EXPLORING THE SOCIO-PSYCHOLOGICAL EFFECTS OF INFERTILITY AMONG WOMEN: A CASE OF SARGODHA CITY

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ABSTRACT

The present study explores the effect of infertility on the married lives of females in Sargodha. The study aimed to find out infertile women's marriage relationships, psychological pressure from in-laws, and relations in a cultural setting. A sample of 25 primary infertile women was selected using purposive from two randomly selected maternity hospitals: Government maternity hospitals (DHQ) and a clinic of Sargodha city. The initial data was gathered through in-depth interviews with an interview protocol, observations, and field notes, and the data were evaluated thematically. The findings revealed that infertility in women was negatively influenced by infertile females' family and social adjustment and self-image. They were having marital issues, particularly with their spouse and they were dealing with psychological difficulties as a result of their infertility. Many of them are subjected to physical violence by their spouses and in-laws. In contrast, others suffer from melancholy due to their in-laws’ insistence that their spouse's divorce and remarry.

I. INTRODUCTION

Infertility is a global problem that disturbs a woman's social, economic, and emotional health (Larsen, 2005). It is defined as a couple's incapability to conceive and pregnancy later two years of unrestricted sexual activity. Primary infertility is the most common kind of infertility, followed by secondary infertility. Women are unable to procreate due to primary infertility, which is connected to a baby's disabilities. On the other hand, secondary infertility denotes the incapability to conceive following a prior pregnancy (WHO, 2013). Sterility is a common problem that disturbs around 8-10% of all partners (RHO, 2003). Half of the problem is female infertility, whereas the other half is male infertility (Inhorn and van Balen, 2002). In 2002, 186 million people were infertile in all nations except China. (Rutstein and Shah, 2004).

Infertility is influenced by social, economic, and environmental factors, particularly in places where hardship and sickness are prevalent (Leke et al., 1993). Pelvic inflammatory disease (PID), which is triggered by sexually transmitted diseases (STDs) and post-partum and post-abortion infections, is the leading avoidable reason for infertility issues in many parts of the globe (RHO, 2003). RHO (2003) Furthermore, some specific regional infertility reasons have a lot to do with it. In Egypt, for example, male exposure to harmful industrial chemicals, water pipe cigarette smoking, drink use, and close intermarriage all contributed to infertility (Inhorn and Buss, 1994). Infertility is increasing in many countries, including much of the "infertility belt" (Congo and Mozambique), along with those where "late marriage" is standard (Lesotho, Namibia, and South Africa), as well as Ghana, Mali, Rwanda, Senegal, Tanzania, and Ethiopia (Garenne, 2008). While males and females are considered to have equal chances of becoming childless, infertility is primarily regarded as a feminine issue (Deribe et al., 2007; Inhorn, 1996; Kimani and Olenja, 2001). Women in such cultures are stigmatized since it is assumed that they cannot conceive (Ombelet et al., 2008). Furthermore, bearing children is viewed as the primary aim of living in many societies. In these cases, nurturing and adoption are only short-term solutions to childlessness because they do not create artificial maternity (Gerrits, 2002).

This encounter causes conflict in a couple's interpersonal relationship (Humphrey 1975; Paulson & Sauer, 1991; Verhaak & Vaillant 2001), reduces sexual satisfaction (Boivin, 2003; Donnelly, 1993), depletes financial
resources (Eugster & Vingerhoets, 1999), and provides a foundation for risk and psychosocial problems (Daniluk, 1996; Wright et al., 1991). Infertility is an incredible experience for women who are financially insecure and have little or no education. The inability to produce children might force their spouse to divorce or remarry (Ahmed, 1991; Mann 1996). Women are often more worried about treatment methods; they were advised to see a doctor first if they could not conceive a child. If the physicians certify that there is no issue with a female, the male is taken for a checkup. It has a more significant impact on women than men (Franco et al., 2003).

Research Questions:
- What are the effects of infertility on the marital life of women?
- Infertile women face which types of psychological pressures?
- Which types of social pressure in terms of in-laws and relatives' behavior are faced by infertile females?

Significance of the Study
We have a typical attitude toward infertile women, whether they are guilty or not, because we are unaware of the specific causes of the deficiencies in relationships. Traditionally, in Pakistani society, infertility is associated with dishonor, humiliation, and shame. As a result, social interactions cause substantial psychological discomfort, directly influencing female marital and sexual relationships. All infertile ladies suffered societal repercussions. Whatever the cause of infertility, a woman is more commonly blamed if a couple is childless owing to current cultural standards and gender identity—infertile women dealing with differing perspectives from their families and broader social groups. The research can highlight the issues linked to their adjustment; it would take minimal effort to modify the widespread view of a woman's value aside from population growth.

Methodology
This research has studied the effect of infertility on the marital life of women. Also, this research has explored the psychological pressure faced by infertile women and social pressure in terms of in-laws and relatives' behavior faced by infertile females. The scope of this research was limited to Sargodha. This section will describe the research design and sampling methods, measurements, instruments used for data collection, and the data analysis method. The sample of 25 primary infertile women was selected from the Sargodha city through purposive sampling. The respondents were approached at maternity hospitals where they came for treatment. One government maternity hospital (DHQ Sargodha) and one private clinic were randomly selected for this purpose. The participants' anonymity has protected, voluntarism was encouraged, and prospective participants were reliably notified. The qualitative method was used to conduct the research. The researcher used an interview guide to collect data for this study. The interview guide contains 15 items to explore the psychological and social experiences of infertile women. The interview guide was designed after an extensive review of the literature. A single interview lasted between 30 and 40 minutes.

Data Analysis
The study comprised 25 women aged 21 to 48 who had a history of primary infertility. Four were uneducated, while the rest had education levels ranging from elementary to master’s degrees. Marriages lasted an average of 5 to 22 years. For more than a decade, two of them had sought and received infertility treatment. Table 1 summarizes the essential features of the infertile women recruited, focusing on age, schooling, work, family income, marital status, and length of Sterility. The theatrical analysis categorizes the primary collected concepts into the five major categories and subcategories shown in table 2.

<table>
<thead>
<tr>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
<th>Family income</th>
<th>Family system</th>
<th>Duration of marriage</th>
<th>Husband occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>FA</td>
<td>Housewife</td>
<td>22K</td>
<td>Nuclear family</td>
<td>8</td>
<td>Private job</td>
</tr>
<tr>
<td>36</td>
<td>FA</td>
<td>Housewife</td>
<td>24k</td>
<td>Nuclear family</td>
<td>7</td>
<td>Labor</td>
</tr>
<tr>
<td>37</td>
<td>FSc</td>
<td>Housewife</td>
<td>40K</td>
<td>Joint</td>
<td>13</td>
<td>Government</td>
</tr>
</tbody>
</table>

Table 1: Demographic Profile of the Respondents
The theatrical analysis is used to group the key extracted concepts into the five main categories and subcategories, as indicated in Table 2.

Table 2: Key categories and subcategories of the research

<table>
<thead>
<tr>
<th>The main categories</th>
<th>Subcategories</th>
</tr>
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<tbody>
<tr>
<td>Violence</td>
<td>Psychological and physical violence</td>
</tr>
<tr>
<td>Instability or uncertainty in the marriage</td>
<td>The threat of husbands, second wives, and divorce</td>
</tr>
<tr>
<td>Social segregation</td>
<td>Attempting to avoid specific individuals or social activities, as well as self-imposed social isolation from relatives and friends</td>
</tr>
<tr>
<td>Sense of social segregation and relative dispossession</td>
<td>Disregard from family and relatives, as well as a reduction in social connections with the infertile lady.</td>
</tr>
<tr>
<td>Cognitive reactions of infertility</td>
<td>Mental engagement; psychological turmoil</td>
</tr>
<tr>
<td>Emotional-affective reactions of infertility</td>
<td>Terror, nervousness, and apprehension; solitude and fault; sorrow and depression; shame</td>
</tr>
</tbody>
</table>
II. RESULTS AND DISCUSSION:

Violence

Domestic psychological violence and domestic physical violence are two subcategories of this category. The first classification is psychological violence, which is often seen as a dishonor or stigma. Stigma is an association formed by a trait (mark) and a stereotype (undesirable characteristics). As a result, those who are stigmatized face discrimination and social marginalization. Most stigmatized infertile females felt a loss of dignity and social standing from their spouse, significant others, family members, and community. They described being scolded and ignored by others and feeling embarrassed as a result of their infertility. Some respondents have complained about being assaulted by their in-laws. Participants with a lower educational level and socioeconomic position were significantly more likely to be subjected to psychological abuse by their husbands. "My spouse often makes jokes about my illness by pointing out that my brother, for example, married later than us and subsequently had a child," one participant said (Participant 8). "My husband remarked that I am childless since I married at such a late age," another lady added, her voice trembling and tears streaming down her cheeks (Participant 25).

Almost all respondents had been subject to societal criticism due to insufficient motherhood, notably from close relatives and in-laws. In a similar scenario, a contributor said, "There is a saying around here that an infertile lady resembles a withered tree" (Participant 10). Respondents who resided in rural regions and had a low socioeconomic status were more likely to be stigmatized by societal pressures.

"I paid twice as much as 20,000 for my meds," a hamlet participant stated, "but word spread around the village that I may have spent 20,000 on pills but could not have children" (Participant 5).

All participants claims, among other things, the people's mournful gazes, discriminatory conduct, and participation in public prayers and traditional rites in the hopes of curing their infertility difficulties. One of the infertile women stated,

"After prayer rituals, the woman who regularly prays for people's riches and health prays for me to have a child by the following year. I felt a huge sense of inadequacy when she did this in public" (Participant 19).

"I detest individuals who look at me sympathetically," an infertile woman said (Participant 16).

Around one-third of the infertile female's husbands verbally mistreated them, and they had to keep silent.

Respondents described less physical violence and humiliation in circumstances where the infertile lady's husband and family believed that having children or not is God's will, especially in low socioeconomic groups. However, few respondents claim that their husbands beat them.

"My partner took off my hair and hit me in the face," one of the participants recounted, her voice breaking and tears streaming down her cheeks. He also evicted me from our home. I remained in touch with him because I did not want our friendship to end" (Participant 20).

Marital Instability or Uncertainty

In this poll, most members specified that they would divorce their wives if their partners wanted to marry again. Certain variables impact the chance of divorce in infertile marriages, according to infertile women. Some contributing factors include "strong social influence from family members and friends for a spouse to remarry," "husband's urge to remarry," and "husbands' lack of appropriate understanding of the social and psychological challenges presented by their women."

"My husband's family, relatives, and close friends would like him to divorce me and locate and remarry a fertile girl," one of the guests said, adding that "from all sides, public urge my spouse to get marry again." (Participant 20)

"Even though I told my husband about my illness and he acknowledged it, I am constantly worried about my life," said one lady who was conscious of her infertility problem before marrying (Participant 7).
Two participants observed that, despite their families’ assistance or pressure to remarry, their husbands appeared to be aware of the possibilities of their current marriage. None of the participants, however, agreed with this scenario. One participant put it succinctly: "If he promises to pay for all fees and works with me during the infertility treatment, but I am still unable to conceive, I will cheerfully assist his remarriage. I planned to divorce while doing this since I could not face the thought of having my marriage with another lady, but my spouse insisted on keeping me in his life" (Participant 14). Three individuals said their partner remarried due to familial pressure, whereas one indicated that their partner remarried of his own choice.

Social Isolation
This area is divided into two subcategories: avoiding certain persons or social activities and imposing loneliness on family and friends. According to the study’s findings, most infertile females opt to evade coping with the socio-psychological pressure of childlessness. They developed a maladaptive coping style in which they constantly seek to protect themselves from social and psychological stress. This coping method can be utilized in various ways, including altering or eliminating the elements that caused the problem. Several ladies, for example, ignored children, pregnant women, and infertile acquaintances and refused to watch fertility and infertility-related television programs. Along with a bare-chested lady's testimony, "Whenever I see an expecting lady, I always think to myself, "Lucky her." In this circumstance, I am dissatisfied. This is why I avoid pregnant ladies at all costs". (Participant No. 3)

Infertile women often avoided connection with those who criticize them by avoiding certain social rituals and events. "I am not a massive lover of attending family meetings. If I have to be there, I try to keep myself busy in the kitchen or somewhere in domestic works. In general, I avoid attending family functions and activities "a formalized paraphrase (Participant 4)

Furthermore, the participants sometimes chose to limit interaction with interested persons due to the embarrassing perception of infertility in society and the rejection of their unpleasant queries. As one participant put it, "When my partner and I go to someone's house, he expresses his displeasure when someone looks at me or offers pity. Because my spouse is so sensitive to these stares and remarks, I find it difficult to visit family. Nevertheless, it makes absolutely no difference to me." (Participant No. 23)

The feeling of social exclusion and relative deprivation
This category includes being ignored by family and relatives and having fewer social ties with infertile women.

Participants said that relations and friends, Families with children, particularly, tended to associate with other families with children. "My family members tend to be more interested in meeting my sister-in-law since she is affluent," said one of these females. They travel enthusiastically there, but grudgingly to our place and see us as if we are not relatives” (Participants 12).

Cognitive reactions of infertility
This issue is divided into two subcategories: Mental stimulation and psychological distress Topics such as the participant's spouse's prospective remarriage, significant people's interest in the participant's infertility, and husbands' grief sentiments in seeing fruitful marriages were the reasons for participants' mental involvement, according to their experiences. Participants who had hidden their infertility were also continuously anxious about what would occur if the issue was exposed. "I am continuously concerned about what would happen if people were aware of my condition," one of the participants stated (Participant 17).

Another participant discusses that "Some pregnant ladies or women who have recently given birth touch my head with their right hand; this annoys me tremendously," one of the participants said, her voice choking up (participant 4).

Emotional-affective reactions of infertility
Isolation, regret, grief, sadness, and regret are subcategories of the third theme: fear, worry, and concern. As per the data, many people suffer from fear and anxiety due to infertility revelation and ultimate infertility endurance. "Although I informed my husband before we married that I have difficulties becoming pregnant," another
participant stated, "I am frightened of what could happen in the future" (participant 7). "Please do not let me down in this way," I beg God all the time (participant 19).

The family's main concern was reaching 30 as a barrier to reproduction and the societal pressure on the spouse to participate due to reproductive difficulties. "I cannot stand how everyone stares at my husband and me," one of the attendees remarked. "I am concerned that my husband's routine may be interrupted again. His emotions are fundamental to me" (participant 14). "Because I got married late," someone else explained. I am worried that I will not respond to treatment" (participant 25).

Participants expressed emotions of loneliness and remorse as a result of what they stated. "Because my house has been quiet since daybreak tonight," one participant stated, "I occasionally speak to myself in fear of appearing dumb" (participant 4).

Individuals who receive psychological support from family members, particularly their spouses, feel guilty about not having children. "I have tested my spouse several times, and he is a wonderful man who never criticizes me as an infertile lady." one participant said. "I feel awful because I believe I am the root of his pain in this aspect" (participant 16).

III. DISCUSSION

This research has explored that infertility is a cause of social misery for females. Recent studies show that infertility appears to be a significant cause of violence (discrimination, loss of social standing, physical marital abuse), relationship issues, social isolation, relative poverty, and social isolation. According to studies, childless persons in Africa and Asia endure spousal violence, verbal harassment, and embarrassment from in-laws and others, including Pakistan, Kuwait, Turkey, and Iran (Mumtaz et al., 2013). In Pakistan, 23% of sterile females experienced physical abuse (Sami & Saeed, 2012). They were harassed with divorce and remarrying of their husbands (Sami & Saeed, 2012; Wiersema, 2006).

Participants in our study noted specific psychological impacts of infertility, such as psychological turbulence, loneliness, remorse, and regret, which were only mentioned as possible repercussions of infertility. Patients reported self-control, low self-esteem, feelings of failure and powerlessness, and hopelessness following the treatment procedure. According to Grill et al., infertile women in this research experienced emotional issues such as losing personal control, sadness, despair, worry, and stress. Greil and his associates (2010). A prior qualitative study has also revealed low self-esteem, anxiety, melancholy, guilt, and mourning (Guerra et al., 1998).

This study also explores that almost all infertile women experience social isolation, grief, guilt, loneliness, and fear of future infertility (Wirtberg et al., 2007). Some infertile couples avoid social events out of fear of being approached by pregnant women. When faced by other pregnant women, they feel compelled to smile due to a "strained social link" (Latifnejad, 2008). Similarly, our qualitative research participants thought avoiding particular rituals, children, and pregnant women was the right way to handle infertility's psychological and social consequences. According to the literature, infertile persons are viewed as a source of misfortune in various nations, resulting in widespread rejection (Daar & Merali, 2002, Fido & Zahid, 2004). In certain underdeveloped countries, such as Pakistan, infertile women are barred from attending or are not invited to major social gatherings, festivals, ceremonies, and birthdays because they are considered a bad omen. People hate and despise them, and parents are hesitant to allow their children to contact them (Mumtaz et al., 2013, Papreen et al., 2000).

Furthermore, most respondents in these polls felt societal pressure to have a kid (Sami & Saeed, 2012; Mumtaz et al., 2013; Wiersema et al., 2006). Similarly, some of the infertile women in South Vietnam who participated in the study said that staying at home and avoiding socializing and interacting with children was a coping technique for dealing with the complex feelings and emotions that infertility brought on (Wiersema et al., 2006).

The study reveals that infertility is associated with significant economic insecurity for infertile women by their husbands or in-laws (Dhont et al., 2011, Dyer et al., 2002). According to a mixed-method study conducted in Rwanda, spouses have the right to refuse to pay for clothes and food for their wives if they cannot reproduce. Furthermore, if her spouse dies, her in-laws refuse to leave her any fortune (Dhont et al., 2011).

In this study, positive support and stress from in-laws for husband's remarriage also increased the likelihood of divorce. Perhaps the shame associated with infertility in an Islamic country is to blame for this issue.
Furthermore, remarriage is considered a man's right in the Philippines, like many other developing nations where having a child is difficult. According to Molock (2000), different cultures approach infertility in three ways: some embrace social remedies such as separation, polygamy, and adoption, many utilize therapeutic procedures and medicinal herbs, and spiritual persons and pilgrimage sites are used in some civilizations.

IV. CONCLUSION

According to this study, infertility might cause severe issues in one's marital life. Infertility can cause social withdrawal, emotional anguish, loneliness, abuse, and a danger to divorce. It impacts infertile women's daily lives, whether it is with their partner or their family. It causes social difficulties and impacts one's mental health, as evidenced by the research and studies performed on the impacts of infertility, which all demonstrate that it has severe implications, whether in a developed or developing nation.

REFERENCES
