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Parenthood in Waiting: Lived Experience of Parent Facing Challenges in Conceiving

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Abstract

Struggling to conceive is a significant challenge faced by many couples, particularly in rural areas where access to healthcare is limited (Smith, 2020). Despite the growing awareness of fertility challenges, research on the emotional and psychological experiences of individuals facing such difficulties in rural communities, especially in the Philippines, remains sparse (Rodriguez & Garcia, 2019). This qualitative phenomenological study explore the emotional, psychological, and social impacts of these struggles, highlighting the coping mechanisms and support systems that participants rely on. The study focused on five participants from Cadiz City, Negros Occidental, selected through purposive sampling. Using Colaizzi's method of data analysis, the study reveals four major themes: challenges, support, coping mechanisms, and acceptance. Participants reported initial feelings of hope and excitement that shifted to frustration and anxiety, exacerbated by societal pressure and limited healthcare access. Support from spouses, faith, and peers emerged as critical coping resources, alongside strategies like self-reflection and reliance on humor. Over time, participants achieved acceptance, marked by emotional relief and a deeper understanding of their situation. The study confirms that the struggles associated with conceiving go beyond biological issues, being deeply influenced by cultural and social expectations. The findings emphasize the need for a more holistic approach to fertility care, integrating emotional and psychological support. Fertility care systems, particularly in rural areas, should become more inclusive and person-centered, with improved access to affordable healthcare, emotional support services, and public awareness campaigns to reduce the stigma surrounding delayed parenthood.

Keywords: challenges**,** conceive, conception, and parenthood.

Introduction

Parenthood is a significant life milestone that many individuals and couples strive to achieve. However, for those facing challenges in conceiving, the journey toward parenthood can be marked by uncertainty, emotional distress, and profound life changes. According to the World Health Organization (2024), approximately 1 in 6 women worldwide experiences difficulties in achieving pregnancy in their lifetime, making it a critical area of study in reproductive health. The lived experiences of individuals navigating this challenging period, often called "parenthood in waiting," highlight various emotional, relational, and societal implications that shaped their journey.

Many individuals experience cycles of hope and disappointment, leading to emotional distress, grief, and feelings of inadequacy. Research by Khalesi and Kenarsari (2024) highlights the significant anxiety and stress that accompany prolonged attempts to conceive, often comparable to the emotional toll experienced by individuals with chronic illnesses. In addition to personal struggles, societal expectations can further exacerbate psychological distress. In certain cultures, struggles to conceive are perceived as a failure, leading to stigma, marital strain, and social isolation (Taguibao & Bance, 2020). The pressure to conceive creates significant tension within relationships, making it essential to explore coping mechanisms that couples employ to navigate these difficulties.

Coping strategies vary among individuals experiencing difficulties in conceiving. Emotional support from partners, family, friends, and support groups has found to improve resilience and well-being significantly (Hull, 2023). Many couples turn to assisted reproductive technologies (ART), such as in vitro fertilization (IVF), in contrast others consider alternative paths including adoption or embracing a child-free life (Puthussery et al., 2019). Research indicates that couples who engage in open discussions with healthcare providers and mental health professionals experience lower levels of distress compared to those who navigate these challenges in isolation (Newman, 2008). However, the uncertainty and financial burden associated with ART add another layer of complexity to the emotional and psychological toll, especially in rural areas where access to fertility services is often inadequate and inconsistent (Smith, 2020). a notable gap in qualitative research focusing on rural Filipino communities futher complicate this situation, as cultural norms and limited healthcare infrastructure shape individuals' experiences in conceiving (Rodriguez & Garcia, 2019).

Although discussions surrounding reproductive challenges are increasingly visible on social media platforms, these narratives often remain surface-level, focusing on general advice or societal opinion. In-depth qualitative research capturing the personal journeys, emotional experiences, and coping mechanisms of individuals facing challenges in conceiving. Sormunen et al. (2020) highlight that while social media provides a safe space for sharing these experiences, it may not fully capture the nuances of the emotional and psychological process involved. This study aims to fill that gap by providing a more intimate understanding of the lived realities of those navigating reproductive challenges.

Objective of the Study

The primary purpose of this study is to explore the lived experiences and emotional struggles of parents facing challenges in conceiving.

Literature Review

The reviewed literature highlights the emotional and psychological distress associated with infertility, emphasizing its impact on individuals and couples. Infertility often triggers anxiety, depression, and grief, comparable to the emotional burden of life-threatening illnesses (Cataudella & Lampis, 2024). The uncertainty surrounding conception, coupled with societal pressures and personal aspirations, exacerbates stress and emotional exhaustion (Kaplan, 2024). Relationship strain is also prevalent, as partners may struggle with communication, intimacy issues, and feelings of guilt or blame due to fertility struggles (Wikman et al., 2025).

The social and family dynamics of infertility further intensify emotional distress. Many cultures continue to equate parenthood with fulfillment and social status, leading to stigma, isolation, and unsolicited advice (Mendes et al., 2024). Family expectations can be overwhelming, especially when intergenerational pressures push couples toward extensive fertility treatments despite financial and emotional strain (Wang, Natsuaki, & Neiderhiser, 2025). Marital conflicts often arise when partners adopt different coping strategies, with women typically seeking emotional support and men internalizing stress (Hadley, 2024).

Despite these challenges, various coping mechanisms help couples navigate infertility. Emotional support from partners, family, and peer groups reduces distress and fosters resilience (Heshmati et al., 2024). Cognitive coping strategies, such as acceptance, mindfulness, and re-evaluating life goals, have been linked to better mental well-being (Tóth et al., 2024). Decision-making in fertility treatments is complex, requiring financial planning, ethical considerations, and medical guidance (Burns & Covington, 2024). While some couples pursue assisted reproductive technologies (ART), others explore alternative parenting options, including adoption and surrogacy.

The role of healthcare and support services is crucial in easing the infertility journey. The availability of reproductive endocrinologists, fertility counseling, and financial assistance programs has improved access to treatment (Hadavibavili et al., 2024). However, ART can be emotionally and financially draining, necessitating integrated mental health interventions, such as cognitive-behavioral therapy (CBT) and mindfulness-based stress reduction (MBSR) (Cataudella & Lampis, 2024). Emerging technologies, including telemedicine and AI-driven fertility solutions, provide renewed hope for those struggling with conception (Yu et al., 2021).

Ultimately, infertility leads many individuals to redefine parenthood and personal fulfillment. While some transition from medical hope (ART success) to acceptance-based hope (alternative life goals) (Granek et al., 2013), others find meaning in career advancements, spiritual beliefs, and community involvement (Romeiro et al., 2017). Societal attitudes toward infertility are evolving, with greater awareness, policy changes, and support systems reducing stigma (Morrison, 2023). As research continues to advance in mental health support, reproductive medicine, and social acceptance, the future holds more inclusive and holistic solutions for individuals navigating infertility.

Materials and Methods

This section presents the components of the study that relate to research design, participants, research instrument, data-gathering procedures, data analysis, and ethical considerations.

Research Design

The study employed a qualitative phenomenological approach. Researchers commonly use it to uncover trends in thought and opinions and to explore the problem more deeply (Browning, 2024). Furthermore, it helps explore the issues, understand the phenomena, and answer questions by analyzing and making sense of structured data (Jannah & Putra, 2024). Likewise, it seeks to describe the meaning of experiences lived by several individuals and understand the essence of those experiences (Hatch 2002, as cited by Tuttle 2012).

This study applied descriptive phenomenology to provide a detailed description and analysis of lived experiences of parents facing challenges in conceiving.

Participants of the Study

There were 5 participants included in this study. Selection was based on the inclusion criteria set by the researcher: (1) must be residing in Cadiz City; (2) individuals or couples who perceive themselves as having a difficulty conceiving; (3) age range from 20 to 45 years old or in their reproductive age; (4) married or in a state of partnership; (5) willingness to share their lived experiences; and (6) psychologically and emotionally ready.
Only five participants were included due to data saturation, which occurs when no new information or theme emerged from the additional interviews. Researchers commonly use it to uncover trends in thought an opinions and to explore the problem more deeply (Guest, Bunce, & Johnson, 2006). As a result, the sample size was considered adequate for understanding the key emotional and psychological experiences related to challenges in conceiving.

Research Instruments

The instrument used in this study was an interview with open-ended questions specifically prepared for the chosen participants. The researcher believed that the using this interview guide was appropriate for both participants, as it elicited responses that are relevant to the purpose and objective of this study. Likewise, Van Manen (1990), as cited by Schumacher (2012), stated that formulating good questions before the interview is essential to ensure quality throughout the interview. The researcher also used recording devices to capture conversations with the participants and ensure the accuracy of the data collected.

Data Gathering Procedure

The best way of collecting data is through one-to-one interviews. The interview became the primary data collection procedure closely associated with qualitative human scientific research. Further, phenomenological researchers tend to choose the interview due to their interest in the meaning of the phenomenon as other subjects live it. Therefore, to gather the necessary data and capture the depth of experiences of parents facing challenges in conceiving, the researcher utilized a semi-structured interview.

At first, the researcher sent a letter to the selected participants asking for their participation in the study. After receiving prompt responses from the participants, the researcher identified five conversation partners—parents facing challenges in conceiving—whose presence and location were accessible for the study. The researcher personally met the participants and explained to them the purpose and importance of their participation in the study.

The collection of data started after the researcher had secured their consent. The researcher recommended completing an informed consent form immediately after establishing the research procedures but before data collection began.

The researcher scheduled the interviews at the most convenient time and date for the participants. To encourage participants to express themselves openly, the interview was conducted in their native dialect (Hiligaynon) to avoid awkwardness or discomfort caused by unfamiliar language.

During the interview, only the wife was present in the room and was the sole respondent; the researcher did not include the husband in the interview. Each interview was conducted in a well-ventilated and private room chosen by the participants, ensuring their comfort and safety to express their experiences openly. Privacy was strictly maintained; only the researcher and the participants were present during the interview. This setup helped avoid any discomfort that may arise from overhearing sensitive questions. The interview lasted approximately 5 to 15 minutes per participant.

The researcher ensured that participants felt at ease and comfortable by reminding them they had the right to end the conversation at any time and their responses would be audio-recorded. To safeguard participants' well-being during potentially sensitive conversations, a trained guidance counselor or licensed mental health professional was made available during and after each interview session. Their role was to observe signs of discomfort, offer emotional support, and conduct a debriefing with participants after each session. If a participant became distressed, the researcher paused or discontinued the interview and immediate offered psychological support.

Finally, the researcher will end the data collection once they determined that data saturation has occurred. At this point, the researcher no longer observed new or emerging information during the interviews.

Data Analysis

The data were analyzed using Colaizzi's (1978) seven-step phenomenological method to ensure a rigorous and systematic exploration of participants' lived experiences. The process began with the researcher immersing themselves in the data through repeated readings of the interview transcript to gain a holistic understanding. The researcher extracted significant statements relevant to the phenomenon and carefully interpreted them to formulate meanings. These meanings were then grouped into thematic clusters and organized in a table to enhance clarity and structure. The researcher developed an exhaustive description by integrating all themes and insights, then refined it into a concise fundamental structure that captured the essence of experiences. To ensure validity, the researcher conducted member checking, allowing participants to review the findings and confirm that the interpretations accurately reflected their experiences.

Ethical Consideration

Before the data collection began, ethical clearance was formally obtained from the Institutional Research Ethics Review Committee (IRERC) to ensure the study complied with ethical standards for research involving human participants. The researcher fully informed all participants about the study's purpose, procedures, potential risks, and the voluntary nature of their participation. The researcher secured informed consent from each participants before collecting data. Due to the sensitive nature of the topic, a trained individual was ensured during the interview to address any sign of emotional distress, prioritizing the emotional and psychological well-being of participants based on the recommendation of the IRERC. The researcher conducted the interview in a private, comfortable setting chosen by the participants.

Given the populations' vulnerability and parents facing challenges in conceiving, the researcher adheres strictly to ethical research principles. The researcher avoided unnecessary questions and made sure to respect the participants' comfort during the interviews. The researcher designed the interview to create a safe, empathetic space, recognizing that the topic might cause emotional strain. The researcher carefully monitored any signs of distress and established a straightforward referral procedure.. While the risks were minimal and primarily related to emotional discomfort, the researcher maintained a strong commitment throughout the process.

To ensure confidentiality, all data were anonymized and securely stored. Audio recordings, transcripts, and consent forms were kept in encrypted folders on an offline laptop, with backup copies stored on a USB drive in a locked drawer at the researcher's residence. Access was strictly limited to the researcher and, if necessary, a trained assistant bound by a confidentiality agreement. The researcher will retain the data for six months after the final approval of the manuscript to allow for verification or peer review. Afterward, the researcher will permanently delete the data after six months and shred any physical copies. The researcher will present the study's finding in a matter that ensures participants anonymity The researcher declares no conflict of interest and is committed to transparency, objectivity, and integrity throughout the study.

Results

This section presents the analysis and interpretation of the data collected during the semi-structured face-to-face interviews with the participants on their views and experiences of parents facing challenges in conceiving.
Sociodemographic Profile of the Participant.

Table 1: Sociodemographic Profile of the Participants.

Pseudo Name of Participant	Age	Gender	Length of time of unsuccessful efforts to conceive (years)
Ana	33	Female	4 years
Josefa	47	Female	1 year
Rosalie	34	Female	6 years
Maria	34	Female	8 years
Elena	38	Female	10 years

Thematic Insights on the Lived Experiences of Parents Facing Challenges in Conceiving

This qualitative study examined the lived experiences of individuals and couples facing challenges in conceiving. Participants shared their emotional struggles, coping strategies, and reflections through personal narratives. Five key

themes emerged, revealing the psychological toll, social pressures, and resilience found in their journey toward parenthood. These insights offer a deeper understanding of how people adapt to and make sense of reproductive challenges.

Table 2: Theme 1 Challenges

Theme 1: Challenges	Category	Summary of Insights	Representative Quotations
	Emotional Reactions	Initial excitement turns into disappointment and hopelessness.	"At first, I was excited." / "I lost hope and decided to stop treatment."
	Psychological Distress	Anxiety, stress, and societal pressures weigh heavily.	"I felt stressed, anxious, and sometimes sad." / "People would ask, 'How old are you now?'"
	Family and Community Pressure	Repeated questioning and peer comparison lead to an increase in emotional distress.	"They keep asking, 'Still no child?'" / "Some of my cousins got pregnant at 14."
	Financial and Healthcare Access	Fertility care is costly, and access is limited, especially in rural areas. High costs and inconsistent medical opinion create barriers.	"Financially, we are unstable." / "Traveling far for better healthcare is a necessity." / "Doctors often give different opinions."
	Uncertainty and Doubt	Hesitation on treatment options, costs, and possible failure	"There is no guarantee that these treatments will work." / "I am unsure if I want to try IVF…"
	Emotional Burden	Persistent stress and repetitive questioning wear down mental health.	"It affects my self-esteem." / "It's exhausting when the same questions keep repeating."

Table 3: Theme 2 Support

Theme 2: Support	Category	Summary of Insights	Representative Quotations
	Spousal and Emotional Support	Spouses and friends provide comfort, understanding, and strength.	"Even if we do not conceive, we will still be together." / "Friends encourage."
	Spiritual and Faith-Based Support	Prayer and faith offer emotional and spiritual strength.	"Spiritually, prayers really helped." / "Faith plays a big role in how I cope with this."
	Financial Support	Families assist with costly treatments and medical expenses.	"My father helps me financially—checkups, medications."

	Peer Advice and Online Resources	Shared experiences and online communities help guide decisions.	"The internet and social media have helped me understand fertility treatments better."

Table 4: Theme 3 Coping Mechanism

Theme 3: Coping Mechanism	Category	Summary of Insights	Representative Quotations
	Coping Mechanism	Participants use various distractions, such as humor and entertainment, to manage stress.	"I distract myself with humor and entertainment." "I just tell them I am taking pills, and that is it."
	Self-Reflection	Self-questioning and doubts about personal worth are common as participants reflect on the cause of their struggle.	"I doubt myself sometimes—what if there is something wrong with me?" "I want to know if the problem is with me or my husband."
	Faith and Religion-Based Coping	Participants turn to divine will, prayer, and faith for guidance and solace as a common coping mechanism.	"I just pray to God for guidance." \ "In the end, I just surrender it all to God." \ "Faith plays a big role in how I cope with this situation."
	Adaptive Strategies	Participants adapt their habits to reduce stress and keep moving forward.	"I adjust my habits to lessen stress." "I do not share much with my family, but I share with my friends who understand."
	Diversion Strategy	Many participants shift their focus to career or personal growth to avoid dwelling on fertility struggles.	"I started focusing more on my career and personal goals." "I have been trying new things to keep my mind occupied."
	Support Network	Connecting with close friends and trusted individuals provides emotional comfort.	"Talking to my close friends has helped me through this." "I do not tell everyone, but I confide in the ones who understand."
	Personal Reflection	Self-reflection on personal challenges and a quest for understanding often accompany coping mechanisms.	"I wonder if this is something about me." "I try to figure out the root cause to work through it better."

Table 5: Theme 4 Acceptance

Theme 5: Acceptance	Category	Summary of Insights	Representative Quotations

	Letting Go	Acceptance involves letting go of the need for control over outcomes.	"I have learned to accept that it might not happen." "Letting go of the pressure has helped me find peace."
	Emotional Adjustments	Acknowledging the struggles in conceiving leads to emotional relief and a shift in perspective.	"Once I accepted it, I felt much lighter emotionally." "I stopped fighting the idea of it and just embraced it."
	Spiritual Acceptance	Faith and trust in a higher power often guide individuals toward acceptance.	"I have come to accept that everything happens for a reason." "I just trust that God has a plan for me."
	Resilience Through Relationships	Relationships with partners offer emotional stability and mutual strength.	"It is comforting to know we are in this together, no matter the outcome." "My partner and I support each other through this."
	Sense of Peace	Reaching a place of peace where individuals no longer worry constantly about the future.	"I do not stress about it anymore." "I have made peace with it and feel more at ease."

Findings

Table 2 provides a comprehensive overview of the emotional and psychological challenges faced by individuals dealing with the struggles of conceiving. The data reveals that participants experience a shift in their emotional journey, starting with initial excitement and hope but gradually moving toward feelings of disappointment, hopelessness, and anxiety. Family and community pressures play a significant role in intensifying the emotional burden with repeated questioning and comparisons to peers or relatives, adding to the distress. The financial and healthcare access challenges further exacerbate the situation, as participants report the high cost of treatment and the difficulties of accessing quality healthcare, particularly in rural areas. Additionally, uncertainty about treatment options and the potential for failure lead to doubt and hesitation, with some participants expressing concerns about the effectiveness of specific interventions, such as IVF. The emotional toll is further compounded by the persistent stress of social expectations, leading to issues with self-esteem and exhaustion. This table summarizes how the combination of societal pressures, financial constraints, and the emotional burden of dealing with challenges in conceiving can have significant psychological and emotional consequences on individuals.

Table 3 highlights the different forms of support individuals receive as they navigate the challenges of conceiving. Spousal and emotional support play a vital role, as participants emphasize the strength they draw from their partners and close friends, who provide reassurance and a sense of stability regardless of the outcome. Spiritual and faith-based support also emerged as a critical coping mechanism, with participants citing prayer and strong religious beliefs as sources of inner peace. Financial support from family members significantly eases the burden of expensive treatments, with some participants relying on parents to cover checkups and medication costs. Additionally, peer advice, especially from those with similar experiences, and access to online resources offer valuable guidance and emotional relief. These varied support systems form a crucial foundation that helps participants endure the emotional, financial, and psychological challenges tied to their situation.

Table 4 presents the various coping strategies participants used to manage the emotional and psychological stress associated with their fertility challenges. Participants reported engaging and psychological stress associated with their fertility challenges. Participants reported engaging in diversionary activities such as humor, entertainment, and personal or career development to distract themselves from their situation. Faith and religion based coping was common, with many relying on prayer, belief in divine will, and spiritual practices as source of strength and peace. Adaptive strategies also included changing habits and selectively choosing whom to confide in, in order to support their mental health and emotional balance. Support networks—particularly friendship—provided valuable outlets for expression and comfort. Self-reflection led some participants to question their role in struggle, which fostered both

vulnerability and self-awareness. These diverse coping strategies highlight the participants' effort to maintain psychological resilience and a sense of control amid on going uncertainty.

Table 5 shows how, over time, the participants arrived at a place of acceptance with respect to their fertility journey. Participants manifested acceptance in different ways, including letting go of control, emotional adjustment and finding meaning through spiritual beliefs. Many participants reported a shift in mindset after accepting the reality of the challenges they faced, leading to emotional lightness and a new perspective. Faith and faith in a higher power greatly assisted to accept their ability to accept their circumstances. Supportive relationships, especially with partners, was also highlighted as a source of resilience. Finally, participants described an emerging calmness, reflecting their progression from emotional distress to calm acceptance of what lies ahead.

Discussion

The results of this research show that the process of coping with conceiving difficulties experienced by individuals and couples is a complex and emotionally charged process, both the result of inner conflict and of external pressure. Participants reported feelings of anguish, frustration, and social exclusion, which were worsened by the financial hardship and limited of access to healthcare, especially in the rural areas. Spirituality and religion emerged as major coping mechanisms, along with the emotional support from partners, family and friends respectively. Over time, participants reached a point of acceptance, characterized by emotional adjustment and meaning-making through faith. These findings indicate that while conception-related challenges are medical in nature, they are also culturally and socially based as well emotionally based. As a result, the recommendations derived from this study propose a wide, caring approach to medicine – a holistic approach with spiritual and psychological support. Policymakers should also be aware of structurally imposed barriers to individuals and have equitable, accessible, and emotionally sensitive reproductive care policies.

While this study offers valuable insights, it however has some limitations. The small, geographically limited sample of rural participants restricts the generalizability of the findings to larger, more diverse populations, particularly underrepresented populations like the LGBTQ+ individuals or from those diverse cultural or religious backgrounds. In addition, the use of self-reported narratives introduced potential bias and subjectivity. However, these limitations highlight the need for further studies with a broader and more inclusive nature. Expanding the diversity of participants would enhance the depth and applicability of the recommendations. By translating lived experiences into practical, compassionate policy and care proposals, this study contributes meaningfully to the development of a more inclusive, human-centred framework for addressing with reproductive difficulties.

Conclusion

This study offers a deep glimpse into the lived experiences of couples and individuals having difficulties in conceiving. Beyond the physical struggles lies an emotional, spiritual, and intensely social process. Rich personal stories revealed that participants not only experienced waves of hope, despair, and resilience, but also internal turmoil shaped by external pressures of family expectation, societal expectations, and economic pressures. The themes of challenges, support, coping mechanism and acceptance reflect the depth of these experiences and the strength required to endure them. Participants demonstrated emotional strength, drawing support from their partners, spiritual beliefs, and personal strategies to maintain psychological well-being during prolonged state of uncertainty. Such narratives underline not only the resilience of the participants but also how the rural, resources-limited environment – often exacerbates participants' challenges because of the poor accessibility and the quality of reliable, compassionate care.

Ultimately, this study confirms that the path to parenthood, particularly when challenged, is not merely a personal struggle but a public health and social issue that requires attention across sectors. By identifying the convergence of emotional well-being, access to healthcare, and community support, local systems and health institutions are provoked to be more holistic and inclusive. This effort aims to go beyond clinical treatments by creating compassionate, safe spaces that recognize the emotional and spiritual experiences of those trying to conceive. It is also to empower communities to reduce stigma and promote more accessible and equitable fertility care policies. The words of the participants summon a call to action—not just to heal, but to listen, to include, and to elevate. Through this, society can create a more empathetic future where the pursuit of parenthood is supported with dignity, hope, and care.

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