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**A SOCIOLOGICAL ANALYSIS OF INFERTILITY AMONG  
WOMEN AND THEIR LIVES: A CASE STUDY OF SKARDU  
BALTISTAN, PAKISTAN**



By

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2016

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**“Thesis submitted to the Department of Sociology, Quaid-i-Azam University,  
Islamabad, for the partial fulfillment of the degree of Master of Science in  
Sociology”**

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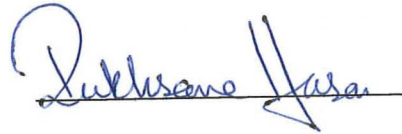
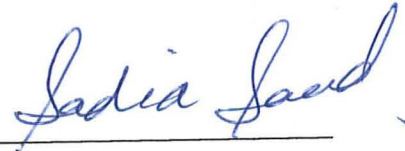
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FINAL APPROVAL OF THESIS

This is to certify that we have read the thesis submitted by Ms. Kaniz Fatima, it is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of "M.Sc in Sociology".

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## **Abstract**

*Infertility is a major problem which is day by day increasing in Pakistan. It is a neglected topic as fertility rate of Pakistan is already high. Infertility is a physical disability which has social consequences to it. The researcher has tried to identify the social problems faced by the infertile women in their daily lives. The study was conducted in Skardu, Baltistan Pakistan. The sample size for this study was 25 infertile women. Qualitative method of research was used to analyze the data. A data of 25 in-depth interviews were taken from the infertile women with the help of interview guide. Snowball and purposive sampling was used to gather the data. The researcher asked the respondents about the social faced by infertile women. The respondents were of the view that they were socially stigmatized and abused because of their inability. The results show that they suffer socially due to infertility. They were subjected to verbal, physical and psychological abuse by their husband and family of procreation. The results of the research show that infertile females were socially insecure because of their inability; there was no recognition of their services due to the same reason. Infertile women were threatened of divorce and second marriages of their husbands by their husbands and the family of their husbands. Results show that being infertile is considered as a valid reason for giving divorce to women in the society.*

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**CHAPTER No. 01**  
**INTRODUCTION**

World has changed a lot during couple of centuries but still some problems, their causes and social and psychological impacts have not changed to some extent. Birth and death are the two most basic events of a human's life. Giving birth to another offspring who gives birth to another is the way how the human race grows, it is a natural process which is known as fertility but when one fails to conceive or get pregnant is infertility. Modern technology has to some extent found solutions for it but in some cases it is still incurable. Females are backbone of any society.

The meaning of Infertility sociologically is ability to reproduce healthy off springs, it does not simply means not being able to conceive after one year of trying, also the women who can conceive but are unable to stay pregnant are also considered to be infertile i.e. when pregnancy cannot be continued due to miscarriage or the child before birth is dead.

Women have to go through many health problems; they are deprived of their human rights, women are backbone of any society. Somehow the women belonging to upper class have access to treatments of every kind. One of those health problems is infertility; women have to go through both psychological and sociological traumas because of infertility. Women are mostly its victims because they are the ones who fail to conceive according to the society. In this study the focus is to find out whether the social and psychological factors increase the trauma of an infertile woman.

Infertile couples go for various treatments which have both cultural and ethical limits to it. The researchers have found that women who were unable to bear a child even once were more distressed than infertile women who got pregnant. Greater social support can lessen the distress coping with different strategies. Research said that in comparison with white and Asian females, black females were not encouraged by their family members for treatment of infertility (Whalen, Temple and Phelps 2012).

In Africa children provide social security, social status, right to property and a help for labor. Failing to conceive or giving birth leads to marital problems, divorce, social isolation and stigmatization by the society. Being childless is a major problem in African countries as the family lineage cannot be maintained; this causes stress and disappointment among the females (Dyer 2007).

It is not possible to know the total number of infertile women because many of these cases are undocumented as many women choose not to take treatment for infertility. Approximately 10 million Americans are affected by infertility. Infertility causes a lot of stress from husband, family, friends and colleagues. One goes through emotions from denial to anger, disappointment, isolation and ultimately sorrow and grief (Menning 1980).

Culturally females from starting of their mature years start dreaming about being a mother one day. Long before giving birth they imagine themselves as mothers; this is all because society and culture idealize motherhood and when after trying one is unable to give birth to a child, she feels devastated as if creating a doubt on being a woman. When surrounded by woman who are expecting or have children, she feels isolated. Being a mother and having children is something through which women connect and when infertile women are deprived of it they fell marginalized and imperfect. It is a dilemma that society always tends to think that being infertile is the problem of women; the males have nothing to do with it as naturally females conceive and get pregnant. Statistics have a totally different picture to present contrary to the myth among the cultures as infertility concerns both males and females equally (McDaniel, Hepworth and Doherty 1992).

Infertile women consult many help providers for treatment but mostly traditional healers are preferred although efficiency of these traditional healers and spiritual healers is not proved instead it is delaying the medical treatment and worsening the infertility. In Karachi, Pakistan infertile women are not

only socially stigmatized but their marital lives suffer also and it leads to marital instability and divorces or second marriages of the husbands. In Pakistan motherhood is seen as an obligatory part of a husband and wife relationship. Many women showed the desire to adopt children but were unable to do so or hesitated to do so because of the resistance they had to face by the families of their husbands (Sami and Ali 2012).

Pregnancy results from a process that has a lot of complex steps, and according to biological sciences those are:

Ovulation is the process in which the woman releases eggs from her ovaries.

The egg goes through the fallopian tube and is carried to the uterus.

The sperm of a man has to join the egg during the process.

The fertilized egg then must attach to the inner side of uterus, known as implantation.

Mayo clinic USA states that Infertility can be caused due to these below mentioned reasons. Many of the risk factors for both male and female infertility are the same. They include:

Age: A woman's fertility gradually declines with age and this decline becomes more pronounced in her mid-30s. Infertility in older women may be due to the number and quality of eggs as they age or to health problems that may interfere with fertility. Men over age 40 may be less fertile than younger men are.

Tobacco use: A couple's chance of achieving a pregnancy is reduced if either partner uses tobacco. Smoking also reduces the possible benefit of fertility treatment. Miscarriages are more frequent in women who smoke. Smoking can increase the risk of erectile dysfunction and low sperm count in men.

Alcohol use: For women, there's no safe level of alcohol use during conception or pregnancy. Women who are planning to conceive should avoid alcohol.

Alcohol use increases the risk of birth defects, and it may also make it more difficult to become pregnant. For men, heavy alcohol use can decrease sperm count and motility.

Being Overweight: Among American women, an inactive lifestyle and being overweight may increase the risk of infertility. In addition, a man's sperm count and testosterone levels may be affected if he is overweight.

Being underweight: Women at risk of fertility problems include those with eating disorders, such as anorexia or bulimia, and women who follow a very low calorie or restrictive diet.

Exercise issues: Lack of or not enough exercise contributes to obesity, which increases the risk of infertility. Less often, ovulation problems may be associated with frequent strenuous, intense exercise in women who are not overweight.

Medical conditions associated with delayed puberty or the absence of menstruation (amenorrhea), such as celiac disease, Cushing's disease, sickle cell disease, kidney disease or diabetes, can affect a woman's fertility. Also genetic abnormalities can make conception and pregnancy less likely.

The diseases or abnormalities causing infertility in females include:

Ovulation Disorders: In this condition female is unable to release eggs or rarely release eggs. This may be due to irregular hormonal secretion in the females.

Those hormones may be Hypothalamus glands, Pituitary glands, Testosterone, Prolactin or the problem may lie in the ovaries itself. The disorders of these kinds are given below:

- i. Polycystic Ovarian Cancer
- ii. Hypothalamic Dysfunction
- iii. Premature Ovarian Insufficiency
- iv. Excess of Prolactin

**Damage or Blockage of Fallopian Tube:** Inflammation in the fallopian tube is known as Salpingitis. This can be due to pelvic inflammatory disease, caused by sexually transmitted infections (Chlamydia or gonorrhea) or endometriosis. They block the passage of sperm to fertilized egg. Previous surgeries or pelvic tuberculosis also cause tubal blockage.

**Cervical Abnormalities:** This indicates the abnormalities of the opening of the cervix or its mucus.

**Endometriosis:** When endometrial tissues grow outside of the uterus which normally grows inside the uterus it affects the ovaries, uterus and fallopian tube. It indirectly affects the process of reproduction by damaging the egg or the sperm.

**Uterus Problems:** Abnormalities in shape of uterus or benign tumors inside the uterus which are common in women may cause infertility by blocking the fallopian tubes.

**Thyroid problems:** Disorder related to the functioning of the thyroid glands, there can be two problems in secretion of hormones which interrupt the monthly menstrual cycle or cause infertility.

**Hyperthyroidism:** The disorder in which excess of thyroid hormones are secreted.

**Hypothyroidism:** The disorder in which very less amount of thyroid hormones are secreted.

**Certain medications:** Certain medicines tend to hinder the process of reproduction in women when intake of those medicines is stopped, women do conceive.

The factors or disorders which cause male infertility may include:

Abnormalities in sperm production and function: Many problems namely undescended testicles, genetic defects and prior health problems such as diabetes, infections, injuries or former surgeries on the testicles or genital region may cause infertility in males. The blood flow in the testicles may be increased due to enlarged veins, which in return can greatly affect the number and shape of the sperms.

Problems relating to delivery of semen: Genetic diseases, such as cystic fibrosis or structural problems like blockage in the certain part of the testicle which contains sperm (epididymis), problems with the reproductive organs like premature ejaculation or sperm entering the bladder instead of release through the relative reproductive organ during orgasm (retrograde ejaculation).

Men who have undergone the procedure of vasectomy desire to be a parent have to reverse the vasectomy which is to retrieve the sperm by a surgery. Vasectomy is a procedure of contraception for males which prevents fertilization.

Overexposure to certain chemicals and toxins: products having certain chemicals and toxins like pesticides, tobacco smoking, alcohol consumption, marijuana, steroids (including testosterone) and certain radiations. Instead of the former things frequent exposure to heat can increase the testicular temperature which in return influences the sperm production.

Damage related to cancer and its treatment: Including radiation or chemotherapy. Treatment for cancer can impair sperm production, sometimes severely. Removal of one testicle due to cancer also may affect male fertility.

Infertility is one of the major problems faced by females round the globe biologically, socially and psychologically. Since Pakistan has a high fertility rate no recognition has been given is given to this problem till now. Women gains social security, prestige and status after proving herself as being able to

conceive. Every individual considers it as the problem of the female, the males are never investigated. Even the respondents of the study considered females are responsible for infertility as males can't be blamed. There is no concept of secondary infertility as those conceived once are not considered as infertile as infertility is a disorder where one is totally unable to conceive (Sami, Ali and Hatcher 2003).

The infertile women are likely to show more symptoms of psychological disorders in Pakistan as compared to males. The one of the main reasons behind it is the strong social stigmatization or holding the female responsible for being infertile whether the problem lies within the male or not. Infertile females go through psychological disorders like anxiety, depression, hostility, self-blame, schizophrenia and even suicidal ideas. They lose their self-esteem and self-satisfaction. They see themselves as failed individuals. Infertile women feel and hold themselves guilty for not providing their partners with children. Infertile women feel an emotion that they are incomplete as compared to other women as a female's most important goal is to give birth to offspring (Ali et al. 2011).

### **1.1. Objectives of the Study**

1. To ascertain the social impact of infertility on respective respondent's lives.
2. To find out the behavior of husband and family of procreation with infertile women.
3. To ascertain the ethical and religious influence on Advanced Reproductive Technologies.

### **1.2. Statement of the Problem**

The problem is infertility which is a biological problem which has both social and psychological consequences related to it. The main purpose of this study is to find out the social impact of infertility on women's life and try to



understand the social and psychological experiences they face in their daily lives, the prejudices they go through in the society as they are not encouraged by their in laws and husband although it often results in marital instability and divorce which is why women hesitate to tell their in laws about their infertility and its treatment.

It is not a well-researched topic especially in minorities, developing or developed countries, a lot of work has been done on infertility but it is either on physical aspects, treatment and new technologies related to infertility. This research will address the needs of entire infertile community by understanding the social reaction towards the infertile people in the selected area. Western and developed countries have found new and successful ways of treating infertility but developing and underdeveloped countries are still deprived of these new treatments like InVitro fertilization (IVF) and test tube babies etc. however in the history infertility was thought to be the problem which was biologically related to females as it is their job to conceive and give birth to a child (McDaniel, Hepworth and Doherty 1992).

Being infertile for a woman is just not a physical problem but in the society it is also a social problem which leads to psychological problem. The people from unstudied region are selected for the study so that one can get access to the emotional and social side of the women of those unstudied areas.

### **1.3 Significance of the Study**

It is necessary to know that what experiences women have to go through because of their infertility although it has social impact on male also but that impact is not so strong as compared to females and males do not have to face the social stigmatization like the females do.

It is very important to find out the social impact as there are 46000 (Sultan and Tahir 2011:231) physicians providing treatment to the infertility patients

but still there are no researches or very few researches done on the social and psychological impact of it (Sultan and Tahir 2011).

Worldwide many researches are done on this topic but those mostly revolve around the people who have access to the modern and new treatments of the infertility and somehow those people have delayed their childbearing years due to their certain priorities like higher education, career etc. but the area selected for this study has mostly women who are married at an early age, who are totally ignored and seem invisible in other researches.

In 21<sup>st</sup> century the society and its thinking towards infertile women are still the same. It still has social prejudices in which the females are considered responsible for infertility.

Children ensure social security and social status to a woman especially if the child is male, of which an infertile woman is deprived which leads her to insecurity and inferiority (Dyer 2007).

Economic background pressurizes women to choose traditional, spiritual and herbal treatments over modern medical treatments which will lead to chronic diseases and worsen the case of infertility. When infertile women face mental, physical and sexual harassment by the hakims and peers they further face social and psychological consequences. Mostly when encouraged by family, friends, in laws and husband the stress and disappointment is lessened but females are scared to tell their husbands and in laws about the treatment of infertility fearing the outcomes. The stress can be the cause of infertility in some of the cases.

**CHAPTER No. 02**  
**LITERATURE REVIEW**

Literature review is an important component of a research. It provides the research with the findings of the previous researches of intellectual penetration. Following are some of the review of literature done before on the respective topics.

## **2.1 Social impact of infertility**

Although nowadays greater attention is given to the counseling of infertile couples than before and there are modern treatments for infertility but as compared to white women, black Hispanic and Asian women have greater ethical concerns and cultural barriers about infertility and its modern treatments, these women are not likely to be greatly encouraged. Women who conceive and have a live birth as compared to women who do not conceive are low level of fertility related stress. A pregnancy loss is also heartbreaking but those who are diagnosed of infertility go through more distress (Whalen, Temple and Phelps 2012). A larger number than 80 Million people are infertile in the world. Evidences show that most of these infertile people belong to developing world. The only way to gain identity or increase their status in society is giving birth to a child. Giving birth to a child stabilizes the social position of a woman in the society. 40% of the fertility problems are related to males (Azghdy, Simbar and Vedadhir 2013:131). Despite this fact in certain communities consider women responsible for not being able to bear a child (Azghdy, Simbar and Vedadhir 2013). The society is not well aware about the reasons that cause infertility and its treatment. Most of the people blame infertility either on the females or evil and supernatural powers. Society considers being fertile as one of its norms in Pakistan where it is considered as religious obligation as well. Infertility is considered as failure on personal, interpersonal, emotional, cultural and societal level. In developing countries social stigmatization is so high that infertile women are ostracized and excluded from social events and gatherings. Evil forces are thought to be the

cause of infertility. These kinds of misconceptions lead to traditional healing systems which give birth to further diseases e.g. in Tanzania infertile women are forced to eat feces and vomiting. Research shows that people in Pakistan do not consider infertility as a disease instead as a doing of a third party i.e. evil or supernatural power or consequences of black magic for which they go to '*pirs*' and '*aalims*' (Ali et al. 2011). One of the oldest and most common beliefs is that it is always the woman who is responsible for not conceiving and having a birth as it is the woman who conceives and gives birth. Unlike the popular belief, statistics confirm that in fact, infertility impacts men and women almost equally although some certain problems causing infertility are still unknown. However one or both of the partners may have abnormalities responsible for the infertility (Bliss 1999).

In certain societies unable to fulfill the desire of reproducing an offspring along with the social stigma attached to it, makes the lives of infertile women quite a hell. In certain areas infertility is not only a problem of the couple but also a matter of distress for whole family. Women who are infertile are often seen to be neglected, humiliated and verbally abused in the form of taunts by the society (Bahamondes and Makuch 2014). Infertility is one of the major problems faced by females round the globe biologically, socially and psychologically. Since Pakistan has a high fertility rate no recognition has been given is given to this problem till now. 21.9% women of Pakistan are suffering from infertility (Sami, Ali and Hatcher 2003:442). Women gains social security, prestige and status after proving herself as being able to conceive. Every individual considers it as the problem of the female, the males are never investigated. Even the respondents of the study considered females are responsible for infertility as males can't be blamed. There is no concept of secondary infertility as those conceived once are not considered as infertile as infertility is a disorder where one is totally unable to conceive (Sami, Ali and Hatcher 2003).

### **2.1.1 Socioeconomic aspects**

Infertility also tends to impact lower-socio-economic groups. However, since women from higher socio-economic groups are more able to seek expensive medical intervention, these women also achieve more popular press coverage especially if treatment has resulted successful pregnancy (Bliss 1999). 10-50% women (Sami, Ali and Hatcher 2003:442) are suffering from Pelvic Inflammatory Disease (PID) caused by induced abortions done by midwives with unclean hands in unhygienic environment with unsterilized tools due to lack of economic resources (Sami, Ali and Hatcher 2003).

### **2.2 Psychological impact of infertility**

Sometimes infertile individuals are as healthy as normal people, but infertile individuals are said to be more depressed as compared to fertile individuals. They go through depression, hopelessness despair and low self-esteem. As compared to infertile males, infertile females tend to suffer more from depression. It is found in researches that males and females react differently to infertility. Women consider infertility as one of the upsetting and depressing events of their lives especially in cultures where motherhood is valued to a greater extent (Thorn 2009). The stress remains there even if the infertility is related to any of the partner. Especially women are tending to be affected more by these kinds of news. Women tend to disclose their infertility more as compared to men. This could be due to the stigmatization in the society. However it can be said that these psychological symptoms and stress can be somehow lowered by social support. Social support is the support provided by the husband, family, husband's family and the friends and this support depends on the society one lives in. social support can play an important role to reduce the stress and anxiety during the infertile females dealing with infertility (Martins, Peterson and Costa 2011). The social sufferings of the infertile women due to the impossibility of conceiving a child then leads to

psychological disorders, such as distress, anxiety, depression, low self-esteem, self-blame and guilt, and reduced libido. Women who desperately wish for a child when are unable to conceive then perceive themselves as different from other females who are fertile, they feel as if they are unable to achieve something important in their lives. When diagnosed of infertility both males and females turn into a crisis. They are unable to figure out their live with the inability to conceive a biological child (Bahamondes and Makuch 2014). Infertile people suffer from depression, hopelessness and low self-esteem. Infertile women as compared to men tend to suffer more from depression. Evidences are found that men and women react differently; women consider infertility as one of the most upsetting events of life especially in cultures where motherhood is valued (Thorn 2009). Infertile males and females both go through stress and depression but infertile females experience more anxiety and psychological trauma than their male counterparts, although there is less work done on male infertility but most of the researches show so. Infertile females are less satisfied with their marriages and relationships than their husbands, the husbands were found to be happy with their wives despite coping with infertility (Tao, Coates and Maycock 2012). Parenthood is an important experience of their adulthood for both males and females but both react differently when their wish for a child is not fulfilled which results in emotions like anger, anxiety and worthlessness in return females become more desperate to conceive which further leads to isolation (Deka and Sarma2010). For many infertile women infertility is psychological and cultural crisis along with physical problem. Infertility is psychologically stressful and depressing. In some cases Infertile couples do not show psychiatric symptoms but most of them go through less life satisfaction, guilt, inadequacy, interpersonal problems, marital problems and sexual dysfunction. Stress damages the quality of the relationship and these relationships then intensifies the disappointment and anxiety of the women and men coping with

infertility. Sometimes intimacy in some infertile couples is more as compared to fertile couples but that depends on certain types of variables (Forooshanny et al. 2014). In every society being a parent is a normal assumption of every adult individual. When infertility is diagnosed the person tries to handle it as a crisis. Especially in women giving birth to a child strengthens her social status. When she is unable to bear a child she feels unfeminine and worthless. She hides it because of the fear of separation from her partner as well as she fears the loss of her self-esteem and social status. All these factors intensify the stress (Sultan and Tahir 2011). Infertility is one of the major causes which develop psychological issues; the stress of non-fulfillment of the wish of having a baby has great relation with emotional symptoms like anxiety, feeling of unhappiness etc. They also suffered from sexual dysfunction and they become disconnected from the society. Both genders show approximately the same but intense response if they know they are infertile. Due to depression and anxiety there is abnormal regulation of luteinizing hormone that regulates the ovulation (Deka and Sarma 2010).

Women who have been trying to conceive and become pregnant at the time of their infertility period have greater chance of fertility specific distress problems as compare to those women who have got treatment. Women who belong to minority groups are mostly over represented among those women with infertility as compare to white women. This minority complex makes them to reduce their courage to fight against infertility more. So basically there is inner emotional war which every infertile woman fights every moment. There are a large number of people with the problem of infertility who has high chances of getting stress, depression, anxiety, schizophrenia and other fatal mental disorders. When patients are diagnosed of infertility and individuals related to them easily undergo psychological stress which varies during the period of treatment. It involves negative self-image, self-blame and other factors. The other main issue is that stress and even mental illness are



widespread and costly problems especially for individuals with infertility issue, and they every time thinking about this problem (Wang et al. 2015). The infertile women seem to show more symptoms of psychological pathology in Pakistan as compared to males. The reasons behind it could be the strong social stigmatization or the responsibility of female for being infertile whether the problem lies within the male. Infertile females go through psychological disorders like anxiety, depression, hostility, self-blame, schizophrenia and even suicidal ideas (Ali et al. 2011).

### **2.3 Relationship between husband and wife**

Females who are unable to reproduce whether responsible for the infertility or not, tend to lead an unhappy marital life. Infertility leads to marital instability and sexual dysfunction between the husband and the wife in result of which it is found that women have to experience remarriage of their husbands, divorce or permanent separation from the husband (Sami, Ali and Hatcher 2003). When under the pressure for making difficult decisions related to the treatment of infertility in medical contexts, many couples face problems and difference of opinions. These problems give rise to marital discord which leads to divorce, second marriage or permanent separation among the couple (Deka and Sarma 2010). In infertile couples it is seen that the element of stability is less. Infertile couples lead an unsatisfied and unstable marital life. It was seen in the research the infertile women were less satisfied with their marital life as compared to their partners. More marital problems were seen in the infertile females who were above the age 30 and less educated. Infertile females tend to have unstable relationships as compared to fertile females. Most unstable relationships and marriages were of infertile females in their mid-thirties with low education levels and had been trying for long span of time for conception i.e. more than 3 years (Tao, Coates and Maycock 2012:76). One reason of marital discords is the lower sexual satisfaction level

among the couple. The stress and marital instability increases during the treatment. The treatment and some other factors have direct influence on marital stability whether directly or indirectly especially in females (Tao, Coates and Maycock 2012). In developing countries it is thought that it is the obligation of a woman to reproduce after marriage. Women are expected to give birth to male child to further higher their social status as male children will provide her social security, income and shelter in the old age of parents. Female or male infertility on both genders give rise to marital discord among the husband and wife. Infertile females are threatened of and experience divorce, second marriages and forceful return to their parent's house. In Pakistan, in addition to above mentioned practices females are physically and verbally tortured by the husbands. In most of the cases the reason for marital instability in Pakistan is infertility (Ali et al. 2011).

#### **2.4 Relationship with family of procreation**

Society often stigmatizes infertile females because females are held responsible for being infertile and are solely blamed for barren marriages. A lot of pressure from family, in laws and elders of the family force them to go through treatments, which are not only medical treatments but spiritual and traditional treatments. Living with the in laws further increase this pressure and stress. Infertile women go for all these kinds of treatments to just cope with the situation and the feeling of being incomplete. The only reason to get traditional treatment is their availability but one of its major reasons is pressure from the in laws and then these traditional treatments lead to further diseases and even infertility in some cases (Shoaib, Khan and Abid 2011). Infertile females have to experience severe kind of physical, verbal and psychological harassment from the family members of the husband. These harassments can be in the form of taunts, negative behavior and attitude, beating, withholding of food and health care and treatment. The women who

had repeated abortions and stillbirths were the target of the wrath of the in laws. Females are threatened with the remarriage of their husbands and divorce. Women with more than three stillbirths were kept away from the bride on weddings by the respective family members saying that she would transmit the disease (Sami, Ali and Hatcher 2003). The type of family structure that prevails in developing countries is mostly joint family system. In joint family system when female is unable to conceive is constantly pressurized and taunted by the in laws. In South Asia and Africa daughter in laws are punished by verbally and physically abusing them, depriving of the right of inheritance, sending back to their parent's home, divorcing them and remarrying their husbands. Due to lack of knowledge mother in law and sisters in law in Pakistan do not consider it as a disorder but as a doing of third party i.e. ghosts, evil or supernatural powers or black magic for which they prefer spiritual and traditional treatments. They also force their daughter in laws for these traditional treatments (Ali et al. 2011).

## **2.5 Advanced reproductive technologies (ARTs)**

The deficiency of regular management of male infertility also means that poor women are forced to be seeking treatment instantly .The reality is that infertility possesses high level of psychological trauma, which is a concern for infertile women. There are also a big issue regarding allocation of resources, in poor countries it is unable to give proper treatment for all infertile couple as compared to developed countries, as they have high technology and well medical equipment. Access to ARTs is very difficult for infertile couples in Nigeria. The ethical concern regarding ARTs is a question when it is available in developing countries (Akinloye and Truter 2011).In poor countries due to lack of awareness and technology, people are unaware of modern technological advancements relating to reproductive health. If accessible still there are certain limitations for the individuals from the society towards it.

Test tube babies and In Vitro Fertilization (IVF) are socially unacceptable in Pakistan although all religious clerics have justified and declared its accessibility in all religions. One of its reasons is the inadequate knowledge widespread in the society. Somehow adoption is still acceptable as compared to ARTs (Ali et al. 2011). There are wrong perceptions of ARTs in the society. Self-made religious concerns are made. Test tube babies and IVF are not socially and ethically acceptable in the concerned area, Thus it is difficult an infertile female to survive in a society. Acceptance and use of Advanced Reproductive technologies (ARTs) merely do not depend on economic conditions of the couple and their family; it also depends on how those technologies are socially, culturally and religiously perceived. It does not concern the husband and wife if the ova and semen of their own are used or even fertilized outside the body. People in Africa think that in female infertility results from the involvement of a third party i.e. ghosts and other supernatural powers. Advanced Reproductive Technologies are against the values of societal norms of Africa. Most women approved of donor material than men which proves that women of those areas are more infertile and keen to find a solution (Gerrits and Shaw 2012).

## **2.6 Analysis of reviewed data**

Above mentioned researches make it clear that infertility is not only a biological and pathological disease, it has many psychological and sociological aspects related to it. Infertile is a social stigma that has many psychological problems related to it. Socially infertility is considered as a responsibility of a female without any fault of males. In developing countries females cannot even think that there can be a problem with husband's fertility although males and females. Culturally and socially females who are able conceive and give birth to a child achieve a social status and prestige especially if the child is male. Psychological pathologies are also resulted

from infertility, women think themselves as inferior. The self-esteem of females and their self-control lessens. Anxiety, high levels of depression, Schizophrenia and sense of inferiority arise in these females. A female is sure about her motherhood but when unable to achieve motherhood, they feel devastated. However if social support is given the stress levels can be lowered. Infertility also leads to marital instability. When female is unable to reproduce she faces consequences like divorce, second marriages and permanent separation. The couples tend to have arguments and disagreements leading to marital discord when they have to decide about their treatment and sometimes those decisions are quite hard to make. In addition to husband females have to face problems from the in laws as well. Females are verbally, physically and psychologically tortured, forced to get different traditional and spiritual treatments. Infertile females are kept away from familial ceremonies. In laws do not support their daughter in laws and are against the adoption of children as well. All the researches prove that infertile woman who is unable to bear children is socially not respected as compared to fertile women especially the women who give birth to male child. As a child is conceived in a female's body it is perceived that it is only a woman's problem and it is her responsibility to conceive. Being able to reproduce and having children is a desired phenomenon among females because it not only provides her with a child but she is provided social status, social protection and security also. The infertile women are not provided with any kind of social support. Not only biologically and socially but these infertile women also go through psychological disorders. Infertile women go through stress, anxiety, depression, lower self-esteem, schizophrenia and even suicidal ideas. They have to bear psychological, sexual, physical and verbal abuses from their in laws and husbands. They are threatened by their husbands of second marriages and divorces. Sometimes they are divorced because of infertility. There are many new technologies by which infertility can be treated. Due to

the financial instability these types of advanced treatments are not available to every person. These advanced reproductive technologies are available to certain people only. Most of the people do not prefer these reproductive technologies and treatments because of the ethical and religious limitations on it.

### **2.7 Assumptions**

- Infertile females are socially stigmatized as they are unable to provide the male with an heir and a successor.
- It is thought in the society that females are responsible for infertility; there is no concept that males cannot be considered as infertile.
- Infertility leads to lessen the self-esteem and self-control in females.
- Infertility causes marital discords and dissatisfaction which leads to divorce and permanent separation.
- ARTs are wrongly perceived in developing countries.
- In developing countries infertile females have to go through verbal, psychological and physical abuses.

**CHAPTER No. 03**  
**THEORETICAL FRAMEWORK**

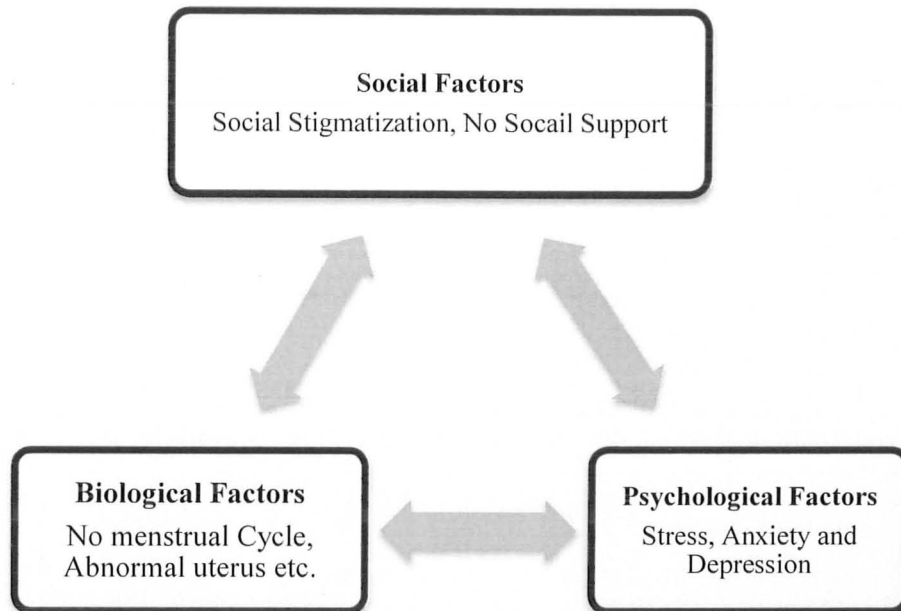
### **3.1 Biopsychosocial theory**

Biopsychosocial theory is a theory which is combination of several theories which are biological, psychological and social theories. This theory provides a framework to understand all aspects of a problem. This model was given by a psychiatrist George L. Engel at University of Rochester. This theory says that there are no biological conditions or problems without psychological or social consequences. Thus these three factors biological or medical, psychological and social consequences are interrelated. The biological component refers to the disability, abnormality or illness that originates from the individual's body itself. The psychological component refers to any mental or behavioral sickness or illness which may be anxiety, depression, lack of self-esteem or self-control, schizophrenia and loss of self-identity. The social component of this theory refers to the social factors like social status and prestige, culture, economic conditions (poverty) and religion can influence health. If psychosocial factors influence the mind it indirectly influences the body of the individual.

#### **3.1.1 Application of theory**

There are a lot of complex biological and medical causes to explain infertility. Infertility is caused by lacking of hormones or physical inability of individual to produce those hormones but still it affects all the body. Infertility is a biological inability but has vast psychological and social consequences resulting from it. Thus, biopsychosocial model theory characterizes the attention towards not only physical and biological dimension but interpersonal factors like in laws and family members also. Many psychosocial consequences were seen in the infertile women. Other psychosocial factors which have vast effects on the life of infertile females are familial, gender insensitivity, depression, culture and traditions. The infertile women suffered from emotional turmoil and social stigmatization. The females who went through infertility go through both emotional and social traumas.





**Figure No. 3.1 Biopsychosocial Theory**

The figure 3.1 shows that physical problem i.e. infertility influences the mind which in result draws psychological consequences like stress, depression and anxiety disorders especially in females. Psychological problems among husband and wife are also triggered due to infertility, which gives rise to marital instability and marital discords among them. In joint families where woman lives with her husband's family, the family also interferes in the personal decisions of the couple.

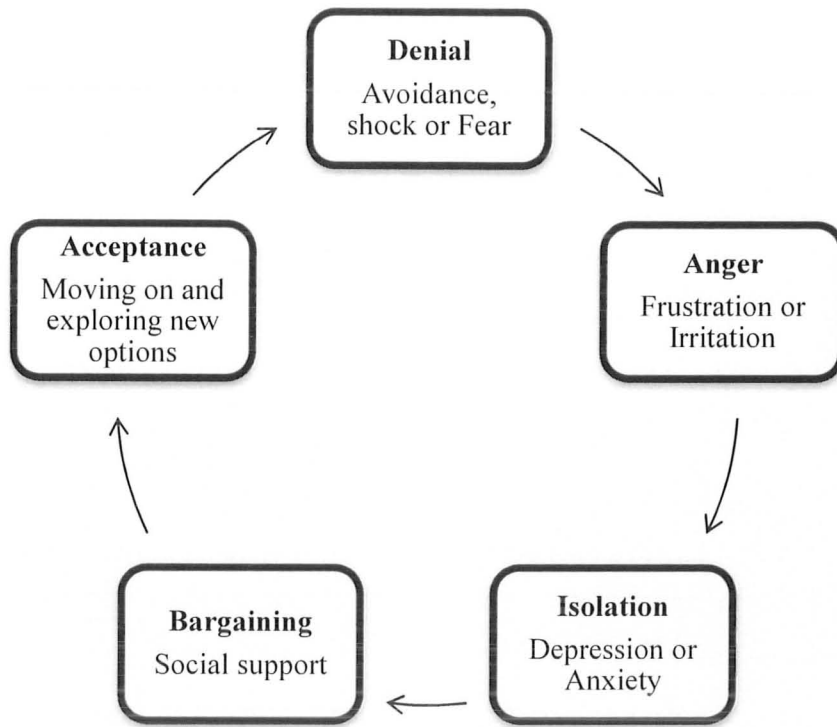
### **3.2 Grief theory**

Loss or grief theory is given by a Swiss psychiatrist Elisabeth Kubler-Ross in 1969. This theory or model is an insightful perspective to see and understand the individual's sufferings and emotions when going through a psychological and social trauma or a stigma. This theory basically revolved around the

number of emotions a person goes through after the death of a closed one. This theory was developed to understand the personal experience of emotional trauma of the people going through a fatal chronic disease, which ended in their death. . It is now also widely used to explain the process of grief more broadly. Using different dimensions of the theory, this theory is used to understand the emotions of loss and grief irrespective of the cause. Theory of grief was only used for terminally sick people before but now this theory is very widely used to understand the emotional and psychological trauma and social stigmatization which results in grief. The figure shows that there are five stages of this theory which are denial, isolation, anger, bargaining and acceptance. Denial is the first reaction to any issue, in this stage the person thinks that something is not right about the issue. The person denies the problem altogether. Grief is a fluid processes not a static one so according to the theory it is not necessary that the process of grief goes according to the steps of the theory. The steps can be gone through in any order.

### **3.2.1 Application of theory**

Infertile couples especially females go through deep emotions of loss and grief of not being able to reproduce. It is obvious that not being able to conceive and giving birth to a live child is a very heart wrenching and grief inducing experience of a female life. Infertility is explained as the most stressing and grief worthy thing which they consider as the biggest loss to them. In denial the female does not accept that she is infertile, in the stage of anger the female recognize the fact that they are infertile they feel an emotion of anger; they are frustrated and unable to figure out who to blame. In the stage of bargaining, they are hopeful about some treatment and think that they have some kind of hope to be fertile again. One of the stages is depression, stress and anxiety. Well at the end the females accept the fact they are not going to conceive whether whose fault it is.



**Figure No. 3.2 Grief theory**

In the figure 3.2 the different steps of the theory are applied on the problem. The five stages of this theory are denial, isolation, anger, bargaining and acceptance. When in denial the infertile females do not accept the fact that they are infertile.

### **3.3 Propositions**

- Infertility is not only a biological inability; it has many social and psychological consequences related to it.
- Infertile women are socially stigmatized and have lower social status and prestige than those who have children.

- Only women are held responsible for infertility in the society although it is not true, men are equally responsible for it.
- In laws and husband of infertile women torture them. Infertile women are physically and emotionally traumatized by their husbands and the parents and siblings of the husbands.
- Infertility in females leads to psychological disorders.

**CHAPTER No. 04**  
**RESEARCH METHODOLOGY**



#### **4.4 Sampling size**

In this research 25 women were interviewed who are infertile or were at some phase of their life facing infertility. All the women were above the age of 20. Four of the respondents now have children while the other twenty one are still infertile. All 25 women were Muslims and followed the religion Islam.

#### **4.5 Tools for data collection**

In this research, interview guide was used to collect data. Interview guide is a set of open ended questions which are asked from the respondents by the researcher in face to face in-depth interviews or in a focused group discussion (FGDs). These questions can be asked from the respondents on the phone also. Interview guide is a set of questions formed after considering a list of key points and queries related to the research. Four themes were constructed and out of those themes list of questions were generated. Five themes were generated. Each theme had different questions relative to the theme. Each theme has 4-5 or more question excluding the demographic profile of the respondents.

#### **4.6 Problems faced in field**

It was very difficult for the researchers to conduct this research. It was difficult to communicate with the respondents, as she had to build rapport and gain their trust. It was very necessary to keep relationship of trust. Secondly the researcher had to travel a lot in such a cold weather.

#### **4.7 Ethical concern**

All the females were infertile and were trying to have children for more than 5 years. So dealing them very carefully was necessary. They were interviewed

keeping in view their psychological wellbeing. Women were not comfortable at first to answer the questions. The questions asked from the respondents were ethically private that is why the names are kept confidential. Infertile women had to give answers of harsh questions about their past, but after some while they got comfortable with the researcher.



**CHAPTER No. 05**  
**RESULTS**

**Table No. 5.1 Marital Status of Respondents**

	<b>Age (Years)</b>	<b>Duration of Marriage</b>	<b>Occupation</b>	<b>Income</b>	<b>Family Type</b>	<b>Marital Status</b>
A	35	15	Housewife	20,000	Joint	Married
B	33	8	Housewife	15,000	Joint	Married
C	50	32	Housewife	10,000	Joint	Married
D	45	20	Housewife	18,000	Joint	Married
E	33	14	Housewife	25,000	Joint	Married
F	38	20	Housewife	40,000	Joint	Married
G	26	8	Housewife	5,000	Joint	Married
H	26	6	Housewife	6,000	Joint	Married
I	50	30	Housewife	20,000	Joint	Widow
J	32	10	Housewife	30,000	Joint	Married
K	60	40	Housewife	3,000	Joint	Widow
L	29	9	Housewife	25,000	Joint	Married
M	27	8	Housewife	30,000	Joint	Married
N	38	10	Housewife	10,000	Joint	Married
O	39	10	Housewife	15,000	Joint	Divorced
P	46	20	Housewife	20,000	Joint	Married
Q	38	15	Housewife	50,000	Joint	Married
R	60	18	Housewife	40,000	Joint	Divorced
S	40	15	Housewife	30,000	Joint	Married
T	32	11	Housewife	25,000	Joint	Married
U	45	30	Housewife	50,000	Joint	Married
V	35	10	Housewife	25,000	Joint	Divorced
W	27	9	Housewife	30,000	Joint	Married
X	42	21	Housewife	1,00,000	Joint	Divorced
Y	50	33	Housewife	7,000	Joint	Divorced

I have taken 24 interviews from the women of Skardu, Baltistan who at some phase of their lives faced infertility. Respondents were chosen from different localities that have different cultures and traditions for the purpose of diversity. All of the respondents have faced infertility at some point of their lives.

### **5.1 Family of procreation**

Most of the cases had to go through mental, verbal and physical abuse from their husbands and the parents, sisters, brothers and even relatives of their husbands. In the cases of these women Infertility led to marital instability and sexual dysfunction between the husband and the wife in result of which it is found that women have to experience remarriage of their husbands, divorce or permanent separation from the husband.

#### **5.1.1 Husband: Refusal to accept his own infertility**

Case B's husband's ex-wife has three daughters now but still he puts the blame on her that she is infertile because my brother does not have any children till now. She says that she went everywhere for treatment but her husband does not take the treatment seriously. Her husband is a migrant abroad, she said that

"I have taken medicines but after his semen test some medicines were given to him also but he never took them seriously. I even called his roommate and asked him to keep an eye on him but still no benefit. When I confront him about it he says that you are infertile"

Case F knows that her husband is infertile she told that she is asking for a divorce from her husband as she knows that she will not be able to bear a child with her current husband. She said that

"I know and I have also seen in his reports which prove that he is infertile. I know that he cannot give me children so I am asking for a divorce from him but he is trying to blame it all on me that I am infertile and I am putting allegations on him that he is infertile. He denies it. Instead of admitting he puts false allegations on me that I have extra marital affairs, he doubts on me all the time. Same is the case with my brother in laws they all agree on what my husband says because it is not acceptable for my husband's ego that he is not able to reproduce."

### **5.1.2 Threat of divorce**

Case E's husband is about to divorce her because she is unable to conceive and give birth to his child.

"I have not taken any kind of medical treatments. All I did were spiritual and traditional treatments. My husband verbally and psychologically tortures me. He keeps telling me that he is going to divorce me soon and marry another woman who would be able to give him a son"

For case H, her husband is about to divorce her she said that

"My Husband wants to divorce me but he wants to show that it is because I am infertile. However the real reason is he did not wanted to marry me in the first place, he wanted to marry my younger sister but he got married to me on the insistence of elders of the family. My husband verbally and psychologically abuses me. We do not have any kinds of physical intimacy which can lead to conception of child but still he still shows that we are trying to have children but I am unable to conceive."

### **5.1.3 Social insecurity**

Case I and K are both widows, case I thought that abuse of any kind by her husband was fine because at least she had somebody to go to. She said that

"My husband used to physically and sexually abuse me but still it was bearable as I had somebody to go to. Now I have to go to other people's house because I have nobody to live with. I understand that he was also frustrated."

Case K had the same views; she and her husband did not have good relationship. She said that whole village knew that they were not happy with each other.

Case U's husband is a migrant. Case U used to live with their in laws and brother in law and his family but after the death of her husband's parents they now live in separate homes. She has to live alone in their house. She calls her brother or nephews to spend the night at home for protection. She said that

"He is not happy in any case, if I call my brother my husband says that I give his money that he earned with so much hard work to my brothers and my nephews and if I don't call them he put allegations on me that I call visitors or lovers at night for pleasure. He doubts on me that I don't have one but many extra marital affairs."

### **5.1.4 Infertility: A cause of divorce for husbands**

Case O has been divorced because she was unable to have children. She told about her divorce that

"I would not be divorced if there was a child between us. My family would have also been involved but the main point is there was no child. I admit that we have other problems and marital discords but they were not that severe that they could lead us to divorce. If I compare myself with his current wife, there are many things he provides to her but never even asked me about them."

Case R is divorced by her ex-husband; she has remarried her current husband. Her ex-husband and case O did not have a healthy relationship she said

"I and my husband were not happy with each other, we had many differences among us but still I wanted to give our marriage a chance because of our family's dignity. We were married for 10 years and I did not conceive once. Once he did not even bother to give me even a blanket in the winters and I fell sick for 1 and a half month but no one took care of me. He gave me divorce on the door of the house. When my father came to take me I was unable to believe him until he himself told me that he has divorced me. He married another woman on the third day of our divorce. At that time my mind was not able to accept it. Although he all the time told me that he did not want to keep me."

Case V is also remarried. Her new husband and she have a son now. Her ex-husband was not happy with her. He has put many false accusations on her that she is infertile and third gender. She said that

"My ex-husband has a son now. He was not happy with me; he was not sexually satisfied with me. He often said to me that I am not a woman. It was also because he needed a

reason to divorce me. He gave this reason to our elders that I am infertile and a third gendered person who will not be able to give birth to child even if she gets treatment."

### **5.1.5 Behavior of family of procreation**

It was seen during the study that the mother in laws were not much influential in the relationships of their sons and infertile daughter in laws especially if the marriage was arranged and the daughter in law was her relative.

Case B says that her in laws and sisters of her husband consider her as infertile and look at her as some lower kind of human being. She said that

"My sister in law says that it was their mistake that they married their brother to a Scum (Infertile woman), who is not strong enough to give us an heir."

Case E says that her husband is going to divorce her because he is under the pressure of his mother. She told that she is all the time subjected to verbal abuse and sometimes physical abuse also by her in laws. She said that

"My mother in law has told everybody on the other side i.e. the village where my parents live that I am infertile and I have allowed my husband to remarry and I and my husband are not happy with each other. These all are lies and my mother and sisters in law are forcing my husband to divorce me"

Case G is a young woman of age 26. She got married at the age of 18 and it has been 8 years that she has been trying for a child. She thinks that she can conceive but as her husband lives away from her for 2-3 years that is why she is unable to conceive. About her in laws she said that

"I don't have a mother in law she passed away two years ago. She used to taunt me in social gatherings, but at least I don't have to bear that now. But now my sisters in law and brother in laws and their wives taunt me and they do not let me touch their children and do not allow them to come near me."

Case O is divorced and she was tortured by her mother in law and sisters in law. She says that

"All three of my sisters in law are infertile till now. Even my ex-husband's current wife is also infertile but they still blame me in social circles. My mother in law and her daughters raised many differences and conflicts between us which led to our divorce. She used to call my husband and tell him that I use to live at my parent's house even if I was not. She did not let me speak to my husband. After some time he got detached from me. They treated me like this because our marriage was against the will of my mother in law. My father in law was my paternal uncle as well after his death all these things started."

Case T now has two daughters but she was infertile for 8 years. Her husband is a migrant. There were many restrictions on her by her in laws she told about their behavior that

"My husband is very far from me. She took away her phone from her and she was not allowed to talk to her husband. At times I was not given food and money. My mother in law even used to beat me."

Case V's mother in law was not happy with their marriage. Her marriage ended in a divorce.



"After the death of my father in they started putting false allegations on me that I am infertile to make my husband divorce me, anyways he was not interested in me also. They used to verbally abuse me. My mother in law also influenced my sisters and brothers in law, due to her they also starting hating me."

Case W is also in a long term relationship. Her husband is a migrant to Saudi Arabia. Her mother in law and sisters in law do not have a healthy relationship. She said

"I am not allowed to visit my parent's house or relatives. She does not let me talk to my husband on mobile phone. She took away the phone my husband sent me. She tells my husband that I have extra marital affairs. She does not give me food sometimes. I go to the neighbors as the know my condition and my mother in law's behavior"

Case X has been divorced by her ex-husband, she is remarried now. About her in laws she said that

"Before the second marriage his behavior was still better, but after he got married, it was like he has totally forgotten me. My father in law pressurized him to remarry. He was happy with me even without a child. My father in law often made him realize that he has no heir, no race and no family. Even his new marriage was also an arranged one. My in laws restricted my husband from even telling me. I got to know about it after one year"

Case Y has been divorced by her husband; her marriage was a love marriage. At that time love marriage was a big deal for them. About her in laws she said that

"We married with our own choice, without the consent of our parents. My mother in law was not happy with our marriage. I was given divorce when I was working in the fields and my brother came to take me. I thought I lost my mind after I heard that. My in laws exploited me both physically and verbally."

#### **5.1.6 No recognition of services**

Case I is a widow who says that she has forgiven her mother in law but will never forget what kind of behavior she had with me. She said that

"My in laws used me till my menopause but they never acknowledged the work I did instead they used to taunt me that I have no work to do."

Case J has a very strict and demanding mother in law. She takes all the work from her but in return gives taunts and verbal assaults. She said that

"My mother in law says that you are like a 'bomboo' (donkey) what will we do with your work. She says that you are not even equal to my son's 'mikshok' (eyelash) but still we kept you for a child of my son but you failed in that also.

Case R is remarried to her current husband but she told remembering her old days that she had to work hard as her husband were the only son and they had a lot of fields. As a daughter in law I had to see all the things. I used to do all the work both of men and women. She said that

"My mother in law did not let me go for treatment because of the work load. If I went away for two or three months, there would have been a lot of loss of work. My in laws had to pay laborers to work for them and they did not want to do that. They did not let my husband provide the finance for my treatment. My father in

law did not even bother to send my divorce properly at my home. I was working in the fields when my father came to take me. When he told me about my divorce, I did not believe him. I came to the door of their house and asked my husband. They told me on the door, they did not even let me enter the house. I was shattered on their behavior."

### **5.2 Infertility: A valid reason of divorce in the society**

The woman (case H) said that she and her husband's relationship is not good enough and do not have any intimate relations. She said that

"It was a forced marriage and we never had you know (she meant intercourse), which obviously cannot result in a conception of a child. People without knowing or knowingly say that I and my husband have healthy relationship but I am infertile. Nobody bothered to ask me, those who know do not speak out, if they do my husband denies it. We are on a verge of divorce due to our marital discords but people make it seem like it is due to my infertility."

The case O has somewhat lost the interest in the world after her divorce. She has not remarried because all the people who wished to marry her considered her as infertile and wanted her to take care of their children. She told that

"I and my husband had an arranged marriage but I never wanted a divorce. I was unable to give them a child and in return I got divorced. For years my mind never accepted that I was given divorce by my husband. The society called me mad and said that my body was possessed by spirits. Due to

possession of my body by spirits, they said that I became infertile. During my 10 years of marriage I had to go through spiritual and traditional ways of healing but never got any medical treatment. Now my ex-husband's second wife is also unable to conceive and still she is being blamed. I do not know when the society will learn that males can also be infertile."

Case V's ex-husband put allegations on her that she is a third gendered person who cannot give birth to children. She now has one son with her current husband. V and her ex-husband had an arranged marriage and her ex-husband did not want to live with her that is why he put allegations on case V. Case V said that her ex-husband needed a reason to divorce her but was unable to give a socially acceptable reason for their divorce she further said that

"He said that I am not female and infertile, which were later proved wrong after our divorce. Being infertile is a very valid reason for leaving your wife in the society I live in. Society consider that male is not responsible for infertility, thus if he wants to leave his wife he can. May be I was not pretty enough for him and I accept that I am not physically attractive but still he put allegations on me. The society says that if a woman is barren and unable to reproduce, the man should definitely replace her."

Case X is an infertile woman who is divorced and now remarried to another person who has three daughters and one son from his deceased wife. Her husband married another woman secretly from another village and she came to know about it a year later from some women in her village. She said that I gave 21 years to that marriage and got what, nothing. In these 21 years I saw a lot of things. I heard rumors about myself that I have been sleeping around with other men in the absence of my ex-husband; I got to know that people think that my infertility is a result of an illegitimate child which I aborted in

unhygienic conditions. Although all these stories were made up by the society but it used to hurt a lot. The problem of this society is they can never digest anything if I am infertile they think why and try to find reasons and make up stories, they assume their stories to be true and then spread it around.

### **5.3 Lack of social status and prestige**

The woman of case K said that after the death of her husband there is no body to take care of her, she has nowhere to go. In this society no one is there to help the one not related by blood to those who have no children to look after their parents. There is no social support for her. My health is also weak. She said that

"Once I got fainted and nobody was there to help me till my neighbors saw me and took me to the hospital. I am sort of socially unacceptable; my own family did not look after me. I go door to door to sleep in winters when there is no one to cut the woods and place fire for me. Even when we used to live together people used to call me donkey as the same work can be done by a donkey. What is the point of being a woman if she does not have children? There is a saying in our society that 'Rabchati las na Rabchati sa na chi bed' which means what do we have to do with a work of a barren lady and a barren land."

U is an infertile woman whose husband is a migrant to a Gulf country (Kuwait). She now lives separate but 2 years ago she lived with her brother in law, his wife and their children. She went through a hard time. Now she lives alone. As in the society it is not thought as a good sign that woman should not live alone, her brother comes at night so that she would not be alone. Her husband accuses her that she gives her brother money and says to her that she has not been given the permission of giving money to any other person. Her

husband has many times put allegations on him that she has extra marital affairs with other males and she has been cheating on him in his absence. According to her this is society's fault if she lives alone then she is thought to be a bad lady who definitely has visitors at night. She says according to the people if a woman is unable to reproduce it is her responsibility and if in any case she lives alone than her infertility provides her with an excuse to have visitors at night.

#### **5.4 Children: Social security**

The woman in case P is a mother of a daughter now but she was unable to conceive for 16 years of their married life. Her daughter is now 1 and half years old. She went everywhere for treatment. She said that

"Everybody in our social circle suggested my husband to divorce me or remarry because I am a barren lady, I also asked him to remarry but do not divorce me, because I loved him dearly. But the fact was I could not tolerate the taunts of the society. I used to feel guilty as I was unable to conceive and was also holding him back from remarrying. I thought he could have a baby from a different woman and a different life. I think I somehow changed the perception of people when I gave birth to my daughter. My status in the society has elevated after the birth of my daughter. I was proved to be a fertile woman. Finally I escaped from the emotional and verbal abuses."

The woman in case Q she is not infertile but has gone through the painful phase of infertility. She remarried after her first husband divorced her. Her first marriage lasted for 18 years. She now has two sons and four daughters. According to her the society's behavior was very harsh towards her. Besides

her own problems the society instead of providing her with support instead bombarded her with abuses and allegations. She was accused of being infertile while she was not. Her ex-husband remarried after the three days of their divorce. She has now four daughters and two sons but her ex-husband has no child till now. She says it was very satisfying for her when she gave birth to her daughter because her current husband was also been provoked by the society to divorce her and it was very difficult for me. She said

"It was like something very heavy was taken off from my chest when I gave birth because it showed the society that I was not a barren woman. In fact the problem was in my ex-husband. At this point society should learn that woman is not responsible for her inabilities. Those who verbally and emotionally tortured me God have shown them their mistake."

#### **5.5 Social stigmatization: Prejudices among the society**

There is a certain culture and customs in a society and everybody has to live according to those norms and when those norms are not fulfilled then they stand out. Same is the case with the females who are unable to bear children. Infertile females who are stood out are then stigmatized. All the respondents belonged to rural areas of Skardu and they were all Muslims. They all knew the importance of being a mother and their roles in the society. Inability to fulfill such an important role in the society is very hurtful for them. They were unable to accept the fact that they were infertile.

For one woman (case A) she was constantly taunted by the society that she and her whole family is infertile, they said that they have no idea how their mother gave birth to them. She said that her two maternal uncles and one sister are unable to conceive. No mother of sons is agreeing to marry his son

with her youngest sister as they think she would be infertile like her elder sisters. She said

"It is very difficult for me to survive in such a society where my whole family is targeted for my inability. It is not my fault, it is my destiny but society makes me think that I am responsible for my inability. It makes me feel guilty."

For case C, she said that according to the society she has no uterus. She said that

"I have no uterus that is what other people say because I do not have a proper menstrual cycle. I get taunted that I do not have children so I do not have any work. I do not have anybody to feed, to drop to school to care for. At this age I still get taunted."

Case C is the maternal aunt of case E and according to her she has genetic problems that are why she also does not have any uterus because she also does not have a menstrual cycle. According to her

"I never had any signs of menstrual cycle, I am about to get divorced. I do not get any kind of proper treatment for infertility; the only treatments were spiritual and traditional treatments. Everybody considers me responsible as I am the one who is unable to conceive. Nobody knows the fact but say that I have travelled everywhere for treatment but was not true."

For case F, she said that

"It is very important to reproduce in the society where the sole duty of a woman is to conceive and give birth to children. I was



always brought up to be a good mother. Honestly I never thought that I would not be able to be a mother. I always wanted to be a mother, raise my own children and that is how women are supposed to think in our society."

In the case of case G she was married for a small period of 8 years still people blame her as infertile as in her society people say that the woman unable to conceive at the beginning will not conceive after as well.

### **5.6 Advanced reproductive technologies (ARTs)**

Most of the cases were of the belief that they should not and would not do anything against the ethics of the society or against the religion. There were certain cases that were willing to go to any extreme to get pregnant. They had the basic ideas of what the modern technologies are but could not grasp the whole idea. They did not know fully about these technologies excluding one or two cases.

Case C and E both do not have a proper menstrual cycle which is why there is no option for them to have treatments but they are still hopeful. Case C however keeping her age in view said.

"Now there is no time left for treatment, if I knew about these technologies before, I would definitely have taken the opportunity."

Case D was a woman whose age was 45 and it were 20 years that she had been trying. She is very desperate to have her own child she said that

"I would go to any limit or extreme to conceive but the conditions do not permit to do so. There is one thing for sure that I will not take any third person's semen or sperm or would not let

my husband do any such thing as it is both ethically and religiously wrong."

Case F was a woman who knows that her husband is infertile and did not want to take treatment as his ego did not permit to do so. She was pledging for a divorce but her husband was not giving her divorce. She is willing to go to any extent to have children she said

"I would go to any level to get pregnant; I love children and want my own children. I know my husband cannot give me children. I will take any treatment whether ethically acceptable or not. I want to prove that I am not infertile. I want to escape these abuses because it hurts a lot. Although I cannot afford these treatments but I think if women get such opportunities, they should avail it."

Case G was a young woman she said she would be very glad if she gets such opportunity as she is not able to get these treatments by herself, her husband and family has to allow and support her financially. She said that

"They do not know anything about the new technology, or else they would also prefer such things. They want children for their son too. I am ready to undergo anything even if it affects my health, but if my husband permits me to do so."

Case H and her husband did not have healthy and intimate relationship among them. She said that there is no point of considering the use of these technologies if we do not even have physical intimacy. She said

"The option comes even if we were trying to have a child but the fact is we are not."

**CHAPTER No. 06**  
**DISCUSSION AND CONCLUSION**

Infertility is a major issue in Pakistan. It is neglected by both Government and the policy makers because of the higher rate of fertility in the country and fertility transitions until now. Infertility in Pakistan is growing day by day. Society does not support them, in fact socially stigmatize them. They are subjected to physical, verbal and psychological violence by their family, in laws and husbands.

### **5.1 Discussion**

The researcher conducted this study to find out the social and psychological impact of infertility on women's life and try to understand the social and psychological experiences they face in their daily lives, the prejudices they go through in the society as they are not encouraged by their in laws and husband although it often results in marital instability and divorce which is why women hesitate to tell their in laws about their infertility and its treatment. It is not a well-researched topic especially in minorities, whether developing or developed countries, a lot of work has been done on infertility but it is either on physical aspects, treatment and new technologies related to infertility. The researcher wanted to address the needs of entire infertile community by understanding the social reaction towards the infertile people in the selected area. 25 infertile women were selected and in-depth interviews were taken from them. The results show that when the females get married the only expectation from them is to conceive and get pregnant. It is found that women are mostly socially stigmatized by the family of procreation. Mothers in law torture their daughters in law both verbally and physically. The results show that through mental, verbal and physical abuse from their husbands and the parents, sisters, brothers and even relatives of their husbands. In the cases of these women Infertility led to marital instability and sexual dysfunction between the husband and the wife in result of which it is found that women have to experience remarriage of their husbands, divorce or permanent separation from the husband. It can be deduced from the results of the study

that infertile women are socially stigmatized and are targeted by the society, they are psychologically tortured by their in laws and husbands in return they suffer from psychological symptoms and disorders. These deductions are supported by both the theories applied also. Biopsychosocial theory says that the three factors biological, psychological and social consequences are interrelated with each another. The biological component means the disability, abnormality or illness that originates from the one's body itself. The psychological component shows any kind of mental or behavioral illness. The social component of this theory means the social factors which relate to society in any kind. If social factors influence the mind it indirectly influences the body of the individual. The results obtained by this research show that the claim made by the theorist i.e. psychiatrist George L. Engel at University of Rochester is supported that infertility as a biological problem has both psychological and social consequences. As actually infertility is a biological inability which is disliked by the society which leads to social stigmatization. The social stereotypes then lead to psychological disorders. Theory of grief was only used for terminally sick people before but now this theory is very wildly used to understand the emotional and psychological trauma and social stigmatization which results in grief. This theory has five stages and these stages can be in any sequence. Grief theory was only applied to terminally ill people before but now it is generalized on all kinds of loss, grief and sorrow. Research shows that people in Pakistan do not consider infertility as a disease instead as a doing of a third party i.e. evil or supernatural power or consequences of black magic for which they go to *pirs* and *aalims*. Most of the people blame infertility either on the females or evil and supernatural powers. Society considers being fertile as one of its norms in Pakistan where it is considered as religious obligation as well. Infertility is considered as failure on personal, interpersonal, emotional, cultural and societal level. In developing countries social prejudices are so high that infertile women are

ostracized and excluded from social events and gatherings (Ali et al. 2011). The results also show that infertile women are socially stigmatized. In addition to their disability, society claims those women as they have bad moral character and put allegations on them that they have extra marital affairs. There was a common sentence among the society that if you do not have children than you do not have work. The sole duty of a woman is to give birth to a child. Society blames without even knowing the real conditions and problems faced by the person but still comment on it. This study shows that infertile women were considered as donkeys and were called "skum" (cows) which are fed and kept only for the purpose of work. The society thinks if a woman cannot conceive and give birth, than there is no point and purpose in being a woman. Infertile woman have to go through many verbal and physical abuses by her husband. The results show that most of the selected cases were threatened by their husbands of second marriages or divorce even some of the cases were divorced by their husbands due to their inability to reproduce a heir.

The females who were interviewed out of those 25 72% woman are married but 20% of the cases were divorced and 2 cases are widowed. The results show that some infertile females were subjected to physical and sexual abuse. All of the cases were victims of verbal abuse and psychological abuse on daily basis by either their husbands or their in laws and sometimes society and the relatives of the husband too. However results show that the woman who had blood relationships with their mother in laws tend to be not divorced by their husbands. Many husbands remarry but do not divorce their wives when they remarry. Results clearly show that infertile women go through psychological disorders and stress. Cases showed psychological disorders like loss of self-satisfaction, feeling of guilt, anger, and frustration, inability to accept the facts, psychological trauma and feeling of being incomplete. Some cases even had panic attacks. Even two cases showed the desire of committing a suicide

Whalen, Ophra, Jeff R. Temple and John Y. Phelps 2012. "Ethical and psychosocial impact of female infertility". *Curr Obstet Gynecol Rep.* 1 (4): 153–158.

**ANNEXURE**



**SOCIOLOGICAL ANALYSIS OF INFERTILITY AMONG WOMEN  
AND THEIR LIVES: A CASE STUDY OF SKARDU BALTISTAN,  
PAKISTAN**

**Kaniz Fatima**

I am doing MSc in Sociology, from Quaid-i-Azam University, and Islamabad. This interview guide is for research purpose and only provides an opportunity to find your opinion regarding different questions in this questionnaire. You are requested to provide the required information fairly. This information will be kept confidential anonymous.

**Interview Guide**

**Demographic Details:**

1. Name of Respondent: .....
2. Monthly Income:
3. Age of Respondent:
  - i. 18- 25
  - ii. 26-35
  - iii. 36-45
  - iv. 46-50
  - v. 50 or above
4. Family Type:
  - i. Nuclear
  - ii. Joint
  - iii. Extended
5. Marital Status:
  - i. Married
  - ii. Separated
  - iii. Divorced

6. Academic Qualification:

- i. Illiterate
- ii. Middle
- iii. Intermediate
- iv. Graduation
- v. Post Graduate

7. Years of trying:

- i. 5-8 years
- ii. 9-12 years
- iii. 13-16 years
- iv. 17-25 years
- v. 26 or above

8. What was your age when you got married?

- i. 15-18 years
- ii. 19-21 years
- iii. 22-25 years
- iv. 26-30
- v. 31 or above

**Social Impact:**

9. Is there any case of infertility in your family or relatives?

10. Does your infertility affect any of your family member's life?

11. How much do you think it is important to reproduce in the society you live in?

12. What was the behavior of society towards you?

13. How do you think infertility affects you and your life in any possible perspective?

14. What did you do about your reproductive health condition?

### **Behavior of Husband**

15. What was the behavior of your husband after knowing that you are infertile?
16. Did your husband take his fertility or semen test?
17. Do you think your husband is infertile instead of you?
18. Does your husband threaten you about remarriage or giving divorce to you?
19. Does your husband put false allegations on you?
20. What do you expect from your husband if you are unable to bear a child?

### **Behavior of In Laws**

21. What was the behavior of your in laws after knowing that you are infertile?
22. Do your in laws verbally and physically abuse you?
23. Did you try any spiritual, traditional or social treatment on the insistence of your in laws?
24. Do your in laws threaten you about second marriage or giving you divorce from your husband?
25. What is your in law's behavior towards your medical treatment of infertility?
26. What do you expect from your in laws if you are unable to bear a child?

### **Treatment**

27. What mode of treatment you chose?
28. Who is supporting you financially for the medical treatment of your infertility?
29. What is the effect of treatment on your physical health?

### **Advanced Reproductive Technologies**

30. Do you know about advanced reproductive technologies?
31. What is your perception of ARTs?