

Issues and challenges faced by infertile women seeking care at a tertiary care hospital of Peshawar

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ABSTRACT

Introduction: The issue of female infertility has many facets, including that of stigma, social ostracizing, criticism from family and in-laws, etc., which make it a challenge for the affected person. Such challenges are the more frequent in developing countries with conservative social values and primitive expectations from family structures. Hence the actual medical condition is overlaid by several layers of social and even religious issues and challenges that make the life of the affected women very difficult.

Objective: To explore the experiences of infertile women seeking fertility care at a tertiary care hospital of Peshawar, Pakistan.

Materials & Methods: A qualitative phenomenological design was used. Seven in-depth interviews were conducted with women seeking fertility care through purposive sampling technique. Ethical approval was obtained from Khyber Medical University, Peshawar. Informed consent was secured from participants before data collection. An interview topic guide was used to explore key challenges by participants. Interviews were digitally recorded in local language of the participants, transcribed into English language and analyzed through thematic analysis technique.

Results: Participant interviews revealed that women with infertility face multiple complex challenges. Overall, four key themes emerged from the data i.e. lack of support from in-laws, treatment fatigue, social withdrawal, and perceived social isolation.

Conclusion: Infertility is a stressful situation, especially in conservative societies. Due to non-satisfaction with medical care these young females are tempted by quacks in various forms and also pressured by mothers' in-law to seek care from such quacks. Our healthcare system is unable to address the information needs of couples and families seeking fertility care due to which they tend to consult quackery.

Keywords: Infertility; Experiences; Phenomenology; Women; Reproductive health.

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INTRODUCTION

Infertility affects one in seven couples and may be primary or secondary.¹ Primary infertility is more common than secondary infertility in many developed countries while in Sub Saharan Africa secondary infertility is common and its prevalence exceeds from 30% in different regions in Africa.² Pakistan has a reported infertility prevalence of 22% with reported 4% cases as primary whereas 18% of the cases are secondary infertility.³ Various social, cultural and religious taboos make infertility more of a social issue than a medical one.⁴ Studies also found that infertility was more likely to be statistically associated with lowering of self-esteem than with devastating psychological impact.⁵ Sami et al⁶ reported that even in this modern age people think that infertility is a misery come by evil spirits. Therefore, people seek many options to cure Infertility that includes resorting to alternative medicine. In addition, scientifically proven methods for fertility treatment i.e. In Vitro Fertilization (IVF) are mostly unknown to Pakistani people and if some people know a little bit about these methods, they do not accept it.⁷ Consequently, primary as well as secondary infertility occurs which leads women to marital instability, emotional harassment, husband's second marriage, deprivation, being sent back to parent's home, etc.⁸ Moreover, families do not allow infertile female members of their family to attend social gatherings. They also face physical violence and taunting.⁹ Furthermore, stigma of not having children is always put only on women.¹⁰ According to a previous study, infertile women are punished for their infertility by stopping food, medical treatment and other basic needs.¹¹ All these troubles result in psychological disturbance and leads them to feelings of insecurity, lack of self-confidence, and low self-esteem.¹² There is a scarcity of evidence regarding the challenges and issues faced by infertile women especially in conservative societies where the decision of women is limited by multiple social, cultural and political hierarchies in the system. This study was conducted to explore the issues and challenges faced by women with infertility who were seeking fertility care at a public sector tertiary care hospital of Peshawar, Pakistan.

MATERIALS & METHODS

A qualitative phenomenological approach was used to elicit participant experiences of infertility.

Participants were accessed through purposive sampling technique. Prior to data collection, approval was secured from the Advanced Studies and Research Board (ASRB) and Ethical Review Committee (ERC) of Khyber Medical University, Peshawar. Informed consent was taken from the participants. Participants were allowed to withdraw from the study at any time. Participants were assured that their anonymity as well as confidentiality would be maintained. Face to face in-depth interviews were conducted in the local language with married females who have had no pregnancy after having continuous unprotected sex for at least one year of their marriage. All the interviews were digitally recorded. Field notes were taken to capture the impressions. Interviews were translated and transcribed into English language. Thematic analysis approach was used to analyze the data and analysis of the data was proceeding step by step. Audio recorded information was listened one time and then data read and re-read and initial analytic induction was noted. Next, semantic and conceptual reading was done; all the data were coded, and the relevant data were extracted from the codes. Next, searching for the repetition or similarity in the initial codes was done. Next, themes were discovered from the coded data. The codes were then arranged relevant into each theme. Lastly, themes were reviewed and names were identified for each theme concisely and all the themes were supported by participants' quotes.

RESULTS

Four key themes emerged from the data i.e. Lack of support from in-laws, Treatment fatigue, Social withdrawal and Perceived social isolation. These themes are described and illustrated as under:

1) Lack of support from in-laws

The majority of the participants revealed that their in-laws didn't provide them with the required support to seek care and cope with infertility. These women were of the view that even though being married in their relatives but they sought no care from their mother in-laws. They expressed that people other than their family members were empathetic to them.

"Today I come here to visit my doctor for seeking infertility treatment with my youngest aunty. She is empathetic to me. She knows about my circumstances. My mother in-law is also my aunty but she has forgotten her blood relationship with me after my marriage with her son. I always respect her as my own mother but it is no use". (Participant 4).

Two other participants expressed that when they wanted to play with other's kids they were even not allowed to play. Their mother in-law scolded them that they have no idea about baby handling. Another participant said that her mother in-law went through the same experiences but she is not waiting for her now. She blamed her for not becoming pregnant.

"One day I wished to play with my sister's in-law baby, my mother in-law yelled at me to leave the baby and do your chore, you have no idea about care of a baby". (Participant 2).

"My mother in law got pregnant after five years of her marriage. It is the third year of my marriage but she is refusing to wait for me more. One day I have reminded her of her own situation, she replied that at that time people did not say anything to my husband, nowadays people are stigmatizing my son for having no children". (Participant 5).

Participants said that their in-laws warned them that they will wait for them some more time if they do not get pregnant then they will do another marriage for their son. Another participant said the same words that her mother in-law quarrel with her all the time due to having no kids and encourages her son to do another marriage. Another lady added that her mother in law so not hold his son responsible for his infertility.

"My mother in-law says that I will wait for you for few more months, if you do not get pregnant, I will arrange another marriage for my son. I always argue with her that if your son does not have kids after two or three marriages what will you do then? But she repeats the same wordings and warnings every day". (Participant 1).

"My mother in-law quarrels with me at any time and carries her son with her from my room by telling him that leave this infertile lady she will arrange another wife for her". (Participant 7).

"My husband has two wives, no one have any child but my mother in-law blames us for having no child" (Participant 1).

2) Treatment fatigue

One big challenge faced by infertile women was treatment fatigue as they discussed that they have started infertility treatment too early due to in-law's insistence. Few other participants discussed that they have taken the treatment for long time but it did not show any improvement. Furthermore, they discussed that they have left the treatment because the doctor was not explaining the phenomena clearly and not explaining the actual problem. So, the participants got exhausted by taking treatment.

"I had started the treatment for conception by the second of the marriage because my husband was working abroad and he came home on one month leave every four years and my father in-law wanted his son's child before his leaving for abroad, so he has insisted me to start treatment". (Participant 2).

"My mother in-law took me to the doctor for treatment of infertility many times, the doctor gave me injections and medicine that I am taking regularly for the last three months but it is not giving me any benefit in conceiving". (Participant 3).

"I have visited the doctor in infertility clinic she had given me some medicine, I had taken medicine regularly but they produced no effect and the doctor is not explaining to me the actual cause behind my infertility". (Participant 4).

Few of the participants expressed that they have visited the doctor; the doctor advised them laboratory tests. All the tests

were clear. But they were confused that if the tests were clear then why were they unable to conceive.

“Me and my husband visited the doctor advised some laboratory test to both of us, we have done all the tests, reports show that there was no issue in both of us and I can conceive but still after many year I am unable to conceive I don’t know why”. (Participant 5).

“My husband’s and my tests are normal. Everything is clear, but none of the doctors is explaining why we are unable to conceive”. (Participant 6).

Some of them said that they were given home remedies, they had also used advertised medicine in the magazines but they didn’t see any progress.

“I used different home remedies but got no results. My mother in law gave me some home remedies and some of home remedies suggested by other aged women. I used all of them but of no use”. (Participant 7).

“I saw medicine for fertility in a Magazine I took complete course of that medicine but they had no effect on my infertility”. (Participant 5).

Due to dissatisfaction and hopelessness by medical treatment, the participants looked quackery services for treating their infertility. Many of them reported that they had left infertility treatment because they got exhausted.

“After failure of medical treatment, my in-laws carried me to a Hakeem, I started his treatment (a 7 months’ course) but that also produced zero effect. After taking Hakeem’s treatment I went to my village’s practitioner, he advised me to get some injections but they also didn’t give me any effect”. (Participant 7).

“I took some medicine for infertility from a famous shop “Sultani Baba”. I took medicine for three days after menstrual period as advised. I repeated the same dose two times but it didn’t work for me. (Participant 3).

“I tried the treatment but didn’t get any benefit. I left everything to Allah”. (Participant 1).

3) Social withdrawal

Participants discussed their views that they were socially active but as the time passed and they did not get pregnant they gradually stopped social interaction because wherever they went people had infertility conversation with them. According to them when they meet anyone in social gatherings people choose their infertility as a topic for conversation.

Participants also expressed that they did not want to go outside and to their workplace because everywhere people asked them about their infertility.

“I was very social but now I did not meet for long time because they always talk about my infertility”. (Participant 1).

“I don’t like to go to my neighborhood because they taunt me, even when I go for job, I used to hear same words from my

colleagues that why I don’t have children. Hearing the same words everywhere made me exhausted”. (Participant 2).

Others expressed that they got depressed due to this continuous questioning and stigmatization. They added that they felt like people might remember them for their infertility even after their death.

“This situation puts me depression, I continuous think about one thing that people will not leave talking about my infertility even after my death”. (Participant 3).

Perceived social isolation

According to this the participants discussed that they felt valueless with their infertility; they said that their families did not involve them in any type of decisions or social gatherings.

“Sometimes, I feel that I have no value in this home. I feel that no one involves me in any kind of gathering or decision making because of my infertility”. (Participant 2).

“No one values me because of infertility. My mother in-law says that if you gave birth to baby, only then I will consider you my daughter in law”. (Participant 3).

Another participant felt herself incomplete and lonely because of her infertility.

“I always think that I am incomplete. Because married women have children whereas I have no child. I feel so helpless and lonely”. (Participant 2).

Participants expressed that they could not perform their task on their workplace properly due to mental stress given by their colleagues. They added that the torture led them toward the feelings of helplessness and loneliness.

“Everyone says me that if I have no child so why I am not performing any work properly. I think that how can one perform any task by heart if she is in mental stress because of no pregnancy. My colleagues’ express that I am neither obeying nor respecting them; if I respect and obey them only then they will pray for me to become pregnant. These types of situations directly affect my job, I can’t teach my students properly. I feel so lonely and helpless to not having children.” (Participant 6).

Another participant expressed that whenever they wanted to adopt a child her mother in-law did not allow me and warned them that she will do another marriage for her son if she will not be able to produce her own children so she remained helpless and hopeless.

“When my brother in law’s wife got pregnant, I said to her that I will adopt your baby she agreed and my husband was also agreed, but my mother in-law was against us and told us that we will not adopt others’ children, she said that she will arrange another wife for her son if I am unable to get pregnant. I could not do anything I feel helpless (tears)”. (Participant 7).

Infertility is a stressful situation, especially in conservative societies. Many females are expected to give birth to her first baby, within the first year of marriage, failing which she is exposed to taunts and forced to seek fertility treatment. She bears pressure from in-laws, subjected to stigmatization, social isolation and let to develop the feelings of helplessness. Due to

non-satisfaction with medical care, these young females are tempted by quacks in various forms and also pressured by mother in law to seek care from such quacks.

DISCUSSION

This study aimed to explore participants' experiences of living and coping with infertility while seeking care at tertiary hospital of Peshawar.

In this study participants shared that lack of support from in-laws regarding their infertility although their in-laws were from their own relatives but they were not empathetic to them this condition led them toward inability to cope with stress given by infertility. A previous study showed that family members support during this period leads toward coping and stress tolerance to a certain level.¹³ Infertile ladies wanted to play or love other child to give satisfaction to them even if they had no child. But their in-laws put restrictions on even playing with other children which led them to feelings of insecurity. A same study also showed that in-laws push infertile ladies into stress as much as they can by every mean to make them feel that they are insecure in their married life without having children.¹⁴ Many infertile ladies were warned that if they didn't get pregnant their infertility will be resulted in the second marriage of their husband which pushed them into depression. A similar study showed that such type of behaviors and responses from their in-laws led infertile ladies into depression.¹⁵

In this study infertile ladies expressed that they looked for medical treatment but they got no positive signs from treatment. Their tests were also clear and they could get pregnant but they were unable to conceive. They got tired because long term treatments without having any results. Some participants of this study expressed that they had also looked for Hakeem, spiritual treatments and home remedies made by old women in their society after dissatisfaction from medical treatment but they also were useless which led them toward treatment fatigue. Similar study showed that most of the time infertility treatments were long term which made infertile ladies exhausted.¹⁶

In current study participants revealed that in social gatherings the topic of infertility became the topic of choice they always heard from people. Their family members as well as other people in the society blamed them for their infertility. In Pathan conservative societies, being infertile women was a stigma itself. A similar study showed that in African societies blame of infertility put on women.^{17,18}

Almost all of the participants perceived isolated socially because their in-laws as well the society always discussed about their infertility in front of them and consider them responsible for their infertility. They always became blamed for their irresponsibility, lack of interest and frustrated behavior at their homes as well as at their workplace. They felt isolated and helpless due to not understanding their condition by their society which aggravated their stress. A similar study showed feelings of being isolated, helplessness and hopelessness aggravated the stress in infertile women what they showed in the form of anger, frustration and lack of personal control.¹⁹

CONCLUSION

Infertile females remain the victims of stigmatization and ostracization from family members, in-laws, and society in general. The threat of a second marriage by the husband looms large over their heads. A lack of proper healthcare services and psychological counseling further aggravate the problem.

RECOMMENDATIONS

Healthcare providers need to focus on the psychological well-being, mental relaxation and counseling to make infertile women in control of their situation. Furthermore, infertility clinics should hire counselors who should counsel the patient and family to reduce their stress. In addition, nurses should prepare teaching plans for the care of infertile ladies and should teach the families of such ladies to keep them stress-free and not to blame them for this natural phenomena.

The doctors advise many investigations to women for the diagnosis of causes of infertility. They should discuss investigation reports with them. Failure to explain the progress and prognosis may lead the infertile women and family to seek quackery services for their treatment which can further harm their physical as well as psychological health.

In addition, government should ban quacks that are playing with people's health. Policy makers should make policies to protect the social rights of these ladies. At last, awareness programs regarding infertility should be arranged for families in those conservative communities who specifically blame and stigmatize only females for infertility so that they may get knowledge and may feel the heartedly feelings of these ladies and they may stop violence, taunting and blaming behavior.

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