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Research Article

A Phenomenological Exploration of Communication Barriers among Couples with Infertility in Kenya

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Abstract

Infertility is a global health challenge affecting one in every six couples of reproductive age. Despite its prevalence, the barriers that hinder effective communication about it between couples remain underexplored in literature. This phenomenological study examines the barriers that hinder effective interpersonal communication among couples living with infertility in Kenya. Data were generated through in-depth conversational interviews with five couples and analysed using reflexive analysis. Four themes emerged, including emotional distress, which flooded individuals, rendering dialogue impossible; communication withdrawal, where partners 'put a wall', shutting down their partners during crucial conversations; destructive criticism, including contempt, sarcasm, body-shaming, and blame that shifted focus from the shared struggle to character assault; and defensiveness, which was employed as a means of protecting oneself, but worsened into blame, accusations, and disconnection. The study calls on policymakers and society in general to dismantle barriers to effective interpersonal communication by cultivating spaces, habits, and expectations that prioritise face-to-face exchange in families, religious spaces, and public discourses on infertility, so that couples do not carry these barriers into their personal spaces.

Keywords: barriers; couples; infertility; interpersonal communication; Kenya; phenomenology

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Introduction

Despite the proliferation of advanced technology and greater mobility, a significant portion of daily interactions and communications inherently involve multiple participants or are designed for collective engagement, rather than one-on-one exchanges. Communication remains central to society and in myriad personal, social, and work-related settings. More specifically, communication makes a difference in relationships and well-being. It enables one to communicate their thoughts and feelings to others, improving the quality of their relationships. Yet, evidence suggests that the frequency and quality of interpersonal communication have diminished significantly over the last several decades. People are less likely to establish new personal connections, spend time with friends or family members, or engage with others even when physically present in public and private spaces (Liang, 2012).

The capacity for intimate partners to create shared meaning and sustain their relationship rests fundamentally upon the quality of their interpersonal communication. The current situation, however, reveals a growing inability to sustain such interactions globally. Literature indicates that adults now spend approximately thirty-nine minutes per day in direct conversation, with face-to-face communication having declined by thirty per cent among adults and forty-five per cent among adolescents between 2003 and 2022 (Bauer, 2026). These statistics reflect how interpersonal communication has shifted from immediate, face-to-face exchange to technology-mediated interaction.

The ability to spend time together and establish rapport and trust no longer comes naturally, even though relationships are at the heart of human existence. The absence of direct interaction reduces relationship quality and eliminates essential nonverbal cues, such as facial expressions and body language, which are foundational to building trust and empathy (Bratina, 2023). As a result of dwindling interpersonal communication, loneliness has shifted from a private emotional experience to a public health concern (Dwyer, 2024), placing interpersonal communication research at the centre of clinical and social policy. The World Health Organisation recognised this global concern by launching the Commission on Social Connection (2024-2026), identifying social connection as a global health concern (Holt-Lunstad, 2024). Scientific evidence now identifies social isolation and loneliness as predictors of mortality, with health risks equivalent to those of smoking and obesity (Dwyer, 2024). The U.S. Surgeon General issued an advisory in 2023 declaring loneliness and isolation a public health epidemic, noting that social disconnection increases the risk of premature death by 26

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per cent, comparable to smoking 15 cigarettes per day. These developments necessitate a deeper understanding of interpersonal communication in contemporary times.

Literature Review

Infertility is the inability to conceive and/or maintain pregnancy and have a live birth after attempting to conceive for one year (WHO, 2023). Possible diagnoses of a fertility problem include male factor, female factor, a combination of the two, or unexplained infertility. Several factors ranging from ovarian malfunction, tubal obstruction, or abnormal uterine structure in women, and testicular dysfunction, hormonal imbalances, or genetic diseases in men have been attributed to infertility. Some people experience primary infertility, which is related to problems getting pregnant the first time, or secondary infertility involving problems getting pregnant after the birth of at least one child.

There is accumulating evidence that poor interpersonal communication is the number one cause of divorce globally (Lavner, et al., 2016; Eichenberg, Huss & Küsel, 2017; Kamal, Rahman & Afandi, 2023). Bylund, Peterson, and Cameron (2011) opine that communication breakdown is 'the greatest contributing factor, the emanation and the prevalent pathway to divorce' (pg. 90). Sarwatay and Divatia (2016) concur that in a marital relationship, lack of interpersonal communication not only affects the marriage but also other aspects of the family such as parenthood. According to a survey conducted by Williamson (2012), 53 per cent of people agreed that ineffective communication topped the list among the divorce cases reported. In 1998, the Supreme Court in the US ruled that trying to have a child is 'a major life activity' and went ahead to list it as a form of disability due to the stressful nature of the challenge (Schoolcraft, 2010). Tabong & Adongo (2013) report that it is a major cause of divorce and marital instability.

Muthoni and Makana (2015) opine that a lack of proper communication by many spouses about their expectations causes friction and war in marriages. Generally, spousal communication has a lot of benefits mentally, emotionally, physically, and for family health (Devito, 2019). Williamson et al. (2012) observe that consistent communication that clearly verbalises what one is thinking, feeling, and experiencing is vital to creating a quality marital and family atmosphere. However, Duggan (2014) demonstrates that 37 per cent of married couples attributed strains in their communication to prolonged internet use by their spouses.

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From the foregoing, it is evident that communication is essential to peaceful coexistence amongst people and the primary lubricant of smooth and cordial relationships. It is believed that people who communicate regularly, especially face-to-face, experience fewer challenges in their relationships because communication fosters togetherness and satisfies the need for company and companionship, especially among family members (Wood, 2015). As such, communication is important to the human race because it serves as a fulcrum for maintaining balance and mutuality in all human interactions and endeavours. While dwindling communication has altered how couples communicate and redefined how they establish and maintain relationships, there is an emerging possibility that a lack of interpersonal communication makes it difficult to solve life's problems. It is this possibility of a lack of interpersonal engagement amongst couples, more so in the context of difficult life experiences such as infertility that forms the thrust of this study.

The Kenyan Context

World Bank data shows that, like other developing countries, Kenya experienced a decline in fertility, from 4.9 births per woman in 2003 to 3.9 births per woman in 2014 and 3.5 births per woman in 2020 (The World Bank, 2018). This data is in harmony with a survey from the Kenya National Bureau of Statistics (KNBS) that records a constant decline in total fertility rates in Kenya by 3.3 between 1989 and 2022 (specifically 6.7 to 3.4 children per woman). Worth noting is that the total fertility rate among women in rural areas declined from 7.1 to 3.9 children, and from 4.5 to 2.8 children among women in urban areas (KNBS, 2024). Although the prevalence of infertility in Kenya is still uncertain, a cross-sectional study by Murage et al. (2011) found that 26.1% of reproductive health consultations cited delayed fertility.

Interpersonal communication within the Kenyan context has shifted, thinned, and is largely prioritised. Statistics reveal that although the size of personal networks has doubled over the last decade, their composition has changed drastically. Of all close ties, friendships have dropped from one-third to nearly a quarter. Essentially, in-person conversation circles have become larger but smaller, with more dispersion but less neighbourliness (Garretson et al., 2018). Although once a close-knit community, Kenya is now a thinner fabric of family ties maintained across distances (Garretson et al., 2018; Oduor et al., 2014). Literature suggests that even the dominant in-person talk within the family setup has become transactional, with communication revolving around economic support, checking on well-being, offering life

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advice, and the everyday coordination of activities, including who is doing what (Oduor et al., 2014).

Methodology

This study employed hermeneutic phenomenology, a qualitative approach that examines how individuals make sense of their lived experiences (Smith & Osborn, 2015). Participants were heterosexual couples living with infertility in Kenya, recruited through purposive and snowball sampling within the capital, Nairobi. The final sample comprised six participants (three men and three women), aged between 28 and 42 years. All participants were married and had been experiencing infertility for a period ranging from three to eight years. The study was conducted between January and July 2025 in Nairobi County, which records the lowest fertility rate in Kenya, with an average of 2.5 children (KNBS, 2024).

Data were generated via in-depth interviews lasting at least two hours. The interviews were conducted sequentially in three stages. The first interview was aimed at building rapport and contextualising the participants' experiences; the second, which was the main interview, delved into understanding how the participants communicate their experiences; while the third was meant to clarify and reflect on the meaning of the participants' experiences with communicating infertility. Information obtained from the study was analysed sequentially.

Throughout the study, relevant ethical considerations, including confidentiality, privacy, and making every effort to ensure participants were not put at risk of harm by sharing their experiences, were upheld. The study guaranteed trustworthiness to ensure the research process was honest, careful, and rigorous enough to make the claims it does. Specifically, the study drew participants from various demographics within the country's capital, ensuring source triangulation through drawing on the unique and varied experiences with infertility. The study also ensured dependability by using thick, detailed descriptions to illustrate how couples living with infertility communicate their lived experiences.

Findings

The analysis revealed that couples living with infertility endure significant communication barriers that trap them in patterns of negative interaction. These barriers are not isolated incidents but form a vicious cycle: emotional distress leads to withdrawal; withdrawal invites criticism; criticism triggers defensiveness; and defensiveness deepens distress. Four themes emerge as described below:

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Intense emotional distress

Intense emotional distress emerged as one key barrier to effective interpersonal communication. Participants confirmed their struggles emanating from the fear of vulnerability, as they experience anxiety about sharing their true emotions, leading to a reluctance to open up about their feelings of grief, inadequacy, and frustration. These intense sentiments hinder their ability to manage them constructively, thereby affecting how they communicate. One male participant narrated receiving his wife's diagnosis. His wife had returned from a scan and was crying uncontrollably. When he pressed her for an explanation, his questions only intensified her tears, leaving him confused and helpless:

> "So me I just decided to keep quiet and wait. I just held her in my arms and let her cry. After some time she gave me the report and cried even more... actually as I read it, I felt like the world should bury me inside it. My head was spinning all round... I tried mumbling something but it was like my mouth was too heavy to utter a word"

Another participant described a similar situation in which his wife's emotional distress rendered him mute. He felt obligated to "be the stronger one", yet her tears and lamentations created an obstacle, leaving him watching effortlessly:

> "I just looked at her like a zombie. I was so confused... these things hurt me as well. But I just keep quiet... when you push them to talk, at least to make the problem lighter, they just begin crying uncontrollably. So that's where that conversation ends. Literally"

Female participants similarly reported experiencing flooding, though for many this was intertwined with deep shame. One participant spoke of how his wife battled with shame, sorrow, worry, and ridicule, including from her own very close friends, leaving him feeling helpless:

> "There are times I ask her, but she ends up crying, and I even regret why I brought out the discussion in the first place... I just sit there helpless. I just wonder how her very close friends would treat her like that"

The above accounts reveal the complex nature of infertility-related emotions such as grief, fear, and shame, which intensify partners' need for connection. Yet, these same emotions interfere with the very communication required to build that closeness. In effect, partners connect least when they need to most.

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Communication withdrawal

Findings point to the fact that withdrawal is a key barrier hindering effective interpersonal communication among couples with infertility. The available evidence reveals that given the chronic emotional strain associated with infertility, some partners simply 'put a wall', thereby withdrawing from the conversation altogether. When faced with the intense pressures and emotional turmoil associated with their infertility journey, some participants resorted to keeping mute as a defense mechanism, believing that disengaging from difficult discussions would shield them from further pain or conflict. This avoidance took various forms, including refusing to engage in dialogue by changing the subject and diverting attention; some gave one-word responses to show disinterest, while others shut down during crucial conversations about their struggles. There is evidence that this behaviour led to feelings of isolation, as the affected participants revealed feeling rejected, frustrated, and unsupported in their journey, as exemplified below:

> "You know you can tell when you're trying to talk to someone, and they are either distracted, they look like they're avoiding you, or just giving you one-word responses. After I realised his habit of coming back late was now too much, I tried to talk him to agree so we can go see another doctor, or even try out something else, you know. He was just like…sometimes clearing his voice and saying nothing. That's the time I knew he had checked out and didn't want anything to do with this issue"

The 'walling' denies participants the opportunity for meaningful communication, leaving them with unresolved feelings that pile up over time. In the long run, the lack of communication leads to conflict that eventually deepens the rift between couples living with infertility, as exemplified below:

> "And like I told you, this continued for some time. And all along I could tell he had checked out, you know. Just avoiding me the whole time. Then finally I just decided to confront him, and that's the day it almost turned physical. Before I could complete my sentence he was like, leave me alone…why do you keep dragging me to endless hospital visits yet am not even the problem!"

Findings suggest that differing communication styles between couples hindered open discussions. A case in point is where one partner leaned more towards expressing emotions verbally, while the other completely withdrew into silence and decided to go mute anytime discussions around infertility were brought up. Eventually, the participant interpreted her spouse's silence as indifference rather than an internal struggle.

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> "Every day felt like a struggle. I would sit there, waiting for him to come home, hoping that things would somehow get better. But each day just seemed worse than the last. He would come home late, sometimes not even saying a word to me. The silence between us grew louder and more painful. I felt like I was losing him, bit by bit. I tried to talk to him, to understand what was going on in his mind, but he would just remain quiet. Like literally not say a word. It was like he was a completely different person"

However, when prompted on why they chose silence many times during discussions around infertility, a participant confessed that the pain of infertility and seeing his wife suffer every day was so intense for him. While deep down he would have loved to support his wife even emotionally, he was too overwhelmed to say a word and instead remained mute, as exemplified below:

> "So this issue comes with some pain so deep you can't quite explain. It's actually a silent struggle, it's a private battle you fight every day. All alone! Even though I know we are in it together with my wife, deep down I know am all alone. All alone! Like, there things she can't understand. It's a grief that never fully goes away"

One participant narrated how he steered clear of tough conversations that had the potential to reignite painful emotions surrounding infertility. Instead of engaging in discussions about their struggles, he chose to focus on easier topics, such as hospital visits and routine logistics related to their treatment. He shared insights regarding the decision to avoid deeper conversations, prompted by the desire to protect himself and his partner from the stress likely to emanate from discussions around infertility. Moreover, the light-hearted, logistical topics aimed to maintain a semblance of normalcy in the participant's daily life.

> "It's easier to focus on the hard facts like telling my partner 'tomorrow we are seeing doctor so and so… than delving into the feelings like asking her 'how do you feel about us not having a child?' So if I ask this question, then what? I will just make her sad for no wonderful reason. There's no point bringing feelings of sadness, feelings of anger...it's way too painful"

Further scrutiny into the data reveals that some participants shut down and remained mute when the situation was too intense to bear. For them, the pain or shock was too deep that they lacked the words to express themselves. However, their partners interpreted it as refusal to engage or show remorse for their situation, as exemplified below:

> "I could hear her words in my head. I could hear something like we can't…we can't…we can't…we can't. That news felt like a death sentence…it felt like a

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> confirmation that our dream of having a biological child was over. I fought tears…I honestly fought tears that day. I did. I didn't want to appear weak before my wife, but I felt really, really weak. I couldn't do this anymore. Oh, it was too much to bear. So I just sat there and said nothing"

Destructive criticism

Criticism emerged as one of the obstacles to effective communication among couples living with infertility, with participants reporting harsh and negative comments emerging during conversations about their struggles. In intense moments during discussions, some participants resorted to critical remarks that targeted their partner's personality and shortcomings, rather than addressing the real issues surrounding infertility. The data shows that criticism increased bitterness and created a hostile environment that made open dialogue difficult. According to one of the participants, the negative interactions made them feel attacked by someone they thought would stand up for them, as exemplified below: 2

> "One time I was just there relaxing. Then out of nowhere she just asks, 'so how are we going to solve our problems if you not making any effort?' For a moment I was lost. I was actually silent for some good time. Because I wondered what problems? Am not doing anything? What is she even saying? And just when I was about to ask 'what do you mean, she bursts out crying. Almost wailing actually'. Then the blame game starts…"

Worth noting is that some participants also thwarted the ability of them and their spouses to talk about infertility-related issues due to their focus on other issues. One participant, instead of focusing on their struggle and triggering discussions around how they would solve the problem, began body-shaming the wife and blaming the situation of infertility on their 'overgrown' body:

> "Imagine he said it's because of my weight that we couldn't get pregnant. Can you imagine? I was so mad! And that is after I asked him why he was refusing to see the doctor. Because I had done all the tests, and the doctor said we also need to check on your husband. Then he body-shames me! And asks if there are things I had done with my body before we met! I don't even have the strength to talk about these issues, so I just look at him"

Contempt is manifested in the interactions of some partners when prompted to discuss fertility issues, often through the use of disrespectful statements and behaviours. In these situations, instead of engaging in constructive dialogue, some partners resorted to sarcasm and mockery, undermining their spouse's feelings and contributions to the conversation. Others displayed their disrespect through non-verbal cues, including facial expressions, which communicated a

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sense of superiority and implied that their partner was inferior or worthless, ultimately hindering open and honest discussions about their shared struggles.

> "Even though he never said it out loud, there were times when he was blaming me. Sometimes he would just be sarcastic like asking if I might have tampered with my body in a way when I was young… I could feel his agitation and dislike towards me"

Further scrutiny of the data reveals that contempt as a communication barrier was prompted by the feeling that a spouse was engaged in extramarital affairs. Feeling betrayed, the participant confronts the partner but is met with dismissive, negative body language that creates an emotionally charged atmosphere and further hinders open dialogue.

> "I realised he was having an affair with some woman. I was crushed. I was broken. That statement finished me. And I was so done. If this is what this guy was telling women out there about me…then I had no business staying with him. I cried and cried and cried. Tears dried up actually because I couldn't even cry any more. I hung up that phone, and the women went ahead to send me messages after messages. I actually don't even know what had happened between them. I dint care. But the more I read the messages, the more I got crushed. He had killed me. He tried talking to me, but I didn't even want to look at his face. How could he tell another woman such negative things about me? There was no point of staying there. That night I slept in the other room. But I didn't even sleep. I was disturbed. I had questions. With no answers"

Defensiveness

When participants felt threatened during discussions about infertility, they often became defensive, establishing barriers that hindered open communication. For them, this defensiveness served as a protective mechanism, leading them to respond in ways that complicated rather than facilitated dialogue. Data reveals that many participants actively made excuses for their behavior, attempting to justify their actions instead of engaging with their partner's concerns. Some even denied responsibility for their role in the situation, demonstrating a reluctance to confront the challenges they faced together.

Further scrutiny of the data reveals that when participants felt threatened, they responded to complaints with counter-complaints, creating a cycle of blame that further escalated tensions and deepened misunderstandings. Couples were consequently unable to address critical issues around infertility, affecting them as demonstrated in the excerpts below:

> "I was shocked, so I blamed him. I called for a meeting with him and asked for a break-up. I was broken…I didn't even want to look at him. I blamed him for everything. For looking down on me…for cheating on me…for abusing me…and then

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> instead of apologising he also started. Blamed me for this and that. And you don't want to know how the whole thing ended…"

Past experiences, including trauma or unmet expectations, also shaped how couples communicated, leading to defensive responses and avoidance of conflict. Participants averred that they noticed their partners were defensive when prompted on some issues, showing signs of unwillingness to engage in discussions around infertility.

> "Yeah, some days are really tough. I wake up and think, what's the point of all this? Why am I pushing myself so hard when I don't even know if it's worth it? It feels like I'm just going through the motions, trying to keep up with everything, but not really feeling motivated. I sit there, staring into space, not wanting to do anything. It's like all the energy has been sucked out of me. I just didn't want to engage in any of that talk"

Other participants noted that they became defensive to protect themselves from further harm and to guard against discussions that might expose their vulnerabilities. According to them, engaging in discussions of infertility rekindled the memories of loss, lack, and deficiencies. Moreover, being defensive would hinder their spouses from bringing up similar discussions in the future, as noted below:

> "I knew that the only way to guard my heart, avoid exposing myself and run away from these discussions was to just become defensive. Because, honestly, there are times I felt like I was the target of the criticism. Any small thing would lead to discussions about a child…if we were scheduled to attend any family function, then the discussions would still lead to her asking how people will look at me now that I don't have a child? And so anytime I saw that such discussions were looming, I just denied responsibility or excused my behavior, like if I was too quiet she would begin accusations, and such. I just didn't want more problems"

Discussion

Findings reveal the existence of four key barriers hindering effective interpersonal communication among couples living with infertility. These include communication withdrawal, defensiveness, destructive criticism, and emotional distress. It foregrounds infertility as a significant source of stress that challenges the ability of couples living with infertility to communicate effectively, share their experiences, and work together towards common goals. The study reveals that it is a major cause of interpersonal communication breakdown. Anan-Frey et al. (2023) confirm this, observing that it is not only a source of communication breakdown but also leads to marital instability in many African societies.

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Findings reveal that participants blocked open communication due to emotional overload, a feeling of being overwhelmed by feelings of grief, inadequacy, and frustration that hindered their ability to communicate constructively. The results are in harmony with scholarly work illustrating avoided communication due to fertility-related stress. In effect, they refused to engage in treatment discussions because of the shame and embarrassment attached to it (Lan et al., 2025; Wu et al., 2025).

When partners put a 'verbal vacuum' as a form of withdrawing from communication on infertility altogether, they did so with the aim of protecting themselves from difficult conversations that were likely to lead to pain or conflict. The outcomes correspond with available literature suggesting that infertile individuals engaged in avoidance communication through a form of emotional withdrawal, a phenomenon known as 'self-silencing'. Available evidence shows that approximately 32% of individuals hide their feelings to avoid upsetting their partners (Hawkey et al., 2021).

While literature demonstrates that men confronting infertility may develop various coping mechanisms, some of which manifest as anti-social behaviours, such as increased alcohol consumption, sexual promiscuity, or smoking (Anokye, et. al., 2017), my study goes beyond to illustrate that once certain behaviours are adopted, participants may adopt contempt, a communication barrier where participants engage in mockery, sarcasm and prejudice, undermining their spouse's feelings and contributions to any conversation. In the long run, this leads to a communication breakdown that affects the spousal relationship.

Data from this study further points to the fact that defensiveness plays out when participants feel threatened about their infertility status. They avoid communication by looking for excuses not to engage. These are sometimes shaped by traumatic experiences or unmet expectations, which in turn shape how couples communicate.

Conclusion

Infertility imposes an unspoken burden on couples that encompasses both the loss of a hoped-for child and the gradual erosion of the communicative bond that sustains the marriage. This study has revealed that the barriers to effective communication among couples living with infertility in Kenya are intense, real, and mutually reinforcing. When ideas, suffering, and challenges surrounding infertility are not effectively communicated, discussed, and addressed, they tend to enhance silence, which results in suspicion and more suffering between couples. Several barriers to effective communication among couples living with infertility exist, with

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gendered expectations and roles within couples remaining tightly intertwined with communication on infertility experiences.

Yet these barriers are not inevitable. They are responses to social pressures that can be addressed through interventions sensitive to the couple's realities. The study encourages practitioners to meet couples where they are; not as communicative failures but as grieving partners struggling to find words for a loss that society barely acknowledges. The aim of this research is not merely to describe the unspoken burden but to equip those who carry it with the tools to break their silence together.

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