

THE LIVED EXPERIENCE OF FEMALE INFERTILITY THE CASE OF MUSLIM RURAL WOMEN LEAVING IN ALBANIA

Fatlinda Berisha Tahiri, PhD

Daniela Kalaja, PhD

Eliona Kulluri Bimbashi, PhD

University of Tirana, Faculty of Social Sciences,
Department of Social Work and Social Policy

Abstract

Reproduction is considered as a basic function of human individuals. Inability to procreate, thus infertility, is a widespread problem in our day societies, given that the population suffering infertility is drastically increased in the past decades. Infertility is considered as an individual and couple experience that affects not only the relationship between the couple but also the family social and psychological status.

In communities where fertility is an important determinant, the inability to conceive creates a lot of psychological, social and economical problems. Negative psychosocial consequences of childlessness are common and often severe, especially in traditional setting. Region plays an important role on shaping the infertility experience for women. In many cultures, womanhood is defined through motherhood, and in the Muslim religion, women are prone to divorce, social isolation, family pressure and feeling of guilt.

The present study is qualitative research design, based on 11 in depth interviews with Albanian women diagnosed with infertility. The purpose of this study was to explore the impact that infertility has on Muslim women, and also explore their cultural beliefs, attitudes and perceptions regarding infertility. The interview had three main piles: (i) the women's experiences of infertility; and (ii) beliefs on infertility, (iii) relations with partners and family members.

From the data analysis, four main themes emerged including "cold relations with the husband", "family pressure", "social isolation", "alternative remedies", "feelings of guilt".

Keywords: Infertility experience, Muslim infertile women, social pressure.

One of the most important and underappreciated reproductive health problems in developing countries is the high rate of infertility and childlessness (Ombelet, Cooke, Dyer, Serour & Devroey, 2007). In this regard, the World Health Organization (WHO) estimates that 15% of couples worldwide have trouble in conceiving a child (WHO, 2010). Infertility rates vary among different countries (Wiersema *et al.*, 2006).

Infertility is considered to be a psychological stressor and one of the most significant lifetime crises for infertile women (Newton, 1999). Reflecting the degree of psychological stress concordant with fertility problems, one study reported that half of women described infertility as the most distressing experience of their lives (Freeman *et al.* 1985).

Infertility imposes a tremendous amount of stress on the individual diagnosed with infertility as well as the couple's relationship and their relationships with others. Research has shown that the stress associated with infertility is a significantly greater stress contributor than any other major life issue that a person may confront (Rosenberg & Epstein, 1999). In communities where fertility is an important determinant, the inability to conceive creates a lot of psychological, social and economical problems (Dyer *et al.*, 2004, 2005). Negative psychosocial consequences of childlessness are common and often severe (Umezulike & Eftie, 2004). In many cultures, womanhood is defined through motherhood, and infertile women usually carry the blame for the couples' inability to conceive; those women, are the first to ask for medical health care (Tahiri, 2013). Infertile women are frequently stigmatized, resulting in isolation, neglect, domestic violence, and polygamy (Araoye, 2003; Eftekhari-Ardabili, Behboodi-Moghadam, Salsali, Ramezanzadeh & Nedjat, 2011). In some cultures, traditional or magical treatment is employed for treatment of infertility, but in other cultures, the problem of infertility is solved through adopting a child, remarriage, or even divorce (Even, 2004). For instance, according to a study realized in Albania 2012, most of women isolate and change their couple relations due to infertility, especially for women of lower socio-economical status, leaving in the rural areas (Tahiri, 2012). According to patriarchal culture and traditional contexts, childbearing is highly desirable, where an absence of children with a first wife may lead husbands to take a second wife with or without divorcing the first one (Ramezanzadeh *et al.*, 2004).

Study Design

This is a qualitative research study design. The purpose of was to explore the impact infertility has on infertile Albanian Muslim women. This study described the cultural beliefs, attitudes and perceptions regarding infertility treatments as it relates to marital relationships and procreation. A large amount of text, obtained through interviews were transcribed and

analyzed, by developing descriptions and themes from the data.

Data gathering and participants

The method used for this study were in depth interviews, with 11 women presented for treatment at two infertility centers in Tirana, Albania. The women, subject of this research were all diagnosed to have female factor infertility. The selection of research participants was purposeful because the primary purpose of this study is to accurately describe the lived experience of the infertility event. The researcher gained access to 2 Infertility clinics, in Tirana, by meeting with the physician of the clinic to discuss the goal of the research endeavor. Due to the sensitivity of the topic under investigation, it was necessary to have someone who is very familiar with the couples and their infertility history to serve as a liaison between the researcher and the couples this role was undertaken by the gynecologist of the given center.

All women were interviewed in a private room without the presence of their male partners, after the assignment of the consent form. The interviews were taped-recorded and transcribed so that themes may be identified. Each interview lasted 50–75 min on average. The interview had three main piles: (i) the women's experiences of infertility; and (ii) beliefs on infertility, (iii) relations with partners and family members.

The interviews were conducted in Albanian by the first author and then translated into English. The translation process was supervised by the second authors. Each interview was recorded and transcribed verbatim and then analyzed concurrently (Elo & Kyngas, 2008; Graneheim & Landman, 2004).

Interviews continued until data saturation. All the 11 women present in the study, were informed and signed a consent form for the participation in the research. Reliability and credibility is often difficult to achieve due to the nature of the research design. The purpose of qualitative research is not to replicate because replication is virtually impossible given the research deals with human behavior.

There were no physical risks or social risks incurred by the participants of this study. The psychological risks associated with this study involved the emotional feelings that either party may have regarding the infertility experience. To minimize this risk, the researcher reminded the participant that they have the right to withdraw from the study without any penalties.

Confidentiality of the subjects was maintained throughout the study by identifying them by using fictitious names so that only the researcher was able to identify the participants. Prior to the initiation of each interview, participants received a consent form. At this point, the researcher advised the participants of their right to withdraw from the study at any time during the

interview process. All interviews were scheduled by the researcher and occurred in a private quiet area at the infertility clinic. Data were collected by tape-recording one-on-one interviews with infertile women.

Data analysis

The first step of analysis was preliminary analysis that aimed at critiquing as it came in, identifying gaps and of information and start utilizing concepts wither they shed further on the issues being identified in relation to the research topic. The following steps were taken to analyze the collected data:

- Data organizing and reduction – the interviews were transcribed and cleaned from irrelevancies.
- Thematic analysis into analytically relevant categories into emerging themes.
- Coding (open coding and axial coding)
- Clustering
- Preliminary organizing scheme of 5 codes from the data
- Interpretation and conclusion drawing.

Transcribing the interviews verbatim and reading through several times to obtain a sense of the whole. Dividing the text into meaning units that were condensed. Abstracting the condensed meaning units and labeling with codes. Sorting codes into sub-categories and categories based on comparisons regarding their similarities and differences. Formulating themes as the expression of the latent content of the text.

Results

Mean age of participants (n=11) was 33.5 ± 6.3 years (age range: 20-50 years). Most of the subjects had had less than high school education and resided in rural areas. All the participants had a diagnosis for female infertility. On average subjects had tried to conceive for about 7.0 ± 5.2 years and had been under infertility treatment for 3.3 ± 3.9 years.

Themes

During the data analysis, four main themes emerged including “cold relations with the husband”, “family pressure”, “social isolation”, “alternative remedies”, “feelings of guilt”. Below, the meaning of each theme is presented by using the participants’ direct quotations.

Cold relations with the husbands

When couples realized that they could not have a child, difficulties increased and the distance between the couples broadened. Mental pressure

caused by the infertility weakened the foundation of the family and even caused divorce. Most of the participants felt that they had lost trust in their husbands and they thought that their husbands did not have any interest in them and might want to remarry with someone else.

One of the women that participated in this research expressed: “I think that my husband is having an affair. He may marry with another woman to have a child. This issue always worries me.”

Another woman explained that: “My husband comes to the house and says that ‘I want to have a child, and until when should I wait to have a child?’ He is right because if he would have married with another woman, she would have given him a child by now.”

The fear their husbands may remarry with another women was consistent in all of the infertile women, because based on the Islamic belief, it is possible for men to remarry.

One of the participants explained: “For a women like me who is infertile and her husband can legally remarry with another woman, it is obvious that living only as a couple becomes boring and causes the couples lose their patience, and their affectionate relationship is interrupted.”

It was believed that having a child could help sustain a generation and stabilize the family. The child could also support them as they aged.

One of the participants explained: “My husband tells me that he will die without having children. I feel that it is his right to have a child but I cannot bring him a baby.”

Family pressure

Family is the most important social entity in Albania, especially in the remote areas. When young couples marry, they live with the husbands family, mainly mother, father, brothers and unmarried sister; sometimes even larger family. The family of the husband plays an important role in the couple’s life. When the young woman comes to the husband family, she is not part of the decision-making. Thus motherhood is considered a power for the new bride, the lack of which makes her vulnerable. They are often humiliated and pressured with divorce or polygamy.

One of the participants said: “the sister of my husband, who lives next to us, often humiliates me due to my infertility and he insults me and my family.”

One of the participants expressed that: “my mother in law always reminds me that if he had married another woman he would already have a child.”

Once the mother of my husband told me: “Why don’t you ask your husband (her son), to have a baby with sour sister? If you don’t want him to marry another woman, ask your sister and she can carry the baby of your

husband...otherwise leave my son have another family”.

In the traditional societies, it is possible to ask relatives “to carry a child for you”. In this cases they will deliver the baby and “give it” to a family member, forever.

The interactions of infertile couples’ relatives were also affected by the condition. When pregnancy was postponed, the relatives began to blame the couples. The blame and pressure of the relatives was actually considered one of significant concerns in the infertile couples’ lives. One participant disclosed that: “My husband’s family, particularly my mother-in-law and sister-in-law, provoke my husband against me.”

Another informant explained that: “My sister-in-law always tells my husband: ‘divorce your wife and remarry with other woman who can bring you a child.’ ”

In some case, relatives, mostly from the husband part, have frequent contacts with the woman, and this makes the pressure even worst for them. Family members tend to involve in the decisions and everyday life of the couple, especially when they live in the same place. This issue can enable the interference of the husband’s family in the private lives of the couples. When a woman is infertile, the family become more involved in the couple’s lives and put more pressure on infertile women, giving solutions to the couple, without being asked for that. This culture is very intrusive and creates a lot of pressure, especially to the women.

Social isolation

For most participants, infertility had negative social consequences and bothered them. Most of the infertile women asserted that they did not like to participate in social activities and preferred to be alone.

One of the participants explained: “I don’t really want to get in touch with anybody, because the first thing they do, is look at my tummy. Aren’t you still pregnant?”

One of the women said: “Once a neighbor of mine, told me: If I was your husband I should have divorced you. Why should a woman and a man stay together if they don’t have a baby?”

One of them said: “I like to be alone at home and do not like to go anywhere. A woman who does not have a child, has nothing to do when she get out.”

These actions made the infertile couples upset and they felt as though they were in trouble. One of the participants said: “Ever since my relatives understood that I suffered from infertility, they have not invited me to birthday celebrations of their children.”

Even though infertility is strictly a private issue, the social pressure in performing the given role as a woman, plays an important on the perception

of infertility. Women tend to isolate, and escape social celebrations and activities. This makes it harder to cope and also increases the burden of infertility.

Alternative remedies

The medical services, in the rural Albania, are not easily accessible, and even when this is the case, the quality of the service is controversial. Most of the women interviewed for the study went around for years before seeking help to medicine.

One of the women argued: “We went around for 9 years, we meet all the imam of the country...they gave me things to drink, they asked me to pray...and still I do not have a child.”

Another woman said” I went to an alternative medicine practitioner. He gave me a cure for 1 year....I believed we will have a child.”

Another woman explained: “after performing lots of cures with herbs and “things” for the bad eye, I went to the doctor. When I did so, my mother in law did not speak to me for a long time. She does not believe in medicine, she believes in the local “healers” but not medicine.”

Feelings of guilt

One of the objectives of marriage is to have a child. It is believed that having a child makes the womanhood and also preserves the generations. When a woman understands that she is infertile, she loses her self-esteem and feels that she is guilty for the situation. One of informants said: “I would never have married, if I knew that I could not bear a child. My husband is not responsible for this situation.”

Another woman said: “One of the missions of man on earth is to procreate. And If we fail on that, we are the only reason. God cursed my husband, to marry a woman that is barren.”

Another women expressed: “I believe that a woman can reach her final evolution when she can bear a child.” Some participants in the study asserted that they did not deserve to become mothers and thought that their infertility was a type of punishment from God. One woman mentioned: “

“I sometimes feel that I am not a woman because I cannot bear a child. I am the cause of our unhappiness.”

Discussion

Reproduction in the Eastern cultures is one of the highest values and when the childbearing seems impossible, probable psychological crisis sets in (Lerch, 2013). This study was designed and conducted qualitatively to examine the psycho-emotional consequences of women infertility. Being consistent with other studies realized in Muslim countries the present study

showed that having children has a significant impact on the mental health of infertile couples, stabilizing women status within the family and community (Daar AS, Merali Z, 2002). As infertility causes a woman's inability to achieve the desired social role, it is often associated with psychological distress and guilt. (Ombelet, 2008).

From a recent study realised in Albania (Tahiri, 2013) it resultet that muslim women are more prone to social preasure, related to infertility, compared to other religions or ateist women.

In this study was stated that the importance of fertility among Muslim women is exemplified by the social pressure on newly married women to become pregnant as soon as possible, and possibly have sons.

When couples realized that they could not have a child, difficulties increased and the distance between the couples broadened. Mental pressure caused by the infertility weakened the foundation of the family and even caused divorce. Most of the participants felt that they had lost trust in their husbands and they thought that their husbands did not have any interest in them and might want to remarry with someone else.

The medical services, in the rural Albania, are not easily accessible, and even when this is the case, the quality of the service is controversial. In some cultures, traditional or magical treatment is employed for treatment of infertility (Even, 2004). The lack of information, make the alternative remedies acceptable to treat infertility. Women that participated in this study stated that they for many years they tried the alternative medicine, and after it failed, modern medicine was the second choice.

In the tradicional societies women without children are stigmatised, contributing to their isolation and social exclusion (Gerrits, 1997; Sundby, 1997; Papreen et al., 2000; van Balen and Gerrits, 2001; Araoye, 2003). Most of the infertile women, present in the current study asserted that they did not like to participate in social activities and preferred to be alone. Thus, infetility is considered to have a negative efect to the individual life, especialy in the developing countries or underdeveloped communities, where other factors such as partiarchal mentality, religion and socio economical factors, play an important role. The present study, revealed that infertile women feel guilty and have low self estem, and this is related to their tradicional attributed role of women as mothers.

Family is the most important social entity in Albania, especially in the remote areas. Thus motherhood is considered a power for the new bride, the lack of which makes her vulnerable. Due to their infertility, women of Muslim religions are often humiliated and pressured with divorce or polygamy.

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