Original Article

Marital Life after Infertility Diagnosis: Sexual and Intimacy Issues Experienced by Iranian Infertile Couples

Abstract

Background: Infertility is a life-altering condition that not only affects reproductive capacity but also deeply disrupts emotional intimacy and marital stability in couples. Understanding couples' experiences of changes in marital relationships following infertility can be valuable for healthcare providers' care planning. This study aimed to explain the experiences of infertile couples regarding sexual issues and intimate relationships. **Materials and Methods:** This study was conducted using a qualitative content analysis approach based on the method proposed by Graneheim and Lundman. Data were collected through semistructured interviews with 14 infertile couples using purposive sampling at the infertility treatment center of Birjand University of Medical Sciences, Birjand, Iran. Coding and classification of data were performed using MAXQDA 2020. **Results:** The results indicated the negative impact of infertility on marital life and intimate relationships between couples, which can be understood by the four categories that emerged from the data: shock to marital life, couple's intimacy downhill, diminished bed-life pleasure, and prescribed, instead of pleasurable sex. **Conclusions:** This study highlights the profound impact of infertility on couples' sexual and intimate relationships, emphasizing the need for holistic treatment approaches. Healthcare providers—especially nurses and infertility counselors—should incorporate psychosexual support into routine infertility care. By offering culturally sensitive counseling and facilitating open communication between partners, professionals can help couples preserve emotional intimacy and marital stability throughout the treatment process.

Keywords: *Infertility, marital relations, psychosocial support, sexual behavior, sexual dysfunction*

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Introduction

Infertility represents a significant global health challenge, affecting approximately 50 million couples worldwide.[1] Its global prevalence is estimated at about 15% of couples worldwide, with rates ranging from 10% to 15% in Asia and the Middle East. In Iran, the lifetime prevalence of infertility[2] is 11.3%, with primary and secondary infertility estimated at 18.3% and 2.5%, respectively.[3]

For infertile couples—particularly in cultures with a strong emphasis on childbearing and limited access to specialized care, such as in South Khorasan—these factors, combined with the high prevalence of the condition, present significant relational and personal challenges.[4] This prevalent reproductive health condition not only impacts physiological functions but also profoundly affects the psychological wellbeing and interpersonal relationships of those experiencing it.[5-9] Infertility deeply influences the quality of marital relationships, sexual satisfaction, and intimacy between partners.[9-11] The diagnosis and subsequent treatment can introduce considerable strain, disrupting emotional intimacy, sexual connection, mutual support, and interpersonal communication. This stress often leads to profound emotional, psychological, and social changes, potentially threatening the stability of the couple's relationship.[6,12-14] The burden is amplified in cultures where childbearing is considered essential as the uncertainty from diagnosis and treatment can create instability between partners.

Research indicates that infertility-related stress is associated with impaired sexual function in both men and women,[15] though the manifestation differs by gender. Women with infertility often report higher levels of infertility stress compared to their male counterparts, with sexual concerns being more prevalent among infertile women.[16]

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Conversely, communication concerns are more common among infertile men.[15,17,18] Infertility directly influences sexual life through accompanying physical conditions like dyspareunia or diminished libido.[14] These sexual dysfunctions can further compromise couples' intimacy and satisfaction.[11,12]

These consequences of infertility often manifest differently across various cultural contexts, with Iranian couples experiencing unique challenges shaped by specific sociocultural factors.[19] The Iranian cultural backdrop adds layers of complexity as societal expectations regarding parenthood can intensify the emotional burden on couples facing infertility.[12] In this cultural context, the importance of having children can overshadow other aspects of life together. Therefore, as time passes, and treatment plans fail, the continuation of infertility introduces tensions that can make their intimate relationships unstable and precarious.[20,21]

A thorough understanding of the marital and sexual issues faced by infertile couples, alongside their infertility treatment, is essential. Addressing these concerns is crucial for meeting childbearing goals and preventing emotional breakdown, ultimately guiding the development of diverse treatment approaches.[5,22,23] Sexuality should be considered a crucial aspect of the treatment process for infertile couples, highlighting the importance of nurses discussing sexual issues while respecting their cultural and religious beliefs.[24] While various studies have explored the psychological and social consequences of infertility—such as increased anxiety, depression, and social stigma—they often overlook the specific relational dynamics between couples, including changes in sexual intimacy and emotional connection. In Iran, cultural and religious taboos surrounding sexual relations hinder in-depth research on marital relationships, leading studies to primarily address the sexual cycle while neglecting how these relations impact couples. This qualitative approach was thus chosen to explore the nuanced and culturally embedded experiences of infertile couples, which are often overlooked in quantitative studies. Birjand was selected due to its high infertility prevalence and distinct sociocultural context, where childbearing is strongly tied to marital identity and social acceptance. The findings of the present study can shed light on the significance of marital issues for infertile couples, providing valuable insights for nurses and infertility treatment providers to enhance couples' quality of life and prevent emotional collapse alongside addressing infertility treatment goals. Finally, the aim of this qualitative study was to explain the experiences of infertile couples regarding sexual issues and intimate relationships.

Materials and Methods

This qualitative study used conventional content analysis to explore the experiences of infertile couples. Data were collected through semi-structured interviews conducted between July 2024 and February 2025. The study took place at the Royesh Infertility Center in Birjand, located in South Khorasan, Iran.

The participants included 14 couples diagnosed with primary infertility. Participants were recruited using purposive sampling through an infertility specialist at the Infertility Treatment Center of Birjand University of Medical Sciences. Sampling continued until data saturation was reached, after which two additional confirmatory interviews were conducted. The inclusion criteria were a definitive diagnosis of primary infertility, no psychological issues requiring psychiatric treatment, the ability to communicate and provide information, and interest in participating in the study. The exclusion criteria included the couple's decision to adopt a child after study entry and interview, a positive pregnancy test via blood test after study entry and interview, and unwillingness to continue the interview. The primary researcher conducted all interviews in Persian with couples living in Birjand, Iran. Before the interviews, eligible participants were fully informed about the study, and written consent was obtained for participation and permission to record the sessions. A flexible interview guide was developed based on a review of relevant literature. Rather than finalizing a fixed set of questions beforehand, the guide evolved throughout the data collection process in an iterative approach. New questions were added or refined in response to emerging themes and participant insights, ensuring a deeper exploration of their experiences. During the interview process, the couple was present and questioned simultaneously. Both parties' experiences and interactions were recorded, and each interview was transcribed into a single written file.

The timing of the interviews was coordinated with the participants during their visits for treatment at the infertility treatment center. The sessions were conducted in the doctor's office, which was a quiet place with suitable temperature and humidity conditions, and was distanced from other rooms to ensure privacy. After welcoming and thanking the participants, the interview began with the initial, broad, open-ended question: "How has your relationship with your spouse changed since the diagnosis of infertility?" Following this question, additional probing questions were posed to clarify the aspects of intimate relationships in marital life, including "If there have been changes in your relationship with your spouse, what impact has it had on your intimate relationships?" and "How has your sexual relationship been affected by the diagnosis of infertility?" Each interview lasted on average 45 minutes (ranging from 35 to 55 minutes). The interviews were recorded with the participants' permission, and the interviewer simultaneously took notes on the participants' expressions, nonverbal cues, and other additional points. The phone numbers of the participants were noted for

any questions that might arise during data analysis. The interviews were listened to several times and transcribed verbatim onto paper.

Data analysis was conducted using conventional content analysis, based on the approach proposed by Graneheim and Lundman. This method was selected for its suitability in exploring latent meanings and capturing the depth of participants' lived experiences. The analysis process was carried out concurrently with data collection to allow for iterative refinement of emerging categories. Each interview was transcribed verbatim in Persian immediately after completion. The transcripts were read multiple times to achieve immersion and a holistic understanding of the data. Meaning units—phrases or sentences that conveyed a distinct idea related to marital intimacy and sexual experiences—were identified and condensed without losing their core meaning. Initial codes were then assigned to the condensed meaning units. Codes with similar content were grouped into subcategories, which were further abstracted into broader categories. MAXQDA 2020 was used to organize and manage the coding process. To enhance the trustworthiness of the analysis, peer debriefing was conducted with a full professor of nursing experienced in qualitative research and a PhD candidate in nursing. Member checking was performed with selected participants to validate the interpretation of their narratives. The primary researcher maintained a reflexive journal throughout the process to document analytic decisions and enhance transparency. The final categories were reviewed to ensure they accurately reflected the data and aligned with the study's objectives.

To ensure the rigor of the data, the primary researcher who conducted the interviews aimed to deeply explore the participants' experiences by creating an empathetic and suitable atmosphere and establishing effective communication. By maintaining continuous engagement with the data, the purest feelings and experiences related to marital relationship topics were extracted. To match the extracted codes with the participants' experiences, the codes were shared with some participants to create the greatest conceptual overlap between the researcher and the participants. The primary researcher benefited from consultations with qualitative research specialists in all stages of the study. The diversity of participant backgrounds was leveraged in purposive sampling to ensure a range of participants in terms of education level, occupation, and geographic area, thus enhancing data transferability. Efforts were made to compare data with other similar studies. Moreover, the researchers aimed to detail all study stages to ensure complete transparency for future research.

Ethical considerations

Written informed consent was obtained from all study participants, and confidentiality of participant information was ensured. Permission was obtained from participants to record the interviews. This study was registered and approved by the Research Ethics Committee of Birjand University of Medical Sciences with the Ethics Code: IR.BUMS.REC.1402.310.

Results

The demographic characteristics of the participants are presented in Table 1. Through the conventional content analysis of data from 14 couples who met the inclusion criteria, 960 open codes were extracted, which were organized into 12 subcategories and subsequently grouped into 4 main categories. These categories reflect the participants' lived experiences of intimacy and sexual relations after the diagnosis of infertility, indicating that the shock to the couples' marital life changed their intramarital communication and led to a loss of intimacy. The main categories, along with their respective subcategories and quotes, are presented in Table 2 and are described further below.

Table 1: Demographic characteristics of participants

Pair number	Female age	Male age	Female education	Male education	Women's job	Men's job	Couse of infertility	Duration of diagnosis
P1	31	37	Bachelor's	Bachelor's	Housewife	Employee	Male	2.5 years
P2	26	29	Bachelor's	Master's	Shopkeeper	Employee	Female	4 years
P3	34	34	Diploma	Diploma	Housewife	Freelance job	Male	9 years
P4	54	58	Diploma	Illiterate	Housewife	Retired Employee	Female	37 years
P5	35	41	Bachelor's	Master's	Housewife	Employee	Unknown	16 years
P6	24	32	Associate degree	Diploma	Housewife	Factory technician	Unknown	3 years
P7	30	36	Bachelor's	Bachelor's	Yoga instructor	Salesperson	Unknown	4 years
P8	25	25		Bachelor's	Housewife		Both	1 year
P9	23	33	Bachelor's	Diploma	Housewife	Worker	Unknown	2.5 years
P10	29	36	Elementary	Bachelor's	Housewife	Employee	Female	5 years
P11	38	31	Diploma	Bachelor's	Housewife	Employee	Female	2 years
P12	41	43	Master's	Master's	Employee	Lawyer	Male	17 years
P13	43	47	Diploma	Diploma	Housewife	Mechanic	Female	19 years
P14	38	41	Diploma	Bachelor's	Home-based Jobs	Military	Female	14 years

Table 2: Relevant quotations for each subtheme

Themes	Subthemes	Quotations
Shock to marital life	Worry about uncertain future of marital life	*"I see myself with nothing left to lose and has become desperate and stuck in life. My torment is that of a person with no helper to unravel the tight knots of their circumstances." (P4/female infertility)*
		"Unintentionally, thoughts swirl in my mind: 'What's going to happen? What will this life be like without children? How long can we continue? Will my partner stay, or will my life fall apart because of this problem? These thoughts heat up the mind." (P11/female infertility)
	Caught up in constant mental chaos	*"I constantly ask myself: What should my partner do? Since he is healthy, I feel I am taking something from him. This thought haunts me, and I worry that this problem leave me with nothing, consuming me with guilt." (P10/female infertility)*
		"My partner and I are trying to figure out what the problem is, even though our tests are normal and there is no history of infertility in our family. It really boggles my mind to the point where I can't focus on the things I should be managing." (P9/unknown infertility)
		"When my partner is not home, I get lost in thought, obsessively reviewing the path that led me here. These never-ending thoughts consume my attention, to the point where I fail to even realize what I was supposed to be doing." (P3/male infertility)
	Couples moving away due to impatience	*"There is a certain coldness in our relationship, and we no longer make time to talk about it. My partner sits in the living room in front of the TV, while I retreat to the bedroom with my phone. We simply do not communicate like we used to." (P1/male infertility)*
		"I have locked myself in the house and refuse to go anywhere. Even at home, I stay alone in the bedroom, withdrawing from my partner, and my behavior clearly bothers them." (P8/Common infertility)
Couple's intimacy downhill	Blaming each other, beginning of the intimacy breakdown	*"Sometimes he insists that since I'm the one taking medication and undergoing treatment, the problem must be mine. He doesn't understand the immense stress these comments inflict, rendering the treatment pointless, even though he knows our infertility is unexplained." (P13/female infertility)*
		"I am devastated by this situation; my tests are normal just like his, but he persistently blames me for the infertility." (P8/common infertility)
		"I endure all this pain and difficulty for the treatment, yet he blames me because I am taking the medication. It is really hard not only to face the agony of not having children but also to hear those hurtful words from the closest person in my life." (P8/common infertility)
	Disobeying each other's intimate desires	*"My wife wants me to take great care of myself, to be ready whenever we go out, and to dress nicely even at home. However, I can't do these acts of self-care with my current mindset. I feel like she no longer pays attention to me." (P6/unknown infertility)*
		"He approaches me very excited, suggesting: 'Let's go for a drive, or grab dinner out, like a romantic date from the early days of our marriage.' But I simply lack the emotional energy to participate, so I usually decline, which makes him really upset with me." (P8/common infertility)
	Tension penetration into intimacy	*"We have conflicts every single day and our relationship is rarely good. Every time we attempt to talk, it escalates into another fight, and he constantly badmouths me. I am tired of this kind of life, and to be honest, I do not know why I lack the strength to simply leave." (P5/unknown infertility)*
		"For several years, our arguments have devolved into mutual cursing, and this toxic language has regrettably become normal for us." (P5/unknown infertility)
		"As time passes, the boundaries between us increase, resulting in the exchange of hurtful words that would never have been spoken if we didn't face this problem and were still getting along. This escalating conflict is severely damaging our life together." (P9/unknown infertility)
Diminished bed-life pleasure	Deprivation of spousal embrace	*"When we learned the issue was mine, I felt my body had become foreign to him. We started sleeping back-to-back, as if the space between us was wider than the bed itself." (P2/female infertility)*
		"Most nights, my partner retreats to the living room, using excuses so as not to upset me. I am left to sleep alone on our bed. To sleep in his embrace, once a given, has now become a longed-for wish." (P6/unknown infertility)
	Reduced desire to pleasurable marital relations	*"A profound coldness has settled between us; we no longer feel the connection we once shared. Before, the slightest change in my appearance would attract my partner and often lead to intimacy, but that spontaneous warmth and passion are now gone." (P8/common infertility)*
		"I have no desire for sexual relations anymore because. I have ruminated constantly on this damned problem, knowing that in the end, intercourse brings us nothing. Though we engage in sexual relations, I derive absolutely no pleasure from it." (P13/female infertility)
	Loss of sexual pleasure due to mental	*"When I look at our marital relations, nothing remains of what it once was; the quality is completely gone, and it offers no joy whatsoever. Sex is no longer a means to release tension or fulfill emotional needs; it is reduced solely to the anxious calculation of success or failure." (P14/female infertility)*

Contd...

Table 2: Contd...

Themes	Subthemes	Quotations
	involvement in infertility	*"There is no energy left to seek pleasure in sex because we are constantly preoccupied with the problem. We must remain careful not to let anything waste our efforts." (P2/female infertility)*
Prescribed, instead of pleasurable sex	Imposed intercourse solely for having a baby	*"It is so stressful knowing we are required to have sex on certain days to get pregnant and when I remind my husband, he doesn't get excited like he used to." (P6/unknown infertility)*
		"When I look at our marital relations, instead of being a source of intimacy and relieving sexual tension, it has become part of our infertility treatment." (P4/female infertility)
	Emphasis on reproduction over emotional gratification	*"For my partner and me, the enjoyment of sexual intercourse is no longer a priority. Only adhering to the schedule and achieving the result is worthwhile, even if the act itself provides no pleasure." (P10/male infertility)*
		"We have lost our private jokes and sleep together less often. Even when we are intimate, we find no pleasure in our connection because our focus is entirely on whether we will achieve conception this time." (P6/unknown infertility)
	Unpleasant feeling because of revealing private relationships to a third party	*"When the doctor dictates the specific times, we need to engage in intercourse to get pregnant, I feel immense discomfort. I constantly feel as if someone is standing next to us, knowing the details of our night. This sense of external scrutiny creates profound feeling of shame." (P12/male infertility)*
		"During sex, my mind is split: either I'm preoccupied with whether my wife will conceive by the month's end, or I'm hyper-aware that the doctor knows we've had intercourse. This complete loss of privacy is profoundly disturbing and creates an intense negative feeling within me." (P7/unknown infertility)

Shock to marital life

The first main category identified among infertile couples was shock to marital life, characterized by three subcategories: (1) worry about the uncertain future of marital life, (2) caught up in constant mental chaos, and (3) couples moving away due to impatience. Upon confronting the infertility diagnosis, couples described entering an immediate state of crisis, initially marked by profound shock. This shock precipitated a relentless preoccupation with existential uncertainties about their marital future—specifically, whether to maintain the relationship or consider separation. These intrusive ruminations permeated daily life, disrupted couple functioning, and exacerbated interpersonal tensions. Over time, the chronic psychological toll of unresolved infertility and the monotonous pressure of medical procedures reinforced mutual emotional withdrawal.

Women diagnosed with infertility often expressed immediate concern for their marital relationships, influenced by societal views that prioritize childbearing as essential for family formation. This anxiety was compounded by feelings of hopelessness regarding childless marriages and a sense of isolation while facing this challenge. Many (n = 12) reported feeling initially shocked and confused by the diagnosis, particularly when tests yielded normal results. This confusion led to constantly questioning the reasons for their situation, which disrupted their daily lives. Those with identifiable causes of infertility struggled with feelings of guilt over their partner's inability to have children, exacerbating their mental anguish. Ultimately, the profound disappointment stemming from infertility often created emotional distance between the couples, resulting in a sense of instability within the family and a lack of mutual support as they grappled with feelings of helplessness regarding their future.

Couple's intimacy downhill

The second main category that emerged from couples' experiences was the gradual decline in intimacy between partners. This theme was characterized by a breakdown in mutual trust stemming from unresolved blame and the search for a reason for infertility. Participants described how blame was often disproportionately placed on women even in cases of unexplained infertility, due to sociocultural expectations. This blaming often fostered a self-righteous attitude in men, which significantly harmed intimacy. As infertility tensions persisted, they created chronic conflicts, gradually altering marital norms. Participants noted becoming less attentive to each other's emotional needs, which sometimes led to a breakdown of respect and, ultimately, a significant loss of intimacy within the relationship.

Diminished bed-life pleasure

The next category that emerged from the couples' experiences was the decrease in pleasure from life in the bedroom. This category describes how the couples' sexual relationships were affected by their intense focus on the diagnosis and the mental struggle associated with it. The enjoyment and emotional comfort typically associated with sexual relations no longer held meaning for them. Their thoughts were entirely directed toward the goal of parenthood, which caused them to move away from romantic embraces aimed at pleasure. Their sexual capacity diminished due to the preoccupation with the reproductive outcomes of their sexual relations.

The subcategory of deprivation of spousal embrace highlights how some women, after being diagnosed with infertility, isolated themselves in their bedrooms due to emotional stress, leading to a lack of intimacy. Following

unsuccessful treatment attempts, their despair further diminished their desire for closeness, causing men to often separate their sleeping arrangements, which reduced opportunities for intimate embraces. This reflects how the constant mental struggle with infertility affected couples' sexual experiences. Although they may engage in sexual relations more frequently, the pleasure and emotional fulfilment from these encounters significantly declined. The tension surrounding the hope of achieving a favorable outcome effectively deprived them of comfort and enjoyment in their intimate lives.

Prescribed, instead of pleasurable sex

The final category reflecting couples' experiences was prescribed sexual intercourse rather than pleasurable sexual encounters. Participants indicated that they felt compelled to follow the step-by-step advice of infertility therapists, prioritizing this path over spontaneous, pleasurable sexual encounters, as it was perceived as the only route to parenthood. However, this approach introduced an unpleasant side for couples, who sometimes expressed dissatisfaction with such relationships. Infertile couples felt obligated to engage in prescribed sexual activities at designated times and prioritized the goal of parenthood over pleasure until they achieved results. This subset of sexual relations, aimed solely at achieving parenthood and influenced by a therapist's recommendations, often neglected the couples' sexual and emotional needs. Couples were required to adhere to a rigid sexual schedule focused on pregnancy, which heightened tension and shifted their perspective of intimacy to a mere means of addressing infertility rather than a source of pleasure. They felt uncomfortable knowing a third party was aware of their intimate encounters, likening it to having someone present during intimacy, which further diminished their ability to enjoy the experience and contributed significantly to their overall dissatisfaction.

Discussion

This study explored the profound impact of infertility on marital relationships, focusing on sexual and intimacy challenges faced by Iranian infertile couples. The findings, organized into four main categories—shock to marital life, couple's intimacy downhill, diminished bed-life pleasure, and prescribed, instead of pleasurable sex—clarified the complex interplay between infertility diagnosis and marital functioning, particularly within the Iranian cultural context where childbearing holds significant social importance.

The diagnosis of infertility creates an immediate disruption to the couple's shared vision of their future, manifesting through worry about the marriage's sustainability, persistent psychological turmoil, and gradual emotional distancing. These findings align with previous research examining Iranian women's experiences of infertility, which identified "shock" as a primary response, characterized by disbelief and denial.[12,25,26] The subcategory "worry about the uncertain future of marital life" resonates with global literature indicating that infertility remains predominantly a woman's social burden, despite male factors contributing to more than half of all childlessness cases worldwide.[25-27] In Iranian culture, where family formation expectations are particularly strong, this uncertainty creates significant strain on the marital bond. The "constant mental chaos" experienced by participants reflects the overwhelming cognitive and emotional burden that follows diagnosis. This psychological state creates a foundation for subsequent intimacy challenges as couples become consumed by fertility concerns rather than maintaining their relationship quality. Research shows that infertility introduces various challenges across emotional, psychosocial, communicative, and cognitive aspects, affecting multiple areas of life.[28] The subcategory "couples moving away due to impatience" illustrates how the prolonged stress of infertility can erode relationship resilience, leading to new concerns, problems, and demands.[26,28] The process of physical and emotional withdrawal described by participants represents a critical juncture where intervention could prevent further relationship deterioration.

The second category reveals how infertility progressively undermines the emotional intimacy between partners. This deterioration begins with mutual blame and gradually expands to include disobedience of intimate desires and increasing relationship tension. The subcategory "blaming each other" represents a pivotal turning point in relationship dynamics. This finding reflects the "processing" phase identified in previous research on Iranian women's infertility experiences, where marriages can become at risk due to the stresses of treatment and uncertainty.[25] When partners attribute fault, whether explicitly or implicitly, it initiates what participants described as "the beginning of intimacy breakdown."[29] The subcategories "disobeying each other's intimate desires" and "tension penetration into intimacy" highlight how infertility can transform the couple's emotional landscape. These findings complement previous research emphasizing the critical nature of mutual understanding, emotional support, compassion, and respecting each other's treatment preferences.[28,30] When these supportive elements diminish, couples experience the progressive deterioration of intimacy described by participants.

The third category addresses the profound impact of infertility on sexual satisfaction and pleasure, moving beyond emotional intimacy to physical intimacy challenges. The subcategories "deprivation of spousal embrace" and "reduced desire for pleasurable marital relations" reflect how infertility transforms physical intimacy from an expression of desire to a fertility-focused activity. This aligns with research showing that infertile women progressively forget that their sexual relationship is also a response to their natural need.[6,13,31] The psychological burden of infertility diminishes sexual spontaneity and pleasure. The "loss of

sexual pleasure due to mental involvement in infertility" described by participants represents a significant barrier to satisfying sexual experiences. A qualitative study examining the sexual behavior of infertile women similarly identified the psychological impact of infertility as a major factor affecting sexual satisfaction.[31] Interestingly, research from Northern Iran found that physical and sexual domains had high mean scores in assessments of marital intimacy among infertile women.[18] This apparent contradiction with our findings suggests that quantitative measures may not fully capture the nuanced experience of sexuality during infertility, or that significant variations exist in how couples respond to infertility challenges.

The final category describes the transformation of sexual activity from a spontaneous expression of desire to a medically prescribed act with reproduction as its sole purpose. As Abby notes in Loss and Trauma, infertility transforms physical intimacy from an expression of desire to a fertility-focused activity.[32] The subcategory "imposed intercourse solely for having a baby" reflects the scheduling demands of fertility treatments. This finding directly corresponds with research identifying "timed intercourse" as a significant theme in the sexual lives of infertile couples.[31] When sexual activity becomes dictated by ovulation cycles rather than desire, the emotional significance of physical intimacy fundamentally changes.[33] The "emphasis on reproduction over emotional gratification" described by participants reveals how the purpose of sexual activity shifts during infertility treatment. This medicalization process transforms intimate moments into clinical activities,[26] leading to the feeling that sexual intercourse is not fruitful when pregnancy does not occur, and sexual desire gradually reduces.[31,33] The subcategory "unpleasant feeling because of revealing private relationships to a third party" highlights the invasion of medical procedures into previously private aspects of the relationship. Participants expressed discomfort with discussing intimate details with healthcare providers,[12] which aligns with research documenting the impact of assisted reproductive technologies on female sexual behavior.[31,34] This loss of privacy is a significant, yet often overlooked, stressor on the couple's sexual relationship in medical settings.

The disruption of emotional intimacy and communication reported in this study aligns with international evidence showing that infertility commonly reduces marital and sexual satisfaction and increases psychological distress among couples. Several systematic reviews and meta-analyses report that counseling and psychosocial interventions can mitigate these adverse outcomes and improve couple functioning. However, while many intervention studies and reviews emphasize the effectiveness of structured counseling programs, our participants rarely sought or accessed professional psychosocial support, suggesting that cultural stigma, limited local services, and barriers to discussing sexual issues may reduce the uptake of interventions in this setting.[35]

This study was limited by its single-center sampling and the cultural specificity of its participants, which may affect the generalizability of the findings. The sensitive nature of the topic may have influenced participants' willingness to fully disclose their experiences. The study's strengths include its in-depth qualitative approach, inclusion of both partners in interviews, and culturally contextualized analysis, which provided rich insights into marital intimacy following infertility. Future research should explore similar experiences among infertile couples in diverse cultural and geographic contexts, including multicenter studies and longitudinal designs. Comparative studies between couples undergoing different treatment modalities or living in urban versus rural areas may further clarify the psychosocial dimensions of infertility.

Conclusion

This study revealed that infertility diagnosis profoundly affects couples' marital relationships by triggering emotional shock, reducing intimacy, diminishing sexual satisfaction, and shifting sexual activity toward medically prescribed routines. These findings underscore the need for infertility care that goes beyond medical treatment to include culturally sensitive psychosexual support. Addressing these relational challenges through targeted counseling may help couples preserve emotional connection and marital stability during their fertility journey.

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Conflicts of interest

Nothing to declare.

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