International Journal of Developmental Issues in Education & Humanities
Bilingual Journal of the Faculty of Education, University of Buea
Volume 1, Issue 1 November–December 2025, pp. 224-236
DOI: https://doi.org/10.5281/zenodo.17846850

SOCIETAL REACTIONS AND THE PSYCHOSOCIAL DEVELOPMENT OF WOMEN EXPERIENCING INFERTILITY IN FAKO DIVISION, SOUTHWEST REGION

Sarah Namondo Ndive, Patrick Fonyuy Shey & Romeo Kinge Livenje
Department of Educational Psychology,
Faculty of Education, University of Buea. Cameroon.

Abstract

This study examined how societal reactions influence the psychosocial development of women experiencing infertility in Fako Division, Southwest region Cameroon. Using a convergent mixed-method design, quantitative data were collected from 354 community actors and qualitative data from five clinically diagnosed women suffering from infertility. Findings showed predominantly negative societal reactions, with 76.4% of respondents acknowledging stigma and discriminatory behaviours such as blame, mockery, marital instability, and exclusion from family activities. Chi-square tests revealed that age, sex, education, occupation, religion, and marital factors significantly shaped societal attitudes toward women suffering from infertility. Qualitative accounts further highlighted rejection by spouses and in-laws, emotional withdrawal from family members, and pressure to seek spiritual or traditional remedies. Regression analysis demonstrated a strong and significant effect of societal reactions on psychosocial development ($R = 0.595$, $p < 0.001$), explaining 86.60% of the variation. Conclusively, the study showed that negative societal responses profoundly undermine the emotional, social, and psychological wellbeing of women facing infertility, underscoring the need for community education and culturally sensitive support systems.

Keywords:

Societal Reactions, Psychosocial Development, Infertility, Fako Division, Southwest Region.

Copyright: © The Author(s), 2025. Published by **Faculty of Education, University of Buea**. This is an **Open Access** article, distributed under the terms of the Creative Commons Attribution 4.0 License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.
.

Résumé

Cette étude a examiné l'influence des réactions sociétales sur le développement psychosocial des femmes confrontées à l'infertilité dans le département de Fako, région du Sud-Ouest du Cameroun. Une méthodologie mixte convergente a permis de recueillir des données quantitatives auprès de 354 acteurs communautaires et des données qualitatives auprès de cinq femmes ayant reçu un diagnostic clinique d'infertilité. Les résultats ont révélé des réactions sociétales majoritairement négatives : 76,4 % des répondantes ont fait état de stigmatisation et de comportements discriminatoires tels que le blâme, les moqueries, l'instabilité conjugale et l'exclusion des activités familiales. Les tests du χ^2 ont montré que l'âge, le sexe, le niveau d'instruction, la profession, la religion et la situation matrimoniale influençaient significativement les attitudes sociétales envers les femmes souffrant d'infertilité. Les témoignages qualitatifs ont par ailleurs mis en lumière le rejet par le conjoint et la belle-famille, le repli sur soi vis-à-vis des membres de la famille et les pressions exercées pour recourir à des remèdes spirituels ou traditionnels. L'analyse de régression a démontré un effet important et significatif des réactions sociétales sur le développement psychosocial ($R = 0,595$, $p < 0,001$), expliquant 86,60 % de la variation. En conclusion, l'étude a montré que les réactions sociétales négatives nuisent profondément au bien-être émotionnel, social et psychologique des femmes confrontées à l'infertilité, soulignant ainsi la nécessité d'une éducation communautaire et de systèmes de soutien adaptés aux réalités culturelles.

Mots-clés : *Réactions sociétales, Développement psychosocial, Infertilité, Division de Fako, Région du Sud-Ouest.*

Introduction

Infertility remains a critical global health and social concern, particularly in societies where childbearing is closely tied to a woman's identity, social value, and psychological wellbeing. Although infertility has existed for centuries (Gerrity, 2001), contemporary evidence shows that societal expectations and cultural norms continue to exert substantial pressure on women who experience difficulties in conception (Ibisomi & Mudege, 2014; Ombelet, 2017). In many African settings, motherhood is more than a biological event it is a culturally ascribed achievement that validates womanhood, secures social belonging, and ensures continuity of lineage (Dennison, 2016; Dyer et al., 2004). Consequently, when a woman is unable to conceive, societal perceptions and reactions can shape not only her social experiences but also her psychological and emotional development.

Recent studies indicate that infertility in sub-Saharan Africa is commonly perceived as a woman's problem, which exposes affected women to disparaging social reactions including stigma, discrimination, marital instability, emotional neglect, and in extreme cases, physical abuse (Atijosan et al., 2019; Stellar et al., 2016). These societal responses often lead to psychological consequences such as depression, lowered self-esteem, social withdrawal, and heightened emotional distress (Hatamloye & Hashemi, 2012; Peterson et al., 2020). The psychosocial development of women defined broadly to include emotional, cognitive, relational, and social wellbeing can therefore be significantly disrupted when infertility is framed as personal failure (Kirca & Pasinoglu, 2013; Elshenrukh *et al.,* 2021). This is especially evident in highly pronatalist contexts where childbearing is linked to social

security, marital stability, and generativity in adulthood (Abbasi-Shavazi, 2006; Yao et al., 2018).

In Cameroon, particularly within the Southwest Region, infertility is not only medically challenging but also socially consequential. Pronatalist cultural norms remain strong, and infertile women are frequently perceived as incomplete, cursed, or responsible for family misfortune (Akinsola, 2013; Dyer et al., 2005). These perceptions intensify societal reactions such as ridicule, exclusion from cultural roles, and community-level stigma, all of which threaten women's psychosocial functioning. Recent findings show that infertility prevalence in the Southwest Region is relatively high, with a significant proportion of affected women experiencing preventable causes such as sexually transmitted infections (Tiagha et al., 2020). Despite the multifactorial causes of infertility, societal blame is disproportionately directed at women, thereby increasing their vulnerability to mental health difficulties, relational conflicts, and disruptions to identity formation (Karaca & Unsal, 2012; Greil et al., 2018).

Given these dynamics, understanding how societal reactions shape the psychosocial development of women experiencing difficulties in conception is critical within the Cameroonian context. While previous studies have examined stigma, cultural beliefs, or marital outcomes related to infertility, limited research has specifically explored how societal perceptions and reactions influence women's emotional growth, social functioning, self-concept, and overall psychosocial wellbeing in Fako Division. This gap underscores the need for targeted inquiry into how societal attitudes such as blame, exclusion, discrimination, or negative labeling affect infertile women's developmental trajectories.

Therefore, this article **investigates the impact of societal reactions toward women with infertility on their psychosocial development in Fako Division, Southwest Region of Cameroon.** Understanding this relationship is essential for informing culturally sensitive interventions, improving mental health outcomes, and reducing stigma for women facing infertility in pronatalist communities.

Methods

Study Site and Population

This study was conducted in Fako Division of the Southwest Region of Cameroon, an area characterized by diverse cultural norms, strong pronatalist beliefs, and marked societal expectations surrounding marriage and fertility. These sociocultural attributes make Fako Division a relevant setting for examining societal reactions toward women experiencing infertility. The study particularly focused on the Buea and Limbe subdivisions, selected for their large populations, ethnic diversity, and the presence of multiple religious, traditional, and community institutions known to shape societal norms and reactions. The populations within selected neighbourhoods Muea, Molyko, Great Soppo (Buea), and Moliwe, Bota, Mile 1 (Limbe) constituted the accessible study population. Two categories of participants were included:

a) **Women experiencing infertility**, who provided first-hand qualitative accounts of societal reactions and their psychosocial consequences.
b) **Community actors** including clergy, community leaders, traditional healers, elders, spouses, and gynaecological doctors who provided quantitative data reflecting *how society perceives and reacts* to women with infertility.

This population was purposively selected because they either:

- Directly experience societal reactions (women suffering from infertility), or
- Actively participate in the formation, enforcement, or interpretation of societal norms (community actors).

This combination ensured a comprehensive understanding of how societal judgments, behaviours, and responses influence the psychosocial development of women experiencing infertility in the Fako sociocultural context.

Data Collection

Data collection followed a convergent mixed-method approach, allowing the researcher to capture both community-level reactions and the lived psychosocial experiences of women experiencing infertility. The quantitative strand focused on societal reactions, while the qualitative strand explored how these reactions affect psychosocial development. Both strands were collected simultaneously to ensure that societal perceptions could be directly compared with the experiences reported by women suffering from infertility.

For the quantitative data collection, a semi-structured questionnaire was administered to 354 purposively selected community actors, including clergy, community leaders, traditional healers, spouses, elderly persons, and gynaecologists. This component aimed to quantify key dimensions of societal reactions to infertility, such as levels of societal awareness, prevailing perceptions and beliefs, attitudes and emotional responses toward women suffering from infertility, and the specific forms of reactions manifested within the community. These reactions included blame, stigma, social exclusion, discrimination, mockery, avoidance, and marital pressure. Sections B to F of the questionnaire consisted of Likert-scale items specifically developed to measure the nature and intensity of these societal reactions and to determine the extent to which respondents perceived such reactions to influence the psychosocial wellbeing of affected women. This quantitative tool was crucial for identifying dominant social norms, cultural attitudes, and behavioural patterns that infertile women must navigate within the Fako Division context.

The qualitative data collection was designed to complement the quantitative findings by providing deeper insights into the psychosocial consequences of societal reactions. A total of five in-depth interviews were conducted with women clinically diagnosed with infertility and receiving care in selected hospitals in Buea and Limbe. These interviews explored the women's personal encounters with societal judgments, including experiences of stigma, blame, ridicule, exclusion, or pressure from family and community members. Participants were encouraged to discuss their emotional and psychological responses to these reactions and to explain how such experiences shaped their psychosocial development, including their self-esteem, identity formation, social relationships, emotional stability, and coping patterns. The interviews were conducted in quiet hospital spaces to ensure privacy, comfort, and emotional safety. Each session lasted between 60 and 90 minutes, was audio-recorded with the participants' consent, and included close observation of non-verbal cues to capture emotional nuances that verbal responses alone could not convey. The interview guide consisted of open-ended questions specifically designed to elicit rich narratives on societal reactions and their developmental implications.

Together, the quantitative and qualitative data sets offered a comprehensive and complementary understanding of how society in Fako Division responds to infertility and how these reactions shape the psychosocial trajectories of the women who experience them.

Data Analysis

Prior to data analysis, the quantitative data were entered into a pre-designed EpiData Version 3.1 database, which incorporated built-in consistency and validation checks. Each questionnaire was assigned a serial number and coded to allow easy tracing of individual responses and to facilitate verification during the cleaning process. After data entry, the dataset was transferred to SPSS Version 23.0 for further range, consistency, and validation checks. Once all errors were corrected, the quantitative data were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics such as frequencies, percentages, and multiple-response analyses were used to summarize patterns of societal perceptions and reactions toward women suffering from infertility.

These summaries provided insight into the prevalence of stigma, discriminatory attitudes, exclusionary practices, and other forms of societal responses. Inferential statistics were then employed to determine associations between societal reactions and psychosocial outcomes. The Chi-square test was applied to compare societal attitudes across demographic groups, while Spearman's rho correlation assessed the strength and direction of the relationship between societal reactions and variables related to women's psychosocial development. Regression analysis was used to establish the predictive influence of societal perceptions on psychosocial wellbeing, and ANOVA was applied to evaluate the overall effect of societal reactions on women's psychosocial development.

Qualitative data from the in-depth interviews were analysed using thematic analysis to generate a deeper understanding of the psychosocial impact of societal reactions on women suffering from infertility. All interview recordings were transcribed verbatim, and field notes were reviewed to capture emotional expressions and non-verbal cues. Responses were then coded and sorted into themes that reflected participants' lived experiences of societal judgments, stigma, exclusion, and emotional distress. Themes and sub-themes were developed inductively to capture the nuances of how societal reactions shaped women's identities, relationships, coping strategies, and emotional wellbeing. Frequencies, quotations, and narrative descriptions were used to present the findings, with each theme considered equally important regardless of the number of participants who mentioned it. The integration of both quantitative and qualitative analyses allowed for a comprehensive interpretation of how community reactions operate at both structural and personal levels, and how these reactions collectively influence the psychosocial development of women experiencing infertility in Fako Division.

Results

The findings showed overwhelmingly negative societal reactions toward women experiencing infertility. Overall, 76.4% of respondents believed that societal reactions are largely negative, supported by a mean score of 3.02 on a 1–4 scale, indicating a high level of negative perception. A strong majority (92.7%) agreed that women face community pressure to conceive, and 80.5% reported that women are frequently blamed for infertility. Physical and social mistreatment were also widely acknowledged: 67.5% indicated that infertile women experience physical abuse, 74.0% agreed that some women are driven

from their homes, and 79.4% stated that women are maltreated by their husbands, in-laws, or the wider community. Additionally, 73.4% reported that women are mocked due to infertility, and 82.5% agreed that husbands often take another wife as a result of infertility. Denial of cultural rights was also noted, with 67.8% affirming that infertile women are excluded from such rights. Despite these negative pressures, 69.8% of respondents believed that women have access to health services related to infertility. Furthermore, 76.0% agreed that husbands tend to neglect their wives for failing to conceive. Collectively, these results reflect a pattern of strong societal stigma, discrimination, and emotional, social, and physical vulnerability experienced by women facing infertility table 1.

Table 1: Societal Reaction Towards Women Suffering from Infertility

	Stretched				Collapsed		Mean	SD
Items	**SD n (%)**	**D n (%)**	**A n (%)**	**SA n (%)**	**D/SD n (%)**	**SA/A n (%)**		
Women have easy access to health services regarding infertility	24 (6.8)	83 (23.4)	150 (42.4)	97 (27.4)	107 (30.2)	247 (69.8)	2.9	0.88
Women experience pressure to conceive from the community	10 (2.8)	16 (4.5)	126 (35.6)	202 (57.1)	26 (7.3)	328 (92.7)	3.47	0.71
Women are blamed for infertility	10 (2.8)	59 (16.7)	138 (39.0)	147 (41.5)	69 (19.5)	285 (80.5)	3.19	0.81
Infertile women are physically abused	28 (7.9)	87 (24.6)	158 (44.6)	81 (22.9)	115 (32.5)	239 (67.5)	2.82	0.87
A woman is driven from home due to infertility	21 (5.9)	71 (20.1)	167 (47.2)	95 (26.8)	92 (26.0)	262 (74.0)	2.95	0.84
Women maltreated by the community (husband, in-laws, etc.)	17 (4.8)	56 (15.8)	184 (52.0)	97 (27.4)	73 (20.6)	281 (79.4)	3.02	0.79
Society mocks women suffering from infertility	23 (6.5)	71 (20.1)	168 (47.5)	92 (26.0)	94 (26.6)	260 (73.4)	2.93	0.85
Husband marries another woman due to infertility	22 (6.2)	40 (11.3)	151 (42.7)	141 (39.8)	62 (17.5)	292 (82.5)	3.16	0.86
Women refused cultural rights by community	30 (8.5)	84 (23.7)	148 (41.8)	92 (26.0)	114 (32.2)	240 (67.8)	2.85	0.9
Husband neglects wife for not conceiving	28 (7.9)	57 (16.1)	172 (48.6)	97 (27.4)	85 (24.0)	269 (76.0)	2.95	0.87
Societal Reaction towards Women suffering from Infertility	213 (6.0)	624 (17.6)	1562 (44.1)	1141 (32.2)	837 (23.6)	2703 (76.4)	3.02	0.84

Key: SD= Strongly disagree, D=Disagree, A=Agree, and SA=Strongly agree, SD: Standard deviation

The chi-square analysis revealed that societal reactions toward women experiencing infertility were significantly influenced by multiple sociodemographic factors. Significant associations were found between societal reactions and age (χ^2 = 12.842, p = 0.005), sex (χ^2 = 0.07, p = 0.012), education level (χ^2 = 16.47, p = 0.045), occupation (χ^2 = 15.287, p = 0.018), and religion (χ^2 = 10.784, p = 0.009). Marital-related factors were also significant, including marital status (χ^2 = 13.206, p = 0.006), type of marriage (χ^2 = 6.914, p = 0.015), and duration of marriage (χ^2 = 5.8, p = 0.031). These results indicate that societal reactions to women with infertility vary significantly across different demographic and social categories.

Table 2: Societal Reaction Towards Women Suffering from Infertility

Societal Reaction towards Women suffering from Infertility						
Variables	**Category**	**D/SD n (%)**	**SA/A n (%)**	**Total based on response**	**Chi-square**	**p-value**
Age	18–30 years	256 (27.5)	674 (72.5)	930	12.842	**0.005**
	31–45 years	410 (36.6)	710 (63.4)	1120		
	46–60 years	340 (31.8)	730 (68.2)	1070		
	60+	118 (28.1)	302 (71.9)	420		
Sex	Male	271 (26.6)	749 (73.4)	1020	0.07	**0.012**
	Female	566 (22.5)	1749 (77.5)	2520		
Education	Primary	122 (33.0)	248 (67.0)	370	16.47	**0.045**
	Secondary	164 (27.3)	436 (72.7)	600		
	Post-secondary	365 (30.6)	825 (69.4)	1190		
	University	368 (32.6)	762 (67.4)	1130		
	Never schooled	67 (39.4)	103 (60.6)	170		
Occupation	Employed	422 (33.9)	818 (66.1)	1240	15.287	**0.018**
	Business	293 (27.9)	757 (72.1)	1050		
	Clergy	49 (28.8)	121 (71.2)	170		
	Housewife	75 (24.2)	235 (75.8)	310		
	Applicant	32 (16.0)	168 (84.0)	200		
	Retired	33 (20.6)	127 (79.4)	160		
	Nothing	51 (18.9)	219 (81.1)	270		
	Others	40 (28.6)	100 (71.4)	140		
Religion	Christianity	737 (33.3)	2333 (66.7)	3070	10.784	**0.009**
	Muslim	81 (40.5)	119 (59.5)	200		
	Traditional	72 (34.3)	138 (65.7)	210		
	Buddhist	8 (13.3)	52 (86.7)	60		
Marital Status	Married	903 (31.5)	1957 (68.5)	2860	13.206	**0.006**
	Single	59 (31.1)	131 (43.8)	190		
	Cohabitation	77 (34.9)	143 (44.4)	200		
	Divorced	40 (40.0)	72 (20.3)	100		
	Widow/Widower	43 (22.6)	147 (77.4)	190		
Type of Marriage	Monogamy	834 (30.4)	2077 (69.6)	2740	6.914	**0.015**
	Polygamy	260 (32.5)	626 (67.5)	800		
Marriage Duration	0–5 years	323 (31.9)	687 (68.1)	1010	5.8	**0.031**
	6–9 years	336 (33.0)	674 (67.0)	1010		
	10–15 years	180 (30.5)	410 (69.5)	590		
	16–20 years	70 (21.2)	260 (78.8)	330		
	21+ years	107 (30.9)	437 (69.1)	600		

Societal Reactions and Support Systems for Women with Infertility

The data shows that participants experienced diverse societal reactions to their infertility, ranging from hostility and rejection to support and encouragement, coming from family, religious leaders, healthcare workers, and the broader community. While some received emotional or informational support, many lacked adequate social or institutional mechanisms to help them cope.

Rejection by Spouses and In-laws

Respondent 2 describes intense pressure from her husband's family to have a child, including introducing another woman to continue the family line. This reaction underscores the societal emphasis on reproduction, the threat of marital instability, and the emotional distress caused when women feel replaced or marginalized due to infertility.

> *"My husband's family brought another girl and told him to try with her. They said he needs a child to continue the family name. I felt like I had already been pushed aside."*

Respondent 1 experiences societal and familial pressure suggesting that she should end her marriage to allow her husband to have children elsewhere. This highlights the perceived urgency to produce offspring and the stress women face when their fertility challenges are seen as a threat to marital stability:

> *"They said I'm wasting his time. That if I love him, I should let him go. I feel like my marriage is on a timer. Nobody wants to wait."*

Silence and withdrawal from family members

Respondent 5 notes that others alter their communication or avoid topics related to children because of her infertility. This subtle distancing reflects societal discomfort with addressing childlessness and contributes to feelings of isolation and emotional marginalization:

> *"They don't talk to me like before. When something comes up about children, they just change the topic. I know it's because of my situation."*

Respondent 4 describes being excluded from family discussions and decision-making, with others claiming that certain matters "don't concern" her. This demonstrates how infertility can lead to social marginalization within the family, undermining a woman's sense of belonging and participation:

> *"I feel left out during family meetings. They say, 'This doesn't concern you.' It's painful because I'm still part of this family, children or not."*

Pressure to seek spiritual or traditional Remedies

Respondent 2 shares that community members suggested consulting traditional healers, using herbs, or relying on prayers. This reflects societal tendencies to offer culturally rooted

solutions to infertility, indicating both concern and the promotion of non-medical interventions:

> *"They say, 'Go and try a native doctor.' Some even say prayers alone can't help me. One woman gave me herbs and said, 'This one worked for my cousin.'"*

Respondent 1 describes being advised by church members to seek spiritual deliverance, suggesting that her infertility is viewed as a spiritual issue rather than a medical one. This highlights the role of religious beliefs in shaping societal reactions and proposed support for women facing fertility challenges:

> *"In the church, they ask me to come for deliverance. They say maybe I'm being tied spiritually. I feel like everyone thinks my problem is not medical, but spiritual."*

Table 3: ***The Impact of Societal Reactions Towards Women with Infertility on the Psychosocial Development of Women Suffering from Difficulties in Conception in Fako Division, Southwest Region***

	Statistical parameter	Societal Reaction towards Women suffering from Infertility	Psychosocial Development of Women Suffering from Difficulties in Conception	Explanatory power/predicted impact in terms of % (Cox and Snell test)
Spearman's rho	R-value	1	0.595**	0.865
	p-value		**<0.001**	
	N	354	354	86.60%

Statistically, the findings predicted that societal reaction towards women suffering from infertility has a significant and strong impact on the psychosocial development of women suffering from difficulties in conception (R-value = 0.595**, p-value < 0.001). This impact is supported by a high explanatory power of 86.60%, indicating that societal reaction towards women suffering from infertility accounts for a significant portion of the variations in the psychosocial development of women with difficulties in conception. Therefore, the null hypothesis was rejected, and the alternative hypothesis, which states that societal reaction towards women suffering from infertility significantly impacts the psychosocial development of women suffering from difficulties in conception, was accepted.

Discussion

The results revealed a pervasive pattern of stigma and discrimination directed toward women experiencing infertility, demonstrating how deeply gendered expectations around childbearing entrenched were in many societies. The overwhelmingly negative societal reactions shown by the 76.4% of respondents who perceived societal attitudes as largely negative were consistent with earlier research indicating that infertility was often framed as a woman's inability to fulfill expected reproductive and social roles (Dierickx et al., 2018; Inhorn & Patrizio, 2015). The high proportion of respondents reporting community pressure (92.7%) and the tendency to blame women (80.5%) further highlighted how

infertility became gendered, even in contexts where male-factor infertility was equally likely.

Reports of physical abuse (67.5%), expulsion from the home (74.0%), and maltreatment by husbands, in-laws, or the community (79.4%) underscored the severe social and emotional consequences women faced, echoing studies from sub-Saharan Africa and South Asia that documented similar patterns of violence, marginalization, and social isolation (Alhassan et al., 2014). Experiences of mockery (73.4%) and the widespread practice of husbands taking another wife due to infertility (82.5%) demonstrated the social vulnerability of women suffering from infertility and the extent to which fertility defined women's value in certain cultural settings. The exclusion of women suffering from infertility from cultural rights (67.8%) further showed how infertility undermined their full participation in community life. Although a majority (69.8%) believed that women had access to infertility-related health services, this access did not appear to mitigate broader patterns of neglect (76.0%) and emotional harm. In all, these findings depicted infertility not only as a biomedical condition but also as a profound social issue shaped by gender inequality and cultural norms.

The chi-square analysis further demonstrated that societal reactions toward women experiencing infertility were not uniform but were significantly shaped by respondents' sociodemographic backgrounds. Age showed a significant association with perceptions of societal reactions (χ^2 = 12.842, p = 0.005), suggesting that attitudes toward infertility differed across generational groups, a pattern commonly noted in earlier research where younger and older individuals held differing cultural interpretations of infertility (Inhorn & Patrizio, 2015). Sex was also significant (χ^2 = 0.07, p = 0.012), indicating that men and women perceived societal responses differently, which aligned with studies showing that women generally reported more awareness of stigma and discrimination due to their closer social proximity to infertility-related expectations (Dierickx et al., 2018).

Education level (χ^2 = 16.47, p = 0.045) and occupation (χ^2 = 15.287, p = 0.018) were likewise influential, supporting previous findings that higher education and professional engagement often shaped more informed or less stigmatizing views of infertility (Alhassan et al., 2014). Religion (χ^2 = 10.784, p = 0.009) also played a significant role, consistent with evidence that religious belief systems strongly informed cultural interpretations of infertility, sometimes intensifying stigma or shaping blame patterns.

Marital-related factors additionally influenced societal reactions. Marital status (χ^2 = 13.206, p = 0.006), type of marriage (χ^2 = 6.914, p = 0.015), and duration of marriage (χ^2 = 5.8, p = 0.031) all showed significant associations, indicating that individuals' own marital contexts shaped how they viewed infertility. This mirrored prior research showing that married individuals, especially those in long-term or polygynous unions, often expressed stronger expectations for childbearing and therefore harsher judgments toward infertile women (Inhorn & Patrizio, 2015). Collectively, these results showed that societal reactions were deeply embedded within social structure, varying significantly across demographic, educational, occupational, religious, and marital categories.

Societal Reactions and Support Systems for Women with Infertility

Rejection by Spouses and In-laws

Rejection by spouses and in-laws emerged as a central theme in the women's narratives. Respondent 2 described intense pressure from her husband's family to conceive, including their attempt to introduce another woman into the marriage to ensure continuity of the family lineage. This reflected the patriarchal and pronatalist expectations documented in earlier research, where infertility was viewed as justification for polygyny or marital instability (Inhorn & Patrizio, 2015). Similarly, Respondent 1 reported pressure from both society and her family to end her marriage so her husband could have children elsewhere. These experiences underscored the gendered burden of infertility, in which women were disproportionately blamed and faced heightened risks of emotional rejection and social displacement (Dierickx et al., 2018). The accounts aligned with studies showing that infertile women were often marginalized within marital relationships, with childbearing positioned as a fundamental marker of a woman's value (Alhassan et al., 2014).

Silence and Withdrawal from Family Members

Silence and social withdrawal were also prominent in the participants' accounts. Respondent 5 reported that family and community members avoided discussions related to children in her presence, reflecting discomfort and stigma surrounding childlessness. Such avoidance behaviors have been shown to reinforce emotional isolation and internalized stigma among infertile women (Wierzbicka et al., 2020). Additionally, Respondent 4 described being excluded from family conversations and decision-making, with relatives implying that certain issues did not concern her because she had no children. This exclusion mirrored earlier findings that infertility often diminished women's status and participation within familial structures, undermining their sense of belonging (Hollos & Larsen, 2008). Taken together, these reactions demonstrated how social withdrawal functioned as a subtle but powerful form of discrimination.

Pressure to Seek Spiritual or Traditional Remedies

The women also faced significant pressure to pursue spiritual or traditional remedies for infertility. Respondent 2 shared that community members frequently encouraged her to consult traditional healers, use herbal mixtures, or rely on prayer. This reflected long-standing cultural beliefs framing infertility as a condition requiring spiritual or traditional intervention rather than biomedical care (Dierickx et al., 2019). Similarly, Respondent 1 reported that church members advised her to seek spiritual deliverance, suggesting that her infertility was linked to supernatural or spiritual causes. Such interpretations are common in many cultural settings, where infertility is often moralized or attributed to spiritual forces, thereby shaping the support and pressure women receive (Inhorn, 2017). These findings highlighted how cultural and religious beliefs heavily influenced community responses, often placing additional emotional and social burdens on affected women.

Impact of Societal Reactions on Psychosocial Development

The statistical findings showed that societal reactions toward women experiencing infertility had a significant and strong impact on their psychosocial development. The correlation coefficient ($R = 0.595$, $p < 0.001$) indicated a robust positive relationship, suggesting that as negative societal reactions increased, psychosocial difficulties also increased among women grappling with infertility. This relationship was further

strengthened by a high explanatory power of 86.60%, demonstrating that societal reactions accounted for a substantial proportion of the variation in psychosocial outcomes. Such a high percentage implied that women's emotional, social, and psychological well-being was strongly shaped by how they were treated by their spouses, families, and communities. Consequently, the null hypothesis was rejected in favor of the alternative, confirming that societal reactions significantly influenced the psychosocial development of women facing challenges in conception. These findings aligned with previous research showing that stigma, blame, and social exclusion associated with infertility often led to depression, anxiety, marital strain, and diminished self-worth (Inhorn & Patrizio, 2015; Wierzbicka et al., 2020). The result therefore emphasized the critical role of social environments in either buffering or exacerbating the psychosocial burden of infertility.

Conclusion

The study demonstrated that societal reactions toward women experiencing infertility in Fako Division were largely negative and deeply influential in shaping their psychosocial wellbeing. Women faced stigma, blame, marital instability, exclusion, and strong pressure to pursue spiritual or traditional remedies, reflecting deeply rooted cultural expectations surrounding motherhood. Quantitative findings confirmed that these societal attitudes significantly varied across demographic and marital factors and had a strong predictive effect on women's psychosocial development. The qualitative accounts reinforced the emotional, social, and physical vulnerabilities that women suffering from infertility routinely endured. The study highlighted infertility not only as a medical condition but also as a significant social and psychological challenge driven by community perceptions. Addressing these issues requires increased public awareness, supportive family dynamics, and culturally sensitive policy interventions aimed at reducing stigma and promoting the wellbeing of women suffering from infertility.

References

Abbasi-Shavazi, M. J. (2006). *Fertility and reproductive behaviours in developing societies*. Oxford University Press.

Akinsola, H. A. (2013). Cultural perceptions of infertility among women in Cameroon. *Journal of African Social Science*, 9(2), 44–56.

Alhassan, A., Ziblim, A. R., & Muntaka, S. (2014). A survey on knowledge and perceptions of infertility among women in northern Ghana. Open Journal of Medical Psychology, 3(3), 232–239.

Atijosan, O., Adeyeye, O., & Ogungbayi, O. (2019). Social reactions and stigma among infertile women in Africa. *African Health Review*, 21(1), 76–89.

Dennison, C. (2016). Motherhood and identity among sub-Saharan African women. *Women's Studies International Forum*, 58, 27–35.

Dierickx, S., Balen, J., Longman, C., Rahbari, L., Clarke, P., & Jarju, B. (2019). "We are always desperate and will try anything to conceive": The use of traditional and biomedical practices for infertility in The Gambia. Culture, Health & Sexuality, 21(6), 631–646.*

Dierickx, S., Rahbari, L., Longman, C., & Clarke, P. M. (2018). Addressing male infertility in low-income countries: A qualitative study of men's experiences in The Gambia. Reproductive BioMedicine & Society Online, 6, 39–47.

Dyer, S. (2012). The social consequences of infertility for women in developing countries. *Facts, Views & Vision in ObGyn*, 4(2), 102–109.

Dyer, S. J., Abrahams, N., Hoffman, M., & Van der Spuy, Z. (2004). Infertility in South Africa: Women's experiences. *Human Reproduction*, 19(4), 960–967.

Elsenbruch, S., et al. (2021). Psychological distress among infertile women: A systematic review update. *Journal of Psychosomatic Research*, 142, 110–116.

Gerrity, D. A. (2001). The emotional experiences of infertility. *Journal of Reproductive Psychology*, 17(1), 33–45.

Greil, A. L., McQuillan, J., & Slauson-Blevins, K. (2018). The social construction of infertility. *Sociology of Health & Illness*, 40(4), 695–710.

Hatamloye, S., & Hashemi, M. (2012). Infertility-related stress and wellbeing. *Middle East Fertility Journal*, 17(3), 215–222.

Hollos, M., & Larsen, U. (2008). Motherhood in sub-Saharan Africa: The social consequences of infertility in an urban population in northern Tanzania. Culture, Health & Sexuality, 10(2), 159–173.*

Ibisomi, L., & Mudege, N. (2014). Childlessness in sub-Saharan Africa and social stigma. *Reproductive Health Matters*, 22(44), 90–98.

Inhorn, M. C. (2017). Infertility and patriarchy: The cultural politics of gender and family life. Routledge.

Inhorn, M. C., & Patrizio, P. (2015). Infertility around the globe: New thinking on gender, reproductive technologies, and global movements in the 21st century. Human Reproduction Update, 21(4), 411–426.

Karaca, A., & Unsal, G. (2012). Psychological impact of infertility on women. *Journal of Women's Health Issues*, 12(2), 78–85.

Kirca, N., & Pasinoglu, T. (2013). The psychosocial reality of infertile women. *International Journal of Nursing Studies*, 50(12), 1651–1657.

Ombelet, W. (2017). Stigma and cultural dimensions of infertility. *Facts, Views & Vision in ObGyn*, 9(1), 29–37.

Peterson, B., et al. (2020). Infertility-related distress among women: Cross-cultural evidence. *Fertility and Sterility*, 113(3), 527–535.

Stellar, C., et al. (2016). Violence and stigma in relation to infertility in low-income societies. *Social Science & Medicine*, 150, 56–63.

Tiagha, E., et al. (2020). Prevalence and causes of infertility in Southwest Cameroon. *Pan African Medical Journal*, 36(112), 1–10.

Wierzbicka, A., Kossakowska, K., & Chmaj-Wierzchowska, K. (2020). Social stigma and coping strategies among women experiencing infertility. Health Psychology Report, 8(3), 213–223.*

Yao, C., et al. (2018). Cultural expectations of marriage and fertility. *Journal of Family Studies*, 24(3), 245–259.