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A cross- sectional study on psychological status of couples with infertility-related stress, and dyadic coping as predictors of quality of life

Bhavya A P[1], Divya A P[2], Rukmani Gharpinde[3]
[1] Professor, Obstetrics and Gynaecological Nursing, Mitali Institute of Nursing, Madhya Pradesh, India
[2] Professor, Community Health Nursing, Mitali Institute of Nursing, Madhya Pradesh, India
[3] Associate Professor, Obstetrics and Gynaecological Nursing, Mitali Institute of Nursing, Madhya Pradesh, India

Abstract
Background: Globally, 1 in 6 people experience infertility, affecting approximately 182 million people which includes around 55 million men and 110 million women. The highest rates of infertility were observed in East and South Asia, Eastern Europe. In India, there are approximately 22-23 million infertile couples, showing the urgent need to increase access to affordable, high- quality fertility care for those in need. Infertility and its treatment can negatively influence the couple-s psychological well-being which in turn could affect their fertility and treatment outcome.
Methods: This cross-sectional study included 150 couples (300 participants) who were selected through convenient sampling technique. The Fertility Problem Inventory, Dyadic Coping Inventory, and FertiQoL were used to measure infertility-related stress, dyadic coping and QoL. The Bodenmann-s dyadic coping theory was used to analyse the effects of infertility as a dyadic stressor affecting both partners and to know how they cope together for better QoL.
Objective: The purpose of this cross-sectional study was to explore the relationship between infertility-related stress and dyadic coping with quality of life (QoL) in couples with infertility issues, and verify gender differences and dyadic interactions in association between them.
Results: The study revealed that female patients perceived significantly lower levels of QoL and dyadic coping than those of husbands. There was no statistically significant difference in the infertility-related stress between wives and husbands. Husband-s infertility-related stress had actor and partner effects on their own and their wives- QoL, while wives- infertility-related stress only had an actor effect on their own QoL. Husbands- dyadic coping had both actor effect and partner effects on their own and their wives- QoL, meanwhile wives- dyadic coping had both actor effect and partner effects on their own and their husbands- QoL.
Conclusion: The current study revealed that husbands- life quality is influenced by their own infertility-related stress, dyadic coping, and their wives- dyadic coping. On the other hand, wives- life quality is affected by infertility-related stress and dyadic coping from both themselves and their husbands. Therefore, infertility-related stress and dyadic coping in couples with infertility issues can serve as valuable indicators for predicting quality of life. The findings may also have relevant implications for healthcare team specifically ART clinical staffs. The study also shows relationship between good psychological well-being and couples- quality of life, highlighting the need for early interventions for better treatment outcome. Focusing on the gender differences in stress and coping among these couples, and promoting positive coping styles, personalized counselling therapy may assist healthcare professionals in improving the quality of life for couples undergoing infertility treatment.

Keywords: Infertility, couple, psychological status, infertility-related stress, dyadic coping, QoL

Introduction

Infertility refers to the inability to conceive after at least one year of regular unprotected intercourse. The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) define infertility as a disease characterized by the failure to establish a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or due to an impairment of a person-s capacity to reproduce either as an individual or with his/her partner [1]. The prevalence of infertility worldwide according to the World Health Organization (WHO) is 11.8%. The overall prevalence of infertility in India according to the World Health Organization (WHO) ranges between 3.9% and 16.8% [2]. The global prevalence and burden of infertility have been continuously rising, making it a significant public health concern worldwide. Infertility is a distressing experience for affected couples, and the long duration of the disease and repeated Assisted Reproductive Technology (ART) treatments can lead to a decrease in their satisfaction with quality of life, imposing a heavy burden on individuals, families, and society [3].

According to the WHO, Every human being has a right to the enjoyment of the highest attainable standard of physical and mental health. Individuals and couples have the right to decide the number, timing, and spacing of their children. Infertility can negate the realization of these essential human rights. Existing guidelines for infertility are not comprehensive and the physical, mental, and social well-being can be very impactful in couples with infertility [4]. Addressing infertility is, therefore, an important part of realizing the right of individuals and couples to establish a family- [5]. Hence, it is imperative that we give importance to infertility and address the issues concerned with couples suffering from infertility. Infertility is a physical menace that has its psychological repercussions, including depression, anxiety (Rooney & Domar, 2018) [6] low self-esteem, shame, guilt, loneliness, and self-blame (Xie *et al.*,

2023) [7]. Other than these apparent factors, married individuals with infertility face family and, social pressure along with religious and cultural norms (Peyvandi, 2011; Sajjad *et al*., 2020) [8, 9] to have offspring.

Infertility has significant negative social impacts on the lives of infertile couples and particularly women, who frequently experience violence, divorce, social stigma, emotional stress, depression, anxiety, and low self-esteem, which in turn could worsen the couple-s psychological status. Infertility-related issues are multifaceted and complex such as social problems, financial burden, stigma, and psychological impact. It is disheartening and emotionally draining to know one-s inability to give birth to their children, l*et al*one cope with the consequences and stigma that follow [5]. Among all the infertility-related issues, psychological issues carry much weightage as existing literature shows that the presence of psychological issues in couples with infertility could further reduce fertility [10]. However, other studies show that psychologic interventions in couples with infertility have improved the pregnancy outcome [11, 12]. Hence, it is important to understand the psychological issues in couples with infertility as a first step toward tackling it.

Quality of life (QoL), is a broad subjective measure of an individual-s overall well-being, encompassing their satisfaction with life, health (physical, mental, emotional), social connections, environment, financial stability, and ability to pursue goals, all viewed through their personal cultural values and expectations. It is a multidimensional concept, can comprehensively reflect the individual-s evaluation of their psychological, physical, social, and environmental perception in events that pose a threat to their health [13]. Previous studies have confirmed the close relationship between improving QoL with increased pregnancy rates and assisted reproductive outcomes [14]. Therefore, the QoL of infertility patients is considered by researchers to be equally important as treatment [15]. However, women-s QoL is worse than that of their male partners. They score lower on emotional and physical reactions compared to men [16]. Compared to men, women experience a higher level of negative emotional distress [17]. Additionally, women experience a higher sense of social isolation and social disorders compared to men [18]. About 76.8% of infertile women have experienced violence, which is closely related to the quality of their marital relationships [19].

The Stress Process Model (SPM) examines the relationship between stressors, social structural factors, and health outcomes, emphasizing how stressors (both acute and chronic) affect individual-s coping abilities and increase the risk of illness, particularly in relation to their social status and resources [20]. Therefore, this study employs SPM as a theoretical framework to investigate the impact of infertility-related stress on the fertility QoL among couples.

Dyadic Coping (DC) is the process where a couple works together to manage stress, which can involve one partner supporting the other or both partners jointly tackling a problem. It is a form of stress management within a marriage that emphasizes the interdependence of the stress experiences of both spouses [21]. Infertility, as a stressor deeply rooted in the marital relationship, is influenced not only by individual differences but also by the dynamics of the specific couple-s relationship. The coping strategies of both spouses can potentially influence each other [22]. Research indicates that when couple engage in mutual coping, they can create a supportive environment for each other, which can enhance treatment outcomes, ultimately improving their QoL [23]. Thus, it is evident that when both partners perceive support and encouragement from each other facing with infertility, it can foster a positive cycle of behaviour. Therefore, this study aims to focus on dyadic coping variables at the marital level to explain the impact of infertility-related stress and coping strategies on the QoL among both spouses.

The current study explores the relationship between couples- stress, coping, and QoL. The hypotheses of this study are listed as follows: (a) Infertility- related stress would be associated with the couple-s own QoL as well as their spouse-s QoL. (b) Dyadic coping would be associated with the couple-s own QoL as well as their spouse-s QoL

Materials and Methods

This is a cross-sectional study conducted in 2 selected tertiary care hospitals and 3 infertility clinics of Madhya Pradesh, India between October 2024 and July 2025. The study population included 150 couples (300 participants) and was selected using Convenience sampling technique. The study was approved by the institutional ethics committee. The written informed consent was obtained from participants. The inclusion criteria for wives were: (i) clinical diagnosis of infertility, (ii) being in a stable couple relationship, and (iii) able to express themselves in Hindi or English language and voluntary participation. The inclusion criteria for husbands were: (i) awareness of the condition and being in a stable couple relationship, (ii) able to express themselves in Hindi or English language and voluntary participation, (iii) absence of male infertility factors. Exclusion criteria included: (i) previous history of diagnosed mental disorders or use of antidepressants in the past 6 months, and (ii) presence of other serious physical illnesses or major life stress events in the past 6 months.

The number of observed variables in the study was used to estimate the sample size, and the ratio of sample size to observed variables was at least 10:1 [26]. A total of 20 variables was included, consisting 9 variables from general data (age, education level, etc). 11 measurements of FertiQoL, infertility-related stress and dyadic coping. The calculated number of subjects was not less than 100 couples. The survey team consisted of two trained investigators, including the author. The couples were provided with standardized instructions and requirements for completing the questionnaires. The surveys were conducted with the full awareness of the attending physician and the couples. Surveys were conducted face-to-face, and both partners independently completed the questionnaires, which were later coded and collected by investigators. On-site check was conducted to ensure completeness of data. Samples with missing key indicators and outliers were removed during data organization. For example, only one partner filled out the questionnaire, both partners completed the questionnaire but there were issues such as incomplete responses or consistently selecting the same option, or there were patterns in the responses. For the data with missing information < 30% of the data was imputed by multiple imputation.

Measures

Fertility Quality of Life Questionnaire (FertiQoL)

The FertiQoL is an internationally validated instrument developed by European Society of Human Reproduction and Embryology (ESHRE) and American Society for Reproductive Medicine (ASRM) to measure QoL in individuals experiencing fertility problems [24]. The questionnaire consists of two main sections: the Core FertiQoL and the Treatment FertiQoL, comprising a total of 36 items. The Core FertiQoL includes 24 items organized into four domains: emotional domain, mind/body domain, relationship domain, social domain. The Treatment FertiQoL consists of two items related to treatment environment and treatment tolerance, designed to evaluate patients- thoughts and feelings directly related to fertility treatment, including 10 items in total. Each item is scored on a scale of 0-4 points (with 5 levels), where a higher score indicates a better QoL. In the present study, the Cronbach's α of male sample was 0.912, and female sample was 0.862.

Fertility Problem Inventory (FPI)

The FPI was developed in Canada in 1999 and is specifically designed to assess fertility-related stress [25]. It is a 46-item tool assessing stress across five dimensions: Social concern, Sexual concern, Relationship concern, Need for parenthood, and Rejection of childless lifestyle. Each item is rated on a Likert-6 scale, ranging from 1 to 6 points, where 1 indicates complete disagreement and 6 indicates complete agreement. The total score on the M-FPI can range from 46 to 276 points, with higher scores indicating higher levels of fertility-related stress. The internal consistency reliability of the questionnaire is assessed using Cronbach's α coefficient in our study, with an overall value of male sample and female sample were 0.912, and 0.889, and sub-dimensions including social concern at 0.73, Relationship concern at 0.71, Sexual concern at 0.70, Need for parenthood at 0.76, and Rejection of childless lifestyle 0.72. These values indicate good internal consistency and reliability for the M-FPI questionnaire.

Dyadic Coping Inventory (DCI)

The DCI (Bodenmann, 2008) is a 37-item instrument designed to measure perceived communication and dyadic coping in one or both partners in an intimate relationship under stressful conditions. DCI includes 6 dimensions: stress communication, supportive coping, delegated coping, joint coping, negative coping, and coping quality evaluation. According to the Systemic Transactional Model (STM) by Bodenmann [27, 28], DC refers to the positive and negative strategies, namely positive and negative DC. Positive DC includes open communication, and supportive, delegated, and common DC [27, 29]. The questionnaire is scored using a Likert-5 scale, with ratings ranging from 1 (very rare) to 5 (very often). It is important to note that negative coping support is reverse-scored, and two items related to coping quality evaluation are not included in the total score. The scoring interpretation typically ranges from 35 to 175, where higher scores indicate a greater presence of supportive coping behaviours in the couple and a better dyadic coping situation. The English version of the questionnaire has demonstrated good internal consistency among infertility patients, with a Cronbach-s α coefficient of 0.861 [30]. In our study, the Cronbach's α of male sample and female sample were 0.924, and 0.834.

Demographic and Infertility-Related Information

The general information questionnaire for couples with infertility includes age, type of family, religion, occupation, educational level, per capita monthly income of the family, history of infertility in the family, age during marriage, duration of infertility.

Data Analysis

The data were analysed using both descriptive statistics (i.e., frequency, mean, and standard deviation) and inferential statistics (i.e., paired samples t test, ANOVA, and linear regression) by the SPSS software version 30.0 and SAS 26.0. Finally, Statistical significance was set to $p < 0.05$. Paired sample *t*-tests were used to compare the scores of various dimensions of dyadic coping, infertility-related stress, and QoL in couples, and pwr- package for power analysis. Pearson correlation analysis was used to analyse the correlation between all variables. The Actor-Partner Interdependence Model (APIM) is widely used for studying the interdependence between members of dyadic members while simultaneously estimating the influence of individual and partner characteristics on outcome variables [43]. SPSS 30 was applied to construct APIM to analyse the relationship between dyadic coping, infertility- related stress, and QoL in couples with infertility issues, and to examine the actor effect and partner effect.

Results

A total of 150 couples (300 participants) experiencing infertility completed the survey. Among them, 46% of infertility patients and 49.3% of spouses were aged between 30-35 years. Additionally, 80.7% of participants belonged to Hindu religion and 76.6% to nuclear family and 53% of couples were graduates, 64.33% with stable employment. 80.7% of the family had an average monthly income ranging above 15,000 Indian rupees. Approximately 64.6% of women were experiencing infertility for 3-5 years and 16% of them were above 5 years. A large percentage, 85.4% of patients, had no history of infertility in their family. Additionally, the majority, 72% of infertility couples had no prior experience with assisted reproduction. (Table 1)

According to gender-based comparisons as mentioned in (Table 2), wives exhibited significantly lower levels of fertility-related quality of life and dyadic coping scores compared to husbands ($p<0.001$). Among subscale scores, wives scored significantly lower than their spouses in both the Core FertiQoL and Treatment FertiQoL ($p<0.001$). In the comparison of dyadic coping dimensions, husbands exhibited significantly higher levels of negative coping than wives ($p<0.001$). In view of dimensions of fertility-related stress, wives scored significantly higher than their spouses in the Need for parenthood and Rejection of childless lifestyle dimensions ($p<0.001$).

Pearson correlation showed that infertility related stress negatively correlated with dyadic coping total ($r = -0.208$, $p < 0.01$) and all aspects of FertiQoL ($r = -0.598$, $p < 0.01$, $r = -0.363$, $p < 0.01$, $r = -0.589$, $p < 0.01$). The dyadic coping total was positively associated with core QoL ($r = 0.368$, $p < 0.01$), treatment QoL ($r = 0.270$, $p < 0.01$), and FertiQoL ($r = 0.375$, $p < 0.01$). (Table 3)

Table 1: Demographic and Fertility Characteristics of the Couples (n=150 couples)

Item		Wife N=150 (%)	Husband N=150(%)
Age	<30 30-35 >35	50 (33.3) 69 (46.0) 31 (20.7)	36 (24.0) 74 (49.3) 40(26.7)
Type of Family	Nuclear Joint	115 (76.6) 35 (23.4)	- -
Religion	Hindu Muslim Christian Others	121 (80.7) 19 (12.6) 9 (6.0) 1 (0.7)	- - - -
Education level	Higher secondary Diploma Graduate	36 (24.0) 45 (30.0) 69 (46.0)	21 (14.0) 39 (26.0) 90 (60.0)
Occupation	Unemployed Employed	107(71.4) 43 (28.6)	- 150(100.0)
Per capita monthly	<10,000	8 (5.3)	-
income of the family	10,000-15000 >15000	21 (14.0) 121 (80.7)	- -
History of Infertility	Yes	22 (14.6)	18 (12.0)
in the family	No	128 (85.4)	132 (88.0)
Duration of	Below 3	29 (19.4)	-
Infertility (in years)	3-5	97 (64.6)	-
ART Cycle	More than 5 None 1 ≥2	24 (16.0) 108 (72.0) 30 (20.0) 12 (8.0)	- - - -

Table 2: FertiQoL, Infertility-Related Stress and Dyadic Coping Scores According to Gender (n=150 couples)

Item	Wife (X ± *s*)	Husband (X ± *s*)	t- test	Effect size	Power
FertiQoL					
Core FertiQoL	59.56±9.67	60.45±10.35	-4.039***	−0.372	0.959
Treatment FertiQoL	58.58±9.87	61.43±10.38	-4.834***	−0.385	0.979
Total FertiQoL (Mean)	59.07±9.77	60.94±10.36	-5.125***	−0.425	0.969
Infertility-related stress- FPI					
Social concern	37.83±6.45	36.82±6.85	-1.064	-0.083	0.362
Relationship concern	32.75±7.32	31.73±6.95	0.023	0.003	0.045
Sexual concern	28.54±7.19	28.52±7.12	1.324	0.012	0.254
Need for parenthood	38.34±7.32	36.43±6.23	2.455***	0.212	0.790
Rejection of	27.83±6.45	26.68±7.12	2.945***	0.221	0.812
childless lifestyle	165.29±34.73	160.18±34.27	1.1366	0.073	0.452
Total FPI					
Dyadic Coping					
Positive DCI	90.67±16.05	91.69±14.05	-0.012	-0.001	0.040
Negative DCI	20.14±4.13	25.14±5.23	-14.019***	-1.112	0.979
Total DCI	110.81±20.18	116.83±19.28	-4.031***	-0.231	0.999

Note: ***p<0.001.

Abbreviations: FertiQoL-Fertility Quality of Life; FPI Fertility Problem Inventory; DCI-Dyadic Coping Inventory

Table 3: Association between Infertility related stress, Dyadic Coping, and FertiQoL

	IRS	SCO	SDC	DDCO	NDCO	SCP	SDCP	DDCP	NDCP	CDC	EDC	CFQ	TFQ	T-FQ
IRS	1	−0.121**	−0.235**	−0.171**	0.118**	−0.242**	−0.208**	−0.152**	0.174**	−0.223**	−0.214**	−0.574**	−0.353**	−0.576**
SCO		1	0.434**	0.371**	−0.149**	0.434**	0.613**	0.468**	−0.104**	0.511**	0.675**	0.218**	0.168**	0.221**
SDC			1	0.716**	−0.251**	0.615**	0.613**	0.499**	−0.199**	0.696**	0.719**	0.406**	0.256**	0.428**
DDCO				1	−0.120**	0.568**	0.502**	0.478**	−0.099*	0.564**	0.714**	0.282**	0.228**	0.321**
NDCO					1	−0.024	−0.192**	−0.172**	0.599**	−0.210**	0.056	−0.202**	−0.160**	−0.209**
SCP						1	0.565**	0.498**	−0.125**	0.582**	0.764**	0.411**	0.303**	0.418**
SDCP							1	0.768**	−0.264**	0.713**	0.811**	0.343**	0.253**	0.357**
DDCP								1	−0.211**	0.594**	0.699**	0.259**	0.213**	0.279**
NDCP									1	−0.260**	0.031	−0.278**	−0.141**	−0.243**

CDC										1	0.795**	0.421**	0.269**	0.402**
EDC											1	0.376**	0.271**	0.368**
CFQ												1	0.512**	0.899**
TFQ													1	0.760**
T-FQ														1

Notes: **Correlation is significant at the 0.01 level (2-tailed).

Abbreviations: IRS-Infertility related stress; SCO-stress communicated by oneself; SDC supportive dyadic coping by oneself; DDCO-Delegated dyadic coping by oneself; NDCO-Negative dyadic coping by oneself; SCP-Stress communication of the partner; SDCP-Supportive dyadic coping of the partner; DDCP-Delegated dyadic coping of the partner; NDCP-Negative dyadic coping by partner; CDC-Common dyadic coping; EDC-Evaluation Dyadic Coping; CFQ-Core Fertility Quality of life; TFQ- Treatment Fertility Quality of life; T-FQ- Total Fertility Quality of life.

Discussion

The current study was conducted within the framework of Stress Process Model and the dyadic coping paradigm, examined the actor and partner effects [20, 28] of fertility-related stress on the quality of life of couples. The primary objective of this research was to assess the psychological status of couples with infertility, investigate gender differences in the quality of life of couples experiencing infertility and the impact of infertility-related stress and dyadic coping on their quality of life. The study showed that stress and infertility are related to the quality of life and that the higher the levels of stress and anxiety, the lower the level of quality of life. Women experience stress at higher levels, and this can be seen in the fact that they show intense symptoms of anxiety and depression compared to men, negatively affecting their quality of life.

Although quality of life scores for couples experiencing infertility differ across countries, it appears that wives tend to have worse quality of life, possibly due to the predominant role of women in fertility events and receiving assisted reproductive treatments. In the comparison of subscales, wives scored lower than husbands in both the Core and Treatment FertiQoL, likely due to significant physical and emotional changes that women experience during the disease and treatment process [16]. The present study found that, wives reported lower overall levels of quality of life compared to husbands, which is consistent with previous research findings [16]. Wives are the primary recipients of treatment and are affected by factors such as medications, physical examinations, and disruptions to work or daily activities. Compared to husbands, wives experience greater physical and psychological impacts [31]. Additionally, women often face more blame and shame due to their condition, leading them to endure more suffering than men [32]. Studies also suggest that among women factors like age, duration of infertility, healthcare experiences, sexual activity as a part of treatment, reduced sexual satisfaction, further decrease QoL, highlighting the need for better psychological support to manage grief, trauma and continuous burden of treatment.

Moreover, when dyadic coping scores were compared, it was found that wives had lower dyadic coping levels than husbands. Additionally, dyadic coping scores had significant impact on quality of life during infertility treatment. In other words, higher levels of dyadic coping led to higher quality of life. This is because mutual support and positive coping (problem - solving, stress communication) improved the physical and mental health of couples [33] helping them to express distress [34]. In this study, infertility-related stress did not differ by gender within couples, but there was a correlation between wives- stress and husbands-stress. Furthermore, infertility-related stress between couples was also related to dyadic coping. As fertility is an event experienced jointly by couples, the perceived stress by both parties may be consistent and mutually influential [35]. When a family is troubled by infertility, stress from various sources such as society, parents, and sexuality can severely affect the quality of life.[24] The results show that social interactions are affected by fertility problems, such as social inclusion, expectations, stigma, and support. Similar results in recent studies [36,37,38] state that women believe that they should discuss more with their own family members and not so much with their husbands, as the highest levels of support and understanding of their childlessness come initially from their own blood relatives. Infertility, as a stressor, positive coping strategies can negatively predict fertility-related stress, while negative coping strategies can positively predict fertility-related stress [36]. As a part of intervention healthcare providers should encourage positive dyadic coping as a key way to improve psychological services for infertile couples.

Infertility in women causes significant stress, anxiety, depression, creating a harmful cycle, as high stress levels (like increased cortisol and alpha-amylase) can disrupt hormones, interfere with ovulation, and reduce treatment success rates. Women-s attitudes toward fertility are carefully planned, much like their attitudes toward careers, marriages, or other significant life events. Becoming a mother is a way for women to fulfil their gender roles and gain family and social status. However, the inability to meet these expectations can create stress for women and impact their quality of life [39]. In our study, wives- and husbands-QOL were affected by their own infertility-related stress and dyadic coping (actor effect), which is in line with our hypothesis. The association between women-s stress responses and fertility potential remains a subject of debate [37].

In addition to the main effects, a significant finding in this study is the partner effects of infertility-related stress and dyadic coping in couples on their QoL, which confirms stressors, resources and mutual interdependence between partners creating mental health disparities as suggested by the SPM [20]. Patients- primary living environment is typically their family, and spouses play a crucial role in the treatment process, observing symptoms, and managing daily life tasks. In the face of infertility-related stress, husbands-emotions, attitudes, behaviours, and coping strategies can significantly impact their wives- coping patterns and overall well-being [40]. Research has shown that stress from any source has a greater impact on wives- lives than on husbands. It affects their self-satisfaction and overall happiness more than marital or health satisfaction and indirectly influences their quality of life through marital

factors [39]. Previous studies have overlooked the interactions and differences between the quality of life in the context of infertility between spouses [41]. In addition, mutual support between couples and coping together can significantly improve patients- psychosocial adjustment and outcome [42]. The study found significant differences in the relationship between psychological status, infertility-related stress, dyadic coping, and quality of life between husbands and wives. According to the SPM the impact of infertility-related stress on quality of life in this study may be related to gender differences in cognitive appraisal and coping strategies [20]. Patients and their spouses are interdependent and mutually influence each other in the family environment, and the fertility-related life quality of wives can also be influenced by their spouse-s stress or coping strategies. Therefore, during the infertility treatment process, it is important to pay attention to the fertility-related stress and dyadic coping of couples, taking into account gender differences. Considering the interactive effects of stress and dyadic coping in infertile couples, healthcare professionals should provide interventions and guidance with a focus on the couple, in addition to standard treatments and routine care. Combined psychological support (CBT, Counselling, support groups) with mind body techniques (yoga, meditation, deep breathing), lifestyle adjustments (diet, exercise, no smoking/alcohol) and holistic approaches can be implemented to manage anxiety, improve coping, foster communication, and create a healthier environment for conception. These integrated methods address the interwined nature of stress and infertility, helping patients navigate emotional challenges and potentially improve outcomes.

Conclusion

The current study revealed that husbands- life quality is influenced by their own infertility-related stress, dyadic coping, and their wives- dyadic coping. On the other hand, wives- life quality is affected by infertility-related stress and dyadic coping from both themselves and their husbands. Therefore, infertility-related stress and dyadic coping in couples with infertility issues can serve as valuable indicators for predicting quality of life. The findings may also have relevant implications for healthcare team specifically ART clinical staffs. The study also shows relationship between good psychological well-being and couples- quality of life, highlighting the need for early interventions for better treatment outcome. Focusing on the gender differences in stress and coping among these couples, and promoting positive coping styles, personalized counselling therapy may assist healthcare professionals in improving the quality of life for couples undergoing infertility treatment.

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