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Research Paper: Factors Affecting Decision Making for Oocyte Cryopreservation and its Psychological and Social Consequences: A Phenomenological Research

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Abstract

Objective: This study aimed to explore women's lived experiences regarding the psychosocial consequences of oocyte cryopreservation.

Methods: A descriptive phenomenological approach was adopted. Through employing purposive sampling, 15 women with oocyte cryopreservation experience were selected. Data were collected through semi-structured interviews and analyzed using Colaizzi's seven-step method. The study's population consisted of women aged 26–40 years who had undergone oocyte cryopreservation. Purposive sampling was employed to recruit participants from obstetrics and gynecology centers specializing in fertility preservation.

Findings: The analysis revealed two main categories: psychological consequences and social consequences. Psychological consequences included five subcategories: anxiety, reduced fear of the future, mental order, reduced financial worries, and decreased psychological pressure. Social consequences comprised three subcategories: criticism and opposition from others, cultural pressures, and social role and identity.

Conclusion: The findings indicated that women who chose oocyte cryopreservation generally made informed decisions and experienced relative internal satisfaction. However, they often faced social challenges, including cultural resistance and opposition from their social circles. It is essential to promote broader cultural awareness and acceptance to reduce social interference and support women's autonomous reproductive choices.

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1. Introduction

Oocyte cryopreservation is a method to preserve women's eggs (oocytes). This method is used to postpone pregnancy (Walker et al., 2022). In fact, this method is very useful for women who currently do not have the conditions to get pregnant due to various reasons such as physical and psychological diseases, disagreements with their spouses, financial conditions, or even not finding a suitable life partner (Pai et al., 2021). In such a situation, their oocytes are stored, and when the conditions for pregnancy are met, and they want to get pregnant, the oocytes can be taken out of the frozen state, fertilized, and transferred to the uterus as embryos. Several studies have shown that most infertility problems are due to the deterioration of germ cells associated with aging (Tharasanit & Thuwanut, 2021). The success rate of this method varies depending on the age of the woman, and its probability is higher in younger and mature women (Chronopoulou et al., 2021). Oocyte freezing can increase the chances of future pregnancy for three key groups of women: 1. People who have cancer and have not yet started chemotherapy or radiotherapy, 2. People who are being treated with assisted reproductive technologies and embryo preservation can help them; 3. People who want to preserve their ability to have children in the future (Whaley et al., 2021). Correspondingly, oocyte cryopreservation is an option for oocyte donation to help other people's fertility. In addition, women with a family history of premature menopause may be interested in fertility preservation to preserve viable oocytes that may have problems in the future (Cao et al., 2022).

Oocyte cryopreservation is considered a valuable practice for several reasons, including the fact that oocyte cryopreservation allows women to preserve their fertility by storing their oocytes at a young age and having higher quality oocytes. It can be useful for women who are not yet ready to start a family but want to increase their chances of having children in the future (Giannopapa et al., 2022). In today's society, more women delay childbearing for various reasons, such as career advancement, financial stability, or finding a suitable life partner. Oocyte cryopreservation allows women to preserve their fertility and have children in the future (Tharasanit & Thuwanut, 2021).

Women with genetic disorders that may affect their fertility can benefit from oocyte cryopreservation to preserve their healthy oocytes for future use (Cao et al., 2022). Oocyte cryopreservation gives women more control over their fertility choices and timing and provides a sense of empowerment and flexibility in family planning (Seyhan et al., 2021).

However, oocyte cryopreservation is a practice that, like many methods in the field of fertility, has various social and psychological consequences for the people. From a psychological point of view, the decision to preserve oocytes can bring a wide range of emotions. Some women may experience a sense of empowerment because they have taken preventive measures to preserve their fertility. However, others may

feel anxiety, stress, and pressure related to fertility and future family planning (Yee et al., 2021). There may be social expectations or personal concerns about age-related fertility decline that intensify these feelings. In addition, the oocyte retrieval process and the uncertainty of success can also be emotionally challenging for some women (Tsafrir & Hyman, 2023).

From a social point of view, oocyte cryopreservation can have consequences on personal relationships and social norms. Women who decide to preserve their oocytes may face judgment or opposition from others who do not understand or support their decision (Özöztürk & Çiçek, 2024). There may be cultural opposition or taboos regarding fertility treatments or assisted reproduction that can affect women's social interactions and self-esteem. In addition, the cost of oocyte freezing and potential fertility treatments in the future can create financial consequences that may affect the dynamics and social relations (Stevenson et al., 2021).

Additionally, the decision to preserve oocytes can raise questions about traditional gender roles and expectations. Some may consider oocyte cryopreservation as a way for women to prioritize career or personal goals over starting a family at a younger age (Jones et al., 2020). This may challenge social norms about motherhood and femininity and lead to complex feelings of identity and belonging. Women who choose oocyte cryopreservation may also pursue conversations about family planning with family members and friends, which can introduce new dynamics and considerations into their relationships (Özöztürk & Çiçek, 2024). As a result, the psychological and social consequences of oocyte freezing are multifaceted and can be different from one person to another. Therefore, the purpose of this research is to examine women's lived experience of the psychological and social consequences of oocyte cryopreservation.

2. Methods

This qualitative study employed a descriptive phenomenological approach to explore women's lived experiences regarding the psychological and social consequences of oocyte cryopreservation. Data collection and analysis were conducted in 2023. The research method is presented in three distinct subsections.

2.1. Population, Sample, and Sampling Method

The target population of this study consisted of women who had undergone oocyte cryopreservation in Iran. A purposive sampling method was used to select participants who could provide rich, in-depth insights into the phenomenon under investigation. The final sample included 15 women aged between 26 and 38 years. The inclusion criteria were: being a woman, having direct experience with oocyte cryopreservation, being between 25 and 40 years of age, willingness to participate voluntarily, and the ability to articulate their lived experiences.

2.2. Research Instrument

The primary instrument for data collection was a semi-structured in-depth interview. An interview guide was developed to ensure consistency, while allowing flexibility to explore emerging themes. The guide

included open-ended questions designed to elicit detailed narratives. Core questions explored participants' decision-making processes, psychological experiences (e.g., anxiety, peace of mind), social interactions and consequences, and the physical journey of oocyte cryopreservation. Each interview lasted between 30 to 90 minutes, continuing until data saturation was achieved. All interviews were audio-recorded with permission and later transcribed verbatim for analysis. some common questions in all interviews were as follows:

1. What factors and reasons made you decide to preserve oocytes?
2. What were the psychological consequences of oocyte cryopreservation for you?
3. How did you deal with stress and anxiety before and after oocyte cryopreservation?
4. What experiences did you have in the physical and emotional steps of oocyte cryopreservation?
5. Did you have a feeling of changing the attitude of the society and those around you towards this decision?
6. Did you experience financial or other challenges in oocyte cryopreservation?
7. How did you improve your attitude in discussing this decision with your partner, family and friends?
8. Has the decision to preserve oocytes affected your attitudes and expectations of married and family life?
9. How did you deal with the potential and fears of oocyte cryopreservation?
10. What suggestions do you have for other women looking to preserve oocytes?
11. How did you get to know about oocyte freezing and what is your family's education and financial level?
12. What are the result of this action spiritually and religiously?
13. Was the family aware of your decision, and how supportive, opposing, and rejecting were they?

2.3. Research Procedure

The procedure for conducting the research involved several key steps. First, to recruit participants, the researcher referred to specialized obstetrics and gynecology centers that perform oocyte cryopreservation. Potential participants who met the inclusion criteria were identified and invited to participate.

Prior to each interview, the researcher explained the study's purpose, ensured participants of data confidentiality and anonymity, and obtained written informed consent. Ethical considerations were strictly adhered to throughout the study. Participants were assured that their participation was voluntary, they could withdraw at any time without consequences, and all personal information would remain confidential. The study protocol emphasized the respect for participants' rights and welfare.

Following data collection, the interview transcripts were analyzed using Colaizzi's (1978) seven-step phenomenological method. The steps included: (1) reading all participants' descriptions to gain a sense of the whole, (2) extracting significant

statements and phrases, (3) formulating meanings from these significant statements, (4) organizing formulated meanings into thematic clusters and categories, (5) developing an exhaustive description of the phenomenon, (6) producing a fundamental structure of the experience, and (7) returning to participants for validation (member checking) to ensure the findings' trustworthiness. Additionally, expert professors in qualitative research were consulted to review and confirm the analysis process, enhancing the study's reliability.

3. Findings

Table (1) presents the demographic profile of the 15 participants in this phenomenological study. The participants were women who had undergone oocyte cryopreservation, selected through purposive sampling. Their ages ranged from 26 to 40 years, encompassing a variety of educational backgrounds and marital statuses. This diversity provides a broad perspective on the lived experiences related to the psychosocial consequences of oocyte cryopreservation within the Iranian context. Pseudonyms are used to protect participant confidentiality.

Table 1

Demographic characteristics of the interviewees

No.	Name	Age	Education	Marital status
1	Parvaneh H.	30	Bachelor	Married
2	Hora H.	26	Bachelor	Married
3	Fatemeh S.	30	Bachelor	Married
4	Fatemeh R.	31	Bachelor	Married
5	Roya P.	32	Diploma	Married
6	Niloofar S.	34	Bachelor	Married
7	Zahra H.	38	Bachelor	Single
8	Fatemeh M.	38	Bachelor	Single
9	Arezo H.	30	Master	Single
10	Leila H.	36	Bachelor	Divorced
11	Marzieh D.	34	Master	Single
12	Rojin A.	39	Ph.D.	Single
13	Shima S.	33	Ph.D.	Single
14	Parvan S.	40	Ph.D.	Divorced
15	Fatemeh A.	33	Master	Single

As shown in Table (1), the sample comprised 15 participants with a mean age of 33.2 years (range: 26–40). The group was highly educated, with 93.3% holding a university degree, and exhibited diversity in marital status, with 40% married, 46.7% single, and 13.3% divorced. This demographic diversity provides a suitable context for examining the diverse experiences of women in the oocyte cryopreservation process, the results of which are reported in Table (2).

This analysis of participants' lived experiences revealed two main components influencing the decision to undergo oocyte

cryopreservation and its psychosocial consequences:

Table 2
Components, Subcomponents, and Related Interview Questions

Main Component	Subcomponent	Related Interview Questions
Social Factors Affecting the Decision	1. Criticism and Opposition from Others	5, 7, 13
	2. Cultural Pressures	5, 7, 8, 11, 13
	3. Social Role and Identity	1, 5, 7, 8, 13
Dual Emotional Experience Associated with Oocyte Cryopreservation	1. Anxiety Before the Decision (including: Fear of future infertility, Fear of uncertain outcomes, Fear of physical procedure, Fear of social judgment, Fear of financial burden)	1, 2, 3, 4, 6, 9
	2. Peace of Mind After the Procedure (including: Overcoming fear of the future, Mental order, Reducing financial worries, Hope for the future)	1, 2, 3, 8, 9, 10

Following Table (1), a detailed explanation of each component and subcomponent was provided, supported by participants' direct quotations.

Detailed Explanation of Components and Subcomponents

1. Social Factors Affecting the Decision to Undergo Oocyte Cryopreservation

This component encompasses the external, interpersonal, and societal influences that participants navigated when considering and proceeding with oocyte cryopreservation.

1.1. Criticism and Opposition from Others: Participants frequently encountered negative reactions, judgment, and a lack of understanding from their immediate social circles, particularly family members. This opposition often stemmed from traditional beliefs, religious viewpoints, or a simple lack of awareness about fertility preservation.

Participants' Experiences: Many described keeping their decision a secret to avoid conflict. One participant noted, *"We didn't tell anyone except our immediate*

family... their reaction wasn't positive... our parents were genuinely upset." Another shared the religious perspective they faced: *"The older generation sees this as interfering with what they believe to be God's will."* Pressure to conform to traditional paths was common, as expressed by one woman: *"My mother keeps saying that... I should focus on marrying early so I can have children naturally."*

1.2. Cultural Pressures: This subcomponent reflects the broader societal and cultural norms that created a challenging environment for the participants. In the studied cultural context, strong emphasis is placed on natural conception within marriage, and deviations from this path are often stigmatized.

Participants' Experiences: Participants highlighted deep-seated cultural taboos, especially concerning single women. One stated, *"According to people, if a single girl does this, it is not accepted at all because losing her virginity for any reason is unacceptable."* The primacy of motherhood as a woman's core identity was a recurring pressure: *"In our culture, motherhood is seen as a core value. If a woman doesn't become a mother, it's considered a failure."* Participants also reported being labeled as "selfish" or "strange" for prioritizing education or career.

1.3. Social Role and Identity: Participants described a tension between evolving personal identities—which included educational pursuits, careers, and personal independence—and the traditional social roles expected of them (primarily being a wife and a mother). Their decision to freeze oocytes was often a strategic move to align their reproductive timeline with their broader life goals.

Participants' Experiences: Many women cited career and personal development as reasons for delaying childbearing. One participant explained, *"I have personal goals I'm passionate about, and I didn't want becoming a mother to stop me from reaching them."* Another mentioned financial independence: *"I work full-time, and if I didn't, we'd face financial challenges—so we decided to postpone having children."* However, this redefinition of identity was often met with resistance, as others questioned their priorities: *"When they found out... they said that you have moved away from being a woman and your main role."*

2. Dual Emotional Experience Associated with Oocyte Cryopreservation

This component captures the profound and often contradictory psychological journey participants underwent, characterized by significant anxiety prior to the procedure followed by a sense of relief and empowerment afterward.

2.1. Anxiety Before the Decision: This multifaceted anxiety was the most prominent psychological experience prior to the procedure. It stemmed from several interconnected fears:

Fear of Future Infertility: Concerns about age-related fertility decline or medical conditions (e.g., family history of early menopause, cancer diagnosis) were primary motivators laced with worry. *"What worried*

me was that the menopause age... is genetically low... this fear made me decide to do this."

Fear of Uncertain Outcomes: Doubts about the success of the procedure and the future usability of oocytes created significant distress. *"I was unsure about the outcome of this process, and that uncertainty made me anxious."*

Fear of the Physical Procedure: Apprehension about the hormonal injections, egg retrieval process, and potential side effects was common. *"I was a little afraid of its side effects... The drugs messed me up a lot; I was stressed, scared, and aggressive."*

Fear of Social Judgment: The anxiety of being judged or pitied by others, including clinic staff, was palpable. *"When I was standing in the drug queue... it was like a disgrace to me, and I was very annoyed by the looks of others."*

Fear of Financial Burden: The high, often uninsured costs of the procedure and storage were a major source of stress. *"Because this work was not covered by insurance, the expenses were very heavy for me."*

2.2. Peace of Mind After the Procedure: Despite the preceding anxiety, completing oocyte cryopreservation led to a notable positive shift in psychological state for most participants. This peace of mind manifested in several ways:

Overcoming Fear of the Future: The procedure provided a sense of security and control over their reproductive timeline. *"I'm truly happy with the decision I made... It gave me peace of mind that I could plan for motherhood on my own terms."*

Mental Order: Participants described a newfound clarity and structure in their life plans. *"Ever since I did this, my mind has been calmer and more organized because I know my life plan."*

Reducing Financial Worries (Contextual): While the cost itself was a stressor, completing the procedure allowed couples to postpone childbearing until greater financial stability was achieved, thus alleviating a longer-term worry. *"We truly want to have children, but only when our financial situation becomes more stable."*

Hope for the Future: The act of preservation itself instilled a sense of optimism and possibility. *"In the midst of all these fears and uncertainties, I have a sense of hope... This is a decision... made with all my heart and great hope for the future."*

4. Discussion

This study aimed to explore the psychosocial consequences of oocyte cryopreservation by examining the lived experiences of women who have undergone this procedure, employing a descriptive phenomenological approach.

The analysis revealed two central, interrelated dimensions of the participants' experiences: psychological consequences and social consequences. The psychological dimension was characterized by a distinct temporal trajectory. The decision-making and procedural phases were marked by significant, multifaceted anxiety stemming from fears of future infertility,

uncertainty regarding medical outcomes, apprehension about the physical process, concerns over social judgment, and financial burdens. Crucially, following the completion of cryopreservation, a pronounced positive shift was observed. Participants predominantly reported a mitigation of future-oriented fears, an enhanced sense of mental order and control, a contextual alleviation of long-term financial planning worries related to childbearing timing, and an overall reduction in psychological pressure. This transition indicates that the procedure served as a pivotal psychological intervention, converting diffuse anxieties into a structured, managed plan.

Conversely, the social dimension was predominantly challenging. Participants navigated frequent criticism and opposition from immediate social circles, primarily family. This opposition was underpinned by deep-seated cultural pressures surrounding traditional gender roles, normative timelines for marriage and reproduction, and taboos—particularly salient for single women—related to sexuality and assisted reproduction. These conflicts often precipitated a tension regarding social role and identity, as women's autonomous reproductive decisions were perceived to challenge conventional expectations of femininity and motherhood, at times leading to social friction or isolation.

The psychological findings align robustly with international research. The pattern of initial anxiety followed by relief and regained agency echoes studies on the emotional trajectories of fertility preservation (Yee et al., 2021). The sense of empowerment and proactive family planning is consistent with literature framing oocyte cryopreservation as a tool for reproductive autonomy (Seyhan et al., 2021). This analogy suggests a common core psychological benefit rooted in justifying the uncertainty of age-related fertility decline.

However, the nature and intensity of the social consequences detailed in this study offer a culturally nuanced perspective that diverges from some findings in Western contexts. While social scrutiny is a recognized phenomenon (e.g., Özöztürk & Çiçek, 2024; Jones et al., 2020), the specific confluence of religious objections, virginity taboos for single women, and direct familial disapproval captured here underscores how these consequences are profoundly shaped by local sociocultural and normative frameworks. This highlights that the social experience of oocyte cryopreservation is not universal but is instead co-constructed within specific moral and communal landscapes.

This is explained through the lens of proactive coping and uncertainty reduction theory. Oocyte cryopreservation represents a forward-looking, problem-focused strategy to manage the threat of declining fertility. The procedure, while introducing acute, situational stressors, effectively resolves a chronic, future-oriented source of existential uncertainty, thereby fostering improved psychological well-being and a sense of control.

The significant social challenges can be understood through the framework of deviance from social norms. Elective oocyte cryopreservation, especially for non-

medical reasons or by unmarried women, often contravenes deeply ingrained societal scripts governing reproduction, marriage, and female life courses. The criticism and opposition faced by participants function as informal social approvals aimed at reinforcing normative behaviors. The ensuing conflict around identity arises because individualistic, agentic actions are interpreted as challenging traditional, collectivist family structures and gendered expectations. Thus, the psychosocial outcomes are not merely personal reactions but emerge from the dynamic interplay between individual autonomy and the constraining (or potentially supportive) structures of the specific social environment.

While this study provided valuable insights into the psychosocial consequences of oocyte cryopreservation, several limitations should be acknowledged: The findings from a small, purposive sample of Iranian women are not broadly generalizable. The reliance on retrospective self-reports may introduce recall bias. The cross-sectional design cannot capture long-term psychosocial outcomes, and the absence of perspectives from partners, family, or women who chose not to undergo the procedure limits a comprehensive understanding of the social context.

5. Conclusion

This study contributes to the growing body of literature on the psychosocial dynamics of elective oocyte cryopreservation by illuminating how women navigate the interplay between psychological adaptation and social constraint within a specific cultural context. The findings underscored that, while the procedure functions as an effective psychological strategy for coping with fertility-related uncertainty and fostering a renewed sense of control, it simultaneously exposes women to complex social tensions rooted in traditional gender norms and moral expectations. These dual outcomes illustrated that empowerment and stigma can coexist as parallel trajectories within the same reproductive experience. Recognizing the cultural specificity of these dynamics is essential for developing more context-sensitive counseling, policy frameworks, and support systems aimed at promoting informed and psychologically sustainable reproductive choices.

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Conflict of Interest

The Authors declare that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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