explored the impact of infertility on marital stability among women were retrieved from scientific databases (PubMed, Scopus, CINAHL, Google Scholar, EBSCOhost, MEDLINE, ProQuest and ScienceDirect). The used keywords included “Impact, Infertility, and Marital stability”. A total of 52 articles meeting the inclusion criteria were assessed after data extraction was performed using the PRISMA (2018) guideline.

Result: A total of 52 studies were included, of which 38 studies (75%) reported significant marital instability, including destabilising homes, diminishing the quality of marital relationships and reducing partner interaction, ultimately contributing to marital instability, separation and divorce. Most studies were of moderate methodological quality, with common limitations related to sample sizes and theoretical frameworks.

Conclusion: Infertility exerts profound psychosocial effects on marital stability, particularly for women, who are often exposed to verbal and physical abuse, threats from spouses and in-laws and, in severe cases, abandonment. Greater awareness of how infertility affects marital stability can guide community programmes that address cultural pressures around childbearing and support national reproductive health policies that integrate psychosocial care for women. These findings underscore the need for integrating psychosocial and marital counselling into infertility care and for policies that promote holistic, couple-centred reproductive health services.

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1 | Introduction

Infertility is defined as a disorder of the male or female reproductive system failing to achieve a pregnancy after a year or more of regular unprotected sexual intercourse [1]. The global prevalence of infertility is estimated to be 10%–15%, with the highest prevalence in countries within Southeast Asia and sub-Saharan Africa [1–3].

The incidence of infertility in Ghana is estimated to be 11.8% for women and 15.8% for men, with secondary infertility being paramount [4, 5].

Infertility impacts millions of individuals and couples worldwide, often with devastating and challenging consequences, destructively affecting both individuals and families psychosocially [3]. Infertility is identified as a public health issue impacting millions of people worldwide, often with overwhelming effects that eventually affect all aspects of life, be it physical, psychological, sociocultural, spiritual and economic, leading to poor mental well-being [1, 6, 7].

In many African sociocultural contexts, infertility is regarded as a profound misfortune for couples, yet women unduly bear the blame due to the strong association between womanhood and motherhood [8]. Childbearing is considered an essential expectation immediately after marriage, and women who are unable to fulfil this role often face significant psychosocial maltreatment, which undermines their marital stability [9].

Traditional Ghanaian society is strongly pronatal, viewing childbearing as the primary purpose of marriage and essential for sustaining family lineage. When this expectation is unmet, women excessively bear the emotional and social burden of infertility, which can significantly threaten marital stability [10]. Although infertility affects both men and women, women are more frequently blamed and exposed to intense psychological and social distress, with marital distraction being a common outcome [11–14]. Studies have indicated that infertility contributes to declining affection from husbands, strained matrimonial relationships, polygynous remarriage and limited spousal support in seeking treatment, all of which undermine marital stability [13, 15–17].

Within many religious and cultural traditions, childbearing is regarded as a fundamental expectation of marriage and a moral responsibility endorsed by faith teachings. These beliefs position procreation as a sign of divine blessing and marital fulfilment, thereby amplifying the social and relational consequences experienced when couples are unable to conceive. This belief implies that marriage is meant to be blessed with children and accompanied by enjoyment, not endurance.

Ghana's predominantly Christian population places strong pronatal expectations on married couples, with childbearing viewed as an immediate and essential proof of womanhood. When conception does not occur, women are unduly exposed to threats of divorce, rejection, reduced social status and stigma, all of which undermine marital quality and stability [8, 9, 11, 13, 18].

Within the broader sociocultural context of communal living, families and community members often enquire about childbearing out of perceived responsibility; however, these interactions frequently impose psychological strain on women

experiencing infertility. Emerging evidence shows that such scrutiny contributes to discomfort, anxiety and depression among affected individuals and couples [7, 10, 19, 20].

It is worth noting that the high value placed on parenthood further exposes women to severe psychosocial consequences, including frustration, social isolation, suicidal ideation, partner and in-law threats, abandonment, separation and physical abuse, which collectively disrupt peace within the home and heighten marital instability [7, 11, 21–25]. Since marital stability is a critical determinant of one's overall health, its deterioration can negatively influence women's mental, physical and social well-being, ultimately posing broader threats to their health and marital lives [24, 26, 27].

As much as infertility influences marital stability and the fact that it is key among the psychosocial challenges encountered by these women, studies in this regard among Ghanaian women are scarce. Even though infertility is an important component of sexual and reproductive health, addressing issues of infertility and its associated problems is essential to achieving human rights and the attainment of a standard physical and mental health [1]; less attention is still paid to the devastating effects that infertility has on individuals and couples as far as marital stability is concerned [22, 28].

Despite the significant challenges faced by women experiencing infertility, the support available in Ghana remains inadequate [14, 22]. Although several studies have examined the psychosocial dimensions of infertility, there is no comprehensive synthesis of evidence on how infertility contributes to marital instability within the Ghanaian context. This underscores the need for a systematic review to explore existing evidence that reveals the unique cultural pressures that shape marital outcomes among Ghanaian women. Findings would contribute to valuable comparative insights and inform improved management and support protocols for women living with infertility in Ghana.

2 | Materials and Methods

2.1 | Study Design

A systematic review, according to the directions denoted by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2018, was adapted to review existing evidence on the impact of infertility on marital stability among Ghanaian women. A description of the PRISMA statement recommendations is provided (Table 1).

2.2 | Databases and Search Strategy

This study followed the adapted PRISMA (2018) systematic review guidelines and employed a comprehensive search across major scientific databases. PubMed and MEDLINE provided rigorously indexed biomedical and reproductive health literature; Scopus and EBSCOhost were included for their broad multidisciplinary coverage and access to specialised databases; CINAHL contributed evidence on women's experiences and related psychosocial issues. Google Scholar enhanced search sensitivity by capturing grey literature, while ProQuest and ScienceDirect offered rich qualitative insights on marital dynamics and extensive peer-reviewed research in medicine, social

TABLE 1 | Summary characteristics of included studies (abbreviated) **.

Author(s) and year	Country	Study design/methods	Key focus	Key findings
Adane et al. (2024)	Ethiopia	Descriptive phenomenological design	Infertility experiences	Infertility was associated with significant social challenges among women.
Chandel & Chetwal (2024)	India	Quantitative study	Marital quality	Infertility was associated with poor marital quality and psychological well-being.
Mengne et al. (2024)	Cameroon	Cross-sectional quantitative study	Marital life	Infertility was linked to reduced marital intimacy and quality of marital life.
Nsabimana (2024)	China	Systematic review	Marital stability	Infertility contributed to marital strain, instability and breakdown.
Ali et al. (2023)	Pakistan (Faisalabad)	Qualitative study	Marital relationships	Infertility negatively affected marital relationships.
Annan-Frey et al. (2023)	Ghana	Hermeneutic phenomenology (qualitative)	Psychosocial effects	Infertility was associated with negative psychosocial consequences.
Arhin et al. (2023)	Ghana	Descriptive cross-sectional study	Anxiety	Infertility significantly increased anxiety levels.
Baatol et al. (2023)	Pakistan	Cross-sectional study	Marital stability	Infertility was associated with marital instability, distress and reduced quality of life.
Leeners et al. (2023)	Switzerland	Systematic review and meta-analysis	Sexual health	Infertility increased the risk of sexual disorders.
Ndaware et al. (2023)	Nigeria	Quantitative study	Relationships	Childlessness affected relationships and increased extramarital involvement.
Odoi (2023)	Ghana	Qualitative study	Marital tension	Infertility caused tension and strained marital relationships.
Sefogah et al. (2023)	Ghana	Qualitative content analysis	Abuse	Infertility led to psychological and physical abuse.
Shahrahmani et al. (2023)	Iran	Systematic review	Marital issues	Infertility was associated with diverse marital problems affecting stability.
Ebrahimi et al. (2022)	Iran (Tehran)	Qualitative phenomenological study	Marital quality of life	Infertility reduced marital quality of life and motivation.
Elwell (2022)	Malawi	Qualitative study	Marriage	Infertility negatively affected women's marriages.
Jamali Gandomani et al. (2022)	Iran	Quantitative study	Marital relationship	Infertility significantly reduced marital relationship quality.
Assaysh-Oberg et al. (2023)	Sweden	Qualitative metasynthesis	Intimacy	Infertility caused distress and altered relationship intimacy.
Otchere et al. (2023)	Ghana	Qualitative study	Marital stability	Infertility altered expected marital stability.
Shuaibu (2023)	Nigeria	Quantitative study	Marital instability	Infertility contributed to marital instability.
Temitope (2022)	United Kingdom	Qualitative evidence synthesis	Marital problems	Infertility led to marital problems.
Otchere et al. (2022)	Ghana	Qualitative study	Family life	Infertility caused marital difficulties and divorce.
Chehreh et al. (2021)	Iran	Cross-sectional study	Marital fulfillment	Infertility altered marital fulfillment.
Dube et al. (2021)	Canada	Qualitative study	Relationships	Infertility distorted intimate relationships.

(Continues)

TABLE 1 | (Continued)

Author(s) and year	Country	Study design/methods	Key focus	Key findings
Kyei et al. (2021)	Ghana	Exploratory qualitative design	Marital stability	Women with infertility experienced marital instability and divorce.
Malik (2021)	India	Descriptive correlational study	Marital adjustment	Women with children reported better marital adjustment.
Ozturk et al. (2021)	USA	Descriptive cross-sectional study	Stress	Infertility increased stress levels.
Khezri et al. (2020)	Malaysia	Literature review	Marital satisfaction	Economic factors influenced marital satisfaction.
Metee et al. (2020)	Turkey	Qualitative study	Relationships	Women reported dissatisfaction and sadness in relationships.
Ofosu-Budu & Hanninen (2020)	Ghana	Phenomenological qualitative study	In-laws	Infertility led to criticism and threats from in-laws.
Simionescu et al. (2020)	Romania	Literature review	Psychological distress	Infertility-related distress altered couple relationships.
Kalorath & Mukherjee (2020)	India	Quantitative study	Anxiety	Longer infertility duration increased anxiety and marital instability.
Stykes et al. (2020)	USA	Quantitative study	Relationship functioning	Childlessness negatively affected relationship functioning.
Thi Ho et al. (2020)	Vietnam	Quantitative study	Marital life	Infertility destabilised interpersonal and marital relationships.
Yadzi et al. (2020)	Iran	Systematic review	Marital enjoyment	Infertility reduced marital enjoyment.
Nachinab et al. (2019)	Ghana	Exploratory descriptive design	Social threats	Women experienced social threats linked to marital instability.
Dierickx et al. (2018)	Gambia	Qualitative study	Violence and stigma	Infertility was associated with stigma, financial problems and violence in marriage.

**The complete table is presented as a Supporting file S1.

sciences and psychology. MeSH terms including “Impact OR Influence OR Effect” AND “Infertility OR Childlessness OR Sterility” AND “Marital stability OR Marital satisfaction OR Marital fulfilment” AND “Women OR Individuals OR Couples” were used to search the title, abstract or keywords of articles (Table 2).

2.3 | Inclusion and Exclusion Criteria

Studies published in English from January 2018 to January 2025 which reported on the impact of infertility on marital stability among women were included. Additionally, international studies were eligible if they (i) examined infertility within a predominantly pronatal sociocultural context, (ii) addressed marital issues, (iii) focused on women’s experiences of infertility within marriage, and (iv) were conducted in settings characterised by strong familial, cultural or religious expectations regarding childbearing.

Book chapters, doctoral theses or conference presentations, expert opinions, commentaries, editorials, magazine articles, newspaper articles, case reports, mini reviews and studies focusing on other issues related to infertility, rather than its impact on marital stability, were excluded (Table 3).

2.4 | Data Extraction

A comprehensive and transparent search strategy, guided by clearly defined eligibility criteria, was employed to ensure objectivity. Study screening and data extraction were conducted independently by two reviewers to enhance methodological rigour and minimise bias. Inter-rater reliability was assessed at both the title/abstract and full-text screening stages, using percentage agreement to evaluate reviewer concordance.

Studies were screened in a staged process: titles and abstracts were independently reviewed, followed by full-text assessment to confirm eligibility. International studies were included based on their conceptual relevance to the study objectives. Discrepancies at all stages were resolved through consensus. Data extracted comprised author(s), year, country, study design, sample characteristics and size, study purpose, methods, key findings and quality appraisal.

TABLE 2 | Search strategy keywords.

Databases	Search terms
• EBSCOhost	Impact; Influence; Effect
• Cochrane	Infertility; Sterility
• Medical Literature Analysis and Retrieval System Online (MEDLINE)	Childlessness
• ProQuest	Marital stability
• Cumulative Index to Nursing and Allied Health Literature (CINAHL)	Marital satisfaction
• PubMed	Marital fulfilment
• Scopus	Women
• Google Scholar	Individuals
• ScienceDirect	Couples

TABLE 3 | Inclusion and exclusion criteria for acceptable articles.

Inclusion criteria	Exclusion criteria
• Studies published in English Language	Book chapters Doctoral theses
• Articles published on the impact of infertility on marital stability among women between January 2018 and January 2025	Conference presentations Letters and newspaper articles
	Expert opinions Mini reviews Abstracts only

2.5 | Data Analysis

Following the adapted PRISMA (2018) framework, themes were generated through a structured and transparent interpretive process. After eligible studies were identified, full texts were read repeatedly to ensure familiarity with their content. Relevant data on infertility-related marital experiences, psychosocial consequences and sociocultural influences were extracted using a standardised data extraction matrix. A thematic synthesis approach was employed to integrate findings across the included studies and to systematically identify codes and integrate recurring patterns related to the psychosocial and marital consequences of infertility to establish the main themes using a predominantly inductive approach without the use of qualitative software. To increase the credibility of the inclusion and exclusion criteria, all researchers compiled the PRISMA checklist, extracted the codes and selected the main themes.

3 | Results

3.1 | Search Outcome

A total of 450 articles were retrieved and examined following an initial database review. A total of 150 articles were removed due to inconsistency with the title. A total of 300 records were obtained following a review of titles and abstracts. A total of 70 articles were eliminated following duplication. Then, 230 records were identified after reading the full text, and 100 papers were removed due to noncompliance with the inclusion criteria. A total of 130 full texts were assessed for eligibility; 78 papers were excluded due to irrelevant content, as they did not align with the predefined eligibility criteria established for the review and poor PRISMA quality. Finally, 52 papers were selected for the systematic review study. The main characteristics of the 52 studies included are shown in Supporting file S1. The abbreviated or summarised version is presented in Table 1 with key study characteristics including author, year, country, study design and key findings, whereas the flowchart (PRISMA) is presented in Figure 1.

3.2 | Study Characteristics

Out of the 52 studies included in this study, 15 studies (29%) employed a descriptive phenomenological design, two studies (4%) used an exploratory descriptive design, three studies (6%)

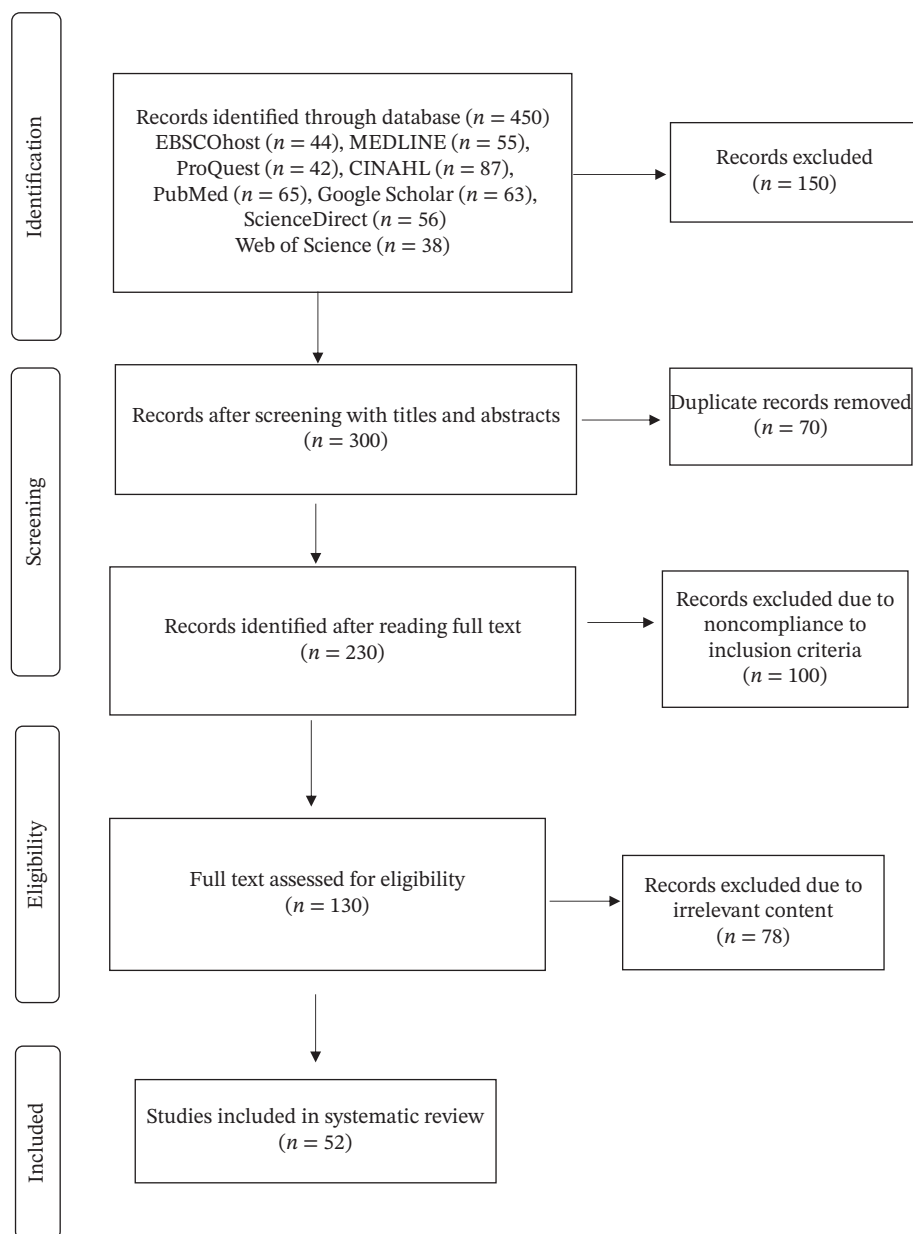


FIGURE 1 | Steps of study selection based on the adapted PRISMA 2018 flow diagram.

used a cross-sectional design, four studies (7%) utilised a systematic review, another two studies (4%) employed a descriptive cross-sectional design, and the remaining 26 studies (50%) employed diverse forms of qualitative and quantitative research methods.

Seventy per cent (70%) of these studies were published between 2018 and 2022, and the remaining (30%) were published between 2023 and 2024. Most studies were carried out within African countries (80%), whereas the remaining (20%) were within non-African countries. This gave room for strengthening contextual comparison and providing evidence gaps.

Regarding the characteristics of the samples included in this study, 90% focused on only women with infertility, 2.5% included couples and the remaining 7.5% comprised individuals. Analysis of the included studies that reported on specific outcomes showed that poor marital quality/marital instability was the most

frequently reported outcome, identified in 38 studies (75%). Psychosocial challenges accounted for 8 studies (15%), while other forms of abuse, verbal, emotional or physical, were noted in 3 studies (5%). Altered sexual functioning and financial strain were the least reported, appearing in 1 study (2%) and 2 studies (3%), respectively. Most of the articles selected for this review investigated the influence of infertility on women's marital relationships, whereas other studies also examined the impact of infertility on marital stability. To ensure the quality of studies, the PRISMA (2018) was adapted in this review, and studies that met the inclusion criteria were assessed for quality using the Joanna Briggs Institute (JBI) Critical Appraisal Checklists, which provided tailored criteria for qualitative, quantitative and mixed-methods designs. A score of 3 indicated high-quality evidence with minimal risk of bias; a score of 2 indicated moderate-quality evidence with some methodological limitations; and a score of 1 indicated low-quality evidence with significant risk of bias. All 52

included studies were appraised as moderate-quality studies due to minor methodological limitations but provided relevant and credible findings (Table 1).

4 | Discussion

This review demonstrates that infertility exerts profound biopsychosocial effects on marital stability among Ghanaian women, largely reflecting the centrality of childbearing to family continuity and cultural identity. Across most included studies, infertility was associated with emotional distress, marital conflict and, in severe cases, separation or divorce [9]. These findings are consistent with existing evidence showing that the presence of children enhances marital quality and psychological well-being, whereas childlessness often precipitates dissatisfaction and relational strain [29, 30]. However, the strength and manifestation of these outcomes varied across studies, highlighting important contextual and individual differences.

Multiple studies have demonstrated that infertility heightens marital disharmony, diminishes well-being and disrupts relationship stability due to unmet expectations and escalating tension within the home [29, 30]. Women, in particular, experience a deep sense of insecurity and hopelessness, which negatively affects marital adjustment and satisfaction [12]. In Ghana, motherhood remains a key marker of womanhood, and women unable to conceive often face social devaluation, rejection or divorce, with partners sometimes remarrying [11]. These cultural expectations contribute to significant psychosocial pressure, manifesting as depression, anxiety and frustration, further weakening marital stability [25, 31–33]. Infertility disrupts marital stability through interconnected sociocultural and psychosocial pathways by challenging gendered roles and expectations within Ghana's pronatal context. Infertility fosters internalised stigma and vulnerability to rejection, which over time may lead to emotional withdrawal, diminished sexual satisfaction and an increased risk of extramarital relationships or marital instability.

Infertility has also been described as a misfortune with far-reaching implications for marital quality, leading to reduced love, emotional withdrawal, communication difficulties and conflict, all of which heighten the risk of separation or divorce [23, 34].

Recent studies continue to report that infertility exacerbates marital breakdown, feelings of isolation and relationship strain [35, 36]. Factors such as fear of ageing [37], prolonged or unsuccessful treatment attempts and advancing beyond the fertile years further intensify psychological distress and marital dissatisfaction [38–41].

Financial pressures present another major challenge. In Ghana, infertility treatments are not covered under the National Health Insurance Scheme, making them prohibitively expensive. The high costs of care, combined with limited success rates, create frustration, tension and emotional exhaustion that can destabilise marriages [23, 42–44]. Economic hardship has been linked more broadly to reduced marital satisfaction [45], with financial strain often intensifying feelings of helplessness and limiting access to specialised care [46].

Consistent with earlier studies, this review found that infertility contributes substantially to marital disharmony, with many women reporting psychological distress [21], physical and emotional abuse and reduced communication, all of which heighten the risk of marital instability [23, 27, 47, 48]. Additional findings from Ghana and Nigeria show that childlessness often leads to jealousy, diminished sexual satisfaction, extramarital affairs and further marital strain [44, 49, 50]. Similar patterns have been observed in Turkey, where societal and familial pressure contribute to anxiety, sadness and dissatisfaction among women experiencing infertility [51].

Comparing evidence with existing reviews on infertility in pronatal and low-resource settings, the findings of this review are largely congruent. Similar patterns of marital strain, psychosocial distress and gendered blame have been documented in other African and non-African pronatal societies, such as Nigeria and Turkey. This consistency supports sociocultural factors which conceptualise infertility as a chronic stressor that disrupts marital stability through social pressure, economic burden and psychological vulnerability. At the same time, the review extends existing literature by highlighting context-specific pathways relevant to Ghanaian women, particularly the interplay between cultural expectations, financial barriers to care and marital outcomes.

Overall, the evidence demonstrates that both primary and secondary infertility are significant drivers of marital strain and instability, but the nature of this instability differed. Primary infertility was more frequently associated with overt threats to marital continuity, while secondary infertility was linked to covert marital dissatisfaction, neglect and pressure for polygamous unions. Generally, homes without children consistently experience diminished marital quality, underscoring the urgent need for psychosocial support and culturally sensitive interventions for affected women and couples.

5 | Strengths and Limitations

Limited empirical evidence specifically addressing the impact of infertility on marital stability among Ghanaian women necessitated the inclusion of contextually comparable international studies. These studies offer enriched perspectives on how entrenched pronatal values influence marital relationships in the context of infertility, thereby strengthening the theoretical foundation of the review and situating Ghanaian experiences within a broader global pronatal framework.

This review has several limitations. Ghana-specific evidence on infertility and marital stability was limited, with fewer than one-fifth of included studies conducted in Ghana; consequently, international studies from comparable pronatal contexts were included, which enhance conceptual insight but limit context-specific generalisability. Methodological heterogeneity across qualitative, cross-sectional and mixed-methods studies constrained direct comparisons, while inadequate control for confounding variables limited causal inference. Additionally, the focus on women with infertility restricts generalisability to other populations, and the inclusion of only English-language studies may have excluded relevant evidence.

6 | Implications/Recommendations

6.1 | Clinical Implications

Integrate routine psychosocial screening into infertility care: Healthcare providers should systematically screen women undergoing infertility evaluation for psychological distress, marital strain, and the risk of domestic abuse, with clear referral pathways to counselling and mental health services.

6.2 | Research Implications

Future research should focus on longitudinal designs to examine how infertility affects marital stability over time and across different stages of marriage.

6.3 | Policy Implications

Policymakers should prioritise partial coverage for infertility diagnostics, counselling and basic treatment to reduce financial strain that contributes to marital conflict and instability.

7 | Conclusion

This review demonstrates that infertility significantly undermines marital stability and women's psychosocial well-being within Ghana's pronatal sociocultural context. However, the limited availability of Ghana-specific evidence necessitates cautious interpretation and highlights a critical gap in contextually grounded research. The findings underscore the need for integrated, couple-centred clinical care, supportive national policies that improve access to infertility and psychosocial services and robust Ghana-focused research. Addressing infertility as both a health and social concern is essential to reducing stigma, strengthening marital resilience, and promoting the well-being of affected women and families. Future research should explore the complex marital issues encountered by women with infertility to enhance the development of appropriate interventions and needed support systems to improve marital stability among women with infertility in Ghana.

Author Contributions

Deborah Armah: conceptualisation, methodology, data collection and data analysis. Josephine M. Kyei, Samuel Kwabena Ansong-Aggrey and Florence Naab: methodology, writing-original draft and preparation of the manuscript. Anna Elizabeth van der Wath: methodology, formal analysis, investigation, writing-original draft and preparation of the manuscript.

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Ethics Statement

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

All data presented in this review are included within the manuscript.

References

1. WHO, "Infertility Prevalence Estimates: 1990–2021" (2023).
2. E. I. Obeagu, V. E. Njar, and G. U. Obeagu, "Infertility: Prevalence and Consequences," *International Journal of Current Research in Chemistry and Pharmaceutical Sciences* 10, no. 7 (2023): 43–50.
3. C. Cox, M. Thoma, N. Tchangalova, et al., "Infertility Prevalence and the Methods of Estimation From 1990 to 2021: A Systematic Review and Meta-Analysis," *Human Reproduction Open* 2022, no. 4 (2022): hoac051, <https://doi.org/10.1093/hropen/hoac051>.
4. C. B. Polis, E. Otupiri, M. Hindin, et al., "Prevalence and Correlates of Perceived Infertility in Ghana," *Studies in Family Planning* 51, no. 3 (2020): 207–224, <https://doi.org/10.1111/sifp.12136>.
5. S. M. Arhin, K. B. Mensah, E. Agbeno, V. S. Badii, and C. Ansah, "Pharmacotherapy of Infertility in Ghana: Retrospective Study at the Cape Coast Teaching Hospital," *Journal of Pharmaceutical Policy and Practice* 12 (2019): 1–10, <https://doi.org/10.1186/s40545-019-0191-0>.
6. M. Thoma, J. Fledderjohann, C. Cox, and R. K. Adageba, "Biological and Social Aspects of Human Infertility: A Global Perspective," *Oxford Research Encyclopedia of Global Public Health* (2021).
7. S. Assaysh-Öberg, C. Borneskog, and E. Ternström, "Women's Experience of Infertility & Treatment—A Silent Grief and Failed Care and Support," *Sexual & Reproductive Healthcare* 37 (2023): 100879.
8. M. Taebi, N. Kariman, H. A. Majd, and H. Alavi Majd, "Infertility Stigma: A Qualitative Study on Feelings and Experiences of Infertile Women," *International Journal of Fertility & Sterility* 15, no. 3 (2021): 189–196, <https://doi.org/10.22074/IJFS.2021.139093.1039>.
9. P. K. Chandel and K. Chetiwal, "A Home Without a Child: Effect of Infertility on Marital Quality and Psychological Well-Being Among Indian Women," *Indian Journal of Health, Sexuality & Culture* 10, no. Special (2024): 18–24.
10. A. Azize Diallo, P. J. Anku, and R. A. Darkoa Oduro, "Exploring the Psycho-Social Burden of Infertility: Perspectives of Infertile Couples in Cape Coast, Ghana," *Plos One* 19, no. 1 (2024): e0297428, <https://doi.org/10.1371/journal.pone.0297428>.
11. J. M. Kyei, A. Manu, A. M. Kotoh, C. A. Adjei, and A. Ankomah, "Beliefs About Children and the Psychosocial Implications of Infertility on Individuals Seeking Assisted Fertilization in Ghana," *Reproductive Biomedicine & Society Online* 12 (2021): 88–95, <https://doi.org/10.1016/j.rbms.2021.02.003>.
12. S. A. Malik, "Emotional Competence and Marital Adjustment Among Childless Women," *International Journal of Behavioral Sciences* 15, no. 1 (2021): 73–78.
13. F. Naab, Y. Lawali, and E. S. Donkor, "My Mother in-Law Forced My Husband to Divorce Me': Experiences of Women With Infertility in Zamfara State of Nigeria," *Plos One* 14, no. 12 (2019): e0225149, <https://doi.org/10.1371/journal.pone.0225149>.
14. D. Armah, vdW. Annatjie, Y. Mariatha, and N. Florence, "Development of Holistic Health Care Interventions for Women With Infertility: A Nominal Group Technique," *Holistic Nursing Practice* 36, no. 2 (2022): 85–92, <https://doi.org/10.1097/hnp.0000000000000498>.
15. G. T.-E. Nachinab, E. S. Donkor, and F. Naab, "Understanding the Threats of Infertility Among Women in Rural Northern Ghana" (2019).
16. D. Ofosu-Budu and V. Hanninen, "Living as an Infertile Woman: The Case of Southern and Northern Ghana," *Reproductive Health* 17 (2020): 1–9, <https://doi.org/10.1186/s12978-020-00920-Z>.
17. B. Asakiya, D. Armah, F. Naab, and J. Kyei, "I Don'T Have the Desire to Have Sex ": Quality of Life and Sexual Concerns of Women With

Secondary Infertility in the Tamale Metropolis,” *International Journal for Multidisciplinary Research* 6, no. 5 (2024): 1–14.

18. S. JamaliGandomani, M. Taebi, A. R. Mirghiasi, and P. Nilforoushan, “Association Between Infertility Factors and Perceived Relationship Quality in Infertile Couples,” *Journal of Education and Health Promotion* 11, no. 1 (2022): 360, https://doi.org/10.4103/jehp.jehp_428_21.

19. T. B. Adane, K. Z. Berhanu, and A. A. Sewagegn, “Ethiopian Women Experiencing Infertility: Sociocultural Challenges and Coping Strategies,” *Cogent Social Sciences* 10, no. 1 (2024): 2324973, <https://doi.org/10.1080/23311886.2024.2324973>.

20. E. P. Mpono, F. M. Kobenge, G. L. Mengne, E. Belinga, J. M. Kasia, and T. O. Egbe, “The Support Systems and Coping Strategies of Infertile Women Attending the out-Patient Consultation Unit of Chracerh Yaoundé, Cameroon: A Cross-Sectional Study,” *Open Journal of Obstetrics and Gynecology* 14, no. 6 (2024): 869–887, <https://doi.org/10.4236/ojog.2024.146070>.

21. S. M. Arhin, K. B. Mensah, E. K. Agbeno, F. Yirdong, K. Opoku-Agyeman, and C. Ansah, “Psychological Distress of Ghanaian Couples After Unsuccessful Treatment for Infertility,” *Ghana Medical Journal* 57, no. 4 (2023): 275–283, <https://doi.org/10.4314/gmj.v57i4.4>.

22. D. Armah, A. van der Wath, M. Yazbek, and F. Naab, “Women’s Expectations of Infertility Care in Ghana: A Qualitative Study,” *International Journal of Africa Nursing Sciences* 21 (2024): 1–7, <https://doi.org/10.1016/j.ijans.2024.100802>.

23. M. Ebrahimi, F. Mohsenzadeh, and K. Zahra, “Infertility and Marital Quality of Life in Couples (Case Study of Infertile Couples in Tehran),” *Journal of Psychological Science* 21, no. 118 (2022): 2037–2052.

24. I. A. Adda, F. Naab, D. Armah, J. Kyei, A. Yahaya, and T. W. Bobtoyah, “‘Community Members Question Me and Flaunt Their Children Before Me’: A Call for Psychosocial Support for Women With Infertility in Northern Ghana,” *Sexual & Reproductive Healthcare* (2025): 101065.

25. E. Y. Odoi, “Experiences of Pressure to Have Children Among Mothers in Accra, Ghana,” *African Journal of Reproductive Health* 27, no. 12 (2023): 43–50, <https://doi.org/10.29063/ajrh2023/v27i12.5>.

26. L. Temitope, “A Qualitative Synthesis of the Impact of Infertility on the Mental Health of African Women,” *African Journal of Reproductive Health* 26, no. 12 (2022): 49–57, <https://doi.org/10.29063/ajrh2022/v26i12.6>.

27. P. E. Sefogah, L. N. Otchere, L. Yarney, A. A. Baku, and F. A. Adzei, “Exploring the Psychological Experiences of Women With Infertility in Urban Ghana: A Qualitative Study: Psychological Experiences of Women With Infertility,” *Postgraduate Medical Journal of Ghana* 12, no. 2 (2023): 69–73, <https://doi.org/10.60014/pmjg.v12i2.336>.

28. D. Armah, A. Wath, M. Yazbek, and F. Naab, “Holistic Management of Female Infertility: A Systematic Review,” *African Journal of Reproductive Health* 25, no. 2 (2021): 150–161, <https://doi.org/10.29063/ajrh2021/v25i2.15>.

29. K. Shuaibu, “Infertility as Predictor of Marital Disharmony Among Married People in Igalaland,” *IBE JOURNAL OF PHILOSOPHY* 3, no. 1 (2023).

30. J. B. Stykes and K. B. Guzzo, “Unintended Childbearing and Marital Instability: An Emphasis on Couples’ Intentions,” *Journal of Divorce & Remarriage* 61, no. 7 (2020): 504–524, <https://doi.org/10.1080/10502556.2020.1768494>.

31. R. Chehreh, G. Ozgoli, K. Abolmaali, M. Nasiri, and Z. Karamelahi, “Child-Free Lifestyle and the Need for Parenthood and Relationship With Marital Satisfaction Among Infertile Couples,” *Iranian Journal of Psychiatry* 16, no. 3 (2021): 243, <https://doi.org/10.18502/ijps.v16i3.6249>.

32. T. B. Adane, K. Z. Berhanu, and A. A. Sewagegn, “Infertile Women of Ethiopia: Psychological Challenges and Coping Strategies,” *Medicine* 103, no. 15 (2024): e37725, <https://doi.org/10.1097/md.00000000000037725>.

33. L. Annan-Frey, E. A. Boateng, A. Lomotey, C. Lartey, and V. Dzomeku, “Lived Experiences and Coping Strategies of Persons Seeking Infertility Treatment in the Kumasi Metropolis: A Descriptive Phenomenological Study,” *BMC Women’s Health* 23, no. 1 (2023): 74, <https://doi.org/10.1186/s12905-023-02194-6>.

34. T. T. T. Ho, M. T. Le, Q. V. Truong, V. Q. H. Nguyen, and N. T. Cao, “Psychological Burden in Couples With Infertility and Its Association With Sexual Dysfunction,” *Sexuality and Disability* 38, no. 1 (2020): 123–133, <https://doi.org/10.1007/s11195-019-09612-4>.

35. A. Nsabimana, A. Ninihazwe, H. Irambona, and E. Niyonkuru, “The Impact of Infertility: A Holistic Examination of Physical, Emotional, and Social Effects on Couples,” *International Journal of Multidisciplinary Research* 10, no. 6 (2024): 308–316.

36. K. Elwell, “The Social and Cultural Consequences of Infertility in Rural and Peri-Urban Malawi,” *African Journal of Reproductive Health* 26, no. 7 (2022): 112–126, <https://doi.org/10.29063/ajrh2022/v26i7.12>.

37. H. Z. G. Yazdi, H. A. Sharbaf, H. Kareshki, and M. Amirian, “Infertility and Psychological and Social Health of Iranian Infertile Women: A Systematic Review,” *Iranian Journal of Psychiatry* 15, no. 1 (2020): 67–79.

38. A. Batoool, R. S. Bajwa, S. Farooq, and M. Ayub, “The Impact of Marital Instability and Psychological Distress on Quality of Life Among Married Women, Pakistan,” *Pakistan Journal of Humanities and Social Sciences* 11, no. 2 (2023): 2379–2386, <https://doi.org/10.52131/pjhss.2023.1102.0536>.

39. N. Shahrahmani, S. Mollazadeh, A. Taghipour, M. Mahmoudinia, and R. L. Roudsari, “The Impact of Emotion-Focused Counseling on Marital Issues of Infertile Couples: A Systematic Review,” *Journal of Midwifery & Reproductive Health* 11, no. 4 (2023).

40. B. S. Pereira, R. S. Martins, C. B. Brito, and P. A. Pereira, “Influence of Psychosocial Factors on the Effectiveness of Infertility Treatments,” *Acta Obstétrica e Ginecológica Portuguesa* 14, no. 4 (2020): 208–216.

41. F. Akpınar, S. Yılmaz, E. Karahanoglu, et al., “Intimate Partner Violence in Turkey Among Women With Female Infertility,” *Sexual and Relationship Therapy* 34, no. 1 (2019): 3–9, <https://doi.org/10.1080/14681994.2017.1327711>.

42. R. Öztürk, K. Herbell, J. Morton, and T. Bloom, “‘The Worst Time of My Life’: Treatment-Related Stress and Unmet Needs of Women Living With Infertility,” *Journal of Community Psychology* 49, no. 5 (2021): 1121–1133.

43. S. M. Arhin, K. B. Mensah, E. K. Agbeno, et al., “Pharmacotherapy of Infertility in Ghana: Why Do Infertile Patients Discontinue Their Fertility Treatment?” *Plos One* 17, no. 10 (2022): e0274635, <https://doi.org/10.1371/journal.pone.0274635>.

44. N. Kalorath and T. Mukherjee, “Psychological Aspects of Infertility: A Comparative Study,” *Indian Journal of Social Psychiatry* 36, no. 4 (2020): 321–326, https://doi.org/10.4103/ijsp.ijsp_21_20.

45. Z. Khezri, S. A. Hassan, and M. H. M. Nordin, “Factors Affecting Marital Satisfaction and Marital Communication Among Marital Women: Literature of Review,” *International Journal of Academic Research in Business and Social Sciences* 10, no. 16 (2020): 220–236, <https://doi.org/10.6007/ijarbss/v10-i16/8306>.

46. S. Dierickx, L. Rahbari, C. Longman, F. Jaiteh, and G. Coene, “‘I Am Always Crying on the Inside’: A Qualitative Study on the Implications of Infertility on Women’s Lives in Urban Gambia,” *Reproductive Health* 15 (2018): 1–11, <https://doi.org/10.1186/s12978-018-0596-2>.

47. R. Öztürk, T. L. Bloom, Y. Li, and L. F. Bullock, “Stress, Stigma, Violence Experiences and Social Support of US Infertile Women,” *Journal of Reproductive and Infant Psychology* 39, no. 2 (2021): 205–217.

48. M. M. Ndaware and H. Danjuma, “Modeling Determinants of Marital Instability in Taraba State of Nigeria,” *International Journal of Advanced Multidisciplinary Research and Studies* 3, no. 6 (2023): 897–901.

49. B. Leeners, S. Tschudin, T. Wischmann, and D. R. Kalaitzopoulos, "Sexual Dysfunction and Disorders as a Consequence of Infertility: A Systematic Review and Meta-Analysis," *Human Reproduction Update* 29, no. 1 (2023): 95–125, <https://doi.org/10.1093/humupd/dmac030>.
50. B. Ali, M. Touseef, U. Niaz, et al., "Silent Suffering: A Qualitative Study on the Impact of Infertility on the Social and Psychological Health of Women in District Faisalabad, Pakistan, and its Socio-Cultural Factors," *Journal of Positive School Psychology* 7, no. 6 (2023): 330–349.
51. S. Mete, S. Fata, and M. Aluř Tokat, "Feelings, Opinions and Experiences of Turkish Women With Infertility: A Qualitative Study," *Health Informatics Journal* 26, no. 1 (2020): 528–538, <https://doi.org/10.1177/1460458219839628>.

Supporting Information

Additional supporting information can be found online in the Supporting Information section. (*Supporting Information*)

Table S1 summarised key study characteristics, including author, year, country, study design, and key findings, whereas Figure 1 provided a vivid description of the study characteristics utilised.