

It's the Climb: The Reproductive Journey and Well-being of Filipino Women with Infertility

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ABSTRACT. According to studies, infertility is often ignored in developing countries despite its impact on well-being. This qualitative study aimed to explore how Filipino women with infertility gave meaning to their well-being and experiences in trying to conceive. In-depth interviews were conducted with eight women, while three psychologists and two reproductive doctors were consulted as additional data sources. Utilizing interpretative phenomenological analysis (IPA), four themes were generated: walking trails of my reproductive story; hazards along the way: stressors of infertility; lost in the wilderness: toll on mental health and well-being; and looking back, I am in awe: journey of ascending from waiting and exploring. A simulacrum, "T.T.C. Journey Map," was developed from these themes. The findings added to the limited literature on reproductive health and well-being, which can be used as a basis to create a psychosocial program to address fertility-related concerns and ensure well-being among women with infertility.

1.0. Introduction

Infertility affects millions of people of reproductive age worldwide, with an estimated 186 million people and 48 million couples (World Health Organization, 2020). Infertility is a reproductive disease in which couples fail to have a successful pregnancy after a year or more of actively trying to conceive (Vander Borgh & Wyns, 2018). Specifics of parenthood differ from person to person, but the desire to have children or reproductive stories are constants (Jaffe & Diamond, 2011).

According to studies, infertility is reported to significantly impact a couple's well-being (Cui, 2010; Kitchen et al., 2017; Maroufizadeh et al., 2018). However, research shows that men have a significantly better quality of life than women (Bose et al., 2021). Women are considered emotional stigma bearers of this condition, including anxiety, stress, and depression (Obeidat et al., 2014).

Infertility is also considered a reproductive health indicator and a significant global issue that causes women to feel marginalized and stigmatized in their social environments (Callister, 2010). Many women who are childless

in developing countries believe their lives are hopeless without children (Cui, 2010). Women are more likely to experience existential, physical, emotional, and interpersonal concerns (Ying et al., 2016; Roussos-Ross et al., 2018). Infertility is frequently regarded as an unpleasant, depressing, and isolating experience causing emotional distress, grief, loss of self-esteem, isolation, and even discrimination (Atang, 2016).

While many accounts in the literature about how infertility has negatively affected people, there are also some positive accounts. For instance, Jacobs and O'donohue (2013) indicated that some couples had gained strength from battling infertility, and as a result, their relationships have improved. Overall, research indicates that those who experienced infertility could benefit from psychological attention (Azghdy Seyede Batool et al., 2014). Frederiksen et al. (2015) stated that psychosocial interventions for couples undergoing infertility treatment could reduce psychological distress and may increase clinical pregnancy rates. In addition, equally important to them is the availability of psychological support as they complete their treatments (Boden, 2013).

Meanwhile, the Philippines recently passed a law on Responsible Parenthood and Reproductive Health, which includes some of its elements, such as treatment for reproductive medical concerns

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and other gynecologic conditions, as well as mental health aspects of reproductive health care (Cabral, 2013). However, there is little academic research and understanding of the country's reproductive concerns, infertility, and well-being. With the country's fertility rate steadily declining (Philippine Statistics Authority, 1999) and recent data indicating that one out of every ten Filipino couples is infertile (Mangosing, 2013), it is only natural to investigate and comprehend reproductive health and psychology, as these may interact with demographic dividend, and to know best how they can be supported.

The present study aims to advance a greater understanding of how Filipino women with reproductive concerns, particularly those with infertility, give meaning to their reproductive journey and describe their experiences in trying to conceive and how they perceive their overall well-being. This study was motivated to gain a better understanding that may contribute to developing programs and policies offered to women suffering from this type of reproductive condition.

2.0. Methodology

Research Design. This research employed a qualitative research design to understand how Filipino women experiencing infertility make sense of their reproductive journey and well-being. Interpretative phenomenological analysis (IPA) was used for data analysis. IPA allows for in-depth analyses of the individual's lived experiences and helps understand how people perceive specific situations and make sense of their personal and social environments. IPA is appropriate when dealing with complexity, process, or novelty (Smith & Osborn, 2003) and commits to meticulously researching the nuances of each instance before making more general statements. It assists in examining complex, new, and emotionally sensitive themes (Smith & Osborn, 2015); thus, the phenomenon of infertility in Filipino women and their well-being lends itself well to IPA. This collaborative approach explores experiential meanings through interpretative work between the researcher and the participant (Smith & Fieldsend, 2021).

Participants. The study includes women with reproductive issues, particularly primary infertility, and mental health and reproductive health experts. Women with reproductive concerns were selected based on the following criteria: (a) age 18 to 49; (b) in a relationship and trying to conceive (TTC) for more than a year; (c) infertility issues; and (d) never having a child.

Participants were 29 to 40 years old and had been TTC for more than a year. Seven belong to a profession, and one to a spiritual vocation. Only one was self-diagnosed; the rest were medically diagnosed. Further, three registered psychologists who are Master's and PhD-level with private clinics and two reproductive specialists who are medical doctors specializing in women's health and fertility care were also interviewed.

Data Collection Procedure. After receiving ethics permission for the study, a multi-modal recruiting technique using traditional and internet-mediated recruitment and snowball sampling was used. Email and visits were also utilized to collaborate with mental health and fertility providers. The researcher also put online ads in different online support groups. This method balances the pros and cons of each technique (McRobert et al., 2018).

Eight women were subjected to in-depth individual interviews at their convenience in private. Four participants were referred through networks, and four responded to an online group post. The interviews lasted one to two hours with permission for audio recording and to reach them again whenever clarifications were needed. Meanwhile, the Haigh and Witham's (2013) Distress Protocol was applied in two cases with emotional reactions during the interview. Further, three participants were met multiple times for serial interviewing and validation purposes, with the participants' permission to be contacted again. The rest of the interviews were conducted in single sessions. This process is possible when dealing with critical informants and ill-defined issues (Read, 2018). Another advantage of a serial interview is the opportunity for information verification and cross-checking. After eight participants, the data reached theoretical saturation with no new emergent themes.

Also, three psychologists and two reproductive specialists were interviewed one-on-one at a fertility clinic, mental health clinics, and other offices. A letter of invitation and confirmed appointments were communicated before the physical interview. Despite tight schedules, mental health practitioners and reproductive specialists were flexible and accommodating.

As to the research instruments used, three psychologists evaluated the semi-structured interview guide for infertile women, mental health professionals, and reproductive specialists—a two-part interview protocol

composed of the robotfoto and aide memoir. The structure and range of interview questions were given importance as they may affect the quality of qualitative research interviews (Ballena, 2021). The robotfoto includes age, occupation, and reproductive concerns. The aide memoir (Patton, 1990) covered reproductive concerns, especially infertility, and women's well-being. While, mental health and reproductive health professionals were asked about the biological, psychological, and social experiences of women with reproductive issues, their well-being, and the need for a reproductive intervention for women.

Mode of Data Analysis. The researchers first collected and manually transcribed the data from the audio file, which helped them learn more about each case. Although there is no single, definitive method for conducting IPA, Smith and Osborn (2007) made recommendations that were followed in the current study. The process includes: (1) looking for themes in the first case; (2) connecting the themes; (3) continuing the analysis with other cases; (4) writing up; and (5) drawing a conclusion. To understand the content and complexities of the meanings of the participant's responses, the researcher interacted with the transcript in an interpretative manner. Sustained engagement with the text and an interpretation process was employed to capture the responses' essences and understand their mental and social worlds. The critical friend technique and participant feedback were also used to validate the findings (Creswell & Miller, 2000).

3.0. Results and Discussion

The reproductive stories of the participants showed the climbing path of women with reproductive concerns using IPA data analysis, which revealed the Reproductive Journey and Well-being Model of Infertility with four themes and nine subthemes.

Theme 1. Walking Trails of My Reproductive Story

This theme was inspired by the participants' stories about discovering their reproductive concerns, their preconceived notions about infertility, their pregnancy motivations, and the challenges they faced during fertility treatment.

A. The starting point: warnings of infertility. Reproductive concern has a story that includes its perceived beginning.

I wish I had known about it before it started. Most of those who took part stated that they had been actively trying to conceive for over a year. None of them were concerned about pregnancy during their first year of marriage. They are all certain that the pregnancy will occur on its own. They saw infertility as an unexpected event that left them feeling bereft and wishing they had known about the condition sooner. Even though three participants had preconceived notions about how difficult it would be to conceive due to a history of hormone imbalance and other medical issues, being infertile after years of T.T.C. seemed surreal.

"I assumed that getting pregnant was a simple process that would naturally occur when tried." (Participant 7, personal communication, October 22, 2019)

"When we were younger, we did not take infertility seriously. We would have started fertility treatments sooner if I had known about it earlier." (Participant 4, personal communication, October 2, 2019)

Similarly, many studies showed that infertility is perceived as an unexpected and unwelcome event (Patel et al., 2018). Even if there were warning signs, those minor signs and symptoms were likely overlooked and dismissed at the time. They may have felt remorse and wondered what they could have done if they had known about it sooner, such as getting married and seeking treatment.

B. Targeting the pinnacle track: fertility motivations. Their journey's walking trails are also inspired by looking up to their fertility goals and motivations. Childbirth and motherhood are important life goals for them; they see them as sources of happiness, completeness, and future security. They saw motherhood as a way to express their love and devotion to their spouse while fulfilling their maternal desires.

I Can Almost See It. Participants imagined themselves as parents raising children. They saw it as essential to their life's dream and began planning to secure their children's future. They envision a future in which they will have children.

"My business apartment is now being built. I can imagine my children's future; this is to support

Table 1. Reproductive Journey and Well-being Model of Infertility

Themes	Subthemes	Categories
1. The Walking Trails of My Reproductive Story	1.1 The Starting Point: Warnings of Infertility	<ul style="list-style-type: none"> • I wish I had known about it before it started
	1.2 Targeting the Pinnacle Track: Fertility Motivations	<ul style="list-style-type: none"> • I Can Almost See it • The Pot of Gold: Completeness, Happiness, and Security • Fulfillment of Maternal Identity • An Expression of Love
	1.3 The Realities of Fertility Treatment and Diagnosis	<ul style="list-style-type: none"> • Diagnosis is an Uphill Battle • Downward Trek: Fertility Treatment and Strategies
2. Hazards along the Way: The Stressors of Infertility	2.1 Encountering Bad Weather: Marital, Social, and Family Pressures	<ul style="list-style-type: none"> • Marital Pressure and the Trap of Guilt, Self-Blame, and Fear • The Route to Social Withdrawal: Topics on Pregnancy and the Filipino Societal Expectations • The Shadows I am Making: Family Dynamics and Interactions
3. Lost in the Wilderness: Toll on Mental Health and Well-being	3.1 Uncertainties of an Empowered Vulnerable Woman	<ul style="list-style-type: none"> • I am satisfied with my life, but I cannot fathom this hollow feeling • Self-care is my lifestyle, yet I feel unhealthy • You cannot have it all: Should I step back from my professional aspirations? • Getting Stuck: Anxiety for what lies ahead, tolerance for indefinite waiting, and the need to survive
	3.2 Self-Stigmatization: Internalizing the Social Stigma of Infertility	<ul style="list-style-type: none"> • Social Discomfort and the Feeling of Isolation • Emotional Distress • I am Losing My Sense of Self
4. Looking back, I am in A.W.E.: The Journey of Ascending from Waiting and Exploring	4.1 Running in Circles: The Process of Coping thru the W.A.I.T. to Cope Model of Infertility	<ul style="list-style-type: none"> • Withstanding Point: The Period of Waiting, Avoiding, and Reflecting (W.A.R.) • Aspiring Point: The Period of Mollifying, Accepting, and Planning (M.A.P.) • Impelling Point: The Period of Acting, Connecting, and Thriving (A.C.T.) • Trouncing Point: Debilitated, Ruminating, Overwhelmed, and Perplex (DROPP)
	4.2 My Support System: Exploring the Summit with Companions	<ul style="list-style-type: none"> • The Man Beside Me • I am not alone! We shared the same sentiments • It made me feel comfortable: That is genuine concern
	4.3 Ascending Realizations: The view from the Top	<ul style="list-style-type: none"> • Gratitude: Appreciating the brighter side of the Struggle • What is Waiting on the Other Side: Hope, Optimism, and Faith

their education.” (Participant 5, personal communication, September 27, 2019)

The Pot of Gold: Completeness, Happiness, and Security. Motherhood is a source of happiness for them, and having children is a cornerstone of a secure and happy family life. They have stated that having their own children can give them a sense of completeness, fulfillment, and satisfaction. At the same time, the need for security arose, with the realization that their offspring would be the ones to care for them in old age. This supports the theory of the

old-age security hypothesis, which claims that in developing countries, it is essential to have children to ensure that someone will look after you when you get old (De Vos, 1985).

“Whenever I see a happy family, I want to feel the same way.” (Participant 2, personal communication, October 1, 2019)

“We wanted to have a child so that someone would look after us when we got older.” (Participant 4, personal communication, October 2, 2019)

Fulfillment of Maternal Identity. Whenever they saw children around, they felt inspired. A mother and child scene frequently arouses their yearning for motherhood, prompting them to imagine their parenting style. Motherhood is a fulfillment of their maternal identity.

"Whenever I witness my nieces and nephews being tended to, such as taking them to school, I get the feeling that I would like to have my own child go through the same experiences. I also fantasized that one day, we'd take family photos with our child." (Participant 2, personal communication, October 1, 2019)

In the study of Bose et al. (2021), it is reported that women have a higher "need to be a parent", hence findings in this study are an essential account, given that we know less than nothing about women's subjective importance of motherhood (McQuillan et al., 2015).

An Expression of Love. Four women have shared that their spouse is their motivation for getting pregnant. They wanted to give their partner a child to experience what it is like to be a father.

"My motivation is my husband; I wanted to give him a child." (Participant 5, personal communication, September 27, 2019)

"I want him to experience what it is like to be a father." (Participant 4, personal communication, October 2, 2019)

C. The realities of fertility treatment and diagnosis. Fertility workup is not usually a straightforward procedure. The participants expressed their frustrations with consultations and treatments. During the conversation, reproductive specialists confirmed this.

"Not everyone feels great after the consultation. Some of my patients never came back for treatment. Some patients stop taking their medications after only a few consultations. Treatment was most likely discontinued due to discouragement. One reason is financial difficulty. Some people do not have time for check-ups and therefore discontinue treatment

because they are preoccupied with their jobs. Another common reason is that their partner was working abroad, causing their planned pregnancy to be disrupted." (Obstetrician-Gynecologist 1, personal communication, January 30, 2020)

They also mentioned that many of their patients had already received multiple consultations and fertility treatments from various doctors.

The diagnosis is an Uphill Battle. All of the participants indicated that infertility did not concern them at first but that after some time, they recognized the need for medical help. Six of the participants said they were the ones who started the treatment, while the other two shared that it was their husbands who made the initiative for the diagnosis.

"We both wanted to conceive, but my husband sought medical advice first, and he had a sperm count done." (Participant 4, personal communication, October 2, 2019)

Meanwhile, seven participants reported that they sought medical advice for diagnosis; however, one participant stated that she self-diagnosed due to her apprehension of medical procedures. The results of their medical diagnosis had an impact on various facets of their lives, particularly their level of confidence to conceive.

"It was discovered during fertility check-ups that I have a Dermoid Cyst in my ovary, which requires surgery. I was confident we would make it before the diagnosis, but now I have to keep going." (Participant 1, personal communication, September 27, 2019)

Aside from infertility, the participants often complain about their experience of pain and menstrual struggles. They also protested the difficulties they have constantly experienced in seeking medical consultations. The participants described the medical diagnosis process as a detailed medical history followed by physical and laboratory examinations. Conversely, two participants shared that the initial check-up for medical consultations with their doctor has given them hope and excitement. However, after repeated failures, the process left them with a

sense of powerlessness over their reproductive health condition, prompting anxiety and affecting their self-worth negatively.

"After the diagnosis of Myoma and my operation, I was told that 90 percent with similar cases can still conceive. However, following the surgery, I was told I had a low chance of getting pregnant." (Participant 4, personal communication, October 2, 2019)

They experienced overwhelming emotions, including shattered hopes and aspirations and disappointment with the medical practitioners.

"I used to think that the treatment would help me conceive, but after several months of medical check-ups, I have not seen any improvement." (Participant 7, personal communication, October 22, 2019)

"Reproductive treatment is not only an exhausting process but is a very painful experience and financially draining." (Participant 2, personal communication, October 1, 2019)

When asked about the causes of infertility, the participants reported the following medical issues: Endometriosis, Myoma, Adenomyoma, obstructed fallopian tubes, infection, polycystic ovarian syndrome, and hormone imbalances. The participants also mentioned genetic factors, which they referred to as family histories of infertility. Participants also pointed out their lifestyle and the interweaving relationship between stressful professions and obesity. On the contrary, despite being able to determine the cause of their reproductive issues, three of them remained perplexed and uncertain.

"I am unsure how I got Myoma; when I asked the doctor, she did not explain it well, and I recall her mentioning filthy water as a possible reason, which I do not understand." (Participant 4, personal communication, October 2, 2019)

Notwithstanding, reproductive doctors detailed how medical treatment can help with the success of conception. She expounds that,

"Some patients could conceive fairly easily after consultations.

However, this is not true for everyone. Although there are psychosocial experiences, however our focus was their biological issues." (Obstetrician-Gynecologist 1, personal communication, January 30, 2020)

Furthermore, they have revealed that the patients' most pressing concerns related to infertility were irregular cycles and Polycystic Ovary Syndrome (PCOS).

Hiking Downhill: Fertility Treatment and Strategies. Fertility treatment was described as a stressful and painful experience. The treatment includes a thorough physical and laboratory examination, including hormone testing, Transvaginal Ultrasonography (T.V.S.), Hysterosalpingography (H.S.G.), weight management, pill prescriptions, and other fertility medication.

Participants 1 and 4 both underwent the removal of one ovary, and Participant 1 is the only one currently on In Vitro Fertilization (IVF) procedure. Participant 6, on the other hand, focuses solely on self-diagnosis and do-it-yourself (DIY) treatment. Struggles and complaints expressed by the participants were physical pain, uncomfortable with scheduled sex or sexual stress, financial stress, the experience of multiple or numerous doctors, time-consuming treatments, and the risks and side effects of medications. Financial stress is evident among those seeking treatment, placing a significant financial burden on families (Sundaram et al., 2020).

"We had to sell our vehicle for the operation. We even had a loan for the expensive medical treatments. It is impossible not to be in debt." (Participant 4, personal communication, October 2, 2019)

Fertility workup includes regulating the patient's cycles, prescribing pills and fertility drugs, and referring the patient to a fertility specialist if nothing else works. Participants also tried complementary and alternative fertility treatments. They also explored a healthy lifestyle, herbal therapy, and "hilot," a Filipino fertility massage.

"I have tried *hilot* several times in the hopes of becoming pregnant." (Participant 4, personal communication, October 2, 2019)

"I do not recall all of the herbal and food supplements I have tried, but one of them is the well-known *Paragis*." (Participant 2, personal communication, October 1, 2019)

Research has shown that cultural beliefs and patients' understanding of their condition has been proven to influence medical help-seeking behavior (Bailey et al., 2000; Abad et al., 2014). They also tried meditation, joined online support groups, and downloaded online reproductive resources, including fertility mobile apps.

Theme 2. Hazards along the Way: The Stressors of Infertility

Apart from their medical issues, all eight individuals reported they were under stress from marital, social, and familial pressures.

Encountering bad weather: marital, social, and family pressures

Marital Pressure and the Trap of Guilt, Self-Blame, and Fear. Participants discussed how infertility affected their marital relationships. One issue was the couples' differences in the readiness for diagnosis and fertility treatments. Another was the couples' dispute over whether or not to pursue adoption as a viable option.

"I have read about a supplement that could help us conceive, and it required both of us to take it; however, my husband refused and preferred to get a medical check-up first." (Participant 6, personal communication, October 15, 2019)

"My husband was opposed to the idea of adopting a child. He desired a child of his own and believed that adoption might bring problems in the future. He wanted us to go to any length to ensure that the baby was born from our genes." (Participant 1, personal communication, September 27, 2019)

Another source of marital stress identified by the participants is male stress. They felt terrible when they realized their partner was under pressure to have a child.

"My husband felt pressured because he is now thirty-two, questioning himself over not having a child... A week after we had intercourse, I reported

blood spots, and he immediately requested a pregnancy test, which returned negative." (Participant 7, personal communication, October 22, 2019)

"We do not fight very often; we are a happy couple. However, there was a time when I cried hard because my husband asked for my consent to have a kid with another woman. Even though he intends just to take the child and raise it as our own, I was hurt." (Participant 5, personal communication, September 27, 2019)

Sexual stress is also a concern in the participants' relationship; the complaint is about scheduled intercourse and changes in sexual performance after the operation.

"Before, we have to follow scheduled sexual intercourse; and after the operation, I experienced some changes in my sexual performance. I did not feel as active as I used to, and he appeared to be more affected than I was." (Participant 4, personal communication, October 2, 2019)

In a study on the impact of infertility on couples conducted by Monga et al. (2004), men are reported to have lower intercourse satisfaction as a result of psychological pressure to conceive or time intercourse around a woman's ovulatory cycle, while women are reported to have a poor marital adjustment and a lower level of quality of life. The inability to conceive was a pressure that trapped the participants in a cycle of fear, guilt, depression, and self-blame because having a child is a marital obligation.

"Rather than continuing to live this way, I pressured my husband away and challenged him to break up. I am afraid that one day he will blame me for not being able to provide him with a child." (Participant 2, personal communication, October 1, 2019)

The Route to Social Withdrawal: Topics on Pregnancy and the Filipino Societal Expectations. Participants reported having negative social experiences as a direct consequence of their infertility. One participant expressed shame and embarrassment, particularly when the topic of pregnancy and the stigma of infertility were brought up. They were frequently questioned

about their childlessness, criticized, and subjected to pitiful expressions and insensitive remarks. According to research, social pressure, not infertility, is the most powerful predictor of depression (Ross & Hess, 2019).

"We had a mini-reunion with friends; it was supposed to be a fun catch-up get-together. However, it became a negative experience for me when I became the subject of jokes, and they began making fun of our situation...Since then, I ignored and avoided them; they assumed I'd changed." (Participant 2, personal communication, October 1, 2019)

"Others criticized and judged me for being childless, asking, do you prefer to live as if you are single even though you are married, and do you like it that way?" (Participant 4, personal communication, October 2, 2019)

The participants felt their personal space and lifestyles had been invaded when the topic of pregnancy was brought up in conversation. They lamented that the typical pleasantries they received were connected to their lack of children whenever they passed by with an acquaintance or relatives. Some were followed by a physical touch on their belly. They labeled these as "Filipino culture," the societal expectations on getting pregnant characterized by repetitive comments on their situations, being blamed, and being compared to others. They believed those encounters triggered unpleasant emotions and increased their sensitivity "*maramdamin*."

"It is a cultural belief in our town that if a younger sibling becomes pregnant before you, you will have a hard time getting pregnant. Because I was the eldest and could not conceive, my neighbors kept reminding me of this idea." (Participant 2, personal communication, October 1, 2019)

"Our friends were thrilled to be our baby's sponsors as "ninong and ninang". However, it puts us under pressure." (Participant 6, personal communication, October 15, 2019)

During the interview, the practitioners shared their observations on women's experiences with infertility and the impact of social pressures.

"Different opinions and perceptions make some women (who do not conceive) feel pressured and that something is missing." (Psychologist 1, personal communication, January 9, 2020)

When confronted with societal expectations, all participants exhibited social withdrawal. Distancing from people and avoiding pregnancy-related topics are two examples; another is not disclosing experiences to others, inhibiting emotion, and becoming selective in choosing friends with whom they can share their experiences.

"I avoided people and purposefully stopped communicating with my coworker (Line 138); I even wanted to quit my job at one point, but I am just trying to hang in there." (Participant 1, personal communication, September 27, 2019)

The Shadows I am Making: Family Dynamics and Interactions. Their family relationships and interactions also influenced the participants' fertility journey. It can be difficult for the participants when a family member pressures them to have children.

"My parents and I had a strained relationship. They are causing me much stress. They have been questioning me about my infertility and making comparisons between my siblings and me." (Participant 2, personal communication, October 1, 2019)

A father's concern for their daughter appeared to be a source of stress.

"My father wished me to fulfill my commitment to my husband by having a kid to ensure my husband would never abandon me." (Participant 5, personal communication, September 27, 2019)

"My father pledged that if I became pregnant, he would quit smoking. It is because dad wanted a grandchild... We are only two siblings, with me being the oldest and the only one married." (Participant 6, personal communication, October 15, 2019)

Some find it difficult to confide with their parents and siblings about their reproductive troubles since they do not want to burden their families with their emotional problems. On the other hand, one chooses to relocate away from relatives to avoid stressful situations induced by them.

"I do not want my parents to suspect I am having some infertility issues, and I would not want to let them down." (Participant 6, personal communication, October 15, 2019)

"We left my hometown to minimize chaos, and we chose the location that was the farthest away from our place." (Participant 2, personal communication, October 1, 2019)

Adverse childhood experiences, such as personal hardships and familial roles, were also discussed as factors that may have influenced the participants' reproductive journey. One participant had a childhood medical issue, while another felt forced to take over the responsibility at a young age after her father died. At the same time, five participants talked about their experiences of succeeding in life to support their financial needs back then, including their siblings' education, before they could even start independently.

"As the eldest, I married late since I needed to support my family; I successfully sent my siblings to school, and they are now professionals, except the youngest, who is still in college." (Participant 1, personal communication, September 27, 2019)

"My parents cannot fund my education, so I have worked hard to pay for college through hard work and scholarships; as the eldest, I feel responsible for supporting my family." (Participant 5, personal communication, September 27, 2019)

Theme 3. Lost in the Wilderness: Toll on Mental Health and Wellbeing

It has been documented that infertility has psychosocial consequences. Infertility experiences can lead to feelings of uncertainty and self-stigmatization.

A. Uncertainties of an empowered vulnerable woman

I am satisfied with my life but cannot fathom this hollow feeling. Similarly, the mental health professionals we spoke with provided their perspectives on the well-being of women dealing with fertility issues. They confirmed that feelings of uncertainty and hollowness are common in women with infertility.

"Some women felt something is missing or that their family life is incomplete." (Psychologist 2, personal communication, January 10, 2020)

When asked about life satisfaction, they all shared that they were grateful to have a husband they could call their companion and the source of their happiness.

"Having a husband makes me satisfied; since we do not have children, my life revolves around him." (Participant 4, personal communication, October 2, 2019)

They did report a high level of life satisfaction but with reservations about being content without children. They were unsure whether they were satisfied and could not understand the feeling of hollowness and uncertainty. They reported a sense of dissatisfaction with being a woman who is unable to bear a child.

"You cannot call yourself a woman if you cannot conceive and give birth to a child, which is why I was unhappy." (Participant 2, personal communication, October 1, 2019)

"I want to have a child in my next life and hope to be pregnant by then." (Participant 4, personal communication, October 2, 2019)

Self-care is my lifestyle, yet I still feel unhealthy. They live a life where health is a priority. They keep their physical health in check by following a healthy lifestyle that includes a balanced diet, regular exercise, proper nutrition, and medical consultations.

"I am satisfied with other aspects of my life, except for my health, which I am concerned about." (Participant 2, personal communication, October 1, 2019)

"I stick to a healthy routine that includes daily exercise, proper nutrition and supplements, and regular check-ups." (Participant 5, personal communication, September 27, 2019)

Health-compromising behavior was also shared,

"I am not healthy as I love sweets." (Participant 6, personal communication, October 15, 2019)

Conversely, the participants detailed that healthy behaviors were reinforced through acknowledgment and appreciation from others.

"I'm pleased when people tell me I am looking better." (Participant 3, personal communication, October 2, 2019)

You cannot have it all: Should I step back from my professional aspirations? The participants were all pleased with their jobs. Their husbands supported them in pursuing a career to distract themselves from the agony of infertility.

"My husband supported me while I was in graduate school. Instead of obsessing over my fertility issues and frustrations, he encouraged me to further my education." (Participant 2, personal communication, October 1, 2019)

Being childless allows them to advance professionally.

"Being childless has also benefited my career by making it possible for me to do the things I had to do." (Participant 4, personal communication, October 2, 2019)

Although they value their careers, getting pregnant remains their top priority, resulting in a career break for some and a career change for others.

"I plan to finish my master's degree and avoid pursuing a Ph.D. until I have a child." (Participant 5, personal communication, September 27, 2019)

"I am considering quitting my job to give myself more time, similar to a former coworker who became pregnant after quitting her job. I

intend to do the same." (Participant 6, personal communication, October 15, 2019)

One of the practitioners we spoke with indicated that taking a break from their profession and other distractions to conceive is also a method of coping.

Getting stuck: Fear and Anxiety for what lies ahead, tolerance for indefinite waiting, and the need to survive. The participants discussed their fertility-related concerns, as well as their fears, worries, and anxieties. One participant expressed concern about the family's infertility history. Another person expressed her apprehension about reproductive treatment as a result of what she had witnessed in others.

"I have the same symptoms as my colleague and am afraid that I, too, may have Myoma and PCOS, which is why I avoid going to the doctor." (Participant 6, personal communication, October 15, 2019)

They also fear that their partner will abandon them. Three of them expressed anxiety about the future, claiming their situation threatened their marriage. Participants were also concerned about forming bonds with children. Their anxiousness was fueled by their lack of control over the situation, their desire to conceive, and their determination to wait indefinitely.

The practitioners also explained that women with infertility desire to conceive and may worry a lot about whether or not they will be able to, which can even make them feel more distressed. Physiological symptoms, including anxiety, tension, worry, and changes in sexual drive, have been reported by some. Complaints about fixations with pregnancy, constantly thinking about it, and dwelling on bad experiences were also noted,

"I tend to overthink about my condition and frequently caught myself staring into space." (Participant 1, personal communication, September 27, 2019)

They also discussed having pregnancy imaginary symptoms such as impulsive pregnancy test kit purchases and compulsive pregnancy test checks. They also felt compelled to appear strong but still felt vulnerable, wishing for support and understanding.

"I need his understanding. I need to be strong because if I am not, I will go insane." (Participant 2, personal communication, October 1, 2019)

"With my condition, women like us must learn how to cope with difficult situations." (Participant 3, personal communication, October 2, 2019)

Studies have highlighted the accentuated gender-based discrimination and social stigma exacerbating distress in women with infertility (Patel et al., 2016). In addition, the constant worry of indefinite waiting has increased their need to be strong while also craving support and understanding from others. The lack of support, social stigma, and other infertility stressors made them vulnerable to internalizing the social stigma of infertility. Excessive and chronic infertility stigma in a particular culture can put those affected at risk (Bornstein et al., 2020).

B. Self-stigmatization: internalizing the social stigma of infertility. There is a stigma with infertility because society highly values childbearing, whereas infertility is against societal norms (Aflakseir & Zarei, 2013). There is also a significant negative social stigma among couples with infertility issues; hence, they tend to hide their status due to fear of social stigma (Ergin et al., 2018).

Social Discomfort and the Feeling of Isolation. Participants frequently expressed shame, embarrassment, and humiliation from social stressors. They admitted that their sensitivity to pregnancy topics had increased, triggered negative emotions, and felt like others had intruded on their personal spaces.

"People make remarks about my husband and me as if we do not know how to do it properly, even though we both work in the medical field." (Participant 5, personal communication, September 27, 2019)

They reported that social stigma and any infertility-related incidents made them feel uncomfortable, triggering negative emotions such as feelings of isolation and negative cognition about themselves and others.

"It hurts when people assume we chose this to live a carefree life; they do not understand where we

are coming from." (Participant 4, personal communication, October 2, 2019)

"I am a cheerful person, but pregnancy makes me extremely sensitive. When the subject of pregnancy came up, my upbeat mood quickly turned negative, so I started avoiding people." (Participant 2, personal communication, October 1, 2019)

During our interview with the practitioners, they mentioned that women experiencing infertility might feel pressured by society's standards and expectations, which can cause emotional distress when internalized.

Emotional Distress. The participants viewed infertility as a stressful journey that necessitates sacrifice, which must be endured. They were all hurt, sad, frustrated, disappointed, and hopeless, resulting in depressive moods.

"I appeared to be depressed after the operation. There is too much heartbreak; I cannot describe how I felt when my other ovary was removed." (Participant 4, personal communication, October 2, 2019)

One participant expressed feeling discouraged about fertility due to age factors,

"I felt hopeless after attending a lecture with a fertility expert; rather than making me feel hopeful, it made me feel miserable. I felt discouraged since it seemed impossible to get pregnant as I aged." (Participant 5, personal communication, September 27, 2019)

One practitioner mentioned the link between age and fertility might have upset women.

"They may experience psychological effects such as anxiety as they grow older and become concerned about becoming infertile. They are concerned about whether or not they will conceive." (Obstetrician-Gynecologist 2, personal communication, January 31, 2020)

Disappointment over infertility and medical procedures. Two participants shared angry

outbursts, lack of patience, and grumpiness over infertility conditions, while four expressed disappointment with medical procedures.

"Whenever I thought of O.B., I assumed they were the solution to help us conceive, so I continued with the treatments, but nothing happened." (Participant 7, personal communication, October 22, 2019)

They also felt as if the Lord was putting them to the test. Participants began to question God's purpose for them.

"I began to doubt God, wondering if I deserved to be a parent." (Participant 3, personal communication, October 2, 2019)

I am Losing My Sense of Self. Their friends had noticed a shift in them, including aloofness, irritability, and a loss of confidence. The participants talked about dealing with inadequacy, insecurity, and self-pity. They began to question their womanhood, feeling lost, felt sorry for themselves, and became envious of other women.

"I just did not feel whole as a woman." (Participant 3, personal communication, October 2, 2019)

"I agreed with others who stated that a woman could not be regarded as a woman unless she has given birth." (Participant 2, personal communication, October 1, 2019)

Theme 4. The Journey of Ascending from Waiting and Exploring

The theme that describes the participant's journey of ascending from waiting and exploring is shown below.

A. Running in Circles: The Process of Coping thru the W.A.I.T. to Cope Model of Infertility. The cycle of coping with infertility includes the waiting and exploring process. The participants described how they cope with infertility. The theme also describes the participants' coping process 1. Withstanding the war period of infertility or just simply waiting, avoiding, and reflecting (WAR); 2. Aspiring period by mollifying, accepting, and making plans (MAP) to continue their T.T.C. journey; 3. Impelling actions through practical actions on their plans, connecting with people or resources,

and thriving on fertility management processes (ACT); and 4. Trouncing period or the DROP experiences of becoming debilitated, ruminating, overwhelmed, and perplexed.

"For me, the T.T.C. process has been a never-ending cycle of pain, suffering, and waiting. It keeps repeating itself, from having hopes and expectations to feeling depressed and unmotivated, and all I can do for the time being is to wait." (Participant 2, personal communication, October 1, 2019)

The waiting and exploring process becomes worthwhile for them due to the support system that serves as their companions. They are their partners, significant people in their lives who have shown them genuine concern, and even women with similar conditions who later became their confidants. This experience has brought them ascending realizations, and they looked back with awe.

B. My Support System: Exploring the Summit with Companions. Despite feeling pressured by social expectations, participants reported receiving support from people close to them and significant people in their lives.

The Man Beside Me. Their husband's active support and motivation helped them continue the journey. They are grateful to their husband for not pressuring them, for accompanying them, and for respecting their decision to continue or discontinue treatment. Despite numerous failed T.T.C. attempts, they are grateful that their husband has remained the same. They considered themselves fortunate to have a man by their side with whom they could share and enjoy every moment of their lives.

I am not alone! We shared the same sentiments. Women in similar situations provided comfort to the participants. They shared that it is easier for them to express their concerns and open up about their struggles, making them feel like they are not alone. Joining online social support groups has also helped them understand their concerns by reading similar posts from others, allowing them to feel they belong while also benefiting from the advice of their peers.

It made me feel comfortable: That is a genuine concern. All participants stated that they received others' moral, emotional, and financial support.

Those with genuine concerns make genuine suggestions and provide medical referrals, as well as those who have silently supported them by giving them space and being sensitive to their situation.

"You will know they are sincere because how they express their opinions does not hurt us; it is not to criticize us." (Participant 4, personal communication, October 2, 2019)

"I overheard my sister saying to my mother, 'I hope my sister gets pregnant' she did not say it directly to me, but I could sense her concern about my situation." (Participant 5, personal communication, September 27, 2019)

"I'll never give up hope because others in far worse situations than mine have been blessed with a child after years of trying. I believe my efforts will be rewarded." (Participant 1, personal communication, September 27, 2019)

They rely on faith and God's will, also known as "*kaloob ng Diyos*." This Filipino belief is a type of passive acceptance of their situation after exhausting all efforts (Tan & Tan, 2008; Abad et al., 2014). This has enabled them to cope and continue the waiting process. Their final realizations leaned toward having hope and a positive mindset that they would bear children by making consistent efforts and remaining faithful to God.

C. Ascending Realizations: The View from the Top. The participants' overall realizations from the T.T.C. journey leaned toward gratitude, becoming hopeful, optimistic, and faithful.

Gratitude: Appreciating the Brighter Side of the Struggle. Regardless of how stable their lives are, the participants shared that they are not completely satisfied; even so, they are grateful for their life by having a partner and being surrounded by supportive people.

What is Waiting on the Other Side: Hope, Optimism, and Faith. They all agreed that the journey had not been easy, but they remained optimistic. They held on to the possibilities and never gave up on hope and faith.

The T.T.C. Journey Map. Generated from the themes is a simulacrum, a "T.T.C. Journey Map" of Filipino women with infertility, which includes the four major themes that describe their climbing path. This map illustrates the state of well-being and experiences of women with infertility throughout their journey in trying to conceive. The climbing path started at station 1.1, which is their starting point or the walking trail of their reproductive journey. A flat road can be seen on the map signifying the beginnings of their experiences in trying to conceive. Station 1.2, on the other hand, denotes the pinnacle track, an uphill path leading to the hill of conception. Upon reaching the summit of their journey at 1.3, they realize the realities of fertility treatments. This

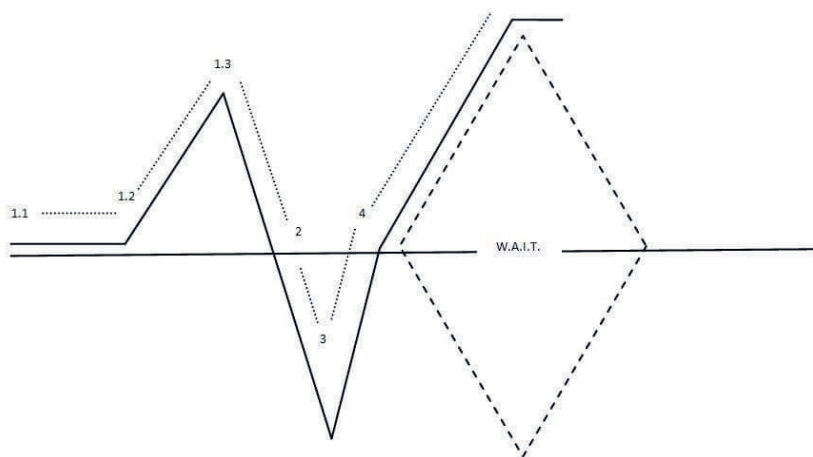


Figure 1. The T.T.C. Journey Map. It shows the symbolic reproductive journey of the participants in trying to conceive.

is where women with infertility encounter the challenges of diagnosis and fertility treatments as a downward trek. As they continued their journey, they encountered hazards with several stressors over their condition, portrayed as a trail further downhill. Station 2 is where they began to feel pressured by various stressors and setting foot at station 3 means reaching the bottom part of their journey, where they felt lost and vulnerable due to their reproductive condition. Hitting rock bottom paved their way to climb up to station 4 and loop through the waiting and exploring process to cope, illustrating the W.A.I.T. to Cope Model of infertility as they journey to the conception or ascending realization.

4.0. Conclusion

Findings generated from this qualitative study using IPA added to the limited literature on reproductive concerns and the well-being of Filipino women with infertility. The study offers insight into women's motivation and the need to be parents, as evidenced by women's perceptions of motherhood. This study also revealed their reproductive journey as physically, emotionally, and financially exhausting, which has created a chain of negative emotions. In addition to reproductive health difficulties, it was discovered that these women were prone to fertility-related pressures in their marital and community life. The social pressure that causes them to withdraw from society is one of the most challenging aspects of their reproductive journey. Their struggle with infertility also damaged their emotional health. Feeling trapped by seemingly endless waiting and the need to survive takes a toll on their well-being.

Meanwhile, despite some hollow feelings, they have expressed satisfaction with their lives. It can also be concluded that their waiting and exploring process had been worthwhile for having a support system that served as their companions. Their romantic partner and their faith in God kept their motivations going. Church connectedness correlates with psychological well-being (Ortibano, 2019). These variables have a significant impact on their psychological well-being and fertility plans. Finally, the reproductive journey is about the ascent of realizations such as gratitude, hope, optimism, and faith. Meanwhile, despite their resilience, they are a vulnerable population due to cyclical patterns of fertility-related concerns.

5.0. Limitations of the Findings

The study offers valuable insights too into the couple's experiences with infertility issues. While the findings also discussed some issues in marital relationships, it is beyond the scope of the study to attempt to understand their partners. Further, given the cultural differences in the Philippines, there will inevitably be disparities among regions. Regardless, the discussion in this study adds to our understanding of the reproductive story of infertile Filipino women. As a result, the participants may not represent all Filipino women with infertility.

Another limitation we acknowledge is that almost all of the participants in this study are working professionals. It might also be worthwhile to look into the perspectives of others who have devoted their time to solely caring for their families. Future research could look into the role of factors like the waiting time before seeking professional help, age, and fertility intentions, as these could provide more insight into factors that help with successful conceptions. It would also be fascinating to investigate why some women are hesitant to seek medical assistance and the subjective value of maternal identity.

6.0. Practical Application of the Findings

This study contributed to the limited literature by highlighting the need to develop a psychosocial support program to address fertility-related concerns and ensure holistic well-being as they embark on their fertility journey. Fertility awareness can be strengthened with information on reproductive concerns and normalizing infertility. Reproductive and well-being programs that promote safe spaces can be therapeutic and preventive measures to aid women from suffering.

Furthermore, as to the self-stigmatization of infertility, numerous studies show that mindful self-compassion is an effective emotion-regulation technique to help people accept their reproductive stories (Galhardo et al., 2013). Self-compassion may be used as an emotional regulation strategy and a type of resiliency to promote emotional acceptance in the face of feelings of self-blame or societal blame (Raquel-Bogdan & Hoffman, 2015).

Future research on couples' perspectives across various infertility types would be beneficial. We also acknowledge that many more concepts require further study, particularly regarding their implications for reproductive counseling. Reproductive counselors and

psychologists have yet to be heard, even though reproductive healthcare is a top priority in the country. Professionally trained social workers can also be complementary interventionists to help manage the issue of infertility because women in lower socioeconomic classes have a lesser financial capacity to pay for psychological counseling (Azghdy Seyede Batool et al., 2014).

Meanwhile, mental health professionals may use the findings to develop appropriate therapeutic modalities for this group to improve their well-being. In addition to couple counseling, fertility awareness, and family therapy, a holistic strengths-based approach to well-being can be considered when developing programs for women with infertility. In addition, in future studies, it will be interesting to see if a strong faith in God is associated with fertility intentions and acceptance of infertility conditions. To summarize, the current study adds to the limited literature on female infertility in the Philippines by providing more information on their reproductive journey, which could pave the way for creating a holistic well-being intervention program.

7.0. Declaration of Conflicting Interest

The authors have no conflict of interest to declare.

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