ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
INSTITUTE OF GENDER STUDIES

Impacts of Female Infertility on Women's Lived Experience: The Case of Women Visiting Gondar Hospital, Amhara Region

By: Tinsae Berihun Asfaw

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Tinsae Berihun Asfaw **Signature** _____

APPROVED BY BOARD OF EXAMINERS

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To

My beloved Dad

and

My daughter, FAMI

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Table of Contents

Pages

CHAPTER THREE

CHAPTER FOUR

CHAPTER FIVE

List of Tables

Pages

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Assisted Reproductive Technology
CDC	Centre for Disease Control and Prevention
CSA	Central Statistics Agency
EJHD	Ethiopian Journal of Health Development
FGAE	Family Guidance Associations Ethiopia
GCMS	Gondar College of Medical Sciences
HIV	Human Immuno-deficiency virus
IVF	In Vitro Fertilization
MOH	Ministry of Health
NGO	Non-Governmental Organization
PHC	Population and Housing Census
PID	Pelvic Inflammation Dysfunction
RHB	Regional Health Bureaus
SPSS	Statistical Package for Social Scientists
STD/STI	Sexually Transmitted Disease/Infection
UK	United Kingdom
USA	United States of America
WHO	World Health Organizations

Glossary

Araki A local alcoholic drink made from millet or wheat bread mixed with fermented malt and flavors of dog wood.

Habesha A Semitic-speaking group of people whose cultural, linguistic, and in certain cases, ancestral origins trace back to the tribes of the Axumite (*Habesha*) and the Pre-Islamic South Arabian Kingdoms. Today they include the Amhara and Tigray-Tigrinya ethnic groups of Ethiopia and Eritrea who are predominantly Orthodox Christians (Wikipedia English - The Free Encyclopedia).

Injera Stable food of Ethiopians mainly made of Teff but could also prepared from barely, wheat, maize and sorghum. It looks like big pan cake and eaten with different sauces (Heran, 2008).

Qita Pizza like baked fast food made of different flours like wheat, barley and maize.

Qollo A snack made of different roasted grains for example barely, wheat, peas etc (Heran, 2008).

Mosob A circular container where Injera is traditionally kept (Heran, 2008).

Wot A sauce made of cooked meat, potato or other grains to be eaten commonly in Injera.

Wenkishet Gebriel A spiritual place found in Amhara Region known in its powerful holy water.

Abstract

Ever existed worldwide, but hasn`t been well researched aspect from women`s point of view, infertility is a problem in which women are suffering from its multidimensional consequences in North Gondar Zone-Amhara Region. Realizing this, this study is conducted to explore the impacts of Female infertility on women`s lived experience in the socio-cultural, psychological, marital, economic, sexual and health dimensions. The primary data were collected by employing in-depth interviews for infertile women, as a major source of data collection tool and interviews to key informants complemented with survey questionnaire.

The study revealed that childlessness affected the social, psychological, marital and economic conditions of infertile women. It was also found that infertility has a potential to affect the sexual life of women which resulted from the severe psychological trauma. Moreover, including the possible pains following their infertility, infertile women are found at the risks of STI and HIV/AIDS since extra-marital relationship is highly practiced by their husbands as well as by themselves. This further indicated that divorce and remarriage have grounds in childless marital life.

The study also pointed out that infertile women show maximal interests to bear children due to various reasons like- to gain labor aid, financial and care support till death and even after death to carry on family`s name, to meet societal expectations, to fulfill the norms of women`s identity, to get prestige and happiness, to keep husband`s name, and to ensure legitimate transfer of their properties. Regarding their options, infertile women are told to get infertility test with their husbands which imply the inclusion of men in the problem. Although there is a chance of undergoing infertility treatment, poor medical facilities and inadequate medical specialists at Gondar Hospital are hindrances in which infertile women encountered when seeking solutions to their problems.

Hence, it is suggested that the availability of infertility treatment centers with proper facilities, adequate and well-qualified professionals in infertility need to be fulfilled. In addition, counseling services for couples should be provided together with the infertility treatment. Raising the awareness of the society about the causes and prevention methods through health education is also found to be central to reduce the blame and abused relationship that infertile women faced.

CHAPTER ONE
INRODUCTION

1.1 Background of the Study

Even though there is increasing rate of population in Africa, infertility remains to be the major reproductive health as well as social problem. Globally, more than 70 million couples are suffering due to infertility and greater number of couples with this problem is found in developing countries. It is estimated that 80% of sexually active couples of reproductive age will conceive within one year in the absence of any form of contraception (Ombelet, et al., 2008). In this regard, infertility refers to the inability of heterosexual couples to produce children with unprotected sexual intercourse or pregnancy which fails to survive on its own that is a miscarriage (Stangel, 1979).

In Ethiopia, marriage, parenthood and children are highly valued and women are defined in the context of motherhood which limited their role in private sphere. Bearing and rearing children are considered to be the major functions of women among others. In the route of reproduction, women and men have their own potential contributions in which the purpose bearing children may depend on personal and socially-constructed motives attached to children including the economic benefits they can endow with.

A study by Fekadu (1999) has pointed out that women and men have different motivations to produce children. In many societies of Ethiopia, women have lower societal status, economy as well as prestige. Due to this fact, bearing a child for women is perceived as a means of achieving social status, adjustment to their economy through marital lineage and confirmation of their identities. Moreover, a cross-sectional study conducted in sub-Saharan Africa showed that child bearing is desirable to get labor aid, to be assisted during parents' illness and environmental risks as well as to keep the family`s name, land and property upon parents` death (as cited in Fekadu, 1999).

The reproductive functioning is a discernible pattern and prominent role of women in a marriage. Due to this, a woman's prestige, social status and economic stability are secured through bearing children. Infertility is considered as a negative experience which puts black spot at the very core

of woman's life. At the same time, the blame for non-conception is unquestioningly placed on women, which influences women's mental, physical and social well-being. Due to infertility, women are more prone to negative psychosocial, economical, cultural and health consequences (Larsen, 2004).

In the middle of the 20thcentury, physicians medically assured that infertility is not only women's problem (female partner), and therefore couples must be examined medically (Convington and Burns, 2004). Thus, the incidence of infertility is due to health disorders of women and men. For instance, in the United States of America, among 15% or more of couples who are found in their reproductive age but infertile, 40% were of male origin, for the remaining 10% of the causes of infertility was not determined (Stangel, 1979).

1.2 Statement of the Problem

African women face infertility problems due to their engagement in early sexual intercourse and experience of subsequent pregnancies (Larsen, 2004). In connection to this, WHO found that women's infertility could be attributed to infection, Sexually Transmitted Diseases(STDs) and pregnancy complications in 85% of women(WHO, 1991).

In WHO's constitution, health is defined as "a state of complete mental and social wellbeing and not merely the absence of diseases or infirmity" (as cited in Wieresema, et al., 2006: 17). In the past decades, the problem of infertility in Africa has gained lesser attention. The focus of demographers, social science researchers and anthropologists has been on the increasing rate of population. However, at present infertility problem is getting due attention to be researched in social and public health contexts (as cited in Hollos & Larsen, 2008). In this discourse, it can be understood that infertility is found to be a multi-problematic issue, which adversely challenges both sexes, specifically women.

In fact, infertility is the common problem for both sexes, but they are not equally treated under the state of being infertile. The social blame and stigma are universally laid on the women. Women who are deprived of children have an image of worst life, since infertility brings great social problems, marital instability, psychological burden, alienation and economical hardship. This might be the various life aspects in which women and men experience differently in their society.

Many societies of Ethiopia put strong value for having children by considering them as the main purpose of marriage (Freeman, et al., 1985). Besides this, people consider child bearing as a primary function of being a woman. This condition sets the stage for women are to be viewed and valued in the context of bearing and rearing children.

As it is assessed by WHO, in Ethiopia the concept of infertility is most likely defined from the cultural scripts in which the condition highly determines a woman's status and prestige (WH0, 1991). If couples are incapable of producing children, the problem of conception is directly attributed to the woman. The role of bearing a child or reproduction is exclusively considered only as a woman's undertaking. Due to this, people internalized women's real image with respect to their ability to produce children, and if this accepted role is lost, either voluntarily or involuntarily, the woman will be ill-defined as barren and worthless (Bonvillain, 1998).

Being infertile or barren woman informs the worthless condition of the woman to the community, husband, and his family, her family or her own eyes. Thus, the inability to bear children has the potential to bring social stigma, marital instability or divorce, economical problem, health challenges and also psychological trauma even to the extent of suicide (Hollos & Larsen, 2008).

Infertile women devalue their femininity and develop a feeling of loss, inadequacy as well as being socially disadvantaged. The agony of childless women, therefore, can be seen through the words of Rachel who is found in Bible and was infertile "Give me children or else I will die" (as cited in Malcolm et al., 1979:82). Such feeling seems the effect of not only desperateness but also the cumulative effect of the sense of failure to fulfill the expectation of the society since women are culturally scripted as wife and mother, the status and prestige of a woman is determined by bearing a child. Therefore, infertility problem provokes undesirable and worst condition by the individual affected and the society (Hollos& Larsen, 2008).

Infertile women are severely affected by psycho-social consequences in which they are experiencing alienation, low societal status and subjected to violence and remarriage. Even the idea of treating infertility is not acceptable in developing countries since greater attention is given to the problem of overpopulation and pending to encourage childless couples to accept their condition.

All in all, the pros and cons of being childless is very devastating, especially for women, which is basically related to psychological, social, marital, health and economic burdens. It is with in this context that the current study was proposed.

1.3 Objectives of the Study

The general objective of the study is investigating the impacts of female infertility on women's lived experience focusing on infertile women visiting Gondar Hospital which is found in Amhara Region.

Specific objectives

- To explore the lived experiences of infertile women who are under infertility treatment in Gondar Hospital.
- To examine the impacts of female infertility with respect to the social, psychological, marital and economic life of infertile women.
- To assess the coping strategies of infertile women to how they make adjustments to their infertility problems.

1.4 Research Questions

- What are the lived experiences of infertile women who are under infertility treatment in Gondar Hospital?
- What are the impacts of female infertility on the social, psychological, marital and economic life of infertile women?
- How do infertile women cope up the impacts following their infertility problem?

1.5 Significance of the Study

In Ethiopia, gender issue and health have gained significant linkage. Because of this, researchers are trying to study different health issues in relation to gender. Nevertheless, most of them are circling around the well known health challenges like HIV/AIDS, abortion and maternity health. Actually, it is possible to incorporate infertility in maternity health.

However, the researcher believes that infertility is an area which concerns every society that hasn't been paid sufficient attention. Thus, this study will provide an initiation and focus to encourage more detailed studies in the area. In addition, the findings of the study are expected to

show some picture about women's infertility problems, which will help to address the problem through different mechanisms. Hence, the study is believed to provide the following benefits:

- To raise the awareness of health professionals to incorporate infertility diagnosis and treatment into sexual and reproductive health care programs.
- To enhance the prevention methods of sexually transmitted diseases and pregnancy related infections which contribute highly to tubal dysfunction, and then infertility.
- To show the impact of infertility problem so that health policies and strategies could be reevaluated in the light of the current findings.
- To work on the reduction of misconceptions on infertility.
- To indicate the merit of offering appropriate courses and trainings for health professionals on the management of infertility treatment and counseling.

By and large, since prevention is better than cure, this study is intended to provide information for women in order to prevent Sexually Transmitted Diseases (STDs) and pregnancy related complications/infections to reduce the incidence of infertility.

1.6 Scope of the Study

Since the study is aimed at investigating the impacts of female infertility on women's lived experiences, it is mainly limited to those women who experience primary infertility. The study specifically focused on those women who have been married but not necessarily living together with their spouse. In addition, the study analyzed only the impacts of female infertility and the setting is delimited to Gondar Hospital, Amhara region.

1.7 Limitations of the Study

The lack of materials and studies in the Ethiopian context on the area of infertility was a dominant limitation of the study. Some studies which were conducted had concerns only on the medical aspect of infertility and there is lack of statistical information on the prevalence of infertility in the study site. In addition, the study would have been very interesting if participation of infertile men had been possible. Lastly, the researcher faced problems to meet the community elders from different areas where the infertile women came since data were collected as the women came to the hospital for their appointments.

1.8 Organization of the Study

The first part of this study is the introductory part. The second part mainly treated the reviewing of literature; chapter three dealt with the research methodology. The findings and discussion as well as the summary, conclusion and recommendations are presented in the remaining chapters of four and five, respectively.

1.9 Ethical Issues

The consideration of ethical issues at all levels of a study is found at the heart of targeting a research work. A permission of conducting a research work on women who cannot bear children was asked to the gynecology department. Hence, the participants of the study were informed about the purpose of the study ahead of time. Thus, verbal consent was assured and participants were left better off. An effort was also made to take the issue of confidentiality into account. For this purpose, the names of the research participants are not real.

1.10 Operational Definitions

Infertility

"The inability of heterosexual couples to produce a pregnancy after one year of regular sexual intercourse." (Stangel,1979:14). This means infertility is not the problem of individuals but of couples, which is different from many other medical problems. In addition, the regular sexual intercourse should be unprotected. A woman is said to be infertile when found in reproductive age(15-49) and has not conceived within a year of sexual intercourse without any form of contraception.

Primary Infertility

An infertile woman who never gives birth to a child is said to experience primary infertility. This is when a woman fails to conceive at least after a year of coitus in the absence of contraception (Harkness, 1987).

Childlessness

It has been commonly defined as "a life style without biological or adopted children" (Harkness, 1987:263). Hence, the word can work alternative to infertile.

Involuntary childlessness

Experiencing infertility without willing, infertility based on causal factors.

Sexually Transmitted Infection

It is an infection which can be transmitted through unprotected sexual intercourse.

Pelvic Inflammatory Dysfunction

It is an infection on the female genital tract above the cervical os.

In Vitro Fertilization

It is one of technological assistance in which an offspring develops outside a living organism.

Motherhood

Being engaged in mothering activities; or bearing and raising children.

Adoption

Growing up children who are not biological and may be found in needy situations or missing their own parents.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This part of the study dealt with the major concepts related to female infertility and its impacts. Historical overview of infertility including the past myths and images of female infertility is highlighted. The prevalence, causes, consequences of women's infertility, marriage and motherhood for the identity of women in socio-cultural contexts, bearing children as a source of economy and security in older ages, bearing children for the marital, psychological, health and sexual well being of women, coping strategies to manage childlessness as well as issues of infertility treatment, counseling, withdrawal and success and reactions of infertile women to the challenges of infertility are also reviewed. Lastly, feminist thoughts and various approaches associated with bearing children and the impacts of being infertile are treated.

2.1 Historical Overview of Infertility

Infertility has been always existed throughout the history of human beings. Traditionally, societies have given high value for bearing children and parenthood. However, if inability of producing children occurs, they put the blame only on women; men's role in bearing children was invisible which resulted in the feeling of guilty on the part of women (Taymor, 1978).

Historically, the problem of infertility has various accounts. In the account of religion, stories which are related to infertility are written in the Bible. As Leiblum (1997), paraphrased, the story of Sara and Abraham, Sara was the direct victim for their childlessness. However, she got a son at the age of ninety.

Infertility also has chronicled history in the account of myth. The contribution of sexual intercourse to pregnancy was not known for Trobian Islanders. Rather they linked conception to some spirits. By the same token, Chukchi female shamans said reproduction cannot be achieved through sexual intercourse, but through sacred stones. On the other hand, people of Australian Ingarda believed that women can get pregnant by embracing a sacred tree hung with umbilical cords from previous births or by eating special foods. Also, the belief of Batak people practiced the engraving of umbilical cords and placentas under a woman's house would guarantee the incidence of pregnancy (Covington & Burns, 2004).

2.2 Prevalence of Infertility Worldwide and in Africa

The rate of infertility varies across countries and regions. Despite the increasing rate of population in developing countries, the problem of infertility remains worrisome. Estimating the exact level of infertility rate for a population is found to be extremely difficult. This is due to the fact that, infertility is a complicated scenario from its investigation up to the course of its treatment towards the intended success (Leiblum, 1997). The estimated prevalence of infertility has a general estimation worldwide in that between 50-80 million people or those couples who are found between eight and twelve percent suffered from infertility problem in their child bearing age (Fathalla, 1997).

The rate of infertility is increasing from time to time. The general estimation for infertile couples ranged from 10% - 12%. In U.S.A, it is estimated that there are 5.3 million infertile couples. And among these, probably 2.3 to 3 million infertile couples are registered every year for treatment (Leiblum, 1997). In connection to this, it is indicated that from six couples there is the probability of one couple being challenged from child bearing (as cited in Leiblum, 1997).

According to the National Center for Health Statistics of the Centre for Disease Control and Prevention (CDC), about 12% of women in the United States who are found between the ages of 15-44 had difficulty to get pregnant as well as to carry a baby. In some Sub-Saharan African countries, infertility problem is estimated to be up to 30 percent or more. The prevalence rate of primary infertility is between 1-8% worldwide while secondary infertility constitutes 35%. (Covington & Burns, 2004). Apparently, the level of 'primary infertility' is found to be higher in African countries than Asian countries. For example, the rate of primary infertility in Asian countries ranged from1-6 up to 3.6 percent, whereas in Cameroon the rate goes up to 12 percent (Fathalla, 1997).

Even though the first Population and Housing Census (PHC) was carried out in May 1984, information on infertility in Ethiopian context is not available yet. However, a study by Abdulahli Hasen (1989) shows, in Alemaya 2% of women between the ages of 30 and 39 were childless, while in Addis Ababa and Metu, the levels were 8% and 16%, respectively. Moreover, he found that in these three cities, the opportunity of having only one child was attributed to the inability to get pregnant. This situation mostly occurs in the case of secondary infertility that may be caused due to Sexually Transmitted Diseases (STDs).

2.3 Causes of Women's Infertility

Infertility is not a specific disease; rather it is a symptom or a manifestation of couple's problem. The problem of infertility may occur either on male/female or both. Many studies have shown that infertility is a result of many causes than single cause (Stangel, 1979). There is a global estimation that 40-50% of the infertility is due to female factors, 20-40% for male factors, 10% undetermined cause, 10% for both sexes. In this regard, the causes are categorized into six as follows(Ibid).

a) Male Factor-a problem in the male sex partner resulting in poor sperm productions.
b) Female Factor- a problem in the female sex partner stemming from lack of ovulation, a hormonal imbalance and a structural abnormality.
c) Male-Female interaction
d) Psychological factor
e) Genetic factor
f) Infertility of undetermined cause

The general cause of female infertility could be the result of untreated reproductive tract infections occurring during childhood or it may stem from Sexually Transmitted Diseases (STDs), mishandled abortion, infection, repeated births and pregnancy complications (WHO, 1991). In Africa, infertility of girls can be caused due to the condition of getting into sexual intercourse at early ages. This is due to the fact that giving birth in early teenage years will bring delivery complications which contribute to the cause of secondary infertility (Larsen, 2004).

Most of the time, African women are diagnosed with higher percentage of infection. On the other hand, STD increased the prevalence rate of women's infertility as it can be easily transmitted to women (Fathalla, 1997). In Ethiopia, STI, abortion and high prevalence of tuberculosis are more related to the history of women's infertility (Taddesse as edited in EJHD, 2000).

Medical researchers have reported that STDs, particularly, the disease which is caused by Pelvic Inflammation Dysfunction (PID), aggravates the rate of infertility problem (Leiblum, 1997).

Concerning the impact of hazardous environment, Fathalla (1997), investigated the risk of being exposed to toxins and chemicals as the core contributor for infertility problem. In addition, in his

study he has noted that the percentage of infertile women with abortion complication is increasing up to 52.4% in developing countries.

Even though, abortion is legal with its prerequisites as a woman's right, unsafe abortion and post-abortion complications may bring infertility problem (MOH, 2004). This is because, most commonly, women experienced traditional way of abortion which is full of risks and can be a cause for infertility. Researchers have indicated that in Nigeria, women who have been engaged in repeated marriages had higher risk of infertility than those with monogamous marriage (Hollos & Larsen, 2008). Accordingly, it is stated that having many sexual partners will aggravate the incidence of infertility (MOH, 2004). In addition, it is believed that the cause of infertility in developing countries is women's increased age. Another cause that contributes to the women's infertility is found to be their first age at marriage (as cited in Population and Development Review, 1997).

Those women who are married at their earlier ages have immature reproductive tracts, a cause to their infertility. If women get into marriage before age twenty, the probability of those who might be childless account for 4 percent, 6 percent is for those who are found between twenty and twenty four; whereas 10 and 16 percent also remained childless within the age group of twenty-five and twenty nine as well as thirty and thirty-four respectively. Moreover, other studies which are conducted recently reported, women's fertility declines as their age increases (Guttmacher, 1984). Thus age is an important factor to affect women's ability to conceive. Different from the above mentioned causes of infertility, some infertile women mostly associate their problem with previous adultery practices, "violation of taboos or disrespect for spiritual beings" (Bonvillain, 1998:201).

2.4 Marriage, Motherhood, and the Identity of Women in Socio-Cultural Contexts

Infertility has not only a medical aspect but also reflects the socio-cultural experiences of individuals. In developing countries, marriage has powerful effects over individual's life to be rewarded or challenged by the society. Through this, unlike men's role, women received expressive roles- being in charge of nurturing and related tasks (Dyer et al., 2005). Culturally, a woman's status and prestige is defined in her ability to bear children.

> *Society has a large stake in strengthening marriages. Children should be our central concern and in general they are better when raised by two parents.*

Marriage typically improves the health and economic wellbeing of adults, stabilizes community life and benefits civic society.

(Theodra,Ooms(1998 b,P.4.)

The phenomenon of getting into marriage and bearing children is perceived as a mandatory role for many societies. Children are also believed to be reflections of grace, more than wealth who can carry on family`s name, inherit parent`s land/ property and ensure the continuity of the family system. Regardless of the natural differences between men and women, people paid high value for women in their task of child bearing. Because of this, childlessness is problematic and bearing children is an entirely obliged system in Africa. Some literature have shown that the frequent reasons for having children in the social contexts of sub-Saharan Africa include (as cited in Hollos & Larsen, 2008: 161),

- ***Social security desires***- *in which children are seen as necessary for the families` survival and for the support of aging parents;*
- ***Social power desires***- *in which children are considered a valuable power resource especially for women in patriarchal social relations; and*
- ***Social perpetuity desires***- *in which children fulfill the need to continue groups, structures into the future and to connect them to the past.*

It is also reported that parenthood is a socially acceptable phenomenon in securing one's social status. And producing children is desirable in initiating and strengthening the networks of social relationships (Population & Development Review, 1997).

In many societies, the blame for non-conception is directly laid on women and when pregnancy fails, the women's feeling of honor, respectability and social status will be challenged. At this time, childlessness becomes very devastating. A study which is conducted in Sudan illustrated not having children causes a woman to be powerless, especially in her relation to her husband (Whiteford & Gonzalez, 1995). Furthermore, in Tanzanian society fertile women explained as the normative goals of a woman is to get into marriage and motherhood. They took children as the immediate purpose of marriage and as a basic requirement for a woman to be viewed as complete woman (Ibid).

This is similar to Ijo society of Nigeria and Tswana, a woman without children or who experienced infertility cannot be perceived as full/complete mother (as cited in Hollos & Larsen,

2008). The overarching need of women's child bearing set a stage for the question of woman's humanity and identity. The perceived essence of woman's identity underscores motherhood as the most important role of women. For many societies all women are expected to be mothers. The culturally constructed role of women in the sense of mothering and motherhood exerted intense feelings on women to take child bearing as a must and the best accomplishment of their life (Larsen, 2004).

2.5 Bearing children as a source of Economy and Security in Older Ages of Women

According to Hollos and Larsen (2008), children in traditional African Societies are central to the economical gains of parents. These include children's labor input into producing goods, involvement in various services at younger ages; provide support in contributing much to the makeup of the family and community, give care for parents during their old age and also shaping younger siblings in the educational arena.

The economic and social value of children also pointed out by Fekadu (1999) in that the value of children in most parts of Africa is highly significant in order to satisfy the economic need of parents especially when they get older. In addition to this, he illustrated the children's labor force; land-holding (inheritance) responsibility and social security are of predominant desires of parents especially during the parent's old ages.

In developing countries, mostly women are economically dependent on men, and getting into marriage and child bearing is thought to be one means to secure women's economic life. As various studies show women who are able to bear children are advantaged from their husbands' economy; while, those women who cannot conceive may face divorce/marital disruption which may affect their economic stability (Whiteford & Gonzalez, 1995).

2.6 Bearing children for Marital, Psychological, Sexual and Health make-up of women - Reactions of Childless Women

Through the lens of marriage, children are inseparable components in that a marriage without them is deemed to be at worst –tended to be destroyed. According to different literature the paradigm of desiring children on the women's side is implied to the fears of divorce. Infertile women fear about the sustainability of their marriage without children.

A study of infertile women in Egypt confirms that if there are children in a marriage, the husband is expected to have very stabled life regarding his relationship with other partners or other options to divorce (Inhorn, 1996). In the realm of marital connectivity, bearing children is considered as a major tie for the husband to his wife. His ideas about divorce won't be serious since his mind and time is tightened by the children. This wide spread belief is expressed briefly in the following way, 'love doesn't last but a house with children does and when the love goes, the children tie them together'. This means the strong love intimacy of partners is worthless to ensure their connectivity in the long term; but the presence of children. Children are taken as a replacement for their love to strengthen the couple's bond.

The study further indicated that the husband's family, especially his mother won't be comfortable to see her son living with infertile wife. Even in some instances, the in-laws do not permit their son to live with his infertile wife while having children from another woman (Ibid).Apparently, in North America the relationship of infertile women with their mother in-laws are expected to disappoint the women (Whiteford & Gonzalez, 1995).

A study of Egyptian infertile women showed that an infertile woman is feared by the community through which their uncontrollable envy may result in unfavorable conditions. The ways in which infertile women feared by others is translated through their expected harms on the well being of those around them (Inhorn, 1996).Since childlessness poses feelings of loss, it has challenges related to women's psychology. Being different in the feminine character and societal expectation, brought feelings of depression, loneliness, hopeless and wrong self-image within the childless women themselves (Ibid). Moreover the pressures on infertile women are also very strong from the in-laws and they are the prime initiators for the divorce of a marriage with no children. To get relief from such pressures, infertile women establish close contacts to children particularly in working places. On the other hand, the distresses of childless women can be released by the withdrawal of any contacts to children. In addition, the need to enter to social supports and experience sharing among infertile women are considerable in response to childlessness (Lechner et al., 2006).

Moreover, the infertile women's response to avoid marital disruption is managed by permitting their husbands to bear children from another woman while he is living with the infertile one (Hollos & Larsen, 2008).

Infertile women usually related their problems to previous wrong deeds which can exert feelings of guilt and regression. In addition, the women can be challenged by the societal views towards infertility as well as the usage of bad expressions by husbands, in-laws or own family. The blame for barrenness is ultimately placed on infertile women who engaged in marriage and there is high probability for abuse to occur among the infertile women, and their husbands.

Infertile women in Egypt are suspected of having the same sex with their husbands. The society assumes as if the infertile woman failed in her sexual orientation or as if she has some male attributes. Because of this some people speak of infertile couples as, 'Two men are living together. She is the same as he is. She is like barren land' (Inhorn, 1996:34). Such presumptions and speeches clearly affect the psychological well-being of infertile women. The infertile women therefore express themselves as 'broken winged' and such kind of assumptions may challenge the woman's feminine identity for lacking only the ability to conceive.

According to Ann (1991), sexual problems among infertile couples can exist especially if any of the partners suspected as if his/her partner is infertile. In addition, the feeling of losing sexual purpose or fulfilling feminine identity may cause women to strain their feelings to sexual intercourse (Covington & Burns, 2004). The psychosexual aspects and childlessness are linked by Wallach (1985) to show the influence of infertility. In connection to this, the despair feelings that can occur when the women's ovulation time passed is indicated to be one cause for the loss of sexual desires by the women.

Regarding the health challenges, a recent study on Tanzanian infertile women showed that childless women are more likely to be prone to later life health disorders than those women with children. Such perspective is drawn from the notion of parenting; that is, being engaged in partnership and parenthood activities contribute a lot in avoiding the health risks that may occur during older ages. Furthermore, childless women are vulnerable to Sexually Transmitted Diseases(STDs)including HIV; which may be derived from the possible presence of multiple sexual partners or mating with the husband who has extra-marital relationships with the intention of obtaining children(Larsen, 2004).

Therefore, obtaining children is entirely considered as an important asset for maintaining the overall happiness and health of childless women; and those who are not childless voluntarily eventually leads boring life (Throsby, 2004).

2.7 Coping Strategies to Manage Women's Infertility

2.7.1 Attempts, Adoption, and Child Free Living

When pregnancy does not occur at least after a year of marriage, most societies consider it as a problem of producing children. Because of this different societies have practiced various beliefs and customs to improve women's infertility. Some of them have tried traditional medicine, going to prayer houses and also strengthen relationships with sexual partners (Samuel, 2006). In addition to these, magic, medical treatment and traditional practices are expected to effect miracle births. However, if there is no promising success of getting pregnant, adoption and child-free living are options which are handled by infertile couples (Ann, 1991).

According to various studies, there are traditional herbalists who try to treat infertility in the form of eating, drinking or something to tie around neck. For instance, in Ancient Hindus there is a belief to treat women`s infertility by giving women hyena`s eye to eat with licorice and dill(as cited in Leiblum,1997).

Going to medical centers and powerful religious sites are also other options to solve problems of infertility (as cited in Convigton & Burns, 2004). The tendency of getting relief from infertility is described in the Bible with the story of infertile women like Rachel, Hannah and Sarah. It is stated as their strong faith enabled them to get children (Malcolm & Peter, 1979).

Adoption is a living style that develops a relationship between the adopter and an adoptee. Most people think adoption is important for infertile couples. A study of childless women in South of Vietnam indicated women do not choose adoption since it has no contribution to their familial lineage/blood relationship (Wiersema et al, 2006). In addition, families in Asia expressed their feeling of fear towards the less sensitivity and concern of adoptive child (as cited in Abdullah, n.d).

2.7.2 Treatment, Counseling, Withdrawal and Success in Women`s infertility

The need for infertility treatment is increasing through time. Greater numbers of couples seek for new reproductive technologies to get responses to their quests of a child. To meet the demand, for instance, in US, the fertility clinics increased from twelve in 1985, to some 300 today. France is also known in the in-vitro fertilization centres than other countries in the world (Laurence, 1997).However, the integration of infertility treatment services is difficult for developing

countries. Thus, for infertile women who live in poverty, the access to infertility treatment is very difficult since the costs of diagnostic procedures are not minimal (Ombelet, 2008).

The causes of women's infertility like tubal factor (infection) and ovulation problems can be treated, hence the demand for Assisted Reproductive Technology is high if the cause of infertility is related to infection. Education and practices to the implementation of new reproductive technologies are essential for the health professionals working on infertility treatment (Ibid).

Infertility treatment shouldn't be mere treatment, it should consist of advices on timing of intercourse, disorders of ovulation and psychological problems. This would clarify a wide range of confusions and disorders. As a report on infertility counseling shows issues of relationship improvement, sexual compatibility, guidance and supportive counseling aimed at decreasing the tremendous anxiety of infertility are included (Wallach, 1985). Therefore it is believed that, counseling and awareness creation about infertility can be better handled by nurses (Ombelet, 2008).

Withdrawal from infertility treatment is common in infertility care centers since infertile women could not tolerate the time taking diagnosis and progressive results. Due to this, infertile women may lose stability to one infertility treatment centre (Throsby, 2004). In addition, the withdrawal of infertility treatment in Ethiopian context is referred to those women with less economy to fulfill the costs it demands (Taddesse as edited in EJHD, 2000).

The diagnosis and treatment of infertility have been studied for few years and treatment success is becoming better than ever before. It is also stated that infertility treatment can take many weeks and months (Stangel, 1979). By and large, it is believed that prevention of sexually transmitted diseases and pregnancy related complications are better than taking up treatments (Ombelet, 2008).

2.8 Feminists' Thoughts on Women's Infertility

Liberal feminists argue that the reproductive nature of women which enabled them to bear children is a perspective that can be controlled or escaped (Throsby, 2004). This personal reproductive choice may have some social and cultural dynamics in which women are viewed as inadequate. This idea is further illustrated as "Feminist studies of those living without children, either voluntarily or involuntarily reveal that women are constantly required to justify their

reproductive choices in the face of derogatory stereotypes of selfishness and incompleteness"(as cited in Throsby, 2004: 31).

In Marxist sense, children are like a commodity or property; "a luxury item one might or might not want/need."(Overall, 1987:144).In addition, liberal feminists have criticized the role of women in bearing children which contributes to limiting women`s participation in the public domain. However, having children is still emphasized as an important if not the primary, social role for women. One leading infertility specialist wrote that the desire for a biological child is "an intrinsic part of the female nature and function" (Kentenich, 1989:17 as cited in Throsby, 2004). Since women are defined with respect to their reproductive capacity, this paved the way to the belief that women have innate desires to have children and that this desire is perceived as natural and original (Ibid).

The recent radical feminist analysis shows that the issue of reproduction is considered only as the women's undertakings. For radicalists, child rearing and related activities are highly linked to the relationship of the women with their husbands in which they involve only in the maintenance of their wives' labor power. Therefore the woman is part of the family who is exploited by a particular 'Boss'. (Delphy, 1984). In this sense, radicalists define patriarchy as the control of sexuality and reproduction, and if a woman can`t have a child, she will be ignored. Almost in every society, child bearing and rearing has various life-dimensions. The socio- economic and psychological dimensions are closely associated with child bearing and/or infertility.

For many individuals, infertility seems only a medical issue. However it incorporates socio-economic and psychological phenomena throughout one's life time. Thus, it has long lasting and severe consequences on infertile individuals, particularly women. Feminists argue that infertility is perceived not only as a medical problem but also a social problem which, in turn, accords to threatening of women's life. They also have shown that the extent of infertility problem varies among married and single women. They explained that the inability to bear children highly affects those women who are married than single women. In such a condition, infertility is found to be undesirable and getting out of the normal functioning for married women. On the other hand, infertility in single women is not considered critically since motherhood doesn't have place in the context of non-marriage (Overall, 1987).

According to the Declaration of Human Rights made by the United Nations, individuals have the right to have their own children, and therefore to establish a family. Opposing this idea, some feminists said that failure to conceive is very potential in liberating women from any kind of exploitation. They argue that childlessness shouldn't be a problem since there is non-motherhood option. There are women who are voluntarily childless and deal with the problem of orphan children who seek adoption. They viewed children and motherhood as socially created appeals. Thus it is believed that the treatment for infertility like through in vitro fertilization aids the social stand but not the health of a woman.

Accordingly, Critical theorist approach stated that the life experience of infertile women is socially constructed which affected their relationship in the society as well as self- consideration of their identity. The failure of societal role and society's views made infertile women to feel 'otherness' which results in self-isolation (Whiteford & Gonzalez, 1995). In this sense, reproduction for women is significant in a society and serves as a tool to achieve societal status especially for women. This is widely accepted, and if inability of conception occurred the reverse is true and women will be more stigmatized. This concept is related to the deeply rooted gender roles that define women with respect to reproduction. In this manner, it can be said that infertility spoils women's identity.

Moreover, Psychological Sequelae approach deals with the relationship of individual, couple, family, society and reproductive medicine which involve theoretical frameworks. The notion of the approach defined infertility as a major life crisis integrating strain and grief. And thus these require access to counseling services. This approach ignores the cultural and social factors which are significant in challenging the life experience of infertile individuals. The other approach is psychosocial context approach which addresses the experience of infertility within social structure like marriage, family, community and culture. The approach integrated the social context (e.g. culture, environment and religion) in which stigma and alienation are the experiences of infertile individuals/couples (Covington & Burns, 2004).

Generally it is indicated that child bearing is inherent to family reproduction and being unable to bear a child and in particular, undergoing the invasive and time consuming medical investigation and treatment of infertility have been reported to have far reaching negative consequences, in terms of sexual functioning and satisfaction, marital communication and adjustment, impaired

interpersonal relationships and emotional and psychological distress (Whiteford & Gonzalez, 1995).

In conclusion, the production and reproduction roles have great value to ensure every society's survival. Radical feminists believed that the inability to conceive shouldn't be assisted technologically. They argue that creation of child or children should be in God's hand. They have negative attitude towards in vitro-fertilization. For radical feminists, in vitro-fertilization dehumanizes women which was developed not to help infertile couples, but to give male physicians more control over women's bodies and further their technological experiments (Delphy, 1984).

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Design of the Study

The study basically utilized qualitative research method with a combination of quantitative approach. This is due to the special quality of qualitative approach for a study focused on the individuals' lived experience. To capture the deep meaning of experience, exploratory study with descriptive nature of analysis is very essential. In this context, there is a need to go through qualitative study in order to deal with life experiences, challenges, interaction and reaction towards a certain phenomenon. Subsequently, this can be better handled by relying on the qualitative information.

According to Marshal and Gretchen (2006:53), "For a study focusing on individuals' lived experience, the researcher could also argue that human actions cannot be understood unless the meaning that humans assign to them is understood." Qualitative approach mainly focused on answering questions of how? Why? and in what way. It also enables us to understand the various life aspects in a more subjective way. On the other hand, doing survey research by feminist researchers concerning studies of social change and problems is not a new scenario. Statistics are used not only to document figures but also to demonstrate similar and different life experiences of women.

The value of supplementing qualitative research by quantitative is to generalize a larger population's view from a small population and as well to provide information about problems that seemingly occur to only a few people (Ibid). In this study, quantitative approach is employed seeking the triangulation of the data. The survey is expected to enhance insights from a number of infertile women about the impacts of being infertile. In line to this, a feminist said that, "Surveys are particularly useful in relation to the kind of question with which we are dealing: how extensive is a particular social problem in a population." (as cited in Marshal & Gretchener, 2006:89). To this end, the questionnaire was prepared with the intention of investigating the impacts of being childless in social, cultural, economical, psychological and medical issues targeting the sampled women.

3.2 Study Site and Target group

Study Site

The Study was conducted in one of the regions of Ethiopia, Amhara Region, North Gondar Zone. Gondar covers an area of 50 square kms. At the time of the current study, the population is estimated to be 206, 987(CSA, 2000).The hospital is governmental and formerly known as Gondar College of Medical Sciences (GCMS). It is the oldest institution in giving a range of health services and standardized teaching of health professionals at various levels and was selected purposefully with three basic reasons. First, the hospital is pioneer in the town for giving various services to the people. Since its establishment, the hospital has provided services related to gynecology. Thus, infertility service started to be provided for both men and women.

The number of infertility centers in Ethiopia is not well figured out and documented in clear cut way. There are no separate centers for infertility diagnosis and treatment, but mostly government hospitals and Family Guidance Associations (FGAE) are found to be performing tasks related to infertility. Therefore, if there is extensive service in gynecology examination and cure, there will be slim chance to entertain infertility problems. At present, private hospitals in Addis Ababa also started to integrate infertility services.

The second reason to undertake this study in the hospital was for the access of infertile women in order to meet the target of the study. Thirdly, the site was selected based on the characteristics of infertility service beneficiaries. According to the head of the gynecology department, most of the users of infertility service are women who came from rural areas. Underlying the above mentioned reasons, the hospital was found to be the best place to target the purpose of the study.

Target Group

The participants of this study were infertile women, between the ages of 15-49 who have been diagnosed for their infertility and were already under treatment. This purposeful selection was presumed to provide sufficient information on the impacts of childlessness. In addition to this, those infertile women should experience primary infertility at least for two years and had been in marital bond but not necessarily found in marriage. In this sense, those women who have never married didn't take part in the study. This is on the assumption of meeting the target of the study more in the sense of getting important issues from those who had experiences of marital life. This enabled the researcher to trace out the problems women faced due to their infertility.

Due to lack of well documented data, the researcher got difficulty to know the total number of women who have been registered and investigated for their infertility since the services begun. Nevertheless, it was possible to get information on the increasing number of infertile couples. Besides this, an attempt was made by the researcher to get at least a two year data on infertility service in the hospital. Thus, since April 2007 up to April 2009, a total of 278 infertile women have been diagnosed for infertility, among whom 213 experienced primary infertility. This information was obtained from a document found in gynecology department. The researcher sorted out the information together with the relevant nurse, who works in gynecology department.

3.3 Data collection Methods

The Methods used to collect both qualitative and quantitative data were in-depth interview guide and questionnaire. These tools were selected based on the following justifications.

3.3.1 In-depth Interview Guide

In order to collect data for this study, the basic source the researcher used was in-depth interview guide. The need to employ in-depth interview was mainly based on the special quality of the instrument to get into the lives and experiences of infertile women profoundly. In addition, in-depth interviewing has a potential in contributing much to the researcher by enabling her to go through personal and sensitive issues of being infertile.

For the purpose of interviewing, ten women were selected purposively using the following criteria. These include infertile women who experienced infertility at least for two years in marriage and found between 15-49 years of age. The interview participants took part in the interview when they came to the hospital for their treatment follow-ups. The interview was handled by the researcher at a small room found in the hospital. The interview questions were guiding and handled in a way to create good approach and smooth relationships between the researcher and the interviewees. Eight guiding questions were prepared focusing mainly on questions of general information, lived experience with childlessness and impacts of being childless including social, marital, economic, psychological and health aspects. Questions about the women`s reaction and coping strategies towards their challenges were also asked.

Counselors on infertility had been more appropriate to make key informants for this study. However, there are no counselors of infertility in the hospital, and the researcher was forced to

make the two gynecologists who are engaged in infertility treatment and community elders (both sexes) as key informants. The former were selected with the assumption of having good understanding about infertile women through their clinical services as long as open communication and detailed discussion about the problem of infertility took place. Thus, this is expected to contribute more to trace out and identify the real experiences and impacts of living with infertility. The gynecologists were asked about the challenges of infertile women since the women have the opportunity to tell pertinent issues as they seek treatment to get relief from some pressures of infertility. In this instance, the key informants were asked about the rate, causes, vulnerability of infertility. Furthermore, questions about the challenges of childless women like socio-cultural, psychological, health, marital and economical aspects were included.

There were eight community elders with equal number from both sexes. They were selected based on their sex, age and the background they have in living in rural areas since most of the participants of the study were infertile women who came from different rural areas. The community elders were asked about their views on infertility, the impacts of infertility on the social, psychological, economic and marital life of infertile women, attempts and coping strategies of women to manage their infertility.

Except one interview participant and one key informant, consent of interview participants was gained to use tape-recorder to the interview sessions. The refusal of two interview participants was with no ground but simply based on their personal interests. In this regard, the researcher didn't have any option to replace them accurately, hence taking notes by asking for clarification and elaborations was taken place.

3.3.2 Questionnaire and Sampling Procedures

Questionnaire

It was previously mentioned that questionnaire was another instrument which enabled to substantiate the information obtained through in-depth interviews. Thus semi-structured questionnaires were employed and administered to a total of fifty infertile women aged between 15-49 years and lived with their infertility at least for two years. The targeted population was managed to fill the questionnaire as they flow to get infertility service in the Hospital.

The Questionnaire was prepared after reviewing relevant literature and had four sections in which the first section is dedicated to the socio-demographic information of the respondents; in

section two questions related to marital history of infertile women were asked. For instance, questions of age at first marriage, current marital status, remarriage to obtain children, the duration of marriage life and the number of marriages engaged in. Respondents were also asked about the means of knowing about their infertility, the cause of infertility, decisions related to husband's infertility and experience of abortion. Lastly, section four dealt with questions related to the impacts of infertility. Thus respondents were asked to explore their life experiences and the challenges they faced. In this part, marital, economical, and psychosocial aspects were raised related to their infertility. In addition, aspects of adoption, child-free living, the influence of infertility on women's future life as well as the reaction of infertile women to internal and external pressures were addressed. The choices of survey questions were presented with possible responses of the specific question.

Pilot test was undertaken with ten infertile women in the hospital prior to three days of collecting data from the target sample and revision was made especially on the sequence, clarity and content of the questions. The questionnaire was first prepared in English and then translated to Amharic. To avoid any confusion and to ensure the accuracy of questions, the questionnaire was translated back into English.

Two female enumerators were recruited to administer the questionnaires. They are working in the hospital and trained about how to manage the questions of respondents and administer questionnaires for three days. All of the questionnaires were filled and completed. Prior to distributing the questionnaires, in-depth interviews have taken place. This is for the sake of identifying any pattern of the responses so that the survey questions become appealing and able to capture the attention of the respondents to the end. The duration of data collection was from March 30/2009 up to April 27/2009. Since the study is more of qualitative, in-depth interview took place in the first week; while collection of the survey data was done in the later weeks.

Sampling Procedures

Flow Population Sampling Frame

Through flow population sampling, data can be collected from people in a particular setting where there is certain service delivery (as cited in Heran, 2008). Survey respondents were selected by using two sampling techniques. These are flow population and purposive sampling. Samples for this study were, therefore, collected from infertile women in Gondar Hospital as

they come to their infertility treatment follow-ups. Thus, a total of fifty infertile women were approached and taken part in the study.

Purposive Sampling Method

The research participants included only infertile women who have had any marital history and experienced primary infertility at least for two years. Key informants for this study were from two groups selected purposefully; these include two gynecologists and eight community elders. The two gynecologists are those who are in charge of infertility treatment in the hospital. They were selected with the assumption of triangulating the data obtained from the subjects of the study.

Likewise, eight community elders were selected purposefully to reflect the social views related to childless women. The informants from the community were selected based on sex, age and the background they have in living in rural areas since most of the participants of the study were infertile women who came from different rural areas. Equal number was given to the sex of informants. This is with the intention of getting varied views from both sexes about women and childlessness. The aim of this purposeful selection was aimed at targeting the research objectives by substantiating the data.

3.4 Data Analysis

Data was analyzed underlying both qualitative and quantitative data. The qualitative data was first collected through in-depth interview guide. After the interview sessions, the data was first transcribed and translated from Amharic to English. The major findings of qualitative data were categorized into different major themes and subthemes, so it was summarized manually.

The quantitative data was entered and analyzed using Statistical Package for Social Scientists (SPSS) software. This was used to calculate frequencies and percentages of survey questions. Data cleaning took place to correct errors related missing values. In addition, the analysis of findings relied on feminists' thoughts and approaches, literatures and other studies.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 Background Characteristics of Interviewees

A total of ten infertile women were interviewed. All of the interviewees were found between the ages of 23-40. Except two, all of them came from the nearby rural areas of Gondar town. Six of them were Amhara and the rest four were from Tigre ethnic group. Seven of the infertile women were Orthodox Christians, while three of them were Muslims.

Among them one is attending junior secondary school and the other one dropped out from eighth grade. One woman has teaching certificate similar to the other woman who has distance diploma in teaching. The rest six have no formal education. There are two government employees, one daily laborer, one private employee, four farmers and two housewives.

The current marital status of interview participants is six married, one widowed, three divorced. All of the interviewees have the problem of primary infertility who have experienced childlessness between the year range of 2-15. The age range of participants at which they got into their first marriage is between 10-20years old.

The number of marriages interviewees had previously found between 1-4 times. However the duration of current marriage of participants is between 3-16 years. Table 1 and 2 summarizes the background characteristics of interview participants.

Table-1- Background Characteristics of Interview Participants

1st Letters of anonymous names	Age	Place of Residence	Ethnicity	Religion	Level of Education
F	23	Addis Zemen	Tigre	Orthodox	Junior/ secondary
Y	28	Gasay	Amhara	Orthodox	Illiterate
H	29	Azezo	Amhara	Muslim	Illiterate
M	31	Debark	Tigre	Orthodox	12^{+1}
A	35	Gondar	Amhara	Orthodox	8^{th} grade
E	35	Chiliga	Amhara	Muslim	Illiterate
Z	37	Gayint	Tigre	Orthodox	Illiterate
D	38	Gondar	Amhara	Orthodox	Diploma
K	39	Denbiya	Amhara	Orthodox	Illiterate
S	40	Metema	Tigre	Muslim	Illiterate

(**Source**: Field Survey, April 2009)

Table-2- Distribution of Respondents by Occupation and Marital History

1st letters of anonymous names	Occupation	Current Marital Status	Date of Discovery of Infertility	Age at First Marriage	Nº of Previous Marriages	Duration of Current Marriage
F	Housewife	Married	2 yrs	13	1	3 yrs
Y	Farmer	Married	8 yrs	10	4	6 yrs
H	Daily laborer	Divorced	4 yrs	14	3	___
M	Gov't employee	Married	5 yrs	16	1	5 yrs
A	Housewife	Divorced	7 yrs	20	2	___
E	Farmer	Married	3yrs 9mnths	12	3	10 yrs
Z	Farmer	Widowed	4 yrs	15	3	___
D	Gov't employee	Married	15 yrs	19	2	7 yrs
K	Farmer	Divorced	10 yrs	11	2	___
S	Private employee	Married	3yrs 6mnths	15	3	16 yrs

(**Source**: Field Survey, April 2009)

4.2 Background Characteristics of Key Informants

A total of ten key informants were interviewed. The composition of key informants included two gynecologists and eight well known community elders. The two gynecologists are males and have worked for two years in the gynecology department of Gondar hospital. They are the only gynecologists who are engaged in the diagnosis and treatment of infertility problems in the hospital.

Among the community elders, four women and four men were interviewed. Their age range was between 50-70 years. From both sexes, there were a total of four Muslims and four orthodox Christians. Among the women key informants, one has private business centre, whereas three of them are housewives. On the men's part, two are traders and also the other two are investor and owner of a hotel. All of the participants from the community have children and the number of

children found between 3-8. Table-3- summarizes the background characteristics of key informants from the community.

Table-3- Background Characteristics of Key Informants from the Community

Sex	1st letter of anonymous name	Age	Ethnicity	Religion	Occupation	Nº of children
Women	A	50	Amhara	Muslim	Private bus.	3
	Y	53	Amhara	Orthodox	Housewife	4
	Z	64	Tigre	Orthodox	Housewife	4
	T	65	Tigre	Muslim	Housewife	5
Men	M	61	Tigre	Orthodox	Investor	8
	G	63	Tigre	Orthodox	Trader	6
	A	69	Amhara	Muslim	Hotel owner	7
	H	70	Amhara	Muslim	Trader	5

(**Source**: Field Survey, April 2009)

4.3 Background Characteristics of Survey Respondents

A total of 50 survey questionnaires were distributed among infertile women at Gondar Hospital. Majority of the respondents were found between the age range of 25-39 years old. This shows that most of the respondents are found in their reproductive ages. Regarding the place of residence, 62% of the respondents are from nearby rural areas while the rest 38% were from the town. This purely indicates the greater number of women came from rural areas for infertility treatment. The ethnic background profile of respondents shows that 84% of the respondents are Amhara and the rest 16% are from Tigre ethnic group. There are no respondents among the other ethnic groups. (See Table- 4-below).

Table-4- Distribution of Respondents by Age, Place of Residence and Ethnic background

Age group of women	Frequency	Percent
20-24	3	6
25-29	15	30
30-34	13	26
35-39	15	30
40-44	3	6
45-49	1	2
Total	**50**	**100**
Place of residence	Frequency	Percent
Urban	19	38
Rural	31	62
Total	**50**	**100**
Ethnic background	Frequency	Percent
Amhara	42	84
Tigre	8	16
Total	**50**	**100**

(**Source**: Field survey, April 2009)

Regarding religion, 82% of the respondents are Orthodox, 16% Muslim. The profile of educational level shows 80% of the respondents have no formal education. This reaffirmed the majority of the respondents are from places where there is less access to education (See Table 5 below).

In fact, this study did not come across a finding supporting the relationship of religion and education to women's infertility. However, a study by demographers revealed that infertility has relationship with some socio-economic and behavioral factors. In connection to this, a research in Tanzania reported that Muslims experience childlessness more than Christians. The impact of education on infertility also identified and those women who had secondary education and higher education had high probability to be infertile (as cited in Hollos & Larsen, 2008). This study did not include justifications or suggestions to how the aforementioned findings correlated. Hence,

this implies the need for exhaustive studies in the relationship of women's infertility to socio-economic and behavioral factors.

Table-5- Distribution of Respondents by Religion and Educational level

Religion	Frequency	Percent
Orthodox	41	82
Muslim	8	16
Catholic	1	2
Total	**50**	**100**
Level of education	Frequency	Percent
No formal education	40	80
Read and write	3	6
1-4 grade	5	10
5-8 grade	2	4
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

The occupational profile of respondents shows that 72% of them are farmers and 20% are housewives. This indicates that the majority of the respondents are not trained to get a place in formal/paid occupations. Concerning the marital status, 62% of the respondents are married, and 18% divorced. This implies greater numbers of the respondents are currently married which has implications for their demand of bearing children since this is expected right after marriage. Table 6 below summarized the occupation and marital status of the respondents.

Table-6- Distribution of Respondents by Occupation and Marital Status

Occupation	Frequency	Percent
House wife	10	20
Government employee	1	2
Self- employee	3	6
Farmer	36	72
Total	**50**	**100**
Current marital status	Frequency	Percent
Married	31	62
Divorced	9	18
Separated	2	4
Widowed	6	12
Total	**48***	**96**

***Missing value**

(**Source**: Field Survey, April 2009)

The age category at which the respondents get married for the first time is 42% for those who found between the range of 8-15; 36% accounts for those respondents married between the age range of 16-23. With regard to the number of marriages the respondents were engaged, majority of the respondents were married for two and three times. The duration of current marriage for 46% of the respondents was between 6-10 years, while 42% of them for 1-5 years.(See table 7 below)

Table -7- Distribution of Respondents by First Age at Marriage, Number of Marriages and Duration of Current Marriage

Age at first marriage	Frequency	Percent
8-15	21	42
16-23	18	36
24-31	7	14
Total	46*	92
Nº of marriages	Frequency	Percent
Once	6	12
Twice	19	38
Three times	22	44
Four times	3	6
Total	**50**	**100**
Duration of current marriage	Frequency	Percent
1-5yrs	21	42
6-10yrs	23	46
11-15yrs	4	8
16-20yrs	2	4
Total	**50**	**100**

***Missing value**

(**Source**: Field Survey, April 2009)

4.4 Discussion

4.4.1 Socio-cultural Dimension of Childless Women

Social sanctions and norms are shown to be relevant to an understanding of women's infertility. In many societies, getting into marriage, family system, bearing and raising children are the normative and expected roles of adults for both sexes. These life events are regarded as normal and best tools to meet societal expectations, responsibilities and status.

In Ethiopian context, as elsewhere in the world, it is an expected norm for women to get into marriage and bear children right after their marriage which leads to the accusation of a highly valued social status. The culture and the society limited the biological destination of women to the bearing of children. Due to this, child bearing is often considered as a more valued and welcomed activity. This predominant role of women is a great celebration which largely determines the women's later position, relationships, benefits and their wellbeing as a whole.

Childless women who were interviewed for this study have reported that their infertile status has brought socio-cultural consequences. They are highly blamed, disrespected, viewed as worthless, minor, and incomplete. Due to this, they are faced with serious social crisis and challenged by social life experiences. The failure to achieve societal expectations thus carries worst life experiences and multiple challenges for childless women. In this study, the socio-cultural consequences of childlessness bitterly reflected on infertile women's life in terms of devalued societal status, isolation, loss of prestige, insult and stigma.

Infertility and the Community

In this study, infertile women are isolated from the society due to their challenges produced and imposed by the society as well as their decisions following various societal challenges. Patriarchal societies placed high social pressure for women who fail to reproduce. People often ask 'why don't you get pregnant, why don't you bear children? ' for couples, particularly to women after a year of their marriage. Such kind of confronting questions have potential effect on infertile women and lead them to close their mind towards the social interactions and relationships.

Various findings showed that in most cultures of Africa, infertile women are adversely affected by the consequences of their infertility since they are the major ones to shoulder the blame. As

> I have weak relationship with the society; I don't want to make any kind of social networks. My husband is from well known family kinship and we are almost in our six years of marriage. When I meet any of the individuals in our society, they don't have another topic. They ask me about when to give birth; I know my problem. I don't want to tell them but just keep silent with burning heart. They often tell me ' your husband is from big family, you must bear children for him not to lose his prestige as well as spoil his status. Otherwise you may leave this familial relationship. At this time, I will be alone and start to recall every of their words and speeches. Then I decided not to meet any of them. What shall I do? Even I started to go to the nearby town to shop things. It is God's will to make me like this, not my personal will.

This indicates that infertile women who are married to a man with high social status are found in great challenges to interact with the society freely. Formation of marriage and bearing children for a high status man are regarded as crucial to upgrade the social status of the man. Similarly, a study of infertile women in North America shows that infertile women isolate themselves knowing their condition at which they are able to protect any of the societal consequences attached to their childlessness (Whiteford & Gonzalez, 1995).

As it is explained by the interviewee, bearing children is highly important to gain power and continuity of familial lineage. This finding is not new to this study in that a study of infertility in Sudan indicated that the relationship and power of women and men is determined by the presence of own children. The study additionally pointed out that children are the source of power and social order for the society in which infertile women are highly influenced (Wallach, 1985). In this regard, one of the community informants said,

> Childless women in our society are dishonored by one experience that is unable to see own children, their flower. It is really a huge crisis if woman married to a well known man who fails to conceive, the women are considered as spoiler of the men's status and prestige. Even if the couples are tied in intimate and deep love relationship, children are basic. In our culture, children are images of wealth, grace, just everything. Most people prefer having children than any other kind of economical advancement.(Y, Age 53).

The difficulty to experience motherhood for childless women seems to run against the norm of the society. Because of this, childless women are culturally out casted and considered as 'others'. Apart from losing their own status, they are viewed as spoilers of the husbands' status. Besides, the presence of children is articulated in terms of wealth, grace, parents' memory in life and after death.

Similarly, in Egypt the notion of bearing children is entirely attached to men's status. Infertility poses a threat to the couples, particularly if their value in the community seemed significant. It is also a sign of men's failure/ a threatening condition for men which tend to disprove their ability to perpetuate the patrilinial lineage, its patrimony and name. It closely seems to deny their masculinity. In this society, child bearing has the attributes of power for men since they are assumed to be the major makers of fetuses (Inhorn, 1996).

Particularly in traditional and rural settings, socio-cultural norms of the community attached to bearing children evokes social sufferings for childless women. In the realm of reproduction, family harmony, generational kinship (to pass on family's name), prestige, societal power and status, social support, are some of the constraints that initiate child wish of the society. Even though childlessness can occur among all women due to various reasons, this study shows that most of the infertile women came from rural settings. Among women who are under treatment, only few are from the city. In relation to the societal problem they face, a gynecologist informant said,

> There is patriarchal nature in our society and bearing children is highly valued. In rural areas not only childless women but also women with few children are in a big challenge. This is because they fail to fulfill societal expectation towards motherhood. In addition, women in rural areas are mostly economically dependent on men. Thus, to improve their economy, they prefer getting into marriage. However, marriage is not the only way to stable their economy but bearing children.

On the other end of the spectrum, Whiteford & Gonzalez (1995) have noted the differed desire of children for urban and rural women. The result of their comparative study showed rural African women view children as of primary importance than their urban counterparts. This is because the labor support of children is important for the rural women than the urban ones. In the urban setting, children are frequently engaged in education which has remarkable expenses for parents. In this context, children threaten the economy of parents which is a premise for women in "modern" societies to experience voluntary childlessness.

Nevertheless, the comparative study of urban and rural infertile women indicated that infertility is high among the urban women in sub-Saharan Africa as they are highly exposed to contraception. In addition, the value of children to establish familial lineage is not that much considerable for urban women. The findings further showed the possible condition of urban women to be engaged in education and job enabled them to develop less desires to child bearing.

These all suggest that the consequences of women's infertility are not the same for the women in both settings. Thus, motherhood would not have the same effects for rural and urban women. Another community informant also said that,

> Infertile women are always infertile. I dare to say this particularly for women in rural settings. Children are great assets in the society, a big capital- more than money. Women of rural areas do not have better options to lead their life unless they go in the route of marriage, child bearing and raising children; generally displaying their role in terms of being both a wife and a mother. In fact, there is nothing to replace the value of children. (A, Age 50)

Women in rural settings have limited opportunity to lead their own life other than marriage since they are mostly uneducated and unequipped. Getting into marriage is the only alternative in which many enter at early ages. The following table shows respondents' responses to the societal challenges.

Table-8- Respondents' Experience of Societal Challenges

Responses	**Frequency**	**Percent**
Loss of prestige and status	12	24
Insult and Harassment	10	20
Unable to establish strong social ties	10	20
Discrimination	3	6
Other	3	6
No pressure at all	8	16
Insult, harassment and loss of prestige and status	3	6
Discrimination & unable to establish strong social ties	1	2
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

The quantitative data also showed that infertile women are in great challenges in establishing strong social ties since they always are in fear of the verbal abuse, harassment and unfavorable approach of the society. Contrary to this, few of the respondents expressed the absence of social pressures due to their childlessness. As the qualitative data confirmed, few infertile women said that the society is on their side to feel their losses so that the provision of support is secured. They are treated and encouraged to participate in different social activities, even some of them explained as if their

neighbors get promises to pay favors to God if he gives them children. They also explained people in their society reinforced them to go through different attempts to bear children in medical, traditional and spiritual spheres. They tell them information where they can be treated. An interview participant said,

> No challenges from my neighbors and the whole society. They rather always worry too much for me, and even they are the one who initiated me to come here for treatment. Before coming here one of my neighbors had taken me to remote monastery where miraculous holy water is found. My neighbors always thinking more than I do. They even promised to bring `goat`, `araki`[1], 'mosob'[2] 'injera'[3] if I give birth. (E, Age 35).

A male informant said that,

> Discrimination of infertile women is that much, it is unusual. Most people feel sorry and ready to give any kind of support for them. Even we pray and get promises to offer gifts for God if he gives them child. Discrimination of people with a certain problem particularly women is not good. Our `Habesha's`[4] culture doesn't entail this, our forefathers did not teach us such evils. (H, Age 70).

Different from the above views, scholars pointed out the stigma of childlessness is hidden and adversely hurting women`s psycho- social well being at large. Infertile women in South Africa also reported that the society laughed at them, and shouted at by saying "cursed, victimized, and barren". (Dyer et al., 2002).They also say to the husband 'why did you marry a thing that cannot get children?' On the other hand, similar to the current study finding, Egyptian society showed empathy for those childless women since infertility is viewed as beyond one`s control and infertile women are viewed as incomplete (Inhorn, 1996).

Women's infertility, the husband, in-laws and own family

This study shows that infertile women who are in marriage get challenged by their husbands, in-laws and their family too. This is true, particularly, in the context where women are the only one

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[1] A local alcoholic drink made from millet or wheat bread mixed with fermented malt and flavors of dog wood.

[2] A circular container where Injera is traditionally kept.

[3] Stable food of Ethiopians commonly made from Teff.

[4] Group of people whose cultural, linguistic, and in certain cases, ancestral origins trace back to the tribes of the Axumite (Habasha) and the Pre-Islamic South Arabian Kingdoms.

to be blamed for their childlessness. If children are not forthcoming after one's marriage, the woman is the first to be blamed for the problem of conception. The family members of the husband usually feel unhappy and will initiate him to divorce and marry a fertile woman.

Likewise, a study of infertile women in Tanzania pointed out that infertile women are blamed by the community, the family, husband's relatives and the husband. They are usually ostracized by the husband's family usually his mother and sister and disrespected by other women too. Mothers are also known to initiate divorce on the side of their son (Hollos & Larsen, 2008).

The qualitative data substantiated that the unfavorable expressions used by the husband and his family create a deep psychological scar on infertile women. However, this study indicated the physical abuse by the husband and his family found to be rare. This may be due to the assumption of the society to view infertility more than physical violence or else rooted from measuring the degree of damaging infertile women through words than beatings. An interviewee said,

> We do not have a happy marital life- there is poor communication and abusive relationship between us. My husband always insults me by saying 'you mule, you made me to sit at the foot of my friends, you put my masculinity under question.' Besides he is always aggressive – drinks alcohol and come home at mid nights. (H, Age 29).

Another interviewee explained,

> My husband uses strong words to express my inability to bear children. He says, ' you trash, you mule, I am just feeding you like a pig- one day I will sell you to a certain animal farm or zoo; I am really ashamed of you'. With such disdaining speeches my mind is becoming abnormal, I put something and I immediately forget where I put it. He usually goes and participates to different social activities leaving me at home. He does not want to call my name, he said 'you' to call me. I will be happy to divorce him and I always tell him, but he has not decided yet. (M, Age 31).

As can be understood from the interviewees, the status of infertility poses the feeling of inferiority on men's side. This situation induces the violent speeches of the husband that can harm the emotions of the woman which can extend to the extent of abnormality. Unfortunately, even the decision to get releases from such stressful life through divorce is commonly managed by the husband. In fact, this idea and practice is first and foremost constructed in the patriarchal societies to show the dominant role of men over women. Hence, the economic independence, wage earner and bread winner circumstance of men may be the sole reasons to control such

decisions on women's life. Thus, the husband is usually found at the center of marriage breakdown. The experience of infertile women to the challenges of husbands can be shown in the following table,

Table-9- Respondents' Experience of Challenges from Husbands

Responses	Frequency	Percent
Divorce	18	36
Insulting	12	24
Lack of concern and care	8	16
Experienced all	4	8
Labor abuse	3	6
Beating	2	4
Only insulting and beating	2	4
Only insulting and lack of concern and care	1	2
Nothing happened	-	-
Other	-	-
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

As it is described above, divorce, insulting and lack of concern/care are the main reactions of husbands to infertile wife. Few infertile women also faced labor abuse and beatings. Exploitation of women's labor occurs if the husband has children from other woman. Only 4% of the respondents reported beatings by the husband. This result seems ironic since men are found within the patriarchal societies in which violence is perceived to be an activity to be encouraged. Opposite to this finding, some infertile women in South Africa are beaten by their husbands especially in the beginnings of their marriage (Dyer et al., 2002).

Akin to the current study's finding, infertile women in Egypt have the experiences of abused relationship in which they badly receive the harmful words and expressions of their infertility from the society in general, and from the husband's family in particular. A fertile woman in the study of Egyptian infertile women said "An infertile woman is like a piece of land not producing

plants or a tree not producing fruits." Another fertile woman also explained as, "Some people think a wife is worthless if she does not have children. It is like having a cow and feeding it and it doesn't give you nothing, milk or calves. People think that if a woman has no children, a man is feeding her for nothing."

Such kind of perspective is not unique for this study in that both the qualitative and quantitative data of the current study showed the misconception of women's infertility referring to the high food intakes of big animals with infertile women or as if they are living to eat. Such consideration of women is at the front to oppose the very right of women to eat. Nonetheless, eating is the basic human nature set forth with no preconditions related to health problems. A male informant said that,

> ...In my village, I heard husband`s family insulting the wife as, 'you fruitless, unfortunate lady, you are inadequate to bring us blood relationships. For their son they said 'why do you feed this horse-even horse has more advantage than her, you can earn money. She is valueless, she didn`t show you your image, leave her. Actually the couples are divorced now; he married another and obtained two children. But I don`t know her destination. (G, Age 63).

Another male informant said,

> In our society, infertile women face challenges not only from their husbands but also from in-laws. They will initiate him for divorce without rest. They say, 'when do you avoid her, have you married her or promised her parents to raise. The infertile wife also regarded as an evil messenger to the whole family. There was one word...himar it is in Sudanese to mean mule. She is like mule.(H, Age 70).

From their words, insulting of infertile women by husbands and in-laws seems a common phenomenon. Aside from the painful words, the husband`s family play a great role to initiate divorce. The common words infertile women received from the husband and his family are thus mule, horse, pig, fruitless, witch, unfortunate, incomplete, devil, cursed and odd.

These all reflect a serious blemish on women`s womanhood and social identity. The usage of such words is metaphorical which confuses the very nature (identity), and status of infertile women. The representation of women by mule directly articulates the unpaired fertility nature of the animal. Moreover, other animals represented women with the high amount of food intake with no visible outcomes, even from one interviewee`s speech, a horse has more importance than infertile women. This is purely a result of cultural scriptures to place the politics of infertility in

the wrong way that leads to dehumanizing women's natural being. The experience of childless women to the challenges of in-laws are presented in the following table,

Table-10- Respondents' Experience of Challenges from In-laws

Responses	Frequency	Percent
Insult and harassment	19	38
Discrimination	12	24
Insult, harassment and discrimination	6	12
No pressure at all	4	8
Other	3	6
Beatings	2	4
Total	**46***	**92**

***Missing responses**

(**Source**: Field Survey, April 2009)

As the above table implied, harassment and discrimination by the husband's family is rampant in the study. There are no pressures for few women and beatings are also rare. On the other hand, findings of this study show that few infertile women are not challenged by their husbands if the husbands have children from another woman. However, his parents do not refrain from abusing the infertile wife since the implication of being infertile carries bad images. An interviewee expressed this situation as,

> It was before two years that my husband and his two children came with me. His wife died during her last delivery. He knew my infertility and does not want children any more. Thus, he does not have any challenge due to my childlessness but his families,...they always insult me- like ' you evil spirit, magician, devil, cursed woman.' Even one day his mother and elder brother bit me. I went out home and stayed my husband. I told him what happened. He got very angry and warned his families not to get into such kind of disputes again. He brought me for treatment. (Z, Age 37).

Infertile women in this study explained that they don't have challenges following their childlessness, since the husbands have children from other women. Regardless of the husband's stand on his wife's infertility, his families would be more challengers of infertile wife. This may

be due to the fact that infertility has attributes to social status and power in which men can get through their wives.

The same result also found from Tanzanian infertile women in that women who married to a man with children are not influenced by their husbands. This is because the wife is raising his children, keeping the house clean and engaged in other household activities (Hollos & Larsen, 2008). Another infertile woman in this study expressed the challenges of her in-laws differently as in,

> On my part, I am not that much interested to bear children, because we are economically weak. My husband is ex-soldier. I came here for treatment to get relief from my husband`s family. My husband is my first, I don`t know anybody…I love him. We are living in a small room in the premise of his families` house. After sex, I usually get douche immediately. His families listen this activity since we are separated by one wall. Then they say, 'we always hear you douching at night, what is your reason to do this? You should act like true wife. Getting washed after sex will destroy what is intended to get. They tell him even to tie up my legs after sex. I can`t express their challenge- his elder sister says,' I know your goals of living with our brother; it is to finish your education only. You don`t want to get pregnant intentionally as he is soldier-shameless.' But I confirmed my infertility through examination. (F, Age 23).

It is evident from her speech that the woman assured her infertility medically but misunderstood from the in-laws and go to the lengths of speaking of her activity after sexual intercourse. As she said, she likes washing up after intercourse just to be clean. However, the in-laws indicated their son ways of hindering her from such activity. To get relief from the in-laws challenge, she decided to take up the infertility treatment. A female informant in this study reaffirmed through her negative responses if her son gets married to infertile woman. She further justified the reason as she wants to see her grand children which, in turn, bring happiness and respect. She additionally revealed such kind of feeling is not only her own but also all mothers.

In addition to the above challenges of husband`s family, infertile women are also challenged by their own families. Otherwise some of women`s family may give support and advice. An interviewee in the current study said,

> I am the only woman with infertility problem among the family kinship. They view me as `different`, they don't want me to stay in their house even for a day. They fear me as I have an evil spirit to the extent of spoiling their wealth. Besides, they have many grandchildren to raise….they don't want me at all. (F, Age 23).

Another interviewee additionally expressed,

> My families often say 'where did you bring the problem of your infertility- you don't have hereditary problems. Everybody in our family is fertile. If you have another health problem, get it treated and bear children before your age approaches to menopause. (D, Age 38).

As to the interviewees, own families of childless women may reflect questions of 'Why are you different?' especially if there are no infertile women in the familial lineage. Thus, infertile women may be viewed as 'odd' member of the family since most of them relate infertility to hereditary cases. The other woman still highlighted her family's speech as children are vital to strengthen the marital bond. Moreover, they expressed the expected happiness of the husband if children are born. In relative terms, her families are worrying about the depression atmosphere of the husband rather than her burden. This articulates the fact that her feelings towards childlessness are hidden and children are considered to be a happy life routes for men than women.

4.4.2 Psychological, Sexual and Health Dimensions Women's Infertility

The negative psychological effects of childlessness can occur because of external and internal aspects. External challenges that can bring psychological trauma have grounds from the society, relatives, husband's family and also the husband. Their abusive relationship, approach and communication challenge not only the psychological well-being of infertile women but also their sexual affinity and health condition. Such disorders are also results of the internal feelings of women which can be ignited and fueled by the infertile women themselves. This actually has basis through one's motivation towards having children and the expected outcomes of feminine identity.

Most of the time women are regarded as they have good motives towards bearing and raising children. This may be due to the inscribed and ascribed constructed/roles of women in the society. Thus, the perceived role of women and the multi-faceted benefits attached to children have the power to worsen the psychological feeling of childless women. Infertile women consider themselves as empty and useless, which may lead to a feeling of self-isolation. Infertile women in Egypt speak of their fears and experiences of heightened anxiety towards their feminine character when others tend to express their losses (Inhorn, 1996). This caused not only

isolation but also tense feelings and worry during their menstruation as their hope of getting pregnant increases.

Moreover, Wallach (1985) pointed out the image infertile women developed as defective and empty contribute negatively to their sexual desire. Such kind of self-image is mostly high when each ovulation period passes without success. Therefore, infertile women will become too tense to manage their feeling during sexual intercourse. Apparently, Elstein (as cited in Wallach, 1985) verified the linkage of infertile couples' psychology with their sexual dysfunction and presented the relationship as follows:

- Psychosexual problems can be caused by infertility.
- Psychosexual problems masquerading as cases of infertility such as vaginismus, impotence, fears and anxieties; and
- Incidental psychosexual abnormalities such as anorgasmia and premature ejaculation.

Infertile women in this study feel desperate, guilt, shame, stress, sorrow, inadequacy, loneliness, inferiority and low-self esteem. They lose interests in all life matters and the possibility of getting into general bad health condition and vulnerability to other diseases is high among infertile women. An interviewee said,

> I feel depressed, stressed when I think of my loss. I lost my mind and I am leading confused life. How do you live without children? I am alone. Children do mean a lot in one's life, especially to women. Oh ...children look, from the early age up to the elder age of your child, you have everything at hand. In early ages your child is your fun, source of happiness. You will play with him, you don't have to worry about things, and your mind is already bounded with your child. Even if you get into conflicts with your husband, you will forget everything. I am just hopeless... I tell you the truth... I stopped my education from eighth grade. I wanted to continue because I was one of the intelligent students; but for whom, for what....it seems worthless, good for nothing. I have only one stomach and it is possible to fill it as my brother is helping me.(K, Age 39).

From her speech it is important to note that infertile women experience depression and confusion in life. This implies that the loss of hope in other corners of life; for instance, an infertile woman disappointed by her infertility may discontinue her education irrespective of her intelligence. Infertility can affect the motivation of women towards educational and occupational advancements since their ultimate goal is mostly related to children or formation of family. The experience of infertile women to their psychological challenges is shown in the next table,

Table -11-Respondents' Experience to Psychological Impacts

Item	Frequency	Percent
Stress, sorrow, hopeless & unfulfillment	19	38
Feeling of guilt, anger and loneliness	12	24
Lack of happiness	8	16
All	5	10
Lack of interest in all life matters	4	8
Other	1	2
Total	**49***	**98**

*** Missing responses**

(Source: Field Survey, April 2009)

As it is shown in the above table the experiences of feelings of stress, sorrow, unfulfillment, guilt, anger, loneliness, lack of happiness and interest in all life matters are the major challenges of infertile women. Most infertile women believe that their infertility is the major cause of loss of happiness and hope. Their grief in life is so deep unless they bear children. Infertility and happiness are seen as mutually exclusive categories for these women. Therefore, bearing children is considered as a flavor to gain positive emotions. A female informant explained the tense feelings of childless women as,

> An infertile woman has many sufferings. She is always worried; her mind doesn't have a rest throughout her life. She often blames God, crying- she is lonely with grief and hopeless environment, especially when she sees her friends with children or pregnant; she tries to isolate herself from such sights by any means. They have a feeling of despair which may result in low care and sensitivity for themselves. They may lose appetite and taking care of themselves and to give time for themselves- self-undermining is high among them which has risks even to think of suicide. (Z, Age 64).

Another married childless woman expressed her feeling like this,

> Always,... in my life time I do not remember not a day, even an hour of full happiness. In different life occasions there are events which can exert feelings of happiness; even in such instances my feeling is towards my inadequacy. I automatically remember my status and it disturbs me. I feel as if I am disable and incomplete. I face identity crisis. Especially after I lost my mother, I felt too bad about my childlessness. I am lonely even I don't have somebody to go to shop. I

> often say `oh, God, what did I do to curse me this much among others?` it is better to die than living without children...really ...or it is better not to be created from the very beginning...eh...life is difficult by itself without such additional critical problems...imagine... being in my place.(S, Age 40).

As can be understood from her response, childless women have worrisome life bounded with feelings, loneliness, grief, hopelessness, and inferiority. Due to all these, they develop isolation and identity confusion. Submission of infertile women to such kind of psychological trauma is not only a finding of this study, however this echoes the findings from a study of South African infertile women in which they verbalized their emotions, to the extent of suicidal thoughts.

Regarding the psychological impact of sexual relationships, Wallach (1985) said that the sexual relationship involves frustration, anxiety and unacceptance of sexual purpose as denial of their biological role can exist among infertile women. They may experience nervousness, tension and conflict over their femininity. This is associated with the fear of failure in conception. The psychological makeup of infertile women disturbed more frequently the physical, financial and emotional aspects of their lives (ibid). Experience of childless women about their true feminine character and role through sexual intercourse can be expressed by an interviewee as,

> When I sleep with my husband, I will be in great worry about my purpose in his life. I passed many days in sexual intercourse which resulted in loss. I am different from other women. It is striking to behave against nature, my femininity is denied and I don`t really know the contribution of sexual intercourse in my life. My readiness for sex is almost empty but I will sleep like stone for the sake of my husband, he always initiated sex when he desired for it and I don`t hinder him. This is actually the partial role of being married/ wife.(Y, Age 28).

Both the qualitative and the quantitative data showed the negative psychological impacts of infertility over the sexual life of infertile women and also on their general health condition. Generally, the question of the purpose in sexual intercourse is not tied to the satisfaction it gives but to bearing children. The inability of getting pregnant has influenced infertile women to lose pleasurable feelings about sexual intercourse. This situation sets the stage for the infertile women`s fight against their feminine character and identity. According to Inhorn(1996), the politics of identity and the psycho-sexual consequences of infertile women can be explained as infertility spoiled their personal identity as human beings, the sexual identity as female and their gender identity as women. The quantitative data shows the impact of childlessness on the sexual life of infertile women,

Table-12-Respondents` Experience to the Impact of Sexual Life

Responses	Frequency	Percent
Less desire for sex	18	36
Perceive sex as duty only to produce children	13	26
Lack of sexual satisfaction	9	18
No pressure at all	5	10
Discomfort during sexual intercourse	4	8
Other	1	2
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

Since infertility represents a threat to the sexual identity or an odd from the normal feminine behavior, infertile women often lose their sexual desire. Moreover, infertility has spoiled the very essence of woman`s role as mother and wife. This is known to affect their well-being in general and challenges her contribution in her sexual life. In addition, even though sex is the feeling of both sexes, culturally men are expected to initiate sex. This notion is derived from the general belief of men to desire sex more than women. Because of this, most women do not initiate sex as this could trigger the feeling of shame (Inhorn, 1996). Similarly in many societies, the interference in men`s sexual desire in marriage is not acceptable and possible irrespective of the woman`s interest.

Egyptian infertile women who are Christians associate their infertility with God's will, they blame God by questioning 'why me?'. The result of this study confirmed that many infertile women explain their infertility in terms of God's curse. They believe infertility is in the hands and wishes of God. Accordingly, the feeling of incompleteness, handicapped, identity crisis and alienation among infertile women of this study is not unique. A research about North American infertile women also indicated that they view infertility as spoiler of their identity. Infertility for them is a state of abnormality, devalued and discrediting experience of feminine identity. An infertile woman in the study of Whiteford & Gonzalez (1995) expressed as, "My maternal

instinct is being denied. It is a slap in the face. I feel like I am isolated in a prison,...I think I'm alternatively dealt with either someone who has died or that I have a handicap."

The cumulative effect of psychological trauma finally may end up in poor general health condition of infertile women. Actually, the qualitative data showed infertility affected women's general health situation. This ranges from the serious headaches for long time up to the feeling of illness all over their body. This might have come from the feelings of loss, inferiority, hopeless, or identity crisis. In addition, infertile women have high possibility to get health challenges through remarriage or extra-marital relationships. Such decision may be derived from the desire of getting children through having many sexual partners or may be vulnerable following their husbands' relationship to multiple sexual partners.

Concerning this a gynecology informant said, "since extra-marital relationship is expected among childless couples, women are found to be more vulnerable to other diseases like STI, HIV,.. this may worsen the life of infertile women." This implied the health challenges of childless women in which it paved the way to other risks.

An interviewee explained the situation in this way:

> I got divorced from my three husbands due to childlessness. They all married to another woman and obtained children; but I am trying my chances with different husbands. Once I was seriously sick due to syphilis and I didn't get treatment immediately, because it is very shameful to have such disease in our society. I started treatment for it here in the hospital.

As this study shows, due to marital instability infertile women face not only economic challenge but also health challenges as it is discussed broadly in the previous topic. The possibility of getting STI through the practice of remarriage is high which is initiated by childlessness.

Larsen (2004) also stressed the risk of polygamous marriage of infertile women through her speech,

> A childless woman may become part of a polygamous marriage, as her husband seeks a new, fertile wife, the wife may seek extra-marital sexual intercourse if she suspects her husband is infertile. As a result, she increases her risk of exposure to HIV and other STDs, and as a result may perpetuate the infertility cycle.

This implies that infertility represents potent threat to women's marital, economic security and health conditions to the maximum of contracting HIV/ AIDS. The health related problems of remarriage is not well expressed from infertile women's view; this aspect is blindly perceived

among them. However, health professionals took it serious since such practices are the main contributor to the risks of HIV/AIDS. An interviewee described,

> This is my third marriage and my husband has six children from two wives. I don't feel bad about this because I am unable to do so and as well I don't want to get divorce. He has good behavior; he gives me good care and treatment. Even he brought me to my infertility treatment, he is tested. I love his children because of his kindness. (A, Age 35).

Reactions of Infertile Women Against or for People living around them

- How do they react to their infertility?
- With whom they share their feelings?

As broadly discussed in the psychological aspect of infertility, most infertile women have painful psychological distresses which can affect their mentality and general health condition. This may be derived from their own feeling of loss or from others reaction to them. Thus, what will be their reaction in such instances? For instance, from the personal feelings, infertile women varied in their responses as an interviewee aged 35 said, "I become envious when I see pregnant women and I will try to avoid such women and any children around me. I am very aggressive to such circumstances." The feeling of envy when women see pregnant women or children occurs not only by looking others but also when a family/relative get pregnant as expressed in Living Bible, Genesis 30:1, "Rachel, realizing she was barren, became envious of her sister, 'Give me children or I'll die', she exclaimed at Jacob."(as cited in Fathalla, 1997:49).

The withdrawal of any contacts or the establishment of close contacts to children are taken as ways of reducing stresses among infertile women (Lechner, et al.,2006). Nevertheless, there are also infertile women who seek close contacts with children in their surroundings, working environments like school, hospital not to fuel up their challenges. An interviewee said,

> I am really starved from the sound of children in my home like naughty environment with children. I can't see washed clothing of kids in my compound. I like my neighbor's children, I often forget my losses when they sleep with me overnight. (E, Age 35).

Different from the woman with envious reactions, this woman has positive feeling to see the children's clothes, and to hear their sound around her home. On the other hand, infertile women may choose to be in a discourse of wishing to see parents losing their children to death or to be with other infertile women to share their feelings. An interviewee said,

> In my painful days of loss, I was very unhappy when somebody gives birth. I feel something bad when I see their husband's happiness. I don't want to go to their celebration of new born child. I don't want to see a woman feeding breast milk or carrying. I lost such experiences; even I don't want to pass by children's boutique shop....let me tell you one secret...this is secret...ah I want to go to people whose children... I mean who lost their child. I will pass many days with them. My ears are always active to hear such news. Moreover, my mind is open to know the infertile couples/women who live in my community. (Y, Age 37).

Here it is clear to understand the unfavorable reactions of infertile women in their community. This kind of situation may lead to the problems of child abuse and hence needs an effort to cut down such attitudes. A study in Egypt also shows that an infertile woman is feared by the community with the belief that their uncontrollable envy may result in unfavorable conditions. The ways in which infertile women are feared by others is translated through their expected harms on the well being of those around them (Inhorn, 1996).

The strategy of sharing experiences with infertile women is best to maintain their feelings and to acknowledge their identity in the community. This would have benefits to weaken the various challenges and to work for their social support. The need to enter into social supports and experience sharing are considerable in response to childlessness (Lechner, et al., 2006). Likewise, infertile women in Egypt sometimes decide to confide themselves in other infertile women. These women may be their neighbors, relatives or other women met in the waiting room of clinics. Apart from this, infertile women share their emotions to their husbands, female relatives or best friends.

Similarly, the study of infertile women in South Africa indicates the bond of infertile women among themselves to share feelings of support is strong (Dyer, et al., 2002:1666). One infertile woman said, "My other friend is also having problem of conceiving... we share that pain together." Moreover, the qualitative and the quantitative data showed the reactions of infertile women to infertility related challenges are to be alone, to keep silent, to go to spiritual fathers/places, and to cry. Cases of suicidal trails are not reported from women; while infertile women in Egypt chose to spend their time in household tasks in the sense of forgetting their loneliness. Most of them want to spend their time by sleeping, watching TV or any other work in the house (Inhorn, 1996).

4.4.3 Marital and Economic Challenges of Infertile Women

As sociologists pointed out marriage has various purposes among one is reproduction, replacing one's generation and ensuring economic security. Based on this, many couples get into marriage and also the society has straight forward goals of marriage which emphasized the presence of children; the continuation of generations. According to Whiteford and Gonzalez (1995), the norms couples should practice related to reproduction are constructed in the following ways: the married couples should reproduce and all married couples should want to reproduce. In this sense, women in North America are found to be pressured to have children which grant them their membership in the society.

According to various literature, one cause for divorce is unable to produce children. Therefore, childless marriages are subjected to various marital disruptions including marital breakdown. Similarly, a study of infertile women in Cameroon pointed out that divorce is very common and has grounds related to infertility problem (Hollos & Larsen, 2008). In the current study, both the qualitative and quantitative data indicated that infertile women are not in a secured marital bond because of their childlessness.

As the qualitative data demonstrated, husbands of infertile women are found to divorce or deemed to develop extra-marital relationships. Because of such situations and also wishing to try chances from other men, infertile women found to establish relationships to other sexual partners too. A married childless woman aged 38 said, "I live with my fourth husband. I got divorced with my third husband due to my childlessness. Actually, my current husband has children from another wife."

Parallel to the current study finding, an interviewee from a study of infertile women in South Africa expressed her marital challenge as "...Men leave me as I cannot have children..."(Dyer et al., 2004:1663). They even make these words of an infertile woman as a topic to deal with the marital instability of infertile women in broader sense. The following table shows the experience of respondents to the impacts of childlessness in marriage.

Table-13- Respondents` Experience to Marital Difficulties

Responses	Frequency	Percent
Marital Breakdown	23	66
Facing all the above experiences	11	22
Instability of my husband searching another wife	9	18
Facing unhappy and confused marital life	7	14
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

An informant who is a gynecologist also explained the rife practice of divorcing with women`s economic situation as, "Divorce and remarriage are common among infertile women. This may be rooted in the economic dependence of women and also with the assumption of obtaining children. Once my client said, 'I am not sure about the number of my husbands."

Since divorce and remarriage are the major problems in childless marriages, the husbands of those infertile women could have another wife and possibly children. Because of this, they are very confident to go with their wife to be tested in the hospital. Hence, most of the infertile women are found under unstable conjugal connectivity.

To keep their marital instability and economic hardship, infertile women found to allow their husbands to go to other woman to bear child as a solution. Regarding this, an interviewee with the age of 37 said "I don't face challenges from my husband due to my childlessness. The reason for this may be he has children from another woman. It was my will to permit him to go to a woman to obtain children. Such practices will keep my marriage and related issues stable, no more divorce. I want to live with him because he is economically good."

A gynecologist informant also said that "Due to low socio- economic status of women, they don't want to get a divorce. Rather they permit their husbands to bear and bring children from another woman. Then he will bring a child." This implies that infertile women initiate their husbands to bear children from another woman, while they are living with them. The practice of extra-marital relationship and bearing children out of marriage seems very normal among

infertile women. It is welcomed activity and sometimes an infertile woman who doesn't allow her husband to do so is assumed to be foolish. The husband also shows positive attitude to such options especially if the couples have good love, intimacy and better economic standing.

By the same token, a study of infertile women in South Africa shows that infertile women allow their husbands to look for another wife in order to get children. They show positive reactions to such measures because they don't want to divorce their husbands (Dyer et al., 2002:1665). An infertile woman in the study said,".....I even went with him to visit all his children....I will give him his freedom... he can still make a life for himself."

However, in some instances such practices are not favorable for some infertile women found in the current study fearing the disputes among co-wives and their children particularly when children live with them. Women are also afraid of the conflicts that can be created during the husband's death- that is about inheritance of land, and other property. An interviewee said,

> I don't want to allow my husband to bear children from another wife while I am with him. I would rather get a divorce and live alone. I don't want to worry about his children's caring and raising. Because they are nothing for me, they will search for their mother when the need for support arises. In addition, I don't want to get disturbances with their mother and children about the share of my land or property. It is absolutely unacceptable scenario for me in addition to the strains of my childlessness. (M, Age 31).

Here, it is obvious to see the fear of infertile women to permit their husbands to go to other women while they live with them. Questions and conflicts about sharing of properties are not desirable especially for those infertile women found in good economy. Thus, they choose to live alone than permitting their husbands to bear children from another woman.

Some infertile women may decide to live with their own families if they have good relationship and economically promising parents. Larsen (2004) articulated this situation of African women in her speech as "...A childless wife may be returned to her family and deemed to be "unmarriageable"...". However no infertile woman in this study said the continuation of their life with their families after their divorce. As the qualitative data shows they prefer living alone than living back with their families due to the fact that they fear the harassments following their childlessness (marriageless) status and the economic dependency in their adult ages. Such kind of decision may arise from the discursive ideology of the society towards women and childlessness. A childless woman aged 28 explained, "It is a shame for my families if I go back

and live with them after my divorce. The society may view them as missing parents. I don't want even to live with close distance of their house." Here it is important to bear in mind that cultural perceptions of the society towards childlessness and its consequences put black scars on parents/ relatives which controlled their relationships.

Economic hardship of infertile women is not only for those divorced due to childlessness but also for those infertile women who are in marriage. These women face financial problems especially if their husbands have children/ another wife outside. Besides, if the infertile woman doesn't have well paid work, women will be more challenged. This is purely expressed by an interviewee,

> My husband has good income, but I am facing financial problems. He has children from another wife since I couldn't bear my own. He can't manage both houses equally, he is inclined to the fulfillment of his three children's needs. In fact, I am a daily laborer, earning not more than 75 birr per month. (H, Age 29).

This implies that infertile women who are married to men with children cannot fulfill what is needed for the infertile wife while their inclination will be to their children. Thus, this situation affected the economic well-being of the wife. An informant also said,

> Infertile women are not free to ask for money. Their husband won't be happy and won't show good face for such questions. They get irritated to give money for a wife with no children; marriage is not like the prostitutes'-paying only for sex. Children are assets and means of getting money. Her husband by any means won't be positive not only in money matters but also in reactions when his wife gets sick; he doesn't worry. What he wants from her is sex and household fulfillments. These roles are certainly expected from wife …but children. (T, Age 65).

Another married infertile woman aged 35 explained the other side of economic disadvantage as follows, "Since I didn't bear children to my husband, I don't feel comfortable and confident to ask him for money. He is not happy to hear such speeches; what shall I do? I always worry about what to cook for him; he needs well cooked 'wot'[5].

From her speech it is simple to understand that a husband who has children from another woman won't be positive to his infertile wife with respect to the management of money to carry out some household tasks. The incidence of unfavorable reactions of the husband, thus, hindered the infertile women to ask for money to the expenses of their house in which they live together.

[5]A sauce made of cooked meat, potato or other grains to be eaten commonly in Injera.

husband and two by worries about the expected daily fulfillments in their house. On the other hand, an interviewee who is divorced explained the cause for her worsened situation of her economy as,

> I had really good husband; he had a reasonable income which enabled us to lead "modern" life. I didn't want to live without him. He improved my life as I was from poor family. I am a housewife and also infertile. I failed to bear children and after six years we got divorced,...if I had the ability to produce children, I wouldn't fail into the existing economical hardship. He wouldn't leave me,...now I have returned to my poor life and I noticed bearing children is crucial to stabilize women's economy. (Z, Age 37).

One important issue to bear in mind is that the finding of this study showed, most of them are economically poor and when they got divorced they lead miserable life. Moreover, most of them either do not have stabled economic stand or better options to be independent. Even though women are contributing their labors, they are mostly uneducated, unequipped and unpaid to lead their life independently. Infertile women consider marriage and motherhood as means of getting economic advantages. Besides this, most of them are not willing to challenge the cultural norms that hinder women's independent life. The traditional assumptions controlled the scopes of women to look for other options.

In this study, infertile women speak of the absence of marital disruption or divorce on their husbands' part. This is particularly true for those men who have children from another wife and if the infertile wife have good economic stand. It is noted by infertile women that men who have children from another wife but disrupted marital life tend to remarry infertile women who are economically strong. Even women in this study witnessed that these men take good cares of the women even to the extent of taking them to different areas including medical centers. Explaining this situation, an interviewee said,

> My husband does not feel much about my childlessness because I am economically good and as well I am raising his three children. The only challenge I am faced with him is not having permission to divorce him and remarry another. Before six months, I left him, but he brought me again. Just I am slave for him; he is using my money and labor. (K, Age 39).

This shows that infertile women with better economic conditions are highly needed by men who have children. Men use their labor, economy and also inherit their properties. Thus, challenges due to childlessness are not serious with infertile women who have good economy. Hence the need to divorce and remarriage is high among such women with the intention of bearing children. However, their husbands do not easily agree to divorce them, in order to maintain the

economic and labor benefits from her. Apart from the women`s economic benefit, the men exploit their labor in raising the children born from another woman and with household tasks.

A finding from the study of Tanzanian infertile women also shows that infertile women who married to men with no children are more likely to get divorced than their counterparts These women are thus mostly found in treating his children, keeping the house clean and other household tasks (Hollos & Larsen, 2008).

On the other hand, infertile women in this study reported that their childlessness affected their economy by discouraging them from working hard. An interviewee said,

> Even though I have the potential to work and become economically strong, I don`t have the moral and hope to do so. I often asked myself "for whom I am suffering this much?" I don`t want to think and save money for my future life. But you know, losing hope loosened my moral, weaken my potential. If you have children, you will be forced to work hard for the sake of your children. I eat whatever I found at home may be 'Injera', 'Kolo'[6], 'Kita'[7]. ...I never had normal life like others.(Y, Age 28).

This shows that children are significant in motivating women to work and to be independent. Infertile women put precondition to work hard and earn income. They took the presence of children to keep their well-being, interest and satisfaction. This also articulates the possible failure of women`s whole economic growth for missing children since they are taken as central to their life.

The economic benefit of children is not only limited as mentioned above; however the labor support of children is translated in a way of saving money which was intended to be paid for others when they carry out tasks. This means the children are expected to carry out various tasks.

and then save parent`s money. On the other hand, children when they grow up are expected to be earners of income from which parents and others can get advantage from children as income generators. A childless woman aged 38 said, "One cannot be always strong children are significant for labor aid, they save money. Look at me; I am paying too much for daily laborers who work on my farm. If I had children, I wouldn`t spend this much." This purely indicates the expected responsibility of children as they are exploited either voluntarily or involuntarily. They are supposed to take household responsibilities as well as maintain parents` economy through generating income.

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[6] A Snack made of different roasted grains for example barely, wheat, peas, etc.

[7] Pizza like baked fast food made of different flours like wheat, barely, maize.

A woman informant from the community explained the condition of childless women at which they are economically disadvantaged as,

> Childless women are really affected by their loss of children. The man (husband) may have a certain job, but mostly women are housewives. In such contexts, the value of children is limitless for the women. Hence, infertile women are at a disadvantaged position, they are in trouble. Children especially if taught properly, they will be doctors, engineers and teachers. If this is so, they will have good income which is not only adequate for them but also to parents. Using their salary, they will build parents` house, buy furniture, electronic materials, clothes....generally one will have good life, changed living styles.(M, Age 61).

By and large, the economic benefit attached to children is believed to be great for women than men. In this study, the children`s support is expected to be high for their mother than the father. Therefore, infertile women are viewed as the most disadvantageous members of the society, especially in relation to the economic support of children in professional/ high earning settings.

The other aspect of infertile women`s economic challenge related to the money they are spending on infertility treatment. Since, in our country, there are inadequate health facilities and services for infertility treatment, women look for places where slim chance of infertility diagnosis and treatment exist. The cost for infertility treatment is also very expensive that includes transportation to get the service, medical treatment, food expense. Moreover, they spend money to go to remote places for holy water treatment and traditional healer.

A Childless woman aged 35 expressed the economic challenge following her childlessness as, "Since I heard the infertility treatment service, I am spending whatever I had. I started to sell my gold jewelries. I want children so that I should pay all the sacrifices." Another interviewee also said, "I spent too much money for a traditional herbalist, but it failed. I went to almost four areas for holy water. I stayed there for many months and returned empty handed-and now I came here-still spending money."

In closing, infertile women can be affected economically in the realm of attempts after attempts to get relief for their problem. They may reach to high economic crisis not only spending their money but also what they have like property. The respondents` experience to their economic challenges can be shown in the following table:

Table-14- Respondents` Experience in their Economic Challenges

Responses	Frequency	Percent
Lose of economic benefits from the husband.	14	28
Lack of support from children.	12	24
Cost of infertility treatment	10	20
Cost of transportation, food and shelter to the access of infertility treatment	6	12
All	5	10
Cost of infertility treatment and transportation, food and shelter.	2	4
Lose of economic benefits from the husband and lack of children`s support.	1	2
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

Opposing to all the aforementioned economic hardships of infertile women, findings from the community indicate the high probability of infertile women to be economically good. They articulated that those parents who have children have the loss of economy as they spent too much for various expenses of the children; they assume those women with children are poorer than the infertile ones.

A community female informant aged 50 said that, "Infertile women don't have any economical hardship. You spent too much if you have children; they do not spend money to food, to clothe, and to schooling. They don't spend money to wedding ceremony of their children. For me, they are rich." Accordingly, another female informant aged 64 said, "Childless women are rich; they spend money on their land and property, nothing else. At most they may spend for traditional herbalist or holy water. This doesn't mean too much for them." Different from the actual economic problems of many infertile women, the members of the society believed infertile women are economically advantaged and even rich. This is with the assumption of the absence of children to spend too much money achieving the independence of their children. Such ideologies among the society are possible since the headache of many parents' expense for their children is real. Therefore, they see the 'advantage' of infertile women in one direction.

4.4.4 Fears of Insecurity During Older-Age, Illness and Death

It is obvious that during one's old age, the potential to do things timely and effectively will be weakened. During this time, one will look for others to get help. Accordingly, people badly need their 'person' to give care and support during illness and death. To get such kind of benefits, marriage and bearing children are regarded as fundamental ways. An interviewee aged 39 said that "Who is going to care me during my illness and old age? Who is responsible to take my dead body to church? I am in trouble this much."

Another interviewee also expressed her worry as,

> Even if I am married, I don't have any guarantee for my future life. My husband may leave me in search for children. He wants to see his fruits, his eyes through his children. Now, he is caring for me when I get sick...but this may not be permanent. The trend and the fate of such marriage is divorce. Thinking this, I always worry about my destiny. My parents died when I was kid.(M, Age 31).

As the qualitative data showed infertile women fear of the insecurities related to the time of old age. In light of this idea, bearing children is supposed to serve as a source of old age security. This failure is demonstrable through the infertile women's ideas expressed above. Also the quantitative data shows the future worry of infertile women is losing support in labor, economy and care takings during illness.

Table-15- Respondents' Experience to the Impacts of Future Life

Responses	Frequency	Percent
Lack of care and support and unable to work strong enough to earn income.	16	32
Lack of care and support during illness and death	14	28
Unable to work and have my own income	9	18
Lack of social status as well as care and support during illness and death.	6	12
No one will inherit my property	3	6
Lack of social status throughout my life in the community	2	4
Other	-	-
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

In this view of the qualitative and quantitative findings, infertile women are found in great need of support in terms of labor and during illness/death. As previously discussed, the issue of infertility and social status are inseparable components of social life. However, it is not the prime focus of infertile women when thinking about their future. The issue of labor/economical support and caring during old age weighs the need for future status. By virtue of this, their worry is even extended to their dead body's destination.

Similar to this finding, a study which was conducted about infertile women in South of Vietnam revealed that infertility has a risk to introduce economic deprivation of elders since the life of many families depend on their children's effort. Moreover, it is explained that Vietnamese take children as peace maker concerning issues of finance, taking care and consolidation of their parents' future (Wiersema et al., 2006; 4). Infertile woman in the study said, "Children can take care of me when I am old and in the long future we might end up alone, that's why we need to have children." Here, the woman explained her desire of having children related to the support children can give during the parents' older ages. The informants' views in the current study also provide an insight into the expected losses of infertile women when they get older. Thus, a male informant said,

> There is no absolute potential for human beings. It can be broken down during one's life time. Here is the point where children's benefit can be seen. They have economical benefit during parents old age, they are also labor aids in their lifetime, they care and help during parent's illness, they keep your secrets; they facilitate things to have good funeral ceremony during parents' death. They are everything, but infertile women do not have all these things. It is worst and stressful life experience. (M, age 61).

As evidenced by this body of research, strong linkage of infertility and old age problems can be purely seen as these fuel the challenges of infertile women. This finding echoes the idea of labor aid and economic benefit in which infertile women are challenged. Additionally, the issue of providing care during parents' illness and death is explained with regard to children's contribution in secretive and respective way of doing things. By virtue of this view, an interviewee wished to die at her present age instead of getting into risks related to the weakness and illness at older age. An interviewee expressed her fear as,

> I feel I have not started living; I lost years with boring life. I always worry about my future life. I don't have anybody to care and support me during illness. I wish to

> die at this age rather than getting to the risks of old-age insecurity. This is actually good time for me to die,... God knows everything. (D, Age 38).

As the woman disclosed, she wished to die at her current age (38) fearing the risks of illness and related challenges. Similar to the idea of wishing to die, the question of welfare might have initiated her to go through infertility treatments. As noted by her, illness needs people to provide care and support, when it is added by weakness of capacities, the whole situation of the infertile women will be worsened and worrisome. Generally, infertile women can't achieve peace of mind worrying about the expected consequences of weakness, illness and death. Dealing with the same idea, a female informant stated the other side of being childless at the time of death.

> In our society, during one's death time people commonly ask "Does she/he have children?" If there are children, people usually say "It is good that she/he has children; especially if adult woman died, the immediate question follows is not about her marriage but about her children. And if a childless woman dies, people say 'oh, she is lucky to die at this time, God really loves her, she died before suffering too much in her old age. Dying is regarded as a better opportunity and chance for childless women. This is surprising, what can you say?(T, Age 65).

As it is clear to understand from the informant's speech, during the death of a woman the immediate question the people asked is about her status in bearing a child. If a woman had children, it is good for the woman that she died after she got children, if not it will be very sorrowful event that the woman died with no children. Thus, in the society where childless women live, dying before getting into old age risks is more preferable. As the previous interviewee replied, her idea of wishing to die may be driven from such kind of societal perspectives. Entertaining such ideas actually opposes the very right of infertile women to live.

Instead of thinking like this, what would be good is to find various ways of coping mechanisms to deal with the expected risks of old age among infertile women. One of those mechanisms may be establishing social support group with its duties and responsibilities. Regarding this, Lechner et al.,(2006) suggested active and passive coping mechanisms in which one of the recommended styles is the formation of social support for the infertile couples.

4.4.5 Innate Desires of Women to Bear Children and Perceived Values of Children

Why many women are confined with the desire of child bearing?

Naturally, it is believed that women show high wishes to have children. This idea seems factual and inevitable in that "Many experience an emotional desire to have children which is deeper and more complex than a mere derive for sexual intercourse. This desire is so common across all cultures that it must be innate."(Challoner, 1999;8 as cited in Throsby, 2004;28). This ideology seems to reflect the milestone achievements of women to be child bearing and motherhood.

Women considered child bearing and parenthood as a very normative fulfillment of an adult woman's identity. In the course of women's life, bearing at least one child is the physical fact to realize their desires. The qualitative data shows women view child bearing as the mandate, woman's norms of being. The ability to bear a child as a basic part of woman's life to be regarded as a real woman. An interviewee explained this as follows,

> A woman must bear children; this is her quality in which nature has given for her, not for men. It is a shame for a woman to be out of this normal character. How can one become sure of her womanhood if she lacks such qualities? I wish even to bear one...one. (H, Age 29).

This implies that bearing is more than a desire to ascertain the feminine characters of a woman. Displaying other body or behavioral characteristics of a woman has no worth to the whole being of a woman but bearing children. It is also considered as nature's gift to differentiate women from men, so that the best quality of a woman is to bear children. Let alone having several children, this interviewee wished even one child in a way of reflecting a woman's normal character.

The research results of infertile women who are found in primary and secondary infertility explored that women who have experienced primary infertility are in great sufferings than those who experienced secondary infertility. Apart from their own challenges, the community calls differently those with primary and secondary infertility as '***utasa***' and '***ugumba***' ,respectively. The meaning of the former one is "completely barren" and the latter "the woman who may yet conceive". The study also indicated that the damage of the words given for those women is not equal in which the word 'utasa' is powerful to put the wellbeing of the women in to question (Hollos & Larsen, 2008).

Accordingly, an informant in this study expressed the next task expected from the woman after ones marriage is getting pregnant and bearing children.

> Bearing children at least in a year of marriage is very well known and understood. Marriage needs children, otherwise it seems friendship. I think there is no way of expressing the woman`s identity as wife. If there is marriage, there must be children; and the reverse is also true.

Women who are unable to bear children after their marriage are therefore in a big trouble. They are seen as not quite complete. Woman`s identity in a marriage is more pronounced in her ability to bear children. Infertile women in Egypt are regarded as they 'lack' a major fulfillment of normal adult human being. The community see them as 'unproductive persons' and produced a metaphor for their inability to reproduce. 'A flower pot without flowers is not a flower pot.' This metaphor of 'flowerless flower pot' refers the infertile women's life is worthless without children. Besides, their life assumed to be wasted as their accomplishments are incomplete (Inhorn, 1996). Infertile women are also called 'pseudo-male' which means a female with more masculine behavior. Through this word the community put the sexual identity of infertile women in ambiguity. Such pressures of the society are not only limited to infertile women but to those men who married infertile women.

Contrary to the preceding ideas that infertility victimized women, in this study the researcher came across to a very different finding concerning the desire of two interviewees. They like their infertility status and do not want children. They justified as if they are forced by their husbands to take up infertility treatments. However, their less desire to have children doesn`t seem a final decision but conditioned to their current economical set up. One interviewee said that,

> I don't want children because I have to have good economic life. I am a student; my husband is a soldier. Everything is expensive now. The issue of bearing children couldn`t get an end only by getting pregnant or birthing. They have their own costs to be raised. Children of human beings are not like animals. My husband brought me here, he is also tested. He badly needs children, but I want to continue my education. For the future, if we become economically strong, I may want to have children...who knows?(F, Age 23).

Another interviewee said

> I am not that much interested to bear children because it is impossible to raise your child as simple as our grandmothers. I am brought up in a poor family and I married my husband who is a daily laborer. Before I married him, I was living around churches. On what ground I want to go back again to my suffering life. My husband

suspected himself for the problem since he is the only child to his mother.(M, Age 31).

Their response highlights the basic relationship of bearing children and economy. Let alone the infertility problem such ideas should be taken positively in that children need sufficient facilities to be well delivered and raised. In the society where the study is conducted, most parents do not put such kind of preconditions to bring children to this world.

4.4.6 Possible Adjustments to Infertility Treatment or to Other Life Options Attempts, Adoption, Child Free Living

Since infertility poses psychological, social, marital, sexual and economic problems in the life of the women, there are various adjustments made by the women to overcome the tensions of infertility. Most of the time infertile women are trying out not a straight forward solution; however, they often go to traditional medicines, holy water and then to medical centre. They may even mix-up all types of treatments. The respondents` experience to the attempts they made is shown in the following table below.

Table-16- Respondents` Experiences to the Attempts They Made

Responses	Frequency	Percent
Traditional medicines	13	26
Medical treatment and holy water	11	22
Only medical treatment	7	14
Holy water	9	18
Medical treatment and traditional medicine	4	8
Attempted all	4	8
Traditional medicine and holy water	2	4
Other	-	-
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

As the Quantitative data indicated infertile women commonly go to traditional herbalists to get solution to their problem. Going to medical centers and spiritual places or mixing up both attempts at a time are also considered to be possible ways of resolving the women's infertility. The efforts of infertile women towards the various attempts is affirmed by the qualitative data and clearly explained by the following interviewee aged 35 as, "Till my death time, I will keep up trying various ways. If the medication fails, I will go to a well known traditional herbalist. If it fails, I will go to churches and monasteries which are known to enable infertile woman to have children."

Regarding the medical treatment, women seemed bored with the long treatment time schedules and an interviewee with the age of 35 described as,

> I believe medical treatment is best to treat my problem. I started infertility treatment in Bahir Dar, but the doctors were busy and gave me a long appointment, like a year. Then I came here. If the treatment here is not successful, I will go to Addis. I may have clear cut decisions after that.

The finding of the current study implies there are infertile women who explained medical treatment is best among other attempts. However, due to the long appointments, most of them may decide to move from one medical centre to another without finishing their treatments.

The informants' view on the management of infertility is explained by a trader from aspects of holy water and medical treatment as,

> There is nothing impossible for God. If they pray with broken hearts, he will hear them. Besides there're some women who get relief from their infertility problems through washing and drinking Holy Water in 'Wonkeshet Gebriel'[8]. They should go there. Spiritual practices are powerful for such problems. I knew women who got two/three children. Traditional herbalist and medication do not have good solutions. They are losing women's money and dehumanizing them.(G, Age 63).

On the other hand, another male informant explained the possibility of simple treatments through technological advancements as,

> Everything is possible now through new innovations and technology. Medical treatment is the only solution for an infertile woman. However, such treatments may be too expensive for them to afford.

[8]A Spritual place found in Amhara region known in its powerful holy water.

> Scientists and doctors have no rest to solve such problems. These problems are simply treated in developed countries. I do not think traditional medicine and Holy Water has anything to do with biological problem.(M, Age 61).

Explaining the power of holy water to infertility problems, the former informant particularly named a spiritual place 'Wonkshet Gabriel'. Moreover, it is revealed that as traditional herbalist and medical treatment do not provide good solutions for infertility problem. Opposing this view, informants explained the best treatment for infertility is through the new technologies of medications.. However, the role of traditional medicine and holy water is not known in treating the biological problem. A study in Southwestern Nigeria has revealed that the local perceptions towards the infertility treatment are not well known, but they suggest possible ways of treating the problem through traditional healers, while the use of holy water is less often practiced (Friday et al., 1997).

Infertile women take up medical treatments or other attempts not only to bear children but also to decide their future life styles. In this regard, they may choose to adopt children, or live alone by selling their properties. The decision to other life options is explained by the women thinking the failure of many attempts. This is indicated by an interviewee aged 38 as, "I was here and there, attempts after attempts. After trying this medical treatment, I will decide to get divorced and live alone. I will sell my land and use the money until I die." In this study, adoption and child free living are other alternatives taken up by infertile women. Hence, most women are in dilemma of getting into one or the other. This may be due to their hope in the medication to help them bear children. As the findings obtained from both the qualitative and quantitative data showed, some infertile women are in favor of adoption, and still some are against to it and few are unable to decide. The interest of respondents towards adopting children is shown in the following table.

Table-17-Respondents` Interest towards Adopting Children

Responses	**Frequency**	**Percent**
Yes	26	52
No	17	34
Don`t know	7	14
Total	**50**	**100**

(**Source**: Field Survey, April 2009)

The quantitative data shows women who want to adopt outnumber those who don't; and few women didn't know their decisions. The qualitative data also indicated that some are willing to adopt, and still there are some who do not want to adopt. The respondents' reasons for adopting children are summarized as follows,

Table-18- Respondents' reasons for adopting children

Responses	Frequency	Percent
To get care and support	13	26
Not to be alone	11	22
Other	9	18
To experience feelings of motherhood	5	10
To help others	3	6
In order to get mercy of God	2	4
Enables me to bear a child	-	-
Total	**43***	**96**

*** Missing response**

(**Source**: Field Survey, April 2009)

As it is indicated in the above table, those women who want to adopt children have the intention of getting support and avoiding loneliness. While very few women also expressed the advantage of playing motherhood role. Even though different literature have shown the link between adoption and probability of conception, no one in this study replied with reference to this. Nonetheless, most infertile women in this study consider adoption as a way of getting support and to avoid loneliness by living together. The support of adopted child is assumed to be translated to labor to carry out household tasks. In addition, the presence of the adopted child may be considered better instead of living alone.

The qualitative data also reflected the advantages of adopting children in the sense of getting help, valuing togetherness and playing motherhood role. In addition, the equal consideration of adopted child as own child is explained with some preconditions. These include being under age and also with no families, probably orphan children. Such kind of circumstances seems to close the children's opportunity to know their own relatives when they grow up. If this is so, infertile

women's' benefit won't be threatened. An interviewee aged 29 said, "There is no difference between own children and adopted children. I am happy to adopt children because they give me equal sense and feeling; especially if the child is found below one year of age." For this woman, adoption is taken for granted equally to own child but with the requirement of the child at an early age. Another interviewee also said,

> I am lucky; I have found a girl child dropped somewhere. It is good to adopt children for infertile woman. She is now three years old. I feel she is my own child probably she was a one-month child when I got her. You know she called me 'mama', I am happy,....but I came here to have my own child from my womb.(Y, Age 28).

Here adoption is taken as a good practice to feel motherhood since the adopted child can act as her own child. In this sense, what one must give emphasis is to the child's age at adoption. For this woman, adopting the child gave her happiness and enabled her to feel motherhood as the child calls her 'mama'. The girl child is acting as own child, perhaps the woman raised her from the early ages- from one month. Even though adoption is favored by this woman, she still has expressed that she is getting medical treatment to bear her own child.

Similar to the finding of this study, in Maill's study (1996), infertile women are found to favor the practice of adoption. They are against child-free living since their concern is not on reproduction but on family life. In their eyes, adopted child is not different from the biological child. However, there is paradoxical view of getting one's own child despite the belief of adoption to feel motherhood, as the interviewee said finally.

Hence, this finding confirms other research results in that Egyptian infertile women adopt others' children in order to play the role of motherhood. Through this, the sense of completeness and normality are thought to be gained. However, such trials failed to substitute the biological motherhood. A woman must be a mother of her own children or must have children from her own body (Inhorn, 1996). Therefore, yearning children is tantamount to feel a complete and normal motherhood. Accordingly, the merit of adoption is expressed with regard to avoidance of loneliness.

It is obvious that infertile women who are divorced and with low economy are most probably tend to live alone. Living alone over the challenges of childlessness by itself is another aggravating factor to the woman to be subjected to other psychological disorders. For instance, a

childless woman, aged 35 expressed the need to adopt as, "If the medical treatment won't be successful, there is no another option- two is better than one, I suffered a lot from loneliness."

In addition, a male informant said,

> A woman shouldn't live alone, she may be exposed to different environmental, societal and other challenges. It is good for childless women to adopt children. She will speak, play, work, eat and go with the child. It is great to have such benefit for them. However, living alone is not good not only to human beings but also to animals. Life won't be life without somebody with you. Life by itself is very difficult even when living together. If I found infertile women with no adopted children, I always tell them to adopt children. (A, Age 69).

As we can understand from the interviewee, the woman's infertility brought loneliness since she is divorced. She articulated living together is better than living alone to avoid loneliness. The informant as a member of the society also explained that living alone is not favorable to a woman to be secured from different risks. He also expressed the presence of adopted child is appropriate to avoid loneliness. Here, one thing that is noted from his speech is that women who live alone have the possibility to be challenged by different problems. This idea is pronounced as women's place in the societal structure and construction of gender has lower status.

In this study, infertile women explained the need for good economy to adopt a child. Therefore, such thoughts have prohibited them from adopting a child regardless of their interest to do so. According to Ann (1991), the decision to child free living is considerably encouraged as the need for life adjustments of infertile couples may be present. This means instead of entering to long term life disorders due to adopting children it is advisable to lead life without children. An interviewee said, "I know adoption may be one option to me, but I don't have good economy to adopt children. Thus, I will sell my properties (what I've) and go to a well known monastery to be a nun." (S, Age 40).

This interviewee speaks of her interest to adopt children, however this is impossible since her economy doesn't allow her to raise the child. Her decision if the medication is not successful therefore will be to be a nun. On the other hand, another interviewee said, "I won't adopt any children. Everything is very expensive now. How can I cope economical challenge with a child of others; otherwise I will live alone."(Z, Age 37). Such kinds of thoughts on the side of infertile women is admirable in that many people in the society don't put economical conditions let alone to adoption but to raise own children. The approach of facilitating things in economic aspect is mostly handled appropriately by those organizations which are committed to adopt children. The

sense of otherness is reflected here since adopted children are not considered as own. For these women, the solution will be to lead life in monastery and to live alone.

In this regard, it is stated as child-free living is undesirable approach to infertile couples, the shift to adoption is very important to them. Hence, such decisions are taken into account based on the economic efficiency and interest of infertile couples (Throsby, 2004). Infertile women as well as members of the society take adoption as a better option than living alone. In connection to this, the labor support of the adopted child is gained emphasis. However, their labor is perceived as temporary since the child is expected to go away after some time. An interviewee aged 35 said, "Adoption is better than being alone. You may use their labor for the time being. I do not assurance on others' children to give me full support when they become employees. They will find their own parents."

Another female informant expressed the advantage of adoption with those expected risks as,

> Instead of living alone, especially for infertile women, adopting children is relatively good. However, a woman should expect all the risks of adoption. Adopting children is like a growing seedling nearer to a big sea. One day, they may leave them alone, they don't have kind hearts to return back. They are odd, it is easy and better to raise dogs. (T, Age 65).

From the above interviewees' view, adoption is one option to infertile women in order to get labor support for a certain time. It is known that one value attached to children is their labor support that they provide to parents. By the same token, adopted children are expected to provide such advantages to the adopter. In such instances, sometimes there can even be exploitation of the adopted child.

All in all, the informant stated that the issue of adoption is found to be more advantageous for the child rather than the infertile woman. This is because of the 'opportunity' of the child to be saved from street life though the child may discredit the favors and also start to search for his own families. Thus, for the infertile woman adopting seems to spend her labor and money for nothing; rather the shift to adopting a child of relatives is considered. Apparently one interviewee verbalized that she will adopt a child with no relatives. She said, 'If I adopt, I will adopt only one child who is orphan, who doesn't have any relatives at all'. This refers back to distrusting the future attachment and intimacy of those adopted children to their own relatives. Another factor contributing to the varying views of own child and the adopted one is the differed

sensitivity of children to their relatives or to their adopters. The gap that can occur between them is clearly expressed from an infertile woman in the following way:

> Actually, adoption is better than living alone. But it can't replace own child or one can't achieve a sense of real motherhood. It'll be very artificial. Let alone adopting others' children, there will be a gap even in your husband's children. My husband's children live with me. I can see what's there from them as well as from me. That is why I came here to obtain my own children. I can say the value of adopting children is very limited and slim. Perhaps they may be good for errands. This is also for their sake to fill their stomach through my hands.(Z, Age 37).

According to this woman, she has married to a husband with children and she is raising them. However, she is able to see the sensitivity gap between her and her husband's children. She is not feeling as if she is a 'mother' of his children. Even she is initiated to go for treatment to get what she lost from her husband's children, she viewed her contribution to the children and their love to her as artificial. In line to this, a community informant aged 70 explained the differences of own child and adopted one as follows, "... Are you joking? If you have your own children, they are with you during good and bad days. His help is till death and even after death...". The sustainable attachment and the real sensitivity of adopted child is under question and own child is taken for grant.

On the other hand, one informant expressed as adoption is good for infertile woman found in marriage. However, it might not be possible since the husband may disagree with the idea. A female informant said,

> Adoption is good for infertile women. It has positive effects like labor aid, care and support. But if an infertile woman is in marriage, it'll be impossible for her. Her husband may disagree with her idea of adopting children. I know many couples get into conflicts of either adopting children or child free living. In most cases, men don't want to adopt children.(Z, Age 64).

As it can be understood from the interviewee, it is easy for single woman to adopt children than her married counterparts since the latter is expected to act according to her husband's decision whether to adopt or not. Here it is important to bear in mind that infertile women do not have the power to decide on such things while in marriage. The dominance power of the husband may therefore push the women to live alone especially if the women are economically secured.

Alternatives to life adjustments of infertile women mostly took place by personal decisions. Above all, the other two male and female informants suggested differently. A female informant said,

> It is best for infertile woman if she got infertile husband. Their life will be extremely stable; both of them won't have challenges. Rather they may acknowledge their problem and exchange good care and support. There was one saying, "birds with the same wings flock together" it is like that.(Y, Age 53).

A male informant aged 60 also said, "I think a man who closed his file of bearing children is better suited to infertile women especially if he is widowed." The remedies to adoption and child free living are not acceptable from the above two informants. What they shared is the idea of living with infertile or widowed man. The first informant explained the best and comfortable living style for infertile women is when they live with infertile male counterparts. This has multi-advantages in that the various forms of challenges on the woman's side won't be there. Moreover, a man who has no plan to bear children is regarded as crucial to the woman's life with no challenges, but most preferably a man who is widowed and has children is given priority by the informant.

4.4.7 Treatment, Counseling, Withdrawal and Success in Infertile Women

Even though little attention has been paid to infertility treatment, it is one of the public health problems which needs well facilitated diagnosis and treatment services as well as professional infertility care providers.

However, there are few infertility clinics, mostly in private and expensive settings in developing countries. The new reproductive technologies of infertility treatment includes oral medication, Assisted Reproductive Technology (ART), and in Vitro Fertilization (IVF). The provision of these treatments relied on the cause of infertility. For instance, oral medication is used to treat ovulatory dysfunction. This is known to initiate ovulation and has promising results in most cases. Access to ART is very limited in developing countries. Generally, the treatment of women's infertility may go from oral medication up to surgeries of blockages and related problems (Ombelet, 2008).

Concerning the services provided for infertile women in the study area, a gynecology informant said, "There is lack of facilitation to work effectively for infertility treatment. However, we

didn't stop the service and thus oral medications and operation of blockages are provided with limited set up."

In the study site, infertility treatment is given in the hospital and family guidance association. However, due to lack of facility and professionals, it is intended to provide the treatment only in the hospital. The infertility treatment in the hospital is not sufficiently organized in a way to give utmost attention to the problem. Besides, there are only two gynecologists who are in charge of the treatment of infertility. Through all these obstacles, the treatment is given from oral medication up to possible operations.

Infertility treatment shouldn't be mere treatment, it should consist of advices on timing of intercourse, disorders of ovulation and psychological problems. This would clarify a wide range of confusions and disorders. Studies have shown that besides the medical help of infertile women, counseling is found undoubtedly basic. It is expected to diminish the various forms of psychological problems related to the failure of pregnancy. According to Ann (1991:293),

> Advice about the general health of the couple may be appropriate both in order to speed conception but also to ensure the optimal outcome for any pregnancy achieved. Recommendations may be made about weight, exercise, smoking and alcohol intake. Suggestion about altering their life style in a far reaching way may be important.

Having this in mind, developed countries incorporated psychologists and marriage counselors along with the medical treatment of infertility. As one report shows the counseling includes areas of relationship improvement, sexual compatibility, guidance and supportive counseling aimed at decreasing the tremendous anxiety of infertility (Wallach, 1985).

Social researchers took counseling as vital component to cope up various social and medical problems. For instance, HIV/AIDS is one which has both medical and social aspects in which it highly demands counseling along with the medication. In similar vein, since infertility has concerns of both public health and social problems, there must be counseling services side by side to the infertility treatment or else separately if possible. Regarding the counseling service of infertile women in the study site, a gynecologist, informant said,

> There is no separate and scheduled counseling service for infertile women; however we are trying to give advices, especially when they tell us their challenges and secrets. We advise them not to lose hope as they mostly considered infertility as the

> end of life. We always tell them that we are trying our bests to enable them to bear children. We also tell them to come for infertility treatment with their husbands.

This study shows that infertile women did not get adequate and separate counseling services. However, the doctors who are engaged in infertility treatment are trying to give advices together with some clinical aspects. A study in Egypt also indicates, psychotherapy has great benefit for infertile women to stabilize their emotional, relational and biomedical problems. The study additionally explained the benefit of establishing infertility support group which has focuses on the experience sharing of infertile women with those who can understand and support them (Inhorn, 1996).

Even though it is impossible to tell infertile women about their chance of getting pregnant right after investigation, women are very eager and hopeful to know their chance of success within short period of time. However, the success of pregnancy can't be determined without various tests and treatments. In fact, there are couples who stop treatment after one failure and also couples who get through other medical treatments till they obtain children (Throsby, 2004: 16). Giving up treatments easily is regarded as "a personal, moral failure to fight the good fight. In addition, it is considered as a feature of infertility clinics." The lack of commitment to persist until the final results of infertility treatment is an indication of the moral failure.

An interviewee with the age of 35 said, "I am divorced but I have a plan to remarry another right after my medication. I will try my chance." As it can be understood from this response, infertile women expect immediate solutions for their problem. They have their plan in mind prior to the end of their treatment. They think of fast investigation and treatment to get into marriage/ sexual relationship believing that conception is as easy as planting trees. Infertile women in this study are found sick and tired of the long appointments and the range of tests. A gynecologist informant said,

> Since infertility treatment is lengthy process, infertile women lose their patience to finish their medications. They want immediate solutions. They couldn't resist the time taking treatment; because of this, they often withdraw their medication and look for other options or they may go to other places for medical treatment. But we usually advise them to finish their treatments patiently.

An interviewee explained the previous withdrawal of her treatment as follows,

> I started the treatment before four years. I couldn't tolerate the long appointments, I was bored and hopeless to continue my medication. I dropped out of my treatment.

> Then I heard infertile women are obtaining children through medical treatment like operation. Therefore, I decided to come again.(E, Age 35).

Different studies have shown the success of infertility treatment is full of hope and doubt. Clear cut results cannot be predicted confidently. In Ethiopian context, the discourse of infertility success is not often promising. However, sometimes there can be rewarding results. Most of the time infertile women stop their treatments due to various reasons. However infertile women with good economy are assumed to finish their treatments properly. Accordingly, some of the factors that are expected to contribute to the failure or success are the age of the women, lack of specialized infertility centre, lack of specialized professionals on infertility treatment and the duration of infertility (Taddesse as edited in EJHD, 2000).

Concerning the success of infertile women, a gynecology in this study said that "Due to various constraints the chance of women to be successful is limited, hence there are few women who told us as they get pregnant...". This implies the narrow possibility of achieving conception, but better than the whole rejection or withdrawal of the treatment since there is also rewarding results.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

Based on the objectives and research questions, this study has attempted to analyze the experiences of infertile women. Their lived experience was explored in line with their social, marital, psychological, sexual, health and economical life. In all of these life spheres, infertility significantly affected women.

Regarding the societal challenges, insulting, harassment, discrimination in social gatherings, the socio-cultural norm attached to bearing children and the attitude of the community towards infertility are the major problems influencing the activities/ wellbeing of infertile women.

The marriage of childless women was also found to be at the risks of divorce since husbands look for other women to bear children. Due to this there is extra-marital relationship and the women`s economic independence cannot be secured since most of them are dependent on their husband. Hence, insulting of the infertile wife with painful words is commonly practiced by the husbands.

Loss of hope and feminine identity, inferiority, feeling of depression and loneliness are also problems the infertile women encountered. Such psychological trauma created unfavorable perception towards their purpose in sexual life. Their self-image and health condition are in trouble since they are more vulnerable to STI/HIV. This, in fact, is resulted from their engagement in extra-marital relationships.

The expense of infertility treatment or other attempts, cost of transportation, food and shelter for those who came from nearby cites affected the economy of infertile women. In addition, the inability to bear children made husbands to take away their financial support to their infertile wife. In addition, the cost benefit of children either in the form of labor aid or income generating is not possible among infertile women. Long time is needed to undertake infertility diagnosis/ treatment. This is resulted from the lack of infertility care centers, procedural equipments and inadequate number of health professionals in gynecology. Because of this, some infertile women choose to withdraw the treatment and go to other places for treatment. Hence, infertile women need immediate solutions, while fertility success is unpredictable from the very beginning of the diagnosis.

Child wish of infertile women is high since the perceived values attached to children include images of wealth, grace as well as the labor and financial aids. Despite these, the need of experiencing motherhood, achievement of societal expectation, women's 'identity', familial lineage and security in times of illness, old age and death initiated the desire of infertile women. Thinking of future life, infertile women are in great worry to decide how they should spend the rest of their life in order to secure their well being in times of illness, death and even after death.

5.2 Conclusion

Despite the problem of overpopulation, childlessness presented many challenges to infertile couples. Due to the socio- cultural norms constructions, and perceived value of children, infertile women are facing the worst life experiences of childlessness in various life dimensions. The impact of childlessness varied from culture to culture or in specific settings in which women are found. Hence, most of the participants of this study were from rural areas where they are neither educated nor economically independent.

Nevertheless, this study did not only focused on rural infertile women, rather looked into the challenges of childlessness in women's social, economical, psychological, marital, sexual and health spheres of life. In this regard, childless women are in great suffering, living within their community trapped in socio-cultural taboos of infertility over their own painful and worst feelings of childlessness. However, there are also some instances in which childless women cannot be affected while they live in their society. If they are economically good and their husbands have children from another wife, their challenges will be decreased compared to their counterparts who have poor economy. To tackle the consequences of childlessness, infertile women got little opportunities of getting medical treatment, though with its other side of economic or else health challenges.

In closing, since this study did not see the gender dimensions to the consequences of infertility or else compared the rural infertile women from their urban counterparts, conducting further exploratory study is essential in order to reveal the gaps broadly and therefore to explain the possible coping strategies.

5.3 Recommendations

Based on the findings of the study the following recommendations are forwarded with implications to responsible bodies like MOH, WHO, RHB, FGAE, CDC, CSA, PHC and to other local and international NGOs. In addition, social workers, psychologists (counselors) and researchers need to take these recommendations into account.

- Increase access to infertility care services with adequate facilities, procedure equipments and health professionals.
- Develop guidelines and procedures on the treatment of infertility so that the availability of the service with reasonable cost is ensured.
- Regional Health Bureaus (RHB) need to include in their checklist of Hospital monitoring whether the hospital developed a standardized guideline on the diagnostic work up and implementation of infertility management.
- Evaluate health programs with respect to the diagnosis and management of infertile women.
- Provide programs aiming at the reduction of the causes of infertility especially STI.
- Sensitize health professionals through trainings and workshops at smaller health facilities regarding identification of infertility cases; its impact so that handling of early referrals to hospitals to undergo interventional procedures will be possible.
- The prevalence rate of infertility need to be presented in a series of statistical reports nationwide and across regional states.
- Need assessment of infertile women need to be undertaken to deal with possible solutions for their multi-faceted problems.
- Emphasis need to be given to integrate separate psycho-therapy services for infertile women.
- Efforts need to be made on the counseling/educating of infertile women in the areas of marriage instability, economy, life options and coping mechanisms.

- Researchers need to pay attention to infertility equal to that of family planning issues since the former is also an area burdened with psychological, social, marital, sexual, health and economical problems.
- Studies need to be conducted on the lived experience of infertile women across different regions and cultures.
- Focus on the provision of health education to the society about
    - The cause of infertility- this will enable to change their views on the association of infertility to evil spirit, wrong deeds, God`s punishment or to other assumptions.
    - Preventive ways of the cause of infertility. For example, prevention and early management of STI as it is a common cause for infertility.
    - The possible ways of getting medical treatment for infertility.
    - The possibility of the occurrence of the problem on both sexes in order to unravel the stereotypical blame to infertility problem only on women.

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Annex 1: Questionnaire

Addis Ababa University

School of Graduate Studies

Institute of Gender Studies

The purpose of this questionnaire is to study the Impacts of Female Infertility on Women`s Lived Experience- with reference to women visiting Gondar Hospital. The information collected via questions will be certainly used to meet an academic purpose.

Participation is based on personal willing which in turn help to arrive at the targets of this study. Hence, you are kindly requested to give your honest and genuine responses.

In this questionnaire, there are four sections in which background information, marital history, Information on the cause and experience of involuntary childlessness are included.

If you fail to understand the questions, you can ask for more clarifications. There is no 'right' or 'wrong' answer, respond solely with your own experiences.

- Do not write your name.

I/ General Information

- Age -15-19 - 20-24
  -25-29 -30-34
  -35-39 -40-49
- Place of residence
  -Urban
  -Rural
- Ethnicity
  -Amhara
  - Tigre
  - Oromo
  - Other
- Religion
  -Orhthodox
  -Muslim
  -Catholic
  -Protestant
- Educational level
  - No formal Education
  - Read and write
  - 1-4 grade
  - 5-8 grade
  - 9-12 grade
  -Above grade 12
  - Diploma
  - Above Diploma
- Occupation
  -Housewife
  -Trader
  -Government employee
  - Self employee
  -Farmer
  -Daily laborer
  -Other

II/ Marital History

1. What was your age at first marriage?
   a. 8-15 c. 24-31 e. Above 40
   b. 16-23 d. 32-40 f. Other
2. Current marital status
   a. Married c. Widowed e. Single
   b. Divorced d. Separated
3. If you are 'married', is it your first?
   a. Yes b. No
4. If your answer is 'No', how many times have you got married?

a. Once
b. twice
c. thrice
d. four time
e. other

5. How long it is since your last marriage?
   a. 1-5yrs
   b. 6-10yrs
   c. 11-15yrs
   d. 16-20yrs
   e. Above 20 yrs
6. If you are divorced, why is the reason for the divorce?
   a. I am unable to bear children
   b. I couldn't love my husband
   c. My husband demanded for the divorce
   d. For unexplained reason
   e. Other
7. If your answer is 'A', do you hope of remarrying another to obtain children.
   a. Yes b. No

III/ **Infertility History and its causes**

8. How did you know about your infertility?
   a. Through medical check up
   b. My own prediction
   c. My husband told me
   d. Sorcerer told me
   e. Other
9. How long it is since you have told about your infertility status?
   a. One year
   b. Two years
   c. Three years
   d. Four years
   e. Five years
   f. More than five years
10. Have you expected your inability to bear children?
    a. Yes b. No
11. If 'yes', what is your reason?
    a. Infertility is only women's problem.
    b. Because my husband has children from another woman.
    c. I have evil spirit.
    d. I had unprotected sexual intercourse for years.
    e. I had previous wrong deeds.

f. Other

12. If your husband is found to be infertile and you are fertile, what will you do?
    a. I will live with him though we do not have children.
    b. I will divorce and remarry another.
    c. I will live alone.
    d. Other
13. If you choose to live with him without children, what is your reason?
    a. Lack of my own income.
    b. I do not want to break my promise.
    c. I love my husband and I do not want to miss him.
    d. I do not bother whether I have a child or not.
    e. Other
14. What is the cause for your infertility?
    a. Long term taking of contraception.
    b. Sexually Transmitted Disease.
    c. Abortion
    d. Hereditary cases
    e. Evil spirit
    f. God`s Curse
    g. I don`t know
15. If you had an abortion, where did you get the service?
    a. Hospital
    b. Private clinic
    c. Traditional abortionist
    d. Other
16. How many times you get abortion?
    a. Once
    b. Twice
    c. Three times
    d. Four times
    e. More than four
17. Have you had any post-abortion complication?
    a. Yes b. No

IV/ Impacts of childlessness

18. What did you feel when you heard about your infertility status for the first time?
    a. Sorrowful, despair
    b. Loss of femininity

c. Inferiority
d. Hopelessness
e. Attempted suicide
f. Other

19. What challenges did you face from the society?
    a. Discrimination
    b. Unable to establish strong social ties
    c. Insult and harassment
    d. Loss of prestige and status
    e. No pressure at all
    f. 1 & 2
    g. 3 & 4
    h. Other
20. What do you feel when you see any other children or else pregnant women?
    a. Annoyed and feel envious
    b. Reject any of my attachment to them
    c. Show good love and welcoming approach
    d. Other
21. What will be your reaction when you faced internal or external challenges when you live in your society?
    a. Stay alone
    b. Aggressive to people around me
    c. Crying
    d. Talk to others
    e. Go outside where I can get relief
    f. Other
22. What challenges have you faced from your husband?
    a. Insult
    b. Beating
    c. Lack of concern and care
    d. Divorce
    e. Labor abuse
    f. Nothing happened
    g. Experienced all
    h. Only 1& 2
    i. Only 3& 4
23. If your answer is 'A', what were the particular words and expressions used by your husband?

    _____

24. What type of challenges did you face from your husband's family?
    a. Insult and harassment
    b. Discrimination

c. Beatings
d. Other
e. No pressure at all
f. 1 & 2

25. Mention some of their expressions that they articulate to insult you

_____

26. What do you think about the effect of infertility on your education and occupation?
    a. Wasted my money and time for treatment
    b. Focused totally on my medical treatment
    c. Low moral to educational and occupational advancement
    d. Lost my attitude/belief in educational and occupational advancement
    e. No problem
    f. Other
27. How do you think your economic status is affected by your infertility?
    a. Cost of infertility treatment or other attempts
    b. Cost of transportation, food and shelter to the access of infertility treatment
    c. Lose economical benefits from the husband
    d. Lack of support from children
    e. 1 & 2
    f. 3 & 4
    g. All
28. How is your marriage life affected due to your infertility?
    a. Marital disruption and instability
    b. My husband`s search for another woman to have a child
    c. Facing unhappy and confused life
    d. Faced all
    e. other
29. How are you affected psychologically because of your infertility?
    a. Lack of interest in all life matters
    b. Lack of happiness whoever I am and whatever I do.
    c. Feeling of guilt, anger and loneliness
    d. Stress, sorrow, hopeless and unfulfillment
    e. Other

f. Experienced all

30. What is the impact of infertility on your sexual life?
    a. Perceive sex as duty only to produce children.
    b. Lack of sexual satisfaction.
    c. Less desire for sex.
    d. Discomfort during sexual intercourse.
    e. Other
31. How does childlessness affect your health?
    a. I become vulnerable to blood pressure due to stress.
    b. My psychological problems resulted in heart disease.
    c. Prone to sexually transmitted infections
    d. Very poor general health condition
    e. No consequence at all
    f. Other
32. What attempts have you tried to bear children?
    a. Medical treatment
    b. Traditional medicine
    c. Holy water
    d. 1 & 2
    e. 1 & 3
    f. 2 & 3
    g. Attempted all
33. How do you rate your hope of getting pregnant after your treatment?
    a. Hopeful b. In dilemma c. less hope d. I don't know

What do you say about the infertility treatment that you underwent in the hospital?

a. Well facilitated b. lack of adequate staff c. no immediate solution
e. suffer from long appointments e. other

34. Have you got any counseling service related to your infertility?
    a. Yes b. No
35. Do you think separate counseling service is important to women with infertility problem?
    a. Yes b. No
36. If your answer is 'yes', why?
    a. Being infertile has worst life experiences

b. To achieve peace of mind
c. To look for future life options
d. To cope up internal and external challenges
e. To with draw the treatment
f. Other

37. Have you heard of women who were infertile and bear children through medical treatment?

a. Yes b. No

38. If your answer is 'yes', how do you rate the probability of fertility success of infertile women?

a. Possible for many c. it is for those fortunate
b. low chance d. it mostly works for those younger e. other

39. Did you think of adopting children?

a. Yes b. No

40. If your answer is 'yes', what do you think about the benefit of adopting children?

a. To help others
b. In order to get mercy of God
c. To experience feelings of motherhood
d. Not to be alone
e. Enables me to bear children
f. Other

41. What kind of children do you want to adopt?

a. Children with no support
b. Children with a certain blood relationships
c. Children found at early ages
d. Children who are well grown up
e. Other

42. If you do not want to adopt, what are your reasons?

a. I do not feel completeness through adopting children
b. The value of adopting children is not equivalent to own children
c. Familial lineage is not achieved through adopting children
d. Other

43. What is the value of own children?

a. To achieve motherhood and stabled marriage
b. To meet societal norm and expectation
c. It is nature's urge for woman to do so
d. I like children naturally.
e. To get labor and financial support
f. Other

44. What do you think about the age in which people badly need the support of children?
a. Throughout one's life time.
b. During the parents' adult life
c. During their elder ages
d. During illness, death or after death
e. Other

45. What do you think about the impact of infertility in your future life?
a. Lack of social status throughout my life in the community
b. Lack of care and social support during illness and death
c. Unable to work and generate my own income
d. No one will inherit my property
e. Other
f. 1 & 2
g. 2 & 3

Annex -2-

In- depth Interview Guideline for Infertile Women

I. General information

- Age
- Place of residence
- Ethnicity
- Religion
- Educational level
- Occupation

II. Marital History

- Age at first marriage
- Current marital status
- If married, is it your first?
- If not, number of marriages you have been engaged?
- Duration of current marriage?
- Reasons of divorce if divorced?
- If it was your husband's interest to divorce, would you take steps to marry another to get a child?

III. Infertility history and its causes

- Means by which you knew your infertility.
- Time since you knew your infertility
- Self expectation to the incidence of infertility problem
- Mention your reasons to your expectation
- Your decision if your husband is infertile
- Reasons for choosing living with the husband with no children
- The cause for your infertility
- Have you had an abortion before
- Where did you get the service?

- The number of times you get abortion?
- Have you had post-abortion complication?

IV. Impacts of infertility

- Feeling when you heard about your infertility status for the first time.
- Societal challenges due to your infertility
- Feeling when you see children or pregnant women around you
- Your reaction to cope up internal and external challenges
- Challenges faced from your husband
- What were the words and expressions used by your husband?
- What challenges you faced from in-laws?
- Mention some of their words and expressions related to your infertility
- The impact of infertility on education and occupation
- Impact of infertility on your economy
- Challenges of childlessness in your marriage
- Psychological impacts of infertility
- Impacts of infertility on your sexual life
- Impacts of infertility on your health
- What attempts have you tried to get relief from your infertility problem?
- Do you hope of getting pregnant?
- What can you say about the infertility treatment service in the hospital?
- Have you got any counseling service related to your infertility?
- What is your attitude to the need of separate counseling service? Why?
- Have you heard about the probability of fertility success in other infertile women?
- What is your attitude towards the success of your treatment?
- Did you think of adopting children?
- What is the benefit of adopting children?
- What kind of children will you adopt?
- If you do not want to adopt, why?

- What do you think about the value of children?
- What are the times many parents` outweigh the presence of own children? Why?
- Impact of infertility for future life?

Annex 3

Interview Guideline for Community Elders

I/ General information

- Sex
- Age
- Religion
- Educational Level
- Occupation

II/ Marital History

- Current marital status
- Duration of current marriage
- Number of children

III/ Information about infertile women, infertility and its causes

- What do you know about infertility?
- Whose problem is it?
- Are there infertile women in your community?
- How do we know the presence of infertility problem in women?
- What do you think about the causes of women's infertility?
- What are the possible ways of getting treatment for their problem?
- If a woman is fertile and her husband infertile, what should be her decision? Why?

IV/ Impacts of infertility

- What do you think the feeling of infertile women when they heard about their infertility status for the first time?
- Societal challenges of infertile women
- Feeling when they see others' children or pregnant women
- Their reaction to cope up internal and external challenges
- Challenges faced from their husband

- What were the words and expressions used by their husbands with regard to the infertile wife?
- What challenges they face from in-laws?
- Mention some of their words and expressions related to their infertility
- The impact of infertility on education and occupation of infertile women
- Impact of infertility on their economy
- Challenges of childlessness in their marriage
- Psychological impacts of infertility
- Impacts of infertility on their sexual life
- Impacts of infertility on their health
- What attempts do you know to get relief from their infertility problem?
- Is there any hope of getting pregnant?
- What can you say about the infertility treatment service in the hospital?
- Is there any counseling service related to women`s infertility?
- What is your attitude to the need of separate counseling service? Why?
- Have you heard about the probability of fertility success in other infertile women?
- What is your attitude towards the success of the medical treatment?
- What is the role of adoption in infertile women`s life?
- What do you think of the benefit of adopting children for infertile women?
- What kind of children do you think good for infertile women to adopt?
- What is the reason of infertile women for not adopting children?
- What do you think about the value of children?
- What are the times many parents` outweigh the presence of own children? Why?
- Impact of infertility for infertile women`s future life?

Annex -4-

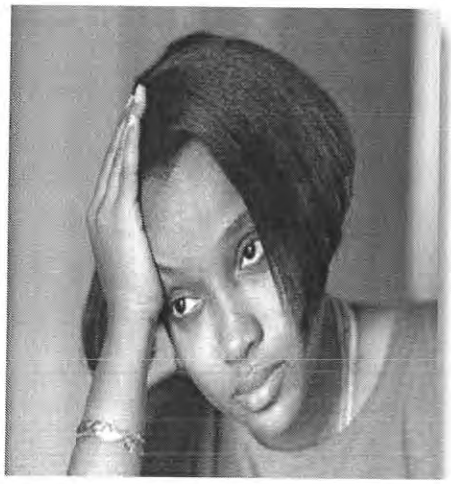
Interview Guideline for Key Informants (Gynecologists)

- Name
- Specialization

- When did you start giving service in this hospital?
- What are the services you provide in infertility care?
- Is the infertility care service well organized with proper facilities, adequate and professional staffs?
- Do you provide counseling services for infertile women?
- Do you think separate counseling service is important is important for infertile women?
- Who are most of your clients?
- Where did most of them come from?
- Why do you think this is so?
- What is the age of a woman to be in infertility status?
- What are the common causes for women's infertility in this town?
- What do you know about the challenges of infertile women in the contexts of marriage, society, economy, psychology, health, treatment and in the withdrawal of their treatment?
- Why infertile women receive long appointments?
- What can you say about the success of infertility treatment?
- Are there rewarding results?

Annex-5- Picture (childless women from http://www.pixmac.com)

Hits are like babies. To some they come every year or so and to others they never come.-W.C. Handy(1873-1958),U.S Composer

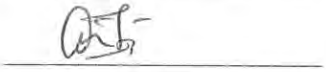


Babies do more to women than make mothers of them.-Rosa Guy- U.S Writer.

Declaration

I, the undersigned student declare that this thesis is my original work and has not been presented for a degree in any other university and all the references used for the thesis have been fully acknowledged.

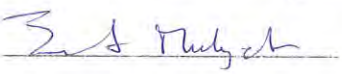
Student`s Name: TINSAE BERIHUN

Signature: 

Date of submission: JULY 9, 2009

This thesis has been submitted for examination with my approval as a University advisor.

Advisor`s Name: Emebet Mulugeta

Signature: 

Date: July 9, 2009