

Gönülsüz Çocuksuzluk: Kadın İnfertilitesi ve Damgalanma

Involuntary Childlessness: Female Infertility And Stigma

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Özet: İnfertilite tanısı alan ve gönülsüz çocuksuzluk durumunu yaşayan çiftlerde kadınlar, daha fazla damgalanma yaşamaktadır. Erkeklerin doğurganlığının genellikle sperm kalitesiyle, kadınların doğurganlığının ise üreme organları, hormonlar ve psikososyal ortam gibi birçok birleşenler ile bağlantılı olması; kadınların erkeklerden daha fazla damgalanmasına neden olmaktadır. Çocuk doğuramama damgası ve bununla ilgili sosyal baskılar, kadınların yaşamlarının ve iyilik hallerinin tüm boyutlarını olumsuz etkilemektedir. Çok istese de çocuk sahibi olamayan kadın için damgalanma; dışlanma, sosyal izolasyon, şiddet, terk edilme, çok eşlilik, psikolojik problemler ve tedavi reddi-aksaması gibi birçok sorunu beraberinde getirmektedir. Bu derleme, infertilite sorunu yaşayan kadınların karşılaştığı damgalama konusunda farkındalık yaratmayı, damgalamaya katkıda bulunan faktörler, yaşanan sorunlar ve önerilen yanıtlar hakkında bilgi sağlayarak sağlık profesyonellerine yol göstermeyi amaçlamaktadır.

Anahtar Kelimeler: Çocuksuzluk, Damgalanma, İnfertilite, Kadın

Abstract: In couples diagnosed with infertility and experiencing involuntary childlessness, women experience more stigma. Men's fertility is often linked to the quality of their sperm, while women's fertility is linked to many components such as reproductive organs, hormones, and psychosocial environment which causes women to be stigmatized more than men. The stigma of not giving birth and the associated social pressures negatively affect all aspects of women's lives and well-being. Stigmatization for the woman who could not have a child even if she wanted to; it brings with it many problems such as exclusion, social isolation, violence, abandonment, polygamy, psychological problems, and treatment refusal. This review aims to raise awareness of stigma faced by women with infertility problems, to guide health professionals by providing information on factors contributing to stigma, problems experienced and suggested responses.

Keywords: Childlessness, Stigma, Infertility, Women

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INTRODUCTION

Infertility is defined as the failure of couples to achieve pregnancy despite regular sexual intercourse without using any contraceptive method for one year (Terzioğlu, 2019). According to international estimates, the prevalence of infertility varies between regions, but overall, it affects an average of 8% of couples of reproductive age worldwide (Taebi et al., 2020). In Turkey, infertility rate varies between 10-20% (Osman Fırat & Hotun Şahin, 2022; TNSA, 2018), Infertility is a life crisis that affects the whole family with its biological, psychological, social and cultural aspects. Gender has been an important factor in the crisis process since the diagnosis of infertility.

This is explained by the fact that men's fertility is often linked to the quality of their sperm, while women's fertility is linked to many components such as reproductive organs, hormones, and psychosocial environment. For this reason, women constitute the majority of those who express an inability to cope with the problem of infertility. Infertility has negative effects on women such as violence, divorce, social stigmatization, emotional stress, depression, anxiety and low self-esteem (Osman Fırat & Hotun Şahin, 2022; WHO, 2020).

Especially in patriarchal societies, it is considered a woman's duty to have children.

This is why prejudices against the female gender arise when a couple is unable to have children. In these societies, infertile women are blamed more than infertile men (Osman Fırat & Hotun Şahin, 2022). In addition, women personalize infertility more and feel that their roles as women are devalued. Thus, "infertility" emerges as a problem of stigmatization for women (Egelioglu Cetişli et al., 2019; Osman Fırat & Hotun Şahin, 2022).

Stigmatization is defined as a negative feeling of being different from other individuals in society and being against social norms. The stigma of childbearing and related social pressures affect all aspects of women's lives and well-being (Taebi et al., 2020). In a study conducted by Patel et al. (2018), it was emphasized that 88% of women who

experienced stress due to infertility were subjected to stigmatization and discrimination by their families (Patel et al., 2018). In another study, 56% of women with infertility problems reported being ostracized by their social environment (Yılmaz & Kavak, 2019). These high rates suggest that women stigmatized for infertility have a perceived inability to meet social expectations. These high rates suggest that women stigmatized for infertility have a perceived inability to meet social expectations. Because in these regions, the only way for women to raise their position in the family and society is through motherhood and having children (Taebi et al., 2020). It is important to implement planned interventions to reduce the stigmatization experienced by women with infertility problems. In order to do this, it is necessary to determine the factors affecting stigmatization, the relationship between stigmatization and psychological problems such as anxiety, depression, and anxiety, and to evaluate the widespread effects of stigmatization. In addition, these determinations enable a holistic assessment of care in clinical settings in terms of the patient-health professional relationship (Li et al., 2019).

Accordingly, the aim of this review is to raise awareness about the stigmatization of women in couples who cannot have children even if they want to have children (involuntary childless), and to guide health professionals by providing information on the factors that cause stigmatization, the problems experienced and solution suggestions.

Factors that Cause Stigma in Women with Infertility Problems

Having a child is a valuable phenomenon with economic, social, and cultural dimensions. There are many factors that cause women with infertility, which is a developmental crisis, to feel stigmatized for not being able to have children. Therefore, the factors underlying infertile women's exposure to stigmatization should be examined multidimensionally (Taebi et al., 2020) (Figure 1). The main reason for the stigmatisation of women with infertility problems is that a woman's identity is only understood by society as being a mother and

having a number of children. Since society places the responsibility for reproductive ability on women, their family status can only be realised through their fertility success. Otherwise, the stigmatization of women with infertility problems is manifested by the behaviors of their close social environment, especially their husbands and their husbands' families (Höbek Akarsu & Kızılkaya Beji, 2021).

In most religious beliefs, childbearing is valued for stabilizing the family, increasing marital satisfaction and preserving family status. In communities with religious beliefs that emphasize childbearing as an expected outcome of marriage, there is an increased risk of stigmatization of women with infertility by their husbands and in-laws (Oti Boadi & Oppong Asante, 2017).

Demographic characteristics play a decisive role in the severity of the stigmatization women are exposed to as a result of their biological inability to become mothers. Among these characteristics, educational level and economic status are interrelated and important in terms of stigmatization due to infertility. A woman with a good level of education is more likely to be employed in an income-generating job. With an income-generating job, a woman has the opportunity to move outside her neighborhood to work. Thus, a woman suffering from infertility can get away from the pressure of pregnancy and childbearing exerted on her by her environment. In addition, women's employment in an income-generating job makes them visible in society as leaders, managers or role models in addition to their role as pregnant women or mothers.

Highlighting such characteristics of women with infertility reduces the risk of being stigmatized for not being able to have children. Women empowered through education and employment are better able to offset the psychological consequences of the stigma of being infertile (Patel et al., 2018; Taebi et al., 2020). Similarly, Dierickx et al. (2018) found that infertile women with high socioeconomic status have a stronger position in their marriages and society due to their financial

status, professional careers and educational background compared to women with lower socioeconomic status. For this reason, the fact that women with low socio-economic status face the stigma of not being able to become a mother biologically more severely was emphasized once again (Dierickx et al., 2018).

In terms of perceived gender roles, the stigmatization of women with infertility problems is shaped within the framework of the role of motherhood, which is a feminine characteristic. Women who adopt high levels of gender roles may view infertility as a failure. Gong et al. (2022) found that the most important problem stated by women with infertility problems was "feeling inadequate in fulfilling social norms". In addition, in the same study, it was emphasized that the inability to fulfill the social norms expected of them in terms of gender, such as childbearing and being a mother, caused identity conflict and decreased self-esteem in women (Gong et al., 2022).

In societies where gender roles are highly segregated according to sex, women's identity is often defined as a domain centered on motherhood and children. Moreover, the meaning and purpose of life for women in these societies is often to be ready to sacrifice the opportunities they have to raise their children. Accordingly, women with infertility problems see themselves as more vulnerable and are subjected to more stigmatization compared to men (Taebi et al., 2020).

The type of infertility is an important factor in the level of stigmatization. In the case of primary infertility, the woman's reproductive ability may be questioned more because she has never had a live birth. Yılmaz and Kavak (2019) found that women with primary infertility problems are exposed to social pressure and stigmatization more than those with secondary infertility problems (Yılmaz & Kavak, 2019). If a woman with infertility problems uses contraceptives at any point in her life, she may be stigmatized by her environment. Indeed, Naab et al. (2019) found that women who controlled their fertility by using contraception were blamed for infertility (Naab et al., 2019).

Women with infertility problems may internalize the process of being stigmatized by someone else. Self-stigmatization occurs in response to perceived stigmatization, with negative thoughts and feelings about oneself, such as decreased self-esteem, loss of autonomy, and feelings of inadequacy. These individuals have a high tendency to isolate themselves socially (Taebi et al., 2020).

Problems Associated with Stigmatization

The inability of a woman with infertility to have children/voluntary childlessness leads to stigmatization by her environment and many problems arise (Dierickx et al., 2018). These problems were categorised under six headings: abandonment and polygamy, violence, exclusion, psychological problems, refusal- disruption of treatment, and social isolation (Figure 1).

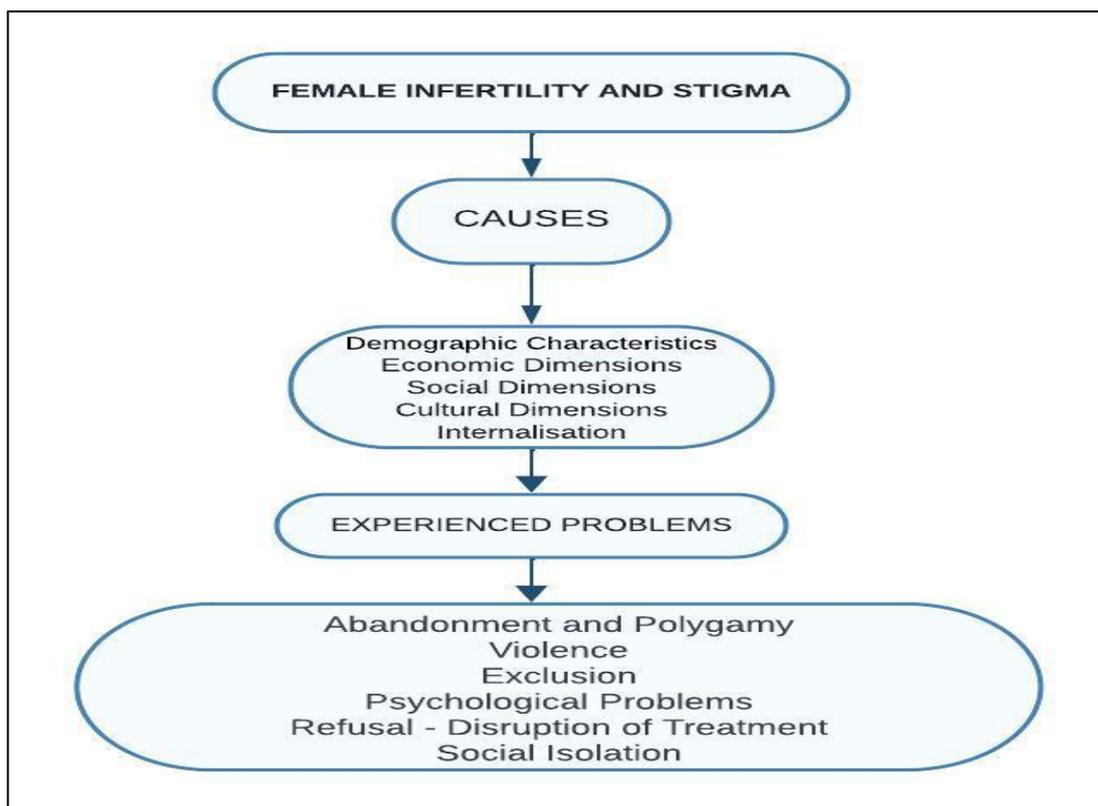


Figure 1. Causes and Problems Associated with Stigmatization

Abandonment and Polygamy

An infertile woman is more likely to be separated/divorced from her husband or to be married to someone else. In many African countries, men are expected to remarry if there are no children in the family. In cultures where polygamy is permitted, a man may choose to marry a second wife when he has no children from his first marriage (Akalewold et al., 2022). In addition, according to some religious beliefs, such as Islam, in case of female infertility, it is possible to divorce or marry a second wife, as permitted by the marriage law. This situation leads to the acceptance of the custom of kumalah, which is an example of

polygamy, by some social segments (Gül, 2022). In societies where women's status is measured by their fertility, infertile women are often abandoned by their husbands and have to struggle to survive alone (Taebi et al., 2020).

Violence

Women may be subjected to abuse or violence due to stigmatization. Indeed, studies have shown that women with infertility problems are often in poor marital relationships, abused by their husbands, overworked and ridiculed by other family members, and subjected to verbal violence (Yılmaz & Kavak, 2019; Emekli & Şakiroğlu, 2022).

Women who are biologically unable to become mothers are more likely to be victims of domestic violence. Öztürk et al. (2017) found that 32.5% of infertile women were subjected to violence by their husbands and family members of their husbands because they were infertile. It was also reported that the majority of these women were first subjected to violence by their husbands following the diagnosis of infertility (Öztürk et al., 2017).

Exclusion

Women are often stigmatized by their husbands and families as "infertile" and therefore subjected to exclusion. Women who are aware of this tend to hide infertility because they think they will be ostracized (Karaca & Ünsal, 2012). In some societies, having children is necessary for a woman's identity to be accepted. In these societies, a woman who cannot have children is reportedly unable to attain true womanhood and is separated from other members of society, excluded from social activities or ceremonies, and prohibited from touching newborn babies (Yılmaz & Kavak, 2019). In addition, women diagnosed with infertility are referred to as 'half a woman', 'broken wings', 'dry branch', 'missing', or 'dead tree' (Kaya & Öskay, 2020).

The effects of stigmatizing power are often perceived and felt in relationships between women diagnosed with infertility and their fertile peers. The pressure to have children felt by infertile women is constantly confirmed and renewed through relationships with fertile women. In these relationships, perceptions of stigma are deepened through missed pregnancy opportunities and views about who "deserves" and "does not deserve" motherhood (Jansen & Saint Onge, 2015).

Psychological Problems

Stigmatization is an important problem affecting psychological processes in involuntary childless women diagnosed with infertility. Alhassan et al. (2014) found a high prevalence of 62.0% depression among infertile women, which is an important indicator of the psychological difficulties experienced (Alhassan et al., 2014).

Women personalize infertility more than men, think that their roles as women are devalued, experience a sense of loss, have a decrease in self-confidence, and believe that they are stigmatized (Bayraktar, 2018). In addition, stigmatized by the unexpected loss of role (maternal role, social role, etc.), treatment regimens, and the effects of the menstrual cycle, women feel hopeless and inadequate. There is evidence that such psychological effects among infertility sufferers are similar to those of cancer, heart disease and HIV/AIDS (Sylvest et al., 2018; Kaya & Öskay, 2020).

Refusal- Disruption of Treatment

Reluctant childless women who are subject to or fear stigmatization may avoid seeking medical treatment and care. Because seeking medical treatment means disclosing infertility, some women choose to stop treatment early or avoid treatment altogether (Curtis, 2017). Küçük and Koruk (2022) found that 22.8% of women diagnosed with infertility did not seek medical treatment, which supports this situation (Küçük & Koruk, 2022).

Social Isolation

Women diagnosed with infertility may prefer to avoid coping with the stress of social stigmatization caused by the inability to have children. It does this in several ways, including by changing or eliminating the conditions that led to the problem. For example, women stop communicating with pregnant women or peers diagnosed with infertility, do not watch television programs on fertility and infertility, avoid contact with those who criticize them, and choose not to participate in certain social ceremonies and events. They also reduce interaction with curious people around them to avoid the embarrassing public image of infertility or offensive questions. This means that they prefer to use a coping mechanism characterized by constant effort to protect themselves from social harm (Hasanpoor Azghdy et al., 2015).

Solutions for the Stigmatization Problem Experienced by Infertile Women

For families, understanding infertility as a 'test' or 'fate' and seeing it as a tool for higher purposes can be considered as a way of coping (İlerisoy, 2015). However, stigmatization in the infertility process is a dual problem affecting couples. Therefore, counseling services should be organized to include couples. This process should include the husband, his family or friends, especially those who have the potential to stigmatize the woman. Counseling services should include strategies that will enable women diagnosed with infertility to cope with stigma, how to transfer it to practice, how to provide effective counseling that will be beneficial, who the health personnel providing counseling will be, and how they will be trained. Effective strategies should also be identified to discuss the meaning of female infertility and motherhood with family members and the social environment.

Support programs with individuals diagnosed with infertility should be established to meet the woman's need for sensory support and to relieve her loneliness. Women's health nurses in general and infertility nurses in particular are in a very suitable position to provide education and counseling to couples in this important life experience in terms of counseling services covering the diagnosis and treatment processes to be provided to women with infertility problems. Health professionals who provide health care and services to women with infertility problems should take into account the woman's life goal, sociocultural structure and values and be aware of the impact of stigmatization on the woman's health status (Karaca & Ünsal, 2012; Taebi et al., 2020).

Attempts to interpret infertility as fate, test, and God's providence can be functional for women in coping with the stress caused by this situation (İlerisoy, 2015). However, social awareness and information activities should be carried out in order to prevent many problems caused by stigmatization. This should be done through various media programs, advertisements or mass media such as social media. Information activities should

also include individuals in schools, hospitals and public institutions. The cultural values and beliefs of the community should be taken into account when developing activities. It should also implement comprehensive multidisciplinary projects to develop strategies to overcome cultural biases, empower women, promote equality, increase gender awareness, improve women's education and employment (Çaltekin et al., 2019; Taebi et al., 2020). In line with this information, health professionals are in a key position in the detection of all problems, especially psychological problems, that couples applying for infertility diagnosis and treatment may experience and that may adversely affect the treatment processes, the management of applications for their solution, and medical interventions for diagnosis and treatment (Karaca & Ünsal, 2012; Taebi et al., 2020; Küçük & Koruk, 2022).

CONCLUSION

Stigmatization is an important barrier to maintaining and improving holistic health and is one of the most important problems experienced by women diagnosed with infertility. In this review, according to the results of the studies conducted in line with the literature, it was emphasised that involuntarily childless women with infertility problems experience considerable stigma, that socio-demographic and cultural factors affect the level of stigmatization, that the mechanisms used to cope with the stress related to the infertility problem are inadequate and that coping with the infertility problem becomes more difficult as the level of stigmatization increases.

Involuntary childlessness and related problems are not fate. Awareness of health professionals should be raised about the physical, psychological, social and cultural problems experienced especially by women in couples who cannot have children even though they want to. In-service training should be planned for the personnel who work and will work in this field, and consultancy services should be supported with sustainable current approaches. Raising social awareness through comprehensive

and multidisciplinary projects can contribute to the solution of the problem of stigmatization and many other problems.

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