

“Coping with Psychological Trauma During Assisted Reproductive Treatment: A Study of Harare Women’s Experiences”.

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ABSTRACT

This study evaluates the real-life experiences of women in Harare, Zimbabwe, who are undergoing assisted reproductive treatment while dealing with psychological trauma. This essay aims to investigate the women's experiences in further detail as well as potential coping strategies. Without concentrating on precise solutions, the researchers used an interpretive phenomenological study design to learn about the subjective, lived experiences of the Harare women. The target population consisted of 17 women undergoing assisted reproductive treatment. Purposive sampling was used to choose participants from among those undergoing Assisted Reproductive Treatment in order to prevent biased information. The findings from this study strongly indicated that patients of taking process of assisted reproductive treatment were going through a lot of emotional and psychological distress, with their physical health affected as well. This article extensively explores the intricate and multifaceted challenges faced by the women coping with psychological trauma during assisted reproductive treatment and the possible coping mechanisms that they may employ. Researchers recommended that it is of paramount importance for healthcare system to acknowledge what these ladies are going through and to provide possible ways to curb the challenges that they are facing.

INTRODUCTORY BACKGROUND

Coping with psychological trauma during assisted reproductive treatment is examined in this article. It refutes the lack of awareness and attention given to the subject of coping with psychological trauma during assisted reproductive treatment. Therefore, investigating the psychological traumas that occur during assisted reproductive treatment is crucial. The current study investigates how women manage psychological trauma when undergoing assisted reproductive care. As said by Who in 2020 A condition of the male or female reproductive system, infertility is characterized by the inability to conceive after a minimum of twelve months of consistent, unprotected sexual activity. Furthermore, who has identified infertility as a problem that impacts nearly 15% of couples in their reproductive years?

Infertility is not directly life threatening hence it remains an entirely neglected problem in most African countries despite the devastating social, psychological, economical and personal consequences of being childless (Ombelet, 2019). As a result, there has not been much education provided to the general population to educate them on the process and also as a means of demystifying ART.

Amongst the causes of infertility in men is, low sperm count, abnormal shape and movement in sperm whereas in women it is attributed to ovary abnormalities, infection, fallopian tubes, uterus and the endocrine system. Separated from these biological causes also environmental and lifestyle factors can cause infertility in both men and women.

Infertility does not only affect a couple physically but also emotionally and socially. Relationships are broken when infertility issues arise mainly within the African collectivistic family set up. When couples start seeking infertility treatment their psychological burden is increased due to the intrusive medical inquiries and procedures involved in the process (Genet, 2016).

Childlessness is often stigmatized as a failure which victimizes couples, and mostly it's the females who suffer the most as stated above. Infertile men blame their wives for their childlessness (Folkvord et al., 2005) at many instances and the community usually believes that the female are always the infertile ones. Infertile men however, also suffer stigmatization, verbal abuse and loss of social status (Dyer et al., 2004) and poor couples often suffer catastrophic financial hardship in order to pay for infertility treatment (Dyer and Patel, 2012; Dyer et al., 2013)

Zimbabwean Context

Children are revered in Shona culture as precious gifts from "Mwari," the Supreme Being. The indigenous Shona culture is patriarchal, and male impotence and infertility are taboo, so when a couple fails to conceive, women are left to shoulder all the blame (Sande, Mtwaya, 2022). This puts a greater psychological burden on the women, exposing them to even more trauma during the ART process as their anxiety levels rise from fear of the process failing.

The possibility of procedure failure is another major trigger of psychological trauma during ART hence the need for the development of effective coping strategies to assist women undergoing IVF treatment, particularly during the stressful period of waiting for the results of the pregnancy test result and after failed cycles (Genet, 2016). The subject of ART in Zimbabwe is still at its infancy. There is still a lot of stigmata surrounding ART procedures as a result most couples go through this journey and they experience a lot of difficulties in silence for fear of their families getting to know of their involvement in ART.

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(IVF Zimbabwe, 2021) It is a universal human desire to have children, and every woman hopes to give birth to a child at some time in her adult life. Having a child may seem like the simplest thing in the world, but for many couples, it is not. The newly established IVF Zimbabwe team in Harare is intended to help couples who are unable to conceive naturally. Obstetrician and gynaecologist Dr. Tony Robertson invented the treatment at the Avenues Clinic in the 1980s and 1990s. Although preventing infertility and promoting reproductive health education are top priority, there is a great demand for inexpensive assisted reproductive technologies (ART).

Infertility can have a highly negative impact on self-esteem, with individuals who previously had successful and well-planned lives, suddenly feeling they have lost control of their destiny (Dyer 2013). Most women who suffer infertility experience psychological problems associated with marital instability, divorce, stigmatization and abuse according to Donkor and Sandall (2005) many times infertility leads to the breakdown of marriages as partners try to seek solutions from outside the marriage union.

Infertility is the main source of emotional trauma for couples that cause many psychosexual problems as well as marital problems (Yakout, et al., 2016). Many victims of infertility go through so much distress due to the pressure from the extended family and society as a whole.

Women who struggle to have children frequently experience humiliation and mockery in most of Africa, including Zimbabwe. Two Zimbabwean doctors reopened the nation's sole in vitro fertilization clinic in 2017 in an effort to address the issue. IVF Zimbabwe claims that since the clinic reopened in 2017, a few years after its previous owner retired, it has assisted about 120 women with having children through in vitro fertilization. Some couples struggle to conceive and seek the wrong kinds of assistance, according to Dr. Sydney Farayi, who co-directs the clinic with Dr. Tinovimba Mhlanga. The biggest barrier to people seeking help, according to Dr Farayi (2021), is ignorance. "Imagine how many couples have been together for a year and are still unable to conceive, but do not know where to turn for help. Usually, people will turn to traditional, faith healers who are inexpensive or easy to find, but there are no positive results from doing so," he said.

LITERATURE REVIEW

Psychological trauma.

An event or persistent circumstances that surpass a person's ability to integrate their emotional experience or that they believe to be a threat to their life, physical integrity, or sanity are referred to as psychological trauma (Cascade Behavioral Health, 2022). Emotional shocks that have a lasting effect on a person's personality include rejection, divorce, combat experiences, natural disasters, and racial or religious discrimination. According to Robinson et al. (2014), it is a form of psychological harm that arises from extremely upsetting situations and is caused by extreme stressors that cause one to lose their sense of security and feel vulnerable and defenseless in a dangerous world.

Those who have been through trauma frequently display a number of symptoms. The severity of the trauma varies from person to person depending on the kind of trauma involved, the person's emotional dependence on others, and other factors. A person who has been through trauma may also have multiple ones. A person can avoid the trauma memory since it can be agonizing and even painful, and is also referred to as a "trigger" (because it brings up the memory).

Effects of Psychological Trauma on Women during ART

One of the most important and significant events in sex is infertility, which affects 10-15% of couples worldwide. As one of the most upsetting life experiences, infertility exposes couples to social and psychological issues (Rostad et al, 2014). Women in this difficult situation are more likely than other couples to experience melancholy, anxiety, loss of self-esteem, and sex life dissatisfaction. But the severity of psychological issues brought on by cultural and societal factors differs from society to society, to the point where reports of the prevalence of anxiety among infertile couples range from 48% to 96%.

Kheirabadi et al (2016) asserts that it would be detrimental to women's mental health for infertile couples to undergo assisted reproductive treatment because it is a stressful scenario. When compared to other women prior to assisted reproduction, fertile women who began infertility treatment for male factor infertility have reported less stress and depression.

Psychological trauma may have negative effects on the women during ART, such as behavioural and personal changes as well as effects on relationships with others. Psychological trauma can have a variety of negative effects on a women's personality and behaviour, such as substance abuse, compulsive behaviour patterns, self-destructive and impulsive behaviour, uncontrollable reactive thoughts, difficulty making positive career or lifestyle decisions, dissociative symptoms, feeling permanently damaged, and losing previously held beliefs (Ursano et al, 2011).

Depending on the individual, the type of trauma involved women during ART, and the emotional support they receive from others, these symptoms can vary in severity. Women respond to trauma in different ways and experience symptoms of trauma in varying degrees of severity. One or more of them may be experienced by a traumatized person. (Martin, 2013). The hyperactivity and hypersensitivity of the amygdala to minor disruptions results in the release of stress hormones. Women during ART are always in defensive mode and on high alert for potential dangers may endure chronic sleep problems or physical pain, turbulence in their interpersonal and professional relationships, and a lowered feeling of self-worth.

Rosen (2015) comments that positive psychological improvements are also possible for trauma victims when they acknowledge their challenges and see themselves as survivors rather than as victims of terrible events. Resilience, self-awareness, and the emergence of coping mechanisms are a few instances. Some women may go through a process of post-traumatic growth that include redefining their relationships with new meaning and/or spiritual purpose, forging stronger bonds, and acquiring a deeper appreciation for life. Despite what can seem to be a contradiction, PTSD and post-traumatic growth can coexist. Clinical professionals can now learn more about how trauma affects the brain because to the development of digital imaging. The autonomic nervous system becomes unbalanced as a result of trauma's residual consequences, resulting in a protracted "fight or

flight" reaction. The symptoms mentioned above are the result of the parasympathetic nervous system either becoming inactive when it ought to be active or going into overdrive when it ought to be at rest (Rostad et al, 2014).

Psychological Challenges faced by women going through ART

An acknowledged and effective method for assisting infertile couples to have healthy offspring is assisted reproductive technology (ART). But the pair must make substantial physical and emotional sacrifices for ART-related therapy and procedures, which could harm their mental health. According to studies, women frequently experience anxiety, depression, low self-esteem, and marital unhappiness throughout the therapy phase. For instance, Hjelmstedt et al. (2020) discovered that couples who conceived via in-vitro fertilization (IVF) experienced higher levels of worry regarding pregnancy loss than couples who conceived organically. Women undergo a gruelling and punishing course of therapy, especially since they must visit the hospital every day for injections. There is little information available about the psychological wellbeing of women who get assisted reproductive technology (ART), despite the fact that ART is becoming more and more common and that it necessitates substantial physical and emotional sacrifices.

Emotional Challenges

According to Vedadhir et al (2014) most people experience shock at the diagnosis and its implications for fertility, grief over the loss of future plans, anger or depression over the disruption of those plans, uncertainty about the future, a loss of control over one's course in life, and worry about the possible effects of early menopause (such as reduced bone density). These emotions could be made worse by the psychological and physical strain of infertility treatment as well as the uncertainty around its success. People who didn't have an opportunity to consider their fertility until after treatment ended report that the feelings can be very intense. Most women reported having a poorer relationship with their husbands, friends, and family as a result of receiving reproductive treatment. (Dyer, 2018) Women reported that their sexual lives were one of the areas of their lives that had been most impacted. Some wives claimed that their husbands had stopped being sexually attracted to them.

THEORETICAL FRAMEWORK

Trauma theory

It has become clear that trauma theory is an essential framework for comprehending the complicated consequences of psychological trauma. It looks into the different ways people react to traumatic experiences and the nature of trauma, pointing mental health professionals in the direction of a useful paradigm. A wide range of events, such as abuse, natural catastrophes, loss, and violence, can cause trauma. Each person experiences trauma in a different way, with symptoms ranging from minor to incapacitating and involving emotional, bodily, cognitive, and psychological reactions.

Theoretical Framework

Trauma theory

Trauma theory has emerged as a vital framework in understanding the complex aftermath in understanding the complex aftermath of experiencing psychological trauma. It investigates the nature of trauma and the varied responses individuals have to traumatic events, guiding professionals in the mental health field toward effective paradigm. Trauma can stem from a multitude of experiences, including but not limited to abuse, disasters loss, and violence. The effects of trauma manifest uniquely in each individual with responses including emotional, physical, cognitive, and psychological symptoms, which can range from mild to debilitating.

As our understanding of trauma expands, so does the recognition of its profound impact on an individual's capacity for resilience and healing. Resilience refers to the ability of a person to recover from or adjust easily to adversity of change, highlighting the potential for positive adaptations in the face of trauma. This concept has

shifted the focus from merely managing symptoms to fostering a journey towards recovery and growth. Mental health professionals now incorporate resilience building strategies into their treatment plan, acknowledging that healing is not just about reducing negative symptoms but also about empowering individuals to lead fulfilling lives towards trauma.

The exploration of trauma theory has also led to the development of various therapeutic approaches that prioritize safety, empowerment, and healing. Treatments such as trauma focused cognitive behavioral therapy, eye movement desensitization and reprocessing therapy EMDR, and somatic therapies have obtained empirical support, indicating their effectiveness in treating trauma-related disorders. Educating individuals about the effects of trauma and the process of recovery is a crucial step in DE stigmatizing mental health issues and opening avenues for healing. By integrating an understanding of trauma theory with these therapeutic modalities, the path to resilience can become more attained for those affected by trauma. Trauma theory posits that individuals experience psychological trauma when they encounter events that are overwhelming, threatening life or safety, and create feelings of helplessness. Psychological trauma can result from events such as accidents, violence, natural disasters, or severe neglect. The impact of trauma is complex, influencing a person's emotional, cognitive, and physical states. Over time, untreated trauma can lead to long-term mental health issues, such as post-traumatic stress disorder (PTSD), depression, and anxiety.

Trauma can manifest in various forms, each with distinct characteristics from implications from the individual's mental health and well-being.

1. Acute trauma results from a single, distressing event, such as an accident, natural disaster, or violent attack. The individual may experience intense, immediate reactions that can include shock, denial, or disbelief.
2. Chronic trauma occurs from repeated and prolonged exposure to highly stressful events. Examples include domestic violence, bullying, and long-term illness. This type of trauma can have a cumulative effect, leading to complex psychological challenges overtime.
3. Complex trauma is experienced in response to multiple, varied traumatic events, often of an interpersonal nature and within a particular period or context. It can lead to severe and long-lasting impacts on a person's ability to cope, as well as profound effects on their emotional well-being and relationships.

METHODOLOGY

The qualitative research strategy used in this study allowed the researchers to delve deeper into understanding various methodological traditions that investigate social issues. Qualitative research offers a broad perspective on a topic, enabling the study to comprehend various viewpoints and experiences of the same issue.

Research Design

A research design actually provides a plan of how data can be outlined and analysed systematically so as to provide answers to the specific research questions (Rajasekar, Phileminathan, & Chinnthambi, 2013). This study adopted the Interpretive Phenomenological Analysis (IPA). Interpretative phenomenological analysis (IPA) is a qualitative approach which aims to provide detailed examinations of personal lived experience (Pain, 2015). There are two aspects to IPA which are phenomenological and Analytical. Phenomenological in the sense that it aims to understand how participants make meaning of their experiences. The aim being to portray the lived experiences of those coping with psychological trauma during assisted reproductive treatment. Interpretive Phenomenological Analysis (IPA) produces an account of lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions. Analytical in the sense that it requires the researcher to interpret the data (Hancock et al, 2007) and it recognizes that this is an interpretative endeavor as humans are sense-making organisms.

Target Population

The research is targeted at women who were coping with psychological trauma during assisted reproductive treatment in Harare, Zimbabwe. The sample population comprised of 17 woman who were going through assisted reproductive treatment and experiencing trauma.

Sampling

The researcher employed purposive or purposeful sampling in this study. It alludes to choosing participants who will contribute the most to the study. Additionally, participants who have the most knowledge about the experience under study is necessary. Patton (2001) and Patton (2002) describe a variety of purposive sampling techniques. Purposive sampling, also referred to as judgmental, selective, or subjective sampling, is a type of non-probability sampling in which researchers make decisions based on their own judgment about which members of the population to include in their surveys. Purposive sampling's main objective is to concentrate on specific population characteristics that are of interest because they will help you best address your research questions.

Instruments

The researcher chose to use interviews as the main research instrument. Babie (1979) asserts that the type of data which is gathered for the purpose of the research is usually obtained from respondents by way of interviews and questionnaires. The researcher used face to face or online interviews. Open ended questions will be used to explore the respondent's thoughts feelings and ideas. The first part of the interview will focus on demographic information such as age, health history, family background and others, then focus will then shift to main issue at hand through the adoption of appropriate questions and additional probing questions. This research instrument allowed the researcher to explore the differing forms of trauma that women experience as well as identify the differing coping mechanisms employed by differing women.

Ethical Considerations

This research was guided by several ethical considerations that were meant to protect the researchers and the participants. Since the research had human subjects and also dealt with a sensitive topic, the researchers had a moral and professional obligation to adhere to ethical considerations. The following ethical considerations guided this research:

- Informed consent
- No harm to participants
- Freedom to withdraw
- Debriefing
- Confidentiality

Data Analysis

The collected data was presented and analyzed through the interpretative phenomenological analysis. This method of analysis is based on the idiographic level that the study is mainly associated with the study of individual's person (Larkin, Watts & Clifton, 2006). Its other aspect is that of bringing out specific situations or events, experiences in individuals' lives.

RESULTS

In this study 17 individuals participated, of which all were going through assisted reproductive treatment and showed symptoms of trauma.

Emotional Trauma

The research participants, regards Infertility as a very stressful condition that can jeopardize crucial personal and military objectives, frequently compromising psychophysical health. The women in Harare regarded Infertility as a major life issue that causes social and psychological challenges, and its treatment can have a wide-ranging impact on people's lives, resulting in a variety of psychological-emotional illnesses or consequences such as turbulence, frustration, sadness, anxiety, hopelessness, guilt, and feelings of worthlessness reported the participants. Another participant mentioned that depression is a significant factor that could obstruct infertility

therapy, lower the likelihood of a successful pregnancy, and lead to treatment termination in women who are currently receiving it.

According to a Mabvuku woman, undergoing IVF treatment can be a stressful affair. This is due to the fact that a variety of factors, such as time, work loss, expense, relationship stress, drug side effects, and process-related worries, all contribute to stress. The emotional journey of ART is said to be the hard part since there can be highs and lows during the treatment progress. Another lady from waterfalls alluded that she occasionally felt as though her life had been put on pause, as she also struggled to suppress her urge to have children. The participants mentioned that they struggled to cope with the uncertainty of whether their treatment would work and a sense of being out of control, or powerless. Some respondents who had babies through ART in Harare had regarded their infertility as a major setback to their self-esteem. Most women reported that the most difficult stage during the ART process is the embryo transfer. Harare women frequently report the 10-14 day wait between transfer and receiving pregnancy test results as the most challenging aspect of the cycle.

Emotional Pain: Grief after an IVF Failure

According to a lady who went through the process but ultimately failed, she said failing comes with a highly emotional moment. Women should allow their selves to experience any emotions that emerge during this time and grieving following an IVF failure is totally normal said the participant. IVF depression is also fairly common among women who are going through this treatment. Women who have had failed IVF rounds may find it difficult to remain optimistic. The hormones used in IVF may also create transient sensations of despair and anxiety says another participant.

Relationships are important to those going through treatment, and having a strong support network will help them get through it. Before beginning therapy, patients should have the authority to choose with whom they choose to share their personal information. The stress of going through IVF has been reported by participants as being more stressful than or nearly as difficult as any other significant life event, including a family member passing away or being separated or divorced. Although generalizations regarding stress levels during IVF may be made, each infertility patient's experience will be distinct and individualized, with each patient's stress level being influenced by their personality and life circumstances. Stress from IVF may have an adverse effect on marriage by lowering sexual closeness.

RELATIONAL CHALLENGES: EXPERIENCED DURING ART.

Coping Strategies: to be adopted during ART.

Having a stable and supportive relationship

A supportive relationship and a secure romantic attachment appear to reduce infertility stress, as well as play a relevant role in the success of assisted reproductive technology treatments. IVF can be physically and emotionally taxing, especially during the first round when the procedure and medical team are unfamiliar. It is crucial for the women to look out for their health during the ART process. Spending some time on their relationships is worthwhile. It might get tiresome discussing the IVF with spouses or close friends. Some people prefer to talk about it for a predetermined period of time each day, after which they stop. IVF patients have informed us that making connections with people going through similar procedures might assist to normalize the process and reduce its burden. It is advised to stay away from major stressors and life-changing activities like moving or changing jobs during this time. In terms of mental attitude, it is important to let go of what you cannot control and expect the unexpected so that nothing comes as a huge surprise.

Obtain information and make plans.

Woman should be knowledgeable about their body, the IVF procedure, and the clinic's planned treatment plan will help make wise decisions. IVF is an anxious process, and education and information are two of the biggest anxiety relievers. The less worry the person may have, the more she will know and comprehend about the procedure. According to the participants, it is important to look for IVF-related publications and other reading

material. Utilizing the tools provided by the treatment facility and chatting to people who have undergone IVF is crucial.

Making decisions in advance.

Discussing the options in advance will help a women undergoing ART procedure prepare for decisions that may need to be made during IVF. Someone may need to think about and discuss the moral and religious ramifications of these choices from time to time. In order to increase odds of becoming pregnant and lower the likelihood of having multiple babies, a lady and her doctor will need to decide how many embryos will be transplanted. The decision of whether to freeze, discard, or donate surplus eggs and/or embryos must also be made. The couple should carefully examine the challenges of raising a kid conceived through a donor process before beginning the cycle if donor gametes (sperm or eggs) are likely to be utilized in the cycle. Counseling can assist a person in exploring these issues

DISCUSSION

The study discovered that women receiving ART in Harare have unique experiences as a result of their expectations and the treatment's protocols. Even though the majority of the women were initially very happy to learn that they have another chance to become pregnant and have a child, they later turned out to be very anxious. This is due to the fact that these women faced an uncertain ART outcome after the ART procedures started. As some of them experienced fear, treatment failures, and financial burdens, their anxieties grew. Despite the aforementioned difficulties, infertile women choose ART in their efforts to conceive. The issue is made worse by the fact that they must put money aside for lengthy periods of time, take out loans, or receive financial assistance from family members in order to cover treatment costs. The uncertainty surrounding the procedure's success is even more unsettling. A sign that ART procedures can occasionally fail. According to the study's female participants, the ART process was painful, stressful, time-consuming, and exhausting. This result is consistent with other studies conducted in Iran that found that women receiving ART experience physical and emotional pain, uncertainty, low self-esteem, stress, distress, and frustration. These studies also included the families of the women who were receiving ART.

According to the results of this study, women in Zimbabwe who are in need of ART services report feeling stressed, anxious, and frustrated in addition to having a difficult time paying for the therapy. A psychosocial intervention is thus required as part of ART services, and ART insurance coverage may be suitable. There is no doubt that these women require assistance, but it is also unimportant whether there are sufficient assistance programs for female clients of ART. So that suitable interventions can be devised for these women, it is essential that additional research be undertaken to look into ways to reduce the burden for women undergoing ART.

Whether or not these ladies had prior unsuccessful attempts, the ultimate goal was to overcome the difficulties and successfully carry their pregnancies to term. When they succeeded in becoming pregnant, all of their efforts and sufferings were forgotten because they were happy and fulfilled. The Harare ladies claimed that despite the challenges, they were quite thrilled to become pregnant and that having a child made them and their husbands very happy. The results of the study showed that the lengthy nature of the operation and the associated financial load were the two main problems that these women faced. For the majority of the women, financing ART took years of saving and sacrifice, including spending money meant for things like cars and buildings for the ART process. In this study, it was shown that women receiving ART at an early stage were already displaying indicators of declining QOL and mental health. The causes of this tendency are still unknown and need to be investigated, but one element that may be at play is the expectation of expensive medical care. The time management required to balance treatment and work-related difficulties may be another contributing factor. Such time restrictions could interfere with work because patients cannot predict the course of their therapy in advance and numerous clinic appointments are required.

CONCLUSION

In conclusion, this article extensively explores the intricate and multifaceted challenges faced by the ladies who were receiving ART. It underscores a crucial but often overlooked phenomenon, Psychological Trauma.

Recognizing and intervening in these Trauma issues is of great importance, not only within Zimbabwe but on a global scale. Interventions at a global level are being requested by the ladies who would have gone through the process of ART.

There is strong evidence that women in Harare seeking ART services deal with stress, worry, and frustration in addition to the difficulty of paying for the therapy. To escape the stigma of childlessness, these women had to overcome these difficulties. It is unclear how these difficulties affect the course of treatment, and no amount of medical intervention can alter women's wishes for having children.

ART has not received much policy attention in Harare, and although the number of ART clinics in the city keeps growing, the issues it faces are mostly unknown. The attitudes of the government and religions about ART, for example, must be understood. Given the paucity of research on ARTs conducted in Harare, the findings of this study may contribute to the inclusion of ART in health insurance programs, thereby providing coverage for these women. In conclusion, most women cope well with unsuccessful IVF treatments, but little is known about the adjustment process following conclusive failure of treatment and childlessness, as well as the factors that influence it. The majority of psychological research to date has been on the emotional components of the actual treatment intended to speed up the healing process.

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