Psychosocial Effects of Infertility at Sally Mugabe Hospital in Harare, Zimbabwe By Tinotenda Manyere, Cambridge IVF Recommendations Results

Background

Infertility affects 17.5% of adults globally and imposes a heavy psychosocial toll, especially in resource-limited settings (World Health Organization, 2023). In Zimbabwe, fertility is often tied to identity, marriage, and social value (Chikwature & Oyedele, 2022). Women typically face more psychological pressure, while men also experience stigma and reduced self-worth (Mushonga, 2021). Consequences include depression, anxiety, relationship conflicts, and social rejection (Ncube et al., 2020). However, psychosocial support services remain largely unavailable in public hospitals (Gonese & Makuyana, 2024). This study investigates these effects at Sally Mugape Hospitals.

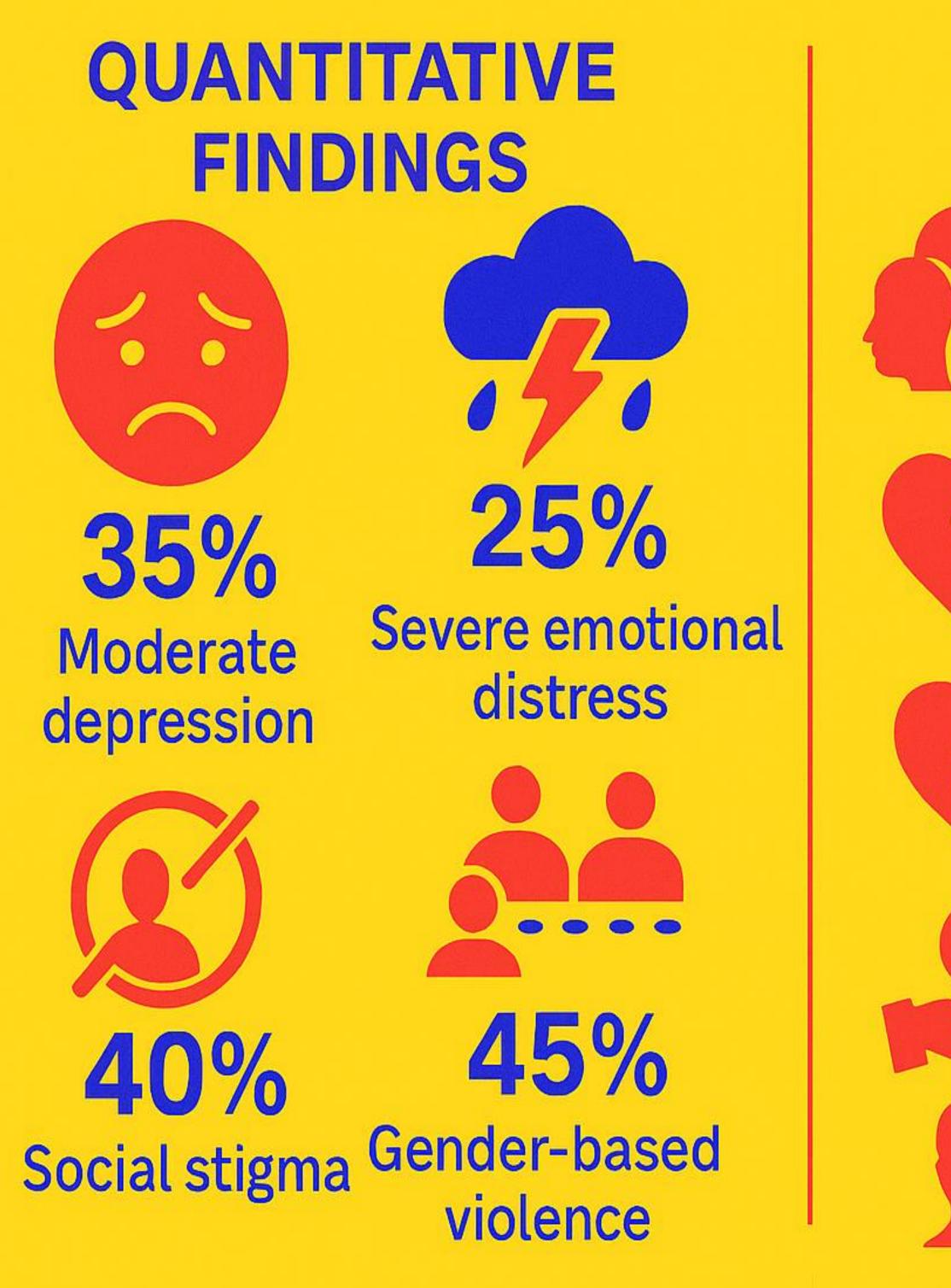
Aim

To explore the psychosocial effects of infertility among patients at Sally Mugape Hospitals using a mixed-methods approach.

Methodology

- This mixed-methods study employed both quantitative and qualitative data collection.
- Population: 264 adults (18-49 years)
- administered to 264 Surveys were participants and included standardized psychological scales, such as the **Depression Anxiety Stress Scales** (DASS), to assess emotional distress
- Fifteen (15) In-depth interviews were conducted with a purposively sampled subgroup.
- Stratified purposive sampling ensured diverse representation of gender and age.

The findings are summarized below starting with quantitative by qualitative. 35% experienced followed moderate depression, 25% severe emotional distress, 40% faced social stigma, and 45% reported gender-based violence. Interviews revealed stigma, marital tension, isolation, cultural pressure, and lack of counselling support.



Conclusion

The study concludes that infertility causes profound psychosocial distress, negatively affecting individuals' emotional wellbeing, intimate relationships, and overall social integration. The findings highlight a significant gap in mental health and counselling services for those facing infertility, particularly in public healthcare settings like Sally Mugabe Hospital.

QUALITATIVE FINDINGS

Social stigma and community rejection

> Marital tension and blame dynamics

Feelings of inadequacy, guilt, and isolation

Religious and cultural pressure to conceive

Lack of supportive counselling services

Integrate psychological support into infertility treatment services Improve community awareness and education programs Train healthcare workers in empathetic counselling Develop support groups for affected individuals **Address cultural stigma through** targeted interventions Establish mental health screening protocols

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