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Social Construction of Female Infertility¹: A Qualitative Study of Women with Female Factor Infertility Diagnosis

By Oluwakemi Shade Iwelumor², Shariffah Suraya Syed Jamaludin³, Kunle Seun Babatunde⁴

Abstract

Infertility, though a global reproductive problem, is uniquely constructed within different socio-cultural contexts. This study explored the social construction of the meaning of infertility among women by focusing on a sample of married women with female factor infertility diagnoses experiencing primary infertility in Kwara South, Nigeria. The study adopted a qualitative approach. Nine women were recruited through the snowball sampling technique. Data were collected through semi-structured in-depth interviews and analyzed using thematic analysis with Atlas.ti 8. The findings are presented in three themes: 'when delay becomes a problem,' 'confirming suspicion,' and 'defining the situation.' By exploring the perceptions of infertile women about infertility, one would debunk some dominant constructions about infertility and comprehend the world of infertile women better. Understanding this could also go a long way in shaping policies and programs to empower childless women and manage infertility.

Keywords: Female infertility, Reproductive health, Semi-structured in-depth interviews, Nigeria

Introduction

In most pronatalist cultures, motherhood is portrayed as indispensable to women's wholeness and life satisfaction. Ulrich and Weatherall (2000) explained that childbearing was traditionally perceived as innate. While childlessness⁵ was seen as unnatural, childless women were perceived as ill-fated. Nonetheless, a woman's failure to bear a child was recognized as a personal struggle aptly managed among kin. Today, this perception has changed. Childlessness is viewed as a public health concern to the point of being depicted as an epidemic in biomedical discourses (Scratchfield 2017).

¹ Female factor infertility is a diagnostic category of infertility. It describes a situation where only factors from a female contribute to difficulties in conceiving among infertile couples or when the cause of a couple's infertility is traced only to the female partner.

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⁵ Childlessness as used in this article denotes the condition of being without a biological child.

As a public health concern, infertility⁶ is a socio-historic construction that has evolved along cultural spaces and times. It exists as both an objective and subjective reality. As an objective reality, infertility has always been thought of as a form of fertility impairment. As a subjective reality, it is uniquely constructed within different socio-cultural contexts different from its biomedical annotations. Because its meaning is embedded in culture, what constitutes infertility varies across cultures. As elements of culture change, the definitions are often modified or changed since they are socially constructed through the different agencies of society.

For instance, one could imagine a time when childlessness was allegedly a woman's problem. This perception could be because the reality supposedly demonstrates that a woman does not get pregnant or fails to bear a child (Fledderjohann, 2012). At other times, in some cultures, the failure of a woman to have the preferred sex of a child could be identified as infertility. Evidence of sex preferences abounds in many cultures. Fondness for female children has been reported in Latin America, the Caribbean, and Portugal, to mention a few (Fuse, 2010).

On the other hand, male child preference is dominant in certain parts of the Middle East, South Asia, West Asia, North Africa, and West Africa. Some women in the latter are still regarded as infertile regardless of the number of female children they bear until they have a male child.

Studies by Tabong and Adongo (2013) from a survey in Northern Ghana show that the failure of spouses to have male children, which they call tertiary infertility, is as pillorying as childlessness.

Schwandt (2000) posited that social constructionists share the need to describe realities, that is, human subjective experiences from the stance of those undergoing such experiences. While there have been some empirical studies on the social aspects of infertility, many of the studies adopt the positivist approach that reinforces biomedical knowledge on infertility (Tabong & Adongo, 2013; Okonofua et al., 1997; Fehintola et al., 2017). Though perceptions of infertility abound across nations, more knowledge is desirable in understanding the degree to which its meanings may vary among individuals at local levels in different cultures. This is needed, particularly in developing countries, where it has the highest burden on people for proper management (Iwelumor et al., 2019; Sarkar & Gupta, 2016).

In keeping with the tenets of social constructionism, this study explored how childless married women construct infertility by focusing on the process through which their constructs are formed, conveyed, and maintained. Specifically, it explains how they describe the origin of their condition and make sense of and interpret their situation drawing from their culture.

Methodology

This study adopted a qualitative exploratory design to explore how women with female-infertile diagnoses make meaning of their childless situations in Kwara South, Nigeria. Kwara South, like the whole of Nigeria, is a typical patriarchal society. While females are perceived as minors in virtually all aspects of life, childlessness is customarily believed to be a woman's problem. Nine women were recruited through the snowball sampling technique. Inclusion criteria include

⁶ Infertility is used in this article as a biomedical term to describe a disease of the reproductive system resulting in the inability of a woman to have a viable pregnancy that would result in a live birth. The goal of this study was to find out how married childless women with female infertility construct and understand this term.

- a) being in a socially recognized marital union for at least two years before participating in the study,
- b) experiencing primary infertility, or define oneself as never having achieved a live birth and
- c) being over the age of 17, which is two years above the reproductive age in Nigeria (National Bureau of Statistics (NBS), 2019)

This study used the semi-structured in-depth interview as a tool for data collection. Questions were open-ended. Each interview session started with asking socio-demographic questions, while exploratory questions on perceptions of infertility include: “When did you start being concerned about not conceiving?”, “How did you know you are infertile?” among others. Field notes were also taken to validate the interview data. The approval to conduct this study was given by the University of Ilorin Ethical Review Committee. Atlas. ti 8 was used to organize and manage the data. Data were analyzed based on the guidelines for thematic analysis provided by Terry et al. (2017).

Findings

The findings presented in this section detail how women with female factor infertility diagnosis in Kwara, South Nigeria, construct childlessness. This sample of women is a subsample of a larger group of participants recruited to explore socio-cultural perceptions and experiences of infertility in Nigeria. Previous studies on the perceived meaning and cause of childlessness in Kwara South, Nigeria by Iwelumor et al. (2019) and Oluwakemi et al. (2019) show that infertility is defined mainly as a problem caused by women and borne primarily by women. Focusing on women with female infertility has enabled a more in-depth first-hand account of how childless women interpret infertility.

Characteristics of Participants

All the women were in their childbearing years between the ages of 29 to 48 years. The duration of childlessness ranged between 3 to 22 years. The majority (eight) of the participants were Christians, while one was Muslim. One of the women had a postgraduate degree, seven had university degrees or equivalent, and one had a Nigerian Certificate in Education. More so, while seven of the women were in monogamous unions, two were in polygamous marriages. Four participants actively used assisted reproductive technologies (ART), one has suspended usage, whereas the remaining four were non-users.

Themes

The themes represent the researchers’ co-construction of childless women’s interpretation of infertility. The first theme explains when and why the inability to conceive became worrisome. The second theme describes how participants found out they had fertility problems. The last theme defines their understanding of infertility.

When Delay Becomes a Problem

Findings from this study show that women are often burdened with suspicion and fear of infertility as early as the first quarter of the first year of their marriages. Most of the study participants averred that childbearing should occur naturally after marriage; as such, they fear any delay at conception as early as the first month of marriage. For example, Debbie, a thirty-two-

year-old businesswoman who was married for three years at the time of this study, and Iyanu, who married at the age of twenty and has been childless for twenty-two years, were worried within the first three months of their marriages.

“Once a person gets married, the next step should be pregnancy... Immediately after my marriage, I was disturbed when after the first month, nothing happened and then years now.” – Debbie

“I started thinking about being childless when I started having unprotected sex with my husband for about three months in our marriage, and I was unable to conceive.” (Iyanu)

Similarly, failure to keep a pregnancy or recurrent pregnancy loss is as dreadful as lack of conception. Ireti, for example, reported that she thought she would conceive effortlessly. Her worries about being infertile began after a miscarriage she suffered early in her marriage.

“I love children... The moment I got into the marriage, I expected to start having children immediately. In fact, immediately after my marriage, I got married in April, I had a miscarriage in June ... since then I have been having problems conceiving and that has been bothering me till now.”(Ireti).

The main reason why women dread infertility and why delay at conception/childbearing was worrisome was woven in social discourses about validating childbearing in marriage. Marriage and childbearing were also perceived as symbols of life fulfillment. The dominant perception was that ‘everyone desires children’; ‘without babies, there is no marriage.’ More so, without marriage and biological children, there can be no ‘true happiness and fulfillment in life.’ Some women asserted that while being married is an expected milestone every healthy woman should attain, childbearing authenticates this status. Childbearing is also legitimized and dignified within socially approved unions, chief of which is marriage:

“Everyone desires children. They are needed in every home ... They are the reason we marry. Without them, one cannot be really happy ... It will be just a matter of time before the marriage falls apart.” (Shade)

“The essence of marriage is to have children... A child legitimizes a woman’s place in her husband’s house. After a couple of months in my marriage, when I could not conceive, I was worried. I was praying to God not to make me barren. No matter how successful a woman is without a child, it is all in vain. You will not be regarded as a woman. If I were to choose between a child and wealth, with my experiences now, I would have gladly taken children.” (Ayo)

Confirming Suspicion

The participants sought ways to verify their suspicions of infertility by going for biomedical or spiritual checkups or both. The decision to seek diagnosis depended on the women's perceived susceptibility to and supposed cause of childlessness. Assumptions on vulnerability to infertility are constructed from exposure to risks of infertility, which in this study are primarily social behavioural, and spiritual. One can infer from the findings that the stronger a woman assumes she is infertile, the earlier she is likely to seek diagnosis with or without her spouse. For example, a few women knew they could be barren before marriage and feared the affirmation of this suspicion either biomedically or spiritually. These can be seen in the following extracts:

I had known before marriage that I might not be able to conceive. I can say it's from a doctor. I mean through tests. I was initially praying to God not to make me barren because of the things I did when I was young.... When I was in secondary school, I got pregnant. Because I didn't want my parents to know, I mixed many things like potash, oil, and some local herbs to ensure the pregnancy came out... My fallopian tubes are damaged. I may never be able to conceive. I know I'm the cause of our childlessness, but I can't bring myself to tell my husband. I'm terrified to go to the hospital with my husband... I look for an excuse whenever it comes up because I don't want to lose my home. (Shade)

... We tried the medical and the spiritual. If you are looking for children, you try both ways. In my case, my mother-in-law did not want me to marry my husband... I decided to marry him since he is the one I want to marry, not his Mom. At a time, I started thinking, could the delay be from her? You know, every human being would reason like that. (Faith)

After waiting for a couple of months, I decided to check the problem by going to the gynecologist. I was tested, and the doctor said I might be infertile... When I was in primary school, I was raped multiple times by a man who happens to be our neighbour, but I was too ashamed to tell anyone, so I kept it to myself... To cut the story short, I was diagnosed with pelvic inflammatory disease, which has resulted in the blockage of my fallopian tubes. (Iyanu)

Women with little or no perceived vulnerability to infertility reported experiencing confusion at the onset of childlessness. One of the participants who described herself as a 'victim' of infertility stated that she did not believe she could be infertile because she was married as a virgin. She did not bother to confirm her worries until about two years after her marriage.

I was concerned about it from the start because I never thought I could have a delay. I did not know what could have caused the delay; maybe I did not understand the position to get pregnant because I was a virgin before marriage. There is not much pressure from my husband. He said that since the way he met me; if not, he would have thought it might be from abortion... I did some tests. They said I had some infections. (Amina)

Defining the Situation

Participants defined infertility as the failure of a woman exposed to regular unprotected sexual intercourse to conceive and deliver a child within the first year of marriage.

Infertility is when a woman is exposed to frequent, unprotected sex with a man, but she cannot conceive. (Iyanu)

While the inability to become pregnant is defined as barrenness, failure to achieve a live birth was described as childlessness. Some of the women averred that infertility is more tolerable for the childless than the barren.

Infertility is barrenness or failure to have children when one is supposed to, for a woman... I would say it is barrenness once one has not been able to get pregnant. It is a bit better for those that have stillbirths or miscarriages though one will not pray for such. (Shade)

Additionally, many women construct infertility as a private and social problem rather than a medical disease.

I would say it is not in itself a disease because you cannot tell you have a wound here or there. One does not feel pain; I mean physically except psychologically, and I do not see why it should. Infertility is just another problem in life that human beings must suffer, human-made or otherwise. It is not even like HIV or something that one can take drugs for regularly. It is just too complicated and complicates life more (Shade)

Infertility is not a disease. For me, as an example, I had an infection that ordinarily should not lead to delay. It is treated, and I'm fine, yet I have not been able to conceive. I'm hale and hearty. The only problem is that I've not been able to conceive when I wanted; how does that make me a sick person? It can make one sick, though, from too much worry and anxiety. In itself, infertility is not a disease. (Amina)

Some women stated that the medicalization of infertility gives doctors excessive power over women's reproductive abilities and further helps to enshrine the belief that childbearing is achievable for all women. This belief aggravates the financial burden and worsens the stigmatization of childless women.

It is more like an invisible problem that is so hard to cure. The world has made it look like a terminal disease, as the end of life. The more you think about it, the more troubled you will be. The doctors will always look for a problem anytime you visit them. They tell you this is the cause of your childlessness, then you save money to correct the problem, but you still do not have children. I would say the doctors just gamble around it. That is why you have doctors prescribing different solutions to the same problem. I don't believe I have a disease. God forbids. (Seun)

Medical professionals have turned it (infertility) into a disease to rip one off financially. I will not agree that it is a disease. It is just the absence of a child... it is when it is seen as a disease that problems start. It is more of a social disease than medical; it all boils down to how society perceives and receives the infertile. Some boycott you as if you have an invisible illness, while others come around you because they believe it can be a cross one is destined to carry. – (Itunu)

Infertility was described as taboo. A few participants see the inability to conceive or seeking assistance to conceive as unnatural.

It's like a taboo. Many people see it as taboo if you can't give birth as a married woman. Infertility makes one an incomplete woman. Some try to avoid you like you have an illness or you are a witch. Even if it is not a physical disease, it's a big problem in the community; people see you as pitiable. (Debbie)

Infertility was also defined as an existential problem that frustrates the purpose of existence and self-worth. According to Ayo, infertility makes her doubt her existence. She described it as 'a great torment' and the 'worst aspect' of her life.

I think I'm just a failure. I'm not a woman, or will I say a complete woman. Infertility is a burden that's too much to bear. It's the worst thing that can happen to a woman in marriage (Shade)

Childlessness is a great torment. It is a very hard situation. It's the worst aspect of my life so far. It makes one doubt one's existence..., like what is one even living for? (Ayo)

Ireti, on the other hand, perceived infertility as a spiritual problem. At the same time, Blessing equated infertility with an unsuccessful life and a sign of severance from God.

I would say it's a spiritual problem, being unable to bear children: I think it is the will of God. God permits it. (Ireti)

One sometimes sees it as the end of life. Just like living with HIV, one will have doubts that can one make it in life again?... I have been praying; does that mean my sins are too much for God to forgive? (Blessing)

Discussion

This study adopted a social constructionist framework to examine how infertility is constructed and interpreted among women with female infertility diagnoses. Our findings show that infertile women suspect infertility when pregnancy fails to occur within the first few months of marriage. Like reports by Forkuor et al. (2018) and Tabong and Adongo (2013), most women reported that it is normative for a fertile woman to conceive within the first three months of marriage and bear a child during the first year. Failure at this leads to thoughts of infertility.

Based on popular beliefs among the Yoruba people of Nigeria, marriage is the most appropriate agency for procreation and life advancement (Kyalo, 2012). While marriage provides the legitimate ground for childbearing, children are the foundation of marital fulfillment. Comparable to Olarinmoye's (2016) reports, the women held that children are the natural fruits of marriage and proof of the appropriateness of marital unions. They are makers of adulthood and are symbols of accomplishment. Therefore, women dread infertility because they would not want to be adjudged guilty or responsible for their marriage's fruitlessness.

Participants also look within themselves at the onset of childlessness to determine the extent of their vulnerability to infertility. Oluwakemi et al. (2019) reported that the perceived cause of infertility among childless persons in Kwara South, Nigeria is mostly sociobehavioral. Based on the finding of this study, one can assume that women's perception of how vulnerable they are to infertility is determined primarily by their sex life before marriage and their assumptions about what could have caused the delay in their ability to conceive.

Though virginity before marriage is no longer a measure of sexual purity, participants who married as virgins reported less fear of infertility and enjoyed relative peace despite their delay. On the other hand, participants who reported they had been sexually promiscuous by social standards exhibited more anxiety and are quick to seek biomedical diagnoses without their partners. Women who assume the delay in conception could result from spiritual factors are more open to seeking spiritual and medical diagnoses with their husbands.

Contrary to biomedical debates that describe infertility as a condition that arises when pregnancy fails to occur after a year or two of regular unprotected sexual activities (Elhussein et al., 2019; Sohrabvand and Jafarabadi, 2009), infertility, as reported in this study can be defined as the failure of couples to achieve pregnancy during the first quarter of the first year of marriage or the inability to bear a child during the first year of marriage.

There are significant variations in participants' perceptions about one who cannot conceive a child (barren) and one who is unable to have a live birth (childless). They were classified as 'agan' and 'airomobi,' which implies barrenness and childlessness. This finding is comparable in part to reports by Koster-Oyekan (1999) and Okonofua et al. (1997) that infertility ranges from failure to conceive, inability to bear a child, to not having a living child. Childless women who experience miscarriages or stillbirths perceive themselves as better than barren women. This could be because biological parenthood is a fundamental facet of life with spiritual, marital, and existential significance. Thus, conceiving a child reaffirms such women's identity as feminine; it lessens the trauma they experience from their failure to conform to spiritual and cultural mandates. They also receive less backlash from society (Iwelumor et al., 2020). On the other hand, barren women bear the total burden of being perceived as deviants by society.

Childlessness has also been defined as a taboo, a highly stigmatized condition because it is assumed to be a just punishment for excessive whoring and lewdness. This description corroborates the reports in the middle belt of Nigeria by Dimka and Dein (2013) that childlessness in all its types is seen as social deviance and is generally undesirable in marriage.

This study has also shown that childless women in Kwara South, Nigeria, do not regard infertility as a disease. Instead, they see it as both a socially aggravated, unnatural private problem and a social illness. Many participants maintained that the labeling of infertility as a disease increases the stigma and burden of women without children. The medicalization of infertility gives rise to false expectations that childbearing is possible for everyone and that those that are childless have not done their best to have children.

Besides, as an unnatural private problem, infertility is assumed to be a ‘trial/cross’ that the ‘victims’ of infertility are destined to bear. Victims, as used here, means those who were virgins at marriage, without any history of sexual promiscuity. For those with self-inflicted infertility, infertility may even imply punishment. In any case, involuntary childlessness is seen as tremendous torture, a condition that is worse than any physical illness. Some women describe it as an existential crisis, equating it to failure and being dead while living.

As a socially located illness, infertility was interpreted as one of life’s difficulties that some individuals must endure, whether human-made or otherwise. Childbearing within marriage is a social ideal that infertility tends to break. Thus, it is harmful as it constitutes a hindrance or impairment within the social structure. Childless women perceive themselves as socially ill because they cannot perform in their capacities as married women to bear children.

Conclusion

Infertility is described as barrenness/childlessness: a woman’s inability to conceive or bear children. Unlike previous studies that examined the social construction of infertility using voices from general populations, the results of this study illustrate the voices of childless women with female factor infertility. The findings demonstrate how their perceptions of infertility are produced and interpreted, drawing from the cultural contexts influencing their constructions.

The failure of married women to bear children is perceived as though some norms have been breached, and they suffer the consequence. Chief of the rules that could lead to infertility if broken is the moral code on appropriate sexual behaviour for women. Thus, aside from constructing childlessness as a deserving consequence of sexual depravity, it was also described as a trial or spiritual oppression of those adjudged as morally upright. Consequently, childless women either see their condition as self-inflicted and justified or an affliction that makes them victims of infertility.

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