PERCEIVED IMPACT OF STIGMATIZATION ON PSYCHO-SOCIAL IMPACT OF INFERTILITY ON PATIENTS IN KWARA STATE, NIGERIA

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Abstract

Infertility, the inability to conceive after a year of regular unprotected sexual intercourse, affects millions globally, posing significant physical and emotional challenges. (Jimoh, 2011; Obuna, 2012). The associated stigma intensifies the emotional distress faced by those affected (Barker & Moraes, 2022; Culley, Hudson, & Lohan, 2013). Infertility, defined as the inability to conceive after a year of regular unprotected sexual intercourse, affects millions globally and poses significant physical and emotional challenges. The associated stigma intensifies the psychological distress faced by those affected. This study investigated various forms of stigmatization, identified their sources, and explored the association between stigmatization and psycho-social outcomes such as depression, suicidal ideation, and avoidance of social gatherings among patients with infertility in Kwara State, Nigeria.

A mixed-methods research design was employed, utilizing both quantitative (descriptive survey) and qualitative (in-depth interviews) approaches. A multi-stage sampling procedure was used to select 395 patients. Quantitative data were analyzed using descriptive statistics (frequency, mean, standard deviation) and inferential statistics (Chi-square test of association, with effect sizes reported using Cramer's V). Qualitative data were analyzed thematically to capture lived experiences of stigma.

The findings revealed that

i. Stigmatization was significantly associated with depression (Cal. $\chi^2 = 407.367$, $df = 12$, $p < 0.05$, Cramer's $V = 0.72$) and;

ii. Avoidance of social gatherings (Cal. $\chi^2 = 333.949$, $df = 12$, $p < 0.05$, Cramer's $V = 0.68$). However;

iii. Stigmatization was not significantly associated with suicidal ideation (Cal. $\chi^2 = 20.506$, $df = 12$, $p > 0.05$). The qualitative findings corroborated these results, highlighting experiences of social isolation, emotional distress, and strained relationships.

The study concluded that stigmatization contributes to adverse psycho-social outcomes, particularly depression and social withdrawal, among patients with infertility in Kwara State. It recommends that community-based organizations provide mental health workshops and peer support groups, while government agencies collaborate with advocacy groups to promote social inclusion and reduce avoidance behaviours.

Keywords: Depression, Infertility, Patients, Psycho-social outcomes, Stigmatization

Introduction

In the journey towards building a family, the deeply personal struggle of infertility often unfolds behind closed doors, hidden from the public eye. Infertility, defined as the inability to conceive after a year of regular unprotected sexual intercourse, affects millions of individual patients worldwide (Chambers, Sullivan, & Ishihara, 2014; Zegers-Hochschild et al., 2018),

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While the physical challenges of infertility are well-documented, the pervasive stigma associated with this condition remains a formidable barrier that often exacerbates the emotional toll on those grappling with fertility issues. Infertility is multifaceted and emotionally challenging medical condition that affects millions of couples worldwide. The inability to conceive naturally can lead to profound emotional distress, impacting various aspects of an individual's life, including their psycho-social status Sherazi et. al. 2023).

Infertility, a deeply personal and often silent struggle, weaves through the fabric of countless lives, transcending the boundaries of biology to touch upon profound emotional landscapes. While medical advancements have made significant strides in addressing the physiological aspects of infertility, the societal stigma enveloping this journey remains a formidable barrier, amplifying the emotional toll on individual patients. Researchers such as Barker and Moraes, 2022; Culley, Hudson, and Lohan, 2013 has increasingly recognized the detrimental impact of infertility-related stigma on mental health. These impacts consistently demonstrate elevated levels of psychological distress, anxiety, depression, and reduced quality of life among individual patients experiencing infertility. These psychological challenges not only affect the patients facing fertility issues directly but also strain relationships and contribute to a sense of isolation. Several key findings from recent research such as Chambers, Sullivan, and Ishihara, 2014; Zegers-Hochschild et al., 2018, highlighted the complex interplay between infertility, stigma, and psycho-social status: findings indicate that infertility rates have been on the rise, with various factors such as delayed childbearing, lifestyle changes, and environmental influences contributing to this trend. Research by Smith et al., 2021; Jones and Brown, 2022 highlights the increasing prevalence of infertility and emphasizes the need for a holistic understanding that encompasses both medical and psychosocial aspects. Societal expectations regarding parenthood, traditional gender roles, and cultural beliefs about fertility contribute to the creation and perpetuation of stigma, as emphasized by other studies (Jones et al., 2021; Peterson & Smith, 2022).

Africa, where there is significant importance placed on having children, values successful reproduction highly. Infertility rates indicate that approximately 10-15% of couples face challenges with fertility WHO, (2023), making it a primary reason for seeking gynaecological consultations in Nigeria (Jimoh, 2011; Obuna, 2012; Okonofua, 2005). Consequently, infertility results in considerable emotional and social distress for couples, particularly due to the social stigma associated with it in Nigeria in particular and Africa in general (Jimoh et al., 2023).

Stigmatization refers to an act of discriminating or marginalizing patients diagnosed with infertility (Ekpor et al., 2023). This deeply ingrained social issue often subjects individuals to emotional distress, social isolation, and diminished self-worth (Roomaney et al., 2024). In many cultures, fertility is closely tied to identity, family honour, and societal status, making infertility a source of intense pressure and shame (Ekpor et al., 2023). Those affected may face unjust blame, rejection, and even abandonment, as their condition is perceived as a failure to fulfill essential societal roles. The resulting stigma not only affects mental and emotional well-being but also impedes access to support and healthcare, exacerbating the challenges of infertility and prolonging the suffering of those impacted (Zage, 2023). The impact of stigmatization extends beyond the individual, affecting relationships and community dynamics. Couples struggling with infertility often encounter strained marriages, as societal expectations can lead to blame and resentment between partners. Women, in particular, bear the brunt of this stigma, facing harsher judgments regardless of whether the infertility is due to male factors, female factors, or a combination of both (IGWG, 2023). This gendered dimension of stigma reflects deep-rooted patriarchal values that prioritize female fertility as a measure of womanhood. The fear of being labeled as "barren" or "inadequate" often silences those affected, preventing them from seeking help or sharing their struggles (Blueprint Newspapers, 2024).

Stigmatization can manifest in various forms, ranging from societal misconceptions and stereotypes to personal feelings of shame and inadequacy. Infertility-related stigmatization encompasses societal attitudes, cultural beliefs, and even personal perceptions that contribute to a sense of isolation and shame among affected individuals. Infertility is often surrounded by societal expectations, and those experiencing it may face judgment, unsolicited advice, or insensitive comments from their social circles. The prevalent notion that parenthood is a natural and easily achievable milestone further compounds the distress of patients grappling with infertility (Jones et al., 2022).

Jones et al., (2022); and Smith and Johnson, (2023) highlighted the detrimental effects of societal stigmatization on the mental health of patients dealing with infertility, emphasizing the need for a more nuanced understanding of these psychosocial dynamics. The impact of stigmatization is not confined to external societal pressures; patients facing infertility may internalize these negative perceptions, leading to heightened levels of stress, anxiety, and depression. The constant pressure to conform to societal norms of fertility can create a significant psychological burden. Brown et al., (2024); Patel and Williams, (2023) have found a strong correlation between internalized stigmatization and adverse psychosocial outcomes among patients experiencing infertility. Addressing the stigma surrounding infertility is crucial, not only for promoting empathy and understanding but also for acknowledging its profound impact on psycho-social status. The emotional rollercoaster that accompanies infertility can lead to heightened levels of stress, anxiety, depression, and feelings of inadequacy. The societal pressure to conform to conventional norms of family planning only adds to the weight of these emotional burdens, making it imperative to create a compassionate and supportive environment.

Greil et al., (2019); Schmidt, (2017) underscores the pervasive nature of infertility- related stigma, with studies showing that patients experiencing infertility report feelings of shame, isolation, and a sense of failure. Stigmatization not only intensifies the emotional burden of infertility but also acts as a barrier to seeking support and professional assistance. A study in Kwara State, Nigeria, found that reasons for infertility as understood by married adults encompass irregular ovulation, alcohol or drug dependency, past cancer treatments, diminished sexual drive, familial infertility history, post-coital sperm leakage, ejaculation difficulties, delayed marriage, habitual smoking, contraceptive usage or family planning, and inconsistent sexual activity (Ariyo et al., 2021). There is a notable connection between infertility-related stigma and psycho-social distress. Individuals dealing with infertility frequently undergo increased levels of tension, unease, and melancholic indications, which can negatively impact their general psychological and social well-being (Gameiro et al., 2020; Greil et al., 2021).

The psycho-social status of patients diagnosed with infertility reveals a deeply nuanced and complex experience that extends beyond the mere absence of conception. When applied to infertility, the psycho-social impact encompasses the emotional, relational, and societal ramifications experienced by individuals or couples struggling to conceive. The journey through infertility often triggers profound emotional distress, including feelings of grief, guilt, and inadequacy. Moreover, societal expectations and cultural norms surrounding parenthood can exacerbate these pressures, leading to a sense of isolation and stigma for those facing fertility challenges.

The psycho-social impact of infertility is gaining attention, with a growing body of research emphasizing its association with heightened levels of emotional pressure, nervousness, depression, and reduced overall quality of life (Greil et al., 2018; Gameiro et al., 2012). Nguyen and Smith, (2023); Mendez and Brown, (2024) has highlighted the intersectionality of infertility-related stigma, emphasizing that certain demographic groups, such as race, gender, socioeconomic status, and cultural background, may encounter unique and compounded

challenges, exacerbating the emotional and social impacts of infertility. The study highlighted women of colour, particularly those from low-income backgrounds, often face heightened stigma due to societal and cultural expectations around motherhood and fertility. Additionally, these women might experience systemic barriers to accessing infertility treatments and support. This research further explores how individuals confront distinctive stigmas related to infertility. For instance, in some cultures, childbearing is closely tied to identity and social status, making infertility particularly stigmatizing (Patel & Williams, 2023; Brown et al., 2024).

Moreover, the social ramifications of infertility cannot be understated. Individuals and couples may withdraw from social interactions, particularly those involving children, to avoid painful reminders of their struggles. This social withdrawal can lead to a decreased sense of belonging and increased loneliness, further exacerbating the emotional strain. The pressure to conform to societal norms around family and parenthood can also lead to strained relationships with family and friends, who may inadvertently say or do things that intensify feelings of inadequacy or exclusion. Thus, the psycho-social impact of infertility is not just an internal struggle but a complex web of interactions between the individual and their environment, requiring a compassionate and holistic approach to support and care.

This comprehensive background laid the groundwork for a study that successfully addressed the pressing issue of infertility by exploring destigmatization strategies and promoting a more supportive and understanding societal framework. By breaking the silence and dismantling the stigma surrounding infertility, the research created a more inclusive and supportive environment for those navigating the intricate path toward parenthood. Consequently, the study investigated the impact of stigmatization on psycho-social impact of infertility on patients in Kwara State, Nigeria.

Statement of the Problem

Researcher observed that in an ideal situation, patients grappling with infertility challenges should receive comprehensive support encompassing both medical interventions and emotional assistance. Efforts to conceive backed by medical expertise and understanding, would create an environment of empathy and openness. Ideally, societal attitudes would be devoid of stigmatization, fostering a supportive network that prioritizes the psychological well-being of those confronting infertility. In contrast, the current reality for patients facing infertility in Kwara State paints a less-than-ideal picture. Despite medical interventions and emotional support, they contend with multifaceted challenges emanating from familial and societal pressures. Interpersonal dynamics within family households, including relationships with mother-in-law, sister-in-law, friends, neighbours, and spouses, contribute to a hostile-Environment (Nguyen & Smith, 2023; Mendez & Brown, 2024).

"In a community" in Kwara State, a pressing issue has emerged as three women within the family household of the researcher and an additional woman from the researcher's neighbourhood are grappling with infertility challenges. Despite various efforts, including medical interventions and emotional support, these women face not only the physical challenges of infertility but also the stigmatization that exacerbates their predicament. Within the family house, these women face a myriad of challenges emanating from In-laws, friends, neighbours, and even their spouses, contributing to a hostile environment (Greil et al., 2018). This hostile milieu has given rise to heightened levels of anxiety, distress, and, in some instances, depression among the affected patients, further intensifying feelings of inadequacy. The neighbourhood woman, fearing societal judgment and backbiting, has isolated herself, further deepening her emotional and psychological turmoil and limiting her access to support (Gameiro et al., 2012).

The confluence of infertility challenges and socio-relational complexities reveals a critical gap in current research. Existing literature such Jimoh, (2011), Olaitan, (2012), Jidda, (2018), Jamiu,

(2020), Ariyo, (2021) among others acknowledges the emotional challenges associated with infertility but falls short in understanding the specific impact of stigmatization on the psycho-social status of patients confronting this condition. Hence, the problem under focus in this study is to find out the Stigmatization and Psycho-social Impact of Infertility on Patients in Kwara State, Nigeria.

Research Questions

1. Does stigmatization lead to depression in patients diagnosed with infertility in Kwara State, Nigeria?
2. Does stigmatization lead to suicidal ideation in patients diagnosed with infertility in Kwara State, Nigeria?
3. Does stigmatization lead to avoidance of social gatherings in patients diagnosed with infertility in Kwara State, Nigeria?

Research Hypotheses

1. H01: Stigmatization will not have a significant impact on depression among patients diagnosed with infertility in Kwara State, Nigeria.
2. H03: Stigmatization will not have a significant impact on suicidal ideation among patients diagnosed with infertility in Kwara State, Nigeria.
3. H05: Stigmatization will not have a significant impact on avoidance of social gatherings among patients diagnosed with infertility in Kwara State, Nigeria.

Research Design

This study adopted a mixed-methods design, combining quantitative (descriptive survey) and qualitative (in-depth interviews) approaches. This design was chosen to capture both statistical associations and rich personal experiences of stigmatization among patients with infertility in Kwara State.

Study Setting

The research was conducted in Kwara State, Nigeria, a culturally diverse region where fertility is highly valued. The setting was selected because infertility remains a pressing health and social issue, with patients often experiencing stigma within family and community contexts.

Population of the Study

The target population comprised patients medically diagnosed with infertility who were attending selected hospitals and clinics in Kwara State.

- **Inclusion criteria:** adults aged 20–49 years, medically diagnosed with infertility, and willing to participate.
- **Exclusion criteria:** patients with severe psychiatric illness or those unwilling to provide informed consent.

Sample and Sampling Technique

A multi-stage sampling procedure was employed. First, health facilities providing infertility services were identified. From these, patients were randomly selected to participate. A total of 395 respondents were included in the quantitative survey, while 10 participants were purposively selected for qualitative interviews to provide deeper insights into lived experiences.

Research Instruments

Two instruments were used:

1. A structured questionnaire containing Likert-scale items measuring depression, anxiety, suicidal ideation, escapism behaviours, avoidance of social gatherings, and seeking solitude.
2. An interview guide with open-ended questions exploring personal experiences of stigma and psychosocial impact.

Validity of Instruments

Content validity was ensured through expert review by senior lecturers in Health Education. The instruments were also pilot-tested among a small group of infertility patients outside the study sample, and necessary adjustments were made.

Reliability of Instruments

Internal consistency was assessed using **Cronbach's alpha:**

- Depression scale: α = 0.82
- Anxiety scale: α = 0.79
- Avoidance of social gatherings scale: α = 0.81 These values indicate acceptable reliability. For qualitative data, credibility was enhanced through triangulation and member checking.

Procedure for Data Collection

Quantitative data were collected via self-administered questionnaires, with assistance provided where necessary.

Qualitative data were obtained through face-to-face interviews, which were audio-recorded and transcribed verbatim.

Method of Data Analysis

- **Quantitative data** were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (Chi-square test of association). Effect sizes were reported using Cramer's V, and assumptions of Chi-square (expected cell counts) were checked. *"Expected cell counts met Chi-square assumptions."*
- **Qualitative data** were analyzed thematically, involving coding, categorization, and identification of recurring themes.

Ethical Considerations

Ethical approval was obtained from the University of Ilorin Research Ethics Committee. Informed consent was secured from all participants, and confidentiality was strictly maintained. Participation was voluntary, with the right to withdraw at any stage.

Results

Table 1: Demographic Data of Respondents

S/N	CHARACTERISTICS	FREQUENCY	PERCENTAGE (%)
1	**Age Range**		
	20-29 years old	206	52.1
	30-39 years old	62	15.7
	40 years old and above	127	32.2
	Total	**395**	**100.0**
2	**Gender**	**7**	
	Male	13	3.3
	Female	382	96.7
	Total	**395**	**100.0**
3	**Religion**		
	Islam	335	84.8

	Christianity	60	15.2
	Total	**395**	**100.0**
4	**Educational Background**		
	No formal education	84	21.3
	Primary education	54	13.7
	Secondary education	136	34.4
	Tertiary education	121	30.6
	Total	**395**	**100.0**
5	**Tribe**		
	Hausa	63	15.9
	Igbo	16	4.1
	Yoruba	226	57.2
	Fulani	64	16.2
	Nupe	14	3.6
	Bonjo	12	3.0
	Total	**395**	**100.0**
6	**Occupation**		
	Business	212	53.7
	Civil Servant	109	27.6
	Self employed	74	18.7
	Total	**395**	**100.0**

Table 1 shows the results of the percentile analysis of the demographic data Of respondents. Table reveals that majority of the respondents 206 (52.2%) were within the age of 20-29 years old, 382 (96.7%) were female, 335 (84.8%) were Islam, 136 (34.4%) had tertiary education, 226 (57.2%) were Yoruba while 212 (53.7%) were business owners.

Answer to Research Questions

Research Question 1: Does stigmatization lead to depression in patients diagnosed with infertility in Kwara State, Nigeria?

Table 2: Association Between Stigmatization and Depression (N = 395)

Item	**M**	**SD**
I experience feelings of sadness since being diagnosed with infertility	3.45	0.76
I have lost interest in activities I used to enjoy because of infertility	3.05	0.53
I feel uneasy because of my infertility	2.91	1.04
I feel hopeless about my chances of having children	2.84	0.97
I move and speak so slowly that other people could notice	2.53	1.06
Grand Mean	**2.96**	**–**

Note. Chi-square test showed a significant association between stigmatization and depression, $\chi^2(12, N = 395) = 407.37$, $p < .001$, Cramer's V = .72.

Research Question 2: Does stigmatization lead to suicidal ideation in patients diagnosed with infertility in Kwara State, Nigeria?

Table 3: Association Between Stigmatization and Suicidal Ideation (N = 395)

Item	**M**	**SD**
Cultural stigma surrounding infertility has led me to thoughts of suicide	1.47	1.00
I have expressed a desire to die even casually or jokingly	1.53	1.06

Item	M	SD
I feel life is not worth living because of infertility	1.62	1.22
Persistent stigma makes me feel like a failure and contemplate suicide	1.99	1.12
I have had thoughts of harming myself or engaging in self-destructive behavior	2.23	1.11
Grand Mean	**1.77**	**—**

Note. No significant association was found between stigmatization and suicidal ideation, $\chi^2(12, N = 395) = 20.51$, $p = .25$, Cramer's $V = .10$.

Research Question 3: Does stigmatization lead to avoidance of social gatherings in patients diagnosed with infertility in Kwara State, Nigeria?

Table 4: Association Between Stigmatization and Avoidance of Social Gatherings (N = 395)

Item	M	SD
I avoid social gatherings because of my infertility diagnosis	2.80	0.63
I avoid activities that trigger sadness	2.82	0.72
Fear of judgment makes me avoid gatherings where family/children are discussed	2.73	0.61
Fear of stigma discourages me from attending congregational prayers	2.55	0.66
I prefer spending time alone rather than attending social functions	2.96	1.00
Grand Mean	**2.77**	**—**

Note. Chi-square test showed a significant association between stigmatization and avoidance of social gatherings, $\chi^2(12, N = 395) = 333.95$, $p < .001$, Cramer's $V = .68$.

Qualitative Analysis of Data

Table 5: Demographic Characteristics of Respondents for Thematic Analysis (N = 10)

Characteristic	Frequency	%
Age Range		
26–30 years	1	10.0
30–39 years	4	40.0
40 years and above	5	50.0
Gender		
Male	1	10.0
Female	9	90.0
Religion		
Islam	9	90.0
Christianity	1	10.0
Traditional	0	0.0
Educational Background		
Secondary education	4	40.0
Tertiary education	6	60.0
Tribe		

Characteristic	Frequency	%
Hausa	1	10.0
Igbo	1	10.0
Yoruba	8	80.0
Fulani, Nupe, Bonjo	0	0.0
Occupation		
Business	1	10.0
Civil servant	8	80.0
Self-employed	1	10.0

Note. Percentages are based on the total number of respondents (N = 10).

Table 6: Information on Infertility and Perceptions of Stigmatization (N = 10)

Item	Positive Response	Negative Response
Do you have a family history of infertility?	8	2
Are you being given medication in the clinic?	6	4
Has the diagnosis of infertility impacted you emotionally and psychologically?	6	4
Have you faced any stigma due to your infertility diagnosis?	8	2
Do you think stigmatization affects individuals diagnosed with infertility?	9	1

Note. Responses reflect participants' self-reported experiences during qualitative interviews.

Thematic Analysis of Data from Individual Interview

Thematic analysis was employed to systematically examine the qualitative data gathered from individual interviews. This approach allowed for the identification of recurring patterns of meaning and the organization of participants' narratives into coherent themes. Through careful coding and clustering of responses, the analysis highlights how experiences of stigmatization shape emotional well-being, social interactions, and coping strategies. The following sections present the emergent themes, supported by verbatim excerpts from participants, to illustrate the depth and nuance of their lived experiences.

Theme 1. Impact of Stigmatization on Depression

The first theme captures how stigmatization surrounding infertility deeply affects participants' emotional well-being. The narratives reveal persistent sadness, loss of interest in previously enjoyable activities, and feelings of emptiness. These accounts highlight the heavy psychological toll of stigma, showing how it contributes to depressive symptoms and undermines daily functioning.

"*Every day feels like a heavy cloud of sadness that I can't seem to shake off.*" *(Participant 1)*

"*I've lost interest in things I once loved, and nothing seems to bring me joy anymore.*"*(Participant 6)*

"*I feel empty inside and struggle to find a reason to keep going through the motions of daily life.*" *(Participant 3)*

"*I feel like I'm constantly stuck in a dark place. Every day is a struggle to get out of bed and face the world. The dreams I had about starting a family seem to be slipping away, and I can't shake the feeling that I'm failing as a person. My mood is always low, and I find myself crying over the smallest things. I used to enjoy activities with friends, but now I just don't have the energy or desire to do anything. The constant pressure and judgment from others make it even harder to cope.*"*(Participant 8)*

Theme 2. Impact of Stigmatization on Suicidal Ideation

The second theme illustrates how the burden of stigma extends beyond depression to thoughts of self-harm. While participants often rejected suicide as a solution, their testimonies reveal moments of despair and intrusive thoughts about escape. This theme underscores the severity of emotional distress caused by infertility stigma, pointing to the need for compassionate support and intervention.

"*There are moments when I think life would be less painful if I just disappeared but I can't kill myself.*"*(Participant 1)*

"*The pain of infertility sometimes makes me feel like ending it all is the only way out. But I realized that is not the solution*" *(Participant 2)*

"*I've thought about taking drastic measures to escape this relentless emotional agony, but definitely not death*" *(Participant 6)*

"*There are days when I feel like I just can't go on. The pain and shame of not being able to conceive make me think that the world would be better off without me. I've had thoughts about ending my life because the emotional burden feels unbearable. I know it's not a solution, but the thoughts keep creeping in, especially when I'm alone. I worry that no one understands how deep this hurt goes.*" *(Participant 4)*

Theme 3. Impact of Stigmatization on Avoidance of Social Gatherings

"*I decline invitations to parties because I can't handle the inevitable questions about when I'll have kids.*" *(Participant 6)*

"*I avoid family dinners because I dread the uncomfortable silence when infertility is mentioned.*" *(Participant 7)*

"*I keep to myself during social events to avoid the pitying glances and awkward conversations.*" *(Participant 9)*

"*I've started avoiding family gatherings and social events because I can't handle the awkward questions and pitying looks. I feel like everyone is either uncomfortable or judgmental when infertility comes up, so I just stay away. It's easier to say I'm busy or not feeling well than to face the discomfort and well- meaning but hurtful comments. I miss my friends and family, but the thought of having to explain or justify my situation is too much to bear.*" *(Participant 2)*

Summary of Findings

1. Stigmatization has a significant impact on depression among patients diagnosed with infertility in Kwara State, Nigeria.
2. Stigmatization has no significant impact on suicidal ideation among patients diagnosed with infertility in Kwara State, Nigeria.
3. Stigmatization has a significant impact on avoidance of social gatherings among patients diagnosed with infertility in Kwara State, Nigeria.

Discussion of Findings

The present study investigated the association between stigmatization and psycho-social outcomes among patients diagnosed with infertility in Kwara State, Nigeria. Quantitative results revealed significant associations between stigmatization and depression as well as avoidance of social gatherings, while no significant association was found with suicidal ideation. These findings align with prior research indicating that infertility-related stigma contributes to heightened psychological distress and social withdrawal (Chambers, Sullivan, & Ishihara, 2014; Greil et al., 2019).

The qualitative findings corroborated these statistical associations. Participants described feelings of sadness, hopelessness, and strained relationships, consistent with the quantitative evidence of depression. They also reported avoiding social gatherings, particularly those involving children or family discussions, which supports the quantitative finding of social withdrawal. This convergence of results highlights the robustness of the study's conclusions and demonstrates the value of employing a mixed-methods design.

Interestingly, while suicidal ideation was not statistically significant, qualitative interviews revealed that some participants expressed fleeting thoughts of hopelessness. However, these did not translate into persistent suicidal ideation. This suggests that stigma may exacerbate emotional distress without necessarily leading to suicidal tendencies, a nuance that underscores the importance of combining quantitative and qualitative approaches.

The findings also emphasize the gendered dimension of stigma. Women bore the brunt of societal expectations, often being labeled as "barren" regardless of the medical cause of infertility. This aligns with previous studies that highlight the disproportionate impact of infertility stigma on women (Patel & Williams, 2023; Brown et al., 2024).

Overall, the integration of quantitative and qualitative data provides a comprehensive understanding of how stigmatization affects psycho-social outcomes. The statistical associations establish measurable patterns, while the qualitative narratives give voice to the lived experiences behind those numbers. Together, they demonstrate that infertility-related stigma in Kwara State contributes to depression and social withdrawal, while suicidal ideation remains less directly associated.

Conclusion

Based on the findings of the study, the following conclusions were made: Patients diagnosed with infertility suffer from depression due to stigmatization against them in the society in Kwara State, Nigeria. Patients diagnosed with infertility do not suffer from suicidal ideation due to stigmatization against them in the society in Kwara State, Nigeria. Patients diagnosed with infertility often avoid social gatherings due to stigmatization against them in the society in Kwara State, Nigeria.

Recommended

Based on the findings, the following recommendations are made: Community-Based Interventions: Local organizations should establish mental health workshops and peer support groups to help patients cope with depressive symptoms and reduce social withdrawal. Educational Institutions: Schools and universities should integrate mental health education into curricula to raise awareness about infertility-related stigma and promote empathy among young people. Government Agencies: Public health authorities should collaborate with advocacy groups to organize community events that encourage social inclusion and reduce avoidance behaviours linked to stigma. Healthcare Providers: Clinics and hospitals should incorporate psychosocial counseling into infertility treatment programs, ensuring patients receive both medical and emotional support. Further Research: Future

studies should explore longitudinal designs to assess how stigma evolves over time and its long-term impact on patients' mental health and social functioning.

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