

Addis Ababa University
College of Education and Behavioral Studies
School of Psychology

**Psychosocial Problems of Infertility among Married Men and
Women in Addis Ababa: Implications for Marriage and
Family Counseling**

**Thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of Master of Arts in Counseling Psychology**

By: Akalewold Mekonnen

October 2017

Addis Ababa

**Psychosocial Problems of Infertility among Married Men and
Women in Addis Ababa: Implications for Marriage and
Family Counseling**

By: Akalewold Mekonnen

**Thesis Submitted in Partial Fulfillment of the Requirements for the
Degree of Master of Arts in Counseling Psychology**

Advisor: Moges Ayele (PhD)

**Addis Ababa University
College of Education and Behavioral Studies
School of Psychology**

October 2017

Addis Ababa

Addis Ababa University

College of Education and Behavioral Studies

School of Psychology

Psychosocial Problems of Infertility among Married Men and Women in
Addis Ababa: Implications for Marriage and Family Counseling

Approval of Examiners

Chairperson, School Graduate Committee

Name _____ Signature _____ Date _____

Advisor

Name _____ Signature _____ Date _____

Internal examiner

Name _____ Signature _____ Date _____

External examiner

Name _____ Signature _____ Date _____

Abstract

The purpose of this study was to investigate the psycho-social problems of infertile married men and women in Addis Ababa. A qualitative research design was employed for the study. Twenty infertile married men and women participated in the study. Three methods of data collection were employed in the main study: 1) In depth-interview 2) Focus group discussion and 3) Observation. The result suggested that there is lack of counseling service practices among the participants. They admitted that they still practice traditional ways of healing infertility and are exposed to several problems including incurring costs and practicing unwanted sex with traditional healers such as wizards to conceive a baby. In addition, because of lack of awareness from the public, infertile couples, particularly females are stigmatized and avoided from social occasions. Even though quite a number of people would like to go to health care institutions for counseling, they are discouraged by the inconvenience of the service they get from health centers. The study suggest that there is a need of public awareness about counseling among the community and the infertile people themselves that they should stop going to the bad traditional healers such as wizards who demand them to scarify a lot of things including practicing sex with the people under pressure. In addition, as discussed in the literature review, infertility has tremendous effect wellbeing of couples such as frustration, aggression feeling of powerless and experience of self-esteem. Therefore, these parts of the society must be supported so that they can also lead normal life and be productive to their country like other citizens. Childless couples also face the critique of the relatives and the community at large. To solve such kinds of problems, the media should create awareness about infertility along the providing counseling services.

Acknowledgements

I would like to thank my supervisor Moges Ayele (PhD) for the patient, guidance, encouragements and advice he has provided me throughout my time as his student. I have been extremely lucky to have a supervisor who cared so much about my work, and who responded to my questions and queries so punctually. He consistently allowed this paper to be my own work, but directed me in the right path whenever he thought I needed it.

Finally, I am grateful for the love, encouragement and tolerance of my wife, Fitsum Walelign without her sacrifice, I could not have completed this thesis.

Table of Contents

Contents	Pages
Abstract	i
Acknowledgements.....	ii
Table of Contents.....	iii
Abbreviations.....	vi
Chapter one	1
Introduction.....	1
1.1. Back ground of the study	1
1.2. Statement of the problem	5
1.3. Objective of the study	5
1.3.1. General objective.....	5
1.3.2. Specifics objectives	6
1.4. Research questions.....	6
1.5. Delimitation of the Study	6
1.6. Limitation of the Study	6
1.7. Significance of the Study	7
Chapter two.....	8
Literature review	8
2.1. The concept of infertility.....	8
2.2. Socio-economic and psycho-social consequences of infertility.....	9
2.3. The psychosocial problems of infertility among couples.....	11
2.3.1. Depression	16
2.3. 2. Anxiety	17
2.3.3. Self esteem.....	18

2.3.4. Marital and Sexual Satisfaction.....	18
2.4. Infertility Studies in Ethiopia.....	19
Chapter Three	23
Research Methods.....	23
3.1 Introduction.....	23
3.2. Design of the study	23
3.3. Study area.....	24
3.4. Participants of the Study	24
3.5. Sample size and sampling techniques	25
3.6 Methods of data collection.....	25
3.7 Procedure of data collection.....	27
3.7.1 Focus Group Discussion.....	27
3.7.2. In Depth Interview.....	28
3.7.3. Observation.....	28
3.8 Data Analysis	28
3.9 Ethical considerations	29
Chapter Four	31
Findings	31
4.1. Endogamous marriages, age and knowledge about infertility-	31
4.1.1. Endogamous Marriages and age.....	31
4.2. Perceived causes of infertility	32
4.3. Marital and sexual dis satisfaction of infertile couples.....	38
4.4. Anxiety and depression among childless couples	40
4.5. The need for male children	44
4.6. socio-economic and psycho-social consequences.....	44
4.6.1 Economic and in-law effects:	44

4.6.2. Family pressure	44
4.6.3. Social isolation	46
4.7 Strategies to deal with problems of infertility.....	47
4.8. Interaction of infertile couples with people around them	48
Chapter Five.....	50
Discussions	50
Chapter Six	57
Summary, Conclusions and Recommendations.....	57
6.1 Summary and Conclusions.....	57
6.2. Recommendations.....	58
References.....	60
Appendices.....	64

Abbreviations

ART-	Advanced Reproductive Technology
FGD-	Focus Group Discussion
FGM-	Female Genital Mutilation
IDI-	In Depth Interview
IUI -	Intra Uterine Insemination
IVF-	In vitro fertilization
STD-	Sexual Transmitted Disease
STIs-	Sexual Transmitted Infections

Chapter one

Introduction

1.1. Back ground of the study

In different developing countries infertility is a common problem in which people affected seriously. It is often believed people affected by the problem find themselves isolated from family and friends. An increase in public awareness and information is therefore crucial in order to support the people during their difficulties. Regarding this point the East Africa Women's Health Council's biomedical review provides detailed information in this regard (EWHC, 2009). More relevant to this report is the issue of how social and cultural pressures might also affect people's reproductive capacity. In the Western world, maternal age is considered the most important determinant of conception, and much attention has been given to fertility in the public arena to the increasing age of first time mothers. While women are often criticized for 'waiting too long', they often feel compelled to wait until their career is well established for fear of experiencing discrimination at work because of pregnancy or consequent caring responsibilities. Likewise, in 21th century, financial concerns for couples also play part in this delay, with couples wishing to feel secure in their employment and housing arrangements before embarking on parenthood (WHC, 2005; Soini, 2006). In every society a woman's childbearing ability is often closely linked to her status as a woman, so when a woman is infertile she may feel unfeminine. Due to the inability of childbearing, many women fear separation from their partners. Fear of losing attraction and self-worth make them even depressed (Greil, 1997).

Most of the couples when faced with the crisis of infertility go through a chain of emotional changes that can be harmful to couple and the couples may have feelings of failure, loss, disappointment, and betrayal. Infertile couples' sadness can transform into sorrow or grief especially for the loss of the child of their dreams or the imagined experiences one could share with a child (Dyer et al. 2002). While the devastating effects of infertility are felt by women and men, the evidence points to a much more negative effect on women's lives (Greil, 1997; Hardy and Makuch, 2002; Schmidt et al., 2003; Repokari et al., 2007; Peterson et al., 2009). In other words, compared with men, infertile women have lower self-esteem, and more depressed, suffer from a lower life-satisfaction, which are more likely to blame themselves for their infertility, and are more likely to regard childlessness unacceptable (Greil, 1997; Hardy and Makuch, 2002; Cosineau and Domar, 2007; Peterson et al., 2007; Slade et al., 2007). They also experience more social consequences and feel a higher level of stigma (Greil, 1997; Slade et al., 2007). Therefore, infertility has been described as a "developmental crisis for a woman, disrupting her identity, her relationships and her sense of meaning" (Bergart, 2000)

As Crick and others (1997) states the diagnosis of infertility has a tremendous negative impact on the psycho-social wellbeing of a couple, such as feelings of anger, frustration, and aggression.

When males feel powerless and experience low self-esteem, they try to reclaim it through aggressive behavior. On the other hand, for females, aggression is a transitory loss of self-control arising out of high stress, social pressure and extreme sense of guilt. There is no doubt that infertility is a stressful experience and has a high impact on

couples' psychological status. The problems of infertile couples are complicated and influenced in different factors of sexual differences and length of infertility (Ramazanzadeh, et al.2004). Infertility and its treatment create major and prolonged crisis on the couples and it is a stressful condition that creates a heavy psychological trauma for the people who pass through such terrible conditions.

Moreover, since having a baby has a socio- cultural significance, the infertile couples try hard to find a diagnosis and treatment for their causes of infertility conditions which includes physical, psychological and economic (Haynes and Miller, 2003).

The increased availability and perceived effectiveness of reproductive technologies may lead to even greater psychological and social consequences for the couple if their attempt(s) to conceive are unsuccessful (Hardy and Makuch, 2002; Haynes and Miller, 2003).

Research shows that when advanced reproductive technology(ART) are available, couples experiencing fertility problems feel compelled to try them, even if this means prolonging their distress and uncertainty in relation to their chances of procreation (Deech and Smajdor, 2007). In spite of this, most couples do not regret having tried ART and feel that having tried this option makes it easier to come to terms with their biological childlessness (Ramazanzadeh, et al. 2004). The researcher stated further that during the first three years of married life, infertility is accompanied with the symptoms such as depression, anxiety, lack of self-esteem, sexual impotency and marriage maladjustment.

Infertile couples continual visits of physicians, continual references to infertility clinics which are sometimes situated in distant cities requiring long journeys, doing costly tests,

wasting time, explaining personal life details to the physician, planning a definite sexual intercourse time table by the physician, job absence for following up the treatments are some of the problems of that the infertile couples face (Cosineau and Domar, 2007).

Most of the time frustration is caused by the inefficiency of treatment procedures and thinking of never having a child, the pressures of family and society to have a baby as soon as they could and not be able to explain the problem to everybody, and continual comparison with fertile pair. This may result in maladjustments and possibility of separation and divorce, because of not having a complete knowledge about the causes of infertility (Boivin and Schmidt, 2005; Peterson et al. 2006

But having the feeling of being a victim means not having a sufficient knowledge of the new treatment methods that leads not to accept the new methods of having a child from other person's uterus or sperm using a rented uterus. They are considered as cases to stresses and conflicting emotions and in many cases and they lead to anxiety, depression and disturbed marriage relations among couples.

Therefore, ignoring the psycho-social factors related to couples infertility and merely considering these problems as medical ones will create huge obstacles in understanding human beings considering as part of life that human beings encounter that affect a considerable number of couples in Ethiopia and can have significant psycho-social consequences. The treatment of infertility can bring an additional psychological and emotional burden which is often not sufficiently addressed in clinical settings. Even when treatment is successful, resulting in the long wished for baby, challenges remain, especially in the case of multiple births and children conceived through gamete donation. There is lack of evidence, to the knowledge of the researcher, regarding the psycho-social

consequences of infertility among couples in Ethiopia. This study, therefore, aimed at investigating the psychosocial consequences of married couples who are infertile in Addis Ababa and to discuss the implications of these to family and marriage counseling.

1.2. Statement of the problem

It is the purpose of this paper to study the psycho-social problems of infertility among married men and women at Grace counseling center in Addis Ababa.

Studies on reproductive health in developing countries are over emphasized fertility issues and family planning methods at the expense of infertility issues which are left untouched. This has inherently led to a gap that deals with the infertility literature. Assefa (2011) conducted a study on the psychological problems of women in Gondar town and the predisposing factors to infertility which were closely associated with socio-cultural beliefs and practices. The study also found that infertility has several psychological consequences. While the evidence is contradictory on infertility trends, there is a perception that the rate of infertility is on the increase because of social reasons, e.g. a desire to delay parenthood to pursue career and financial security. The Researcher believed that social expectations also play a role in the desire to procreate, and where child bearing is a social and cultural imperative in Ethiopian's strong culture.

1.3. Objective of the study

1.3.1. General objective

The major objective of the study is to investigate the psycho-social problems of infertility among married men and women at Grace counseling center in Addis Ababa.

1.3.2. Specifics objectives

1. To investigate the causes of infertility as perceived by the infertile men and women themselves
2. To explore the socio-economic consequences of infertile couples.
3. The psychological consequences of infertility among married couples.
4. Infertile men and women cope up their psychosocial problems.
5. To investigate the psycho-social consequences of infertile couples.

1.4. Research questions

1. What are the causes of infertility as perceived by the infertile men and women themselves?
2. What are the socio-economic consequences of infertility among married couples?
3. What are the psychological consequences of infertility among married couples?
4. How do infertile men and women cope up their psychosocial problems?
5. How do the psycho-social consequences affect the infertile couples?

1.5. Delimitation of the Study

To achieve the objective of the study and make it manageable, in terms of coverage, the scope of the study is delimited to Grace counseling center in Addis Ababa. The Researcher selected couples who came to the center to get counseling services.

1.6. Limitation of the Study

In all research there are unavoidable problems. Likewise, this research paper had encountered certain problems. In addition to time constraint, the sample of the study was

very small. Because of this, it is very hard to make generalization about the problem of infertility in Addis Ababa.

1.7. Significance of the Study

The study is supposed to have two fold implications. Empirically, findings of the study are hoped to fill the gap addressing the psycho-social problems of infertility among married men and women and thereby add values to current knowledge and experience. Particularly, the findings would have paramount contribution for counselor so that they can make use of it to enact a new approach and amend the existing strategy to provide strong psychological support for the psycho-social wellbeing of infertile couples. The study also would help anyone who intends to take part in awareness creation and related social work in the area; to understand how the problem of childlessness is deep rooted in the communities and the roles of the different groups in the community (childless individuals, religious leaders, community members, and health workers) in prevention the problem.

On the other side, the findings of the study shall also help the government, NGOs and private organizations as well as associations working in the area of infertile couples to take action.

Finally, it is hoped that the findings of this study will provide some important direction for conducting further research in the area for those who are involved in family counseling, social work and those who deliver intervention services.

Chapter two

Literature review

2.1. The concept of infertility

The psychological aspects of infertility refer to the study of psychological changes that may occur in a couple after being diagnosed with infertility. Infertility is generally defined as the inability to conceive having baby after a year or more of regular intercourse without contraceptives, or the inability to carry a pregnancy to live birth (Burns, 1999; Jones & Hunter, 1996).

There are different causes and risk factors for male and female infertility. According to Eisenberg and colleagues (2009), infertility for men is most often caused by low or no sperm count and blockage of the tubes that transport sperm. Infertility in women, on the other hand, is caused by a range of other factors such as problem with ovulation, blockage of fallopian tubes and physical damage to the uterus (ibid). Advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility (ibid).

However, a considerable number of people have limited level of knowledge about the medical causes of infertility. The problem is thus usually perceived as caused by other factors than medical ones. Some associate infertility with supernatural powers and others associate it with diseases or with the absence of reproductive organs.

Infertility is rarely acknowledged as a serious public health problem in the so called over populated non-Western world (Inhorn, 2003). This author further says in the world, infertility is even sometimes considered as a solution to overpopulation,

particularly by some Western observers. In recent years, however, there has been a growing interest in studying the problem of infertility also in the majority world. This in turn enables, to a certain extent, to create a better recognition of infertility as a reproductive health problem among policy makers (Dyer, 2008). There are some recent infertility studies from sub-Saharan Africa. Most of these studies are quantitative in nature and are based on big surveys.

According to the studies, the perceived causes of infertility in many parts of Africa are mainly nonmedical and are commonly associated with supernatural or evil powers, and the treatment often involves traditional healers and spiritualists (Deribe *et al.*, 2007; Gerrits, 1997; Pearce, 1999; Runganga *et al.*, 2001). Women's experience of infertility are documented to be multi-dimensional and includes stigmatization, ostracism and neglect, marital instability, abuse, loss of social status and security (Hollos and Larsen, 2008; Hollos *et al.*, 2009; Kimani and Olenja, 2001; Orji *et al.*, 2002; Samuel , 2006).

2.2. Socio-economic and psycho-social consequences of infertility

In the African culture, the true meaning of marriage is only fulfilled if the couple conceives and bears children. Africans consider their child to be a source of power and pride, and children act as insurance for their parents in old age. According to Ethiopian tradition, children are expected to help their parents at old age. Unfortunately, when someone remain childless, he/she will not get any support from anybody. As a result, infertile people will be dependent on someone else. One can even ask and justify this simply by looking at beggars in Addis Ababa Street. The most important aspect of bearing children is an assurance of family continuity. Anthropological and sociological

studies bear testimony to the considerable suffering associated with involuntary childlessness due to negative psychosocial consequences such as marital instability, abuse and stigmatization. A study among women seeking infertility treatment in Southern Ghana revealed that infertile women used their internal treatment by keeping their fertility problem to themselves as a result of the stigma associated with it whilst others coped by drawing on their Christian faith (Donkor and Sandall, 2009).

The way individual informants come to realize their infertility could be related to their age at first marriage, the strong social pressure to bear a child, and interpretation of religious teachings (Dagne, 1994).

In the communities, fertility has central value. It is, therefore, the concern of not only the childless individuals but also the community in general. Thus they expect the maximum possible effort to solve the problem. There is interplay between cultural beliefs, medical understanding, and religious views about the causes and treatments of infertility.

In relation to the cases of key informants, their state of childlessness is used by their neighbors to silence them during disagreements and conflicts. For instance, in the Holy Bible, we read the story of two women who shared one husband. His name is Elkanah. The name of the first woman is Hannah and the other Peninnah. Peninnah had children but Hannah had no children. And Hannah's adversary also provoked her sore, for to make her fret, because the LORD had shut up her womb. (1Samuel1:4, 7). Even during that ancient time, being childless was not easily welcomed by people. People usually associate infertility with "committing sin against God". Unfortunately that belief has had its own impact even at our modern time. Although, infertile couples brought up

extended family members or foster children at home, they are yet accused of 'eating alone'. As we have seen in the previous section, a childless woman is also accused of 'eating alone. However, the result of eating alone is perceived differently for women and men. A woman's eating alone is associated with her physical appearances (being plump or fat) whereas for men it is associated with their behavior (becoming aggressive). In addition to being aggressive, childless men are also perceived as losers. There is one commonly known anecdote that underscores this point. Childless men as well as focus group participants recounted as story (Asefa, 2011). It shows that the superiority of fathers over childless men are perceived as advantageous and more powerful because they have children who are concerned about them and who provide help at any time in contrast to vulnerable or helpless childless men. Due to intentional stigmatization from others, childless women experienced feelings of grief, sorrow and unworthiness. While this is related to the individual body in the three bodies' approach of Scheper-Hughes and Lock (1987), the social body is reflected in the symbolization of childless women and men. The childless men are symbolized as aggressive while childless women are perceived as having an untiring body.

2.3. The psychosocial problems of infertility among couples

Being a parent is a normative assumption of adult life in any society. Most couples who experience infertility are likely to face a major crisis (Burns, 1999). From the beginning of time, the command "Be fruitful and multiply" remains a permanent truth for most societies (Lee & Kuo, 2000). In every society a woman's childbearing ability is often closely linked to her status as a woman, so that when a woman is infertile she may feel unfeminine. Due to the inability of childbearing, many women fear separation from

their partners. Fear of losing attraction and self-worth make them even depressed (Greil, 1997).

Most of the couples when faced with the crisis of infertility they go through a chain of emotional changes that can be harmful to the couple (Crick, Casas, & Mosher, 1997). Depression is a common reaction to this problem. It is the response to the excessive losses and prolonged stress created by the infertility process. Infertile couples may have feelings of failure, loss, disappointment, and betrayal. Infertile couples' sadness can transform into sorrow or grief especially for the loss of the child of their dreams or the imagined experiences one could share with a child (Ardenti et al., 1999).

Anxiety is another common response associated with infertility (Crick et al., 1997). Women especially feel anxiety and stress each month when trying to conceive. Every month upon the beginning of a new menstrual cycle, a woman is reminded of yet another failure (Haynes & Miller, 2003). Moreover, when the couple remains infertile for a long time and goes through infertility treatments, this may evoke anxiety about the outcome of the treatment. The couple may also become socially isolated (Unisa, 1999).

As the diagnosis of infertility has a tremendous negative impact on the wellbeing of a couple, feelings of anger, frustration, and aggression often accompanied it (Crick et al., 1997). Hormonal changes during treatment may also affect the emotions of infertile men and women. Aggression increases when the success is not there at the end of every month starting the menstrual period (Boivin, 2003). By the same token, Rohrlack (1998) pointed out gender differences in aggression level in infertility. When males feel powerless and experience low self-esteem they try to reclaim it through aggressive behavior. On the other hand, for females, aggression is a transitory loss of self-control

arising out of high stress, social pressure and extreme sense of guilt (Greil, 1997). In addition, it decreases their self-image with a diminished sense of femininity and masculinity (Abbey, Andrews, & Halman, 1992). These feelings can disturb the self-esteem and self-image of the partners. Furthermore, couples may find it difficult to share their feelings with relatives and between them. This may lead to loneliness and distress (Shapiro, Palmer, & Capute, 2003). Childless couples also face the critique of others, and this further decreases self-esteem and self-image. As a consequence having the sense of being valued and feeling competent and joyful in a life without a child is a hard task (Eugster and Vingerhoets, 1999).

Interpersonal relationship in marriage may also get impaired because of infertility (Verhaak, and Vaillant2001). Feeling a psychological distance or withdrawal from one's partner is often observed in infertile couples (Sillars, Leonard, Roberts, & Dun, 2002). More than that, infertile couples may also experience a lack of sexual satisfaction such as arousal and orgasm. This could result in avoidance of sex altogether or having sex for the sole purpose of reproduction (Boivin, 2003). Sex may become mechanical and unemotional as the couple tries to conceive (Donnelly, 1993).

Men and women face a terrible shock when the cause of male or female factor infertility is identified. Especially women may develop feelings of hopelessness, anger, shame, and guilt in facing their partners as well as their parents and relatives (Guerra et al., 1998). But in case of unknown cause of infertility frustration in both partners may occur, and this may increase if the two partners have a different attitude towards treatment; the latter may damage the relationship (Daniluk, 1996).

Mercer Health and Benefits (2006) reported that about 20% of all employers currently provide coverage for assisted reproductive therapy for the treatment of infertility. More recently, 15 states in the United States have passed laws requiring that insurance companies provide coverage for at least some level of treatment for infertility (Mercer, 2006). Stepping into the infertility sub-culture, it is not uncommon to find individuals who have changed jobs or moved to a different state in order to receive financial relief for infertility treatment.

Psychologically infertility abounds to the medical procedures endured the initial experience of an infertility diagnosis which can create stress within an individual, couple, or family system .but while an infertility diagnosis is a biological concern, it has heavy emotional consequences and can quickly overcome an individual or couple. Infertility diagnosis suggests that stress, depression, anxiety, and other negative psychological feelings can result in poorer outcomes for individuals undergoing infertility treatment (Finamore, et al., 2007; Katz, 2008)

A cycle of treatment for a woman frequently consists of medications that stop a woman's natural menstrual cycle and replaces it with synthetic and natural hormones to hyper stimulate the ovaries for egg production. This wide shift in hormonal functioning is frequently described by patients as feeling as though they are on an emotional rollercoaster, experiencing high emotions of hope followed by deep plunges of despair (Gibson & Myers, 2000): at the beginning of each treatment cycle, there is great hope and anticipation of fertility success; in the middle of the cycle, near ovulation, hormonal changes impact emotional regulation and anxiety related to procedures as well as timed

intercourse increases experiences of stress; the onset of a menstrual cycle is frequently associated with depression and failure (Gibson & Myers, 2000)

The American Pregnancy Association (2014) describes intrauterine insemination (IUI) as a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilization. The goal of IUI is to increase the number of sperm that reach the fallopian tubes and subsequently increase the chance of fertilization. Often, before the IUI procedure, women take hormone therapies to stimulate ovulation, and may even take an injection of human chorionic gonadotropin to ensure that ovulation takes place. Then, a partner provides a semen sample, or donor sperm is obtained. The doctor carefully times the insemination with a woman's ovulation. Again, this procedure allows the control, and increased likelihood that ovulation takes place. Moreover, the procedure bypasses the cervix by placing the sperm inside the uterus.

Another form of ART, in vitro fertilization (IVF), is a method of assisted reproduction that involves the overstimulation of the ovaries through hormone therapies to produce multiple eggs. This overstimulation alone can result in significant side effects, ranging from mood swings and hot flashes to hyper stimulation, which can be deadly if left untreated.

The financial requirements of infertility have made it accessible to only those who have access to treatment; particularly financially. Often times, leaving others without access to gaining treatment if the financial means are not available.

To sum up, infertility has many implications for the psychological state of infertile couples. To measure the psycho-social consequences of infertility on couples,

the following six Beck et al., (1988) elaborative determinant of psycho-social wellbeing as follows:

2.3.1. Depression

According to the National Institute of Mental Health (2010), depression is a common but serious illness which is not one time sad feeling .It can disappear with a very short period of time. It is a mood which gets in a way of daily life by bringing pain not only to the person who is depressed but also to the people who is around him/her.

As Mood Disorders Society of Canada studied (2010), depression is a disorder common among 10- 25% of women and 10-15% of men in Canada. One from twenty of Canadians or about 1.5 million people get Depression. This makes Canada to be a rising country in the diagnosis of the problem.

As it is explained by Munger and Morse (1992), for infertile couples, depression might be taken as a way of expressing grief by thinking about the separation of their parents which can definitely bring uncomfortable and unsure life. This forces the children to feel powerless and irritated which leads them to psychological damages that are hard to fix easily.

According to the National Institute of Mental Health (2008) depression has its own symptoms such as feeling of hopeless and pessimistic, feeling guilty, worthless or helpless, feeling irritable or frustrated, even over minor issues, loss of interest in activities or hobbies you once enjoyed, feeling tired or low on energy, difficulty concentrating, remembering details, or making decisions, difficulty falling asleep, early-morning wakefulness, or oversleeping, Overeating or loss of appetite, thoughts of suicide, or even

attempting suicide ,aches and pains, headaches, cramps or digestive problems that don't go away, even with treatment.

Infertile couples who get depressed seen as a normal sickness but if it is left untreated it might be very dangerous because most of the infertile couples who have depression problem in their childhood are commonly expected to exhibit the illness while they are adults because of has long term connection to their life (Mufson, Weismann, Moreau, Garfunkel, 1999)

To conclude this issue, infertile couples have recurring depression which is the treatment usually speeds the process of reducing symptoms, reduces recurrence, and diminishes the time the child may be at risk for suicide or other consequences of the depressive episodes (such as social failure, loss of life mates, or family conflict). Variations in the course and presentation of depressive episodes can make diagnosing depression a challenge.

2.3. 2. Anxiety

According to Barlow (2002) anxiety is a future oriented mood state associated with preparation for possible, upcoming negative events. Everyone including infertile people can experience anxiety like when going to meet new people or job interview but it became a worry when it is more regular and when it happens in the circumstances that should not be a concern. It affects how an individual think by creating irrational and unrealistic thoughts that could lead to be more anxious, how individual do this involves the avoidance of things which always make stuffs get even worse and body reactions are affected . Experiences make feel people to be anxious because it will cause a lot of stress

specially children are very vulnerable before and after the divorce of their parent (Baty, 2005). As Lang (1968) indicates anxiety has three main indications: these are worry, avoidance and muscle tension.

2.3. 3. Self esteem

According to Oxford dictionary (2000), self-esteem is defined as a confidence in ones worth or abilities. Self-esteem is the significance we have for ourselves; our value for the world and to other around us. The trust we have to others, relationship and our work can be influenced by self-esteem. Potency that can be produced from the mistakes we make without fear of rejection helped us to develop positive self-esteem that can be characterized by optimism, ability to solve problems, an ability to trust others on the other hand low self-esteem is a circumstance that devastate the potential of realizing having the ability to do certain thing. Infertile couples with low self-esteem can show these symptoms that have negative feeling about life, such as feelings of being unloved and being able to love, fear of being ridiculed, and the like.

2.3.4. Marital and Sexual Satisfaction

One of the factors affecting the incidence of divorce and relationship problems between couples is the behavior associated with their sexual performance. As an important and integral part of every human's life, sexuality is considered to be one of the most significant factors affecting women's health. It is also a major indicator of life satisfaction affecting couples' level of mental health (Movahedi and Azizi, 2011). In addition, regarding the view that infertile couples express lower marital and sexual satisfaction than fertile couples, is consistent with the findings of a study conducted by

Sillars et al. (2002) who found that infertile persons reported less contentment, lower levels of marital and sexual satisfaction, and lower self-esteem over time. The majority of infertile couples reported conflict, low sexual satisfaction, communication problems, and disagreements over medical treatment, as well as lack of empathy. Sexual satisfaction refers to a person's pleasant feeling out of that type of sexual relationship which forms a vital part of couples' impression of each other which in turn maintains their marriage. Studies in the area indicate that Masters, Johnson, and Kaplan were among the first to deal with the systematic study of human sexual behavior. They consider four sexual attributions as (desire) arousal, plateau, orgasm, and resolution. Later Rosen refers to six female sexual functions as desire, arousal, lubrication (wetness), orgasm, satisfaction, and pain (Rozen, 2000). In comparison to other aspects of couples' lives, the impact of marital interaction on the breakdown of marriages has been the topic of few researches; a fact to denote the question for the researchers that if frequent, satisfactory, and pleasant marital sexual intercourse can help save a marriage or not (Dzara, 2010).

Marriage is one of the most important sources of social support for the identity of an individual as an adult, although some of the factors which affect its success or failure have not been recognized so far. Higher level of sexual satisfaction results in higher marital satisfaction, which in turn decreases marital instability and divorce.

2.4. Infertility Studies in Ethiopia

There are very a few studies of infertility in Ethiopia while compared to other studies in other African countries. The pioneer study in Ethiopia in this regard is that of Mamo and Morgan (1986) on *Childlessness in rural Ethiopia*. This study was not based

on primary data; rather the data were taken from the 1981 Rural Demographic Survey of Ethiopia that includes 12 provinces of Ethiopia (excluding Tigray and Eritrea regions). However, the study found out that high fertility differentials across provinces are largely the result of the prevalence of infertility in those areas. According to their findings, infertility was the highest among the Christian Amhara due to the prevailing divorce and remarriage practices which exposed people to STDs. Another study was conducted by Tilson and Larsen (2000) on *Divorce in Ethiopia: The impact of early marriage and childlessness*. This study was also based on secondary data (from the 1990 National Family and Fertility Survey of Ethiopia) but was not aimed directly on the problem of infertility. The findings showed early marriage and childlessness to be the main factors that lead to divorce in Ethiopia. According to this study, most of the women who didn't have a child within their first marriage (with an average waiting time of 2.8 years for first birth) ended up with divorce.

There are also a couple of recent MA Theses from the Institute of Gender Studies of Addis Ababa University dealing with infertility related issues. For instance a study by Mekdes Assefa (2008) is examining infertility among women in Addis Ababa. These women attended at the clinic of Family *Guidance Association of Ethiopia* and was found out that illicit abortion, untreated sexually transmitted diseases, lack of information negative consequences of contraceptives, and female genital mutilation are major causes of infertility.

Another hospital based study was conducted by Tinsae (2009) on infertile women's lived experience that revealed infertile women are found to be at risk of getting

sexually transmitted infection and HIV/AIDS due to the practice of extra marital relationships, divorce and remarriage.

According to this study the reasons women need to bear children include, among others, to gain labor aid, financial support, and old age care and support, to carry on ones family's name, and to meet social expectations.

In short as discussed earlier infertility is generally defined as the inability to conceive having baby after a year or more of regular intercourse without contraceptives, or the inability to carry a pregnancy to live birth (Burns, 1999; Jones & Hunter, 1996).

The causes for male and female infertility are different. According to Eisenberg and colleagues (2009), infertility for men is most often caused by low or no sperm count and blockage of the tubes that transport sperm. Infertility in women, on the other hand, is caused by a range of other factors such as problem with ovulation, blockage of fallopian tubes and physical damage to the uterus. Advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility. Infertility has many consequences .For instance it affects the interpersonal relationship in marriage (Verhaak, and Vaillant, 2001).

A further point is depression has its own symptoms such as feeling of hopeless and pessimistic, feeling guilty, worthless or helpless, feeling irritable or frustrated, even over minor issues, loss of interest in activities or hobbies once enjoyed, feeling of being tired or low on energy, difficulty concentrating, remembering details, or making decisions, difficulty falling asleep, early-morning. wakefulness, or oversleeping,

Overeating or loss of appetite, thoughts of suicide, or even attempting suicide ,aches and pains, headaches, cramps or digestive problems that don't go away, even with treatment.

Regarding problems of infertility in Ethiopia as shown in this chapter a quantitative study was conducted by Deribe *et al.* (2007) in *Illubabor zone*, south western part of Ethiopia (Oromia Region) about the way people perceive and experience infertility. The study included 225 infertile individuals (167 women and 58 men). The study revealed that there was lack of medical knowledge about the causes and treatments of infertility in the community. Out of 225 infertile people 53% of the respondents reported God's wrath as the cause of infertility, 41.8% replied that infertility will be cured using modern medicine.

To sum up, a childless woman experiences all sorts of social discriminations coming from both close and distant relatives including friends and neighbors.

Chapter Three

Research Methods

3.1 Introduction

This chapter describes the research methods used to investigate the psycho-social problems of infertility among married men and women in Addis Ababa. In this study, a qualitative research approach was used.

The Chapter attempts to discuss the school of thought about knowledge and philosophical stance (paradigm) of the research, pragmatism of the study as a background of the research method. It also discusses the research design, the research samples, and the research instruments, and the process of data collection.

3.2. Design of the study

Because the research tools are IDI, FGD and Observation, the study is qualitative. No statistical measurement tools are employed to examine the psych-social consequences of infertility among married men and women.

The very reason why the study avoided using quantitative study is to allow the participants of the study to freely discuss their experience with the researcher through FGD, and IDI. The researcher also has a room to make observation whereby, they share their true experiences by closely watching, hand shaking and having an eye-contact which can never be carried out with quantitative research. That is to say a format which limits the ability of the participants to reply and prevents the exploration of unexpected topics (Croswell, 2004). More specifically, this qualitative study aims to reveal the

experiences and understanding of Grace family counseling center out coming infertile women and men seeking treatment from various social consequences of the infertility. According to Fox and Bayat (2007) qualitative research scientifically explain events, people and matters associated with them and does not depend on numerical data.

3.3. Study area

As mentioned earlier, the study area is Grace counseling services in Addis Ababa. The participants were purposely selected through purposive sampling technique. The participants are infertile married men and women.

The reason behind selecting Grace counseling services is that the Center is one of the organizations that offer counseling service for people who are infertile. Couples are offered the service before and after marriage. In addition, infertility couples case always present and can be easily found in Grace counseling services. The second reason for choosing the research area is that researcher is familiar with the area which enables him to gather relevant data easily from participants.

3.4. Participants of the Study

According to the Grace Counseling Centre's report, 25-50 customers come to the Center per month for counseling service to get solution to their problems. Out of this number, 20 clients have purposively selected; 10 clients for IDI and 10 FGD.

The participants are between the ages of 23-56 years. Following this, participants classified based on their sex and after that, purposive sampling technique are applied to secure participants for the study. It was done by using couples list from Grace counseling services.

3.5. Sample size and sampling techniques

An informal discussion was made initially with infertile married couples to identify the psycho-social problems they encounter for being infertile amongst the community. After interviewing such couples, same techniques were employed to analyze other couples' experience in the community. The sample selection was purposive. The participants were chosen purposely to study the specific problems of infertility.

Hence, ten (10) infertile clients were interviewed. The age for the males partners ranged between 35–56 years as against a female age range of 23-40 years. The couples were married between 3–12years They were selected from different communities where childless couples lived.

3.6 Methods of data collection

IN Depth Interviews, Focus Group Discussions (FGD) and observation was the data collection methods used in the study. Two (2) trained data collectors (Research Assistants) were used in the study. The numbers of FGD participants were 10 divided into two groups. The duration of the discussion was 45 minutes. Those research assistants were put in groups of two, a male and a female.

Although it is unlikely to support the approach of the interview guide with theoretical and empirical justification, the data were collected using same sex category: male interviewers were assigned for male respondents; female interviewers were assigned for female respondents. This certainly gave room for the respondents to reveal their experience without any reservations. In a society where transparency is something which cannot be exercised easily using especial method like categorizing respondents and

interviewers with same sex group is a good solution. In line with this feminist theorists argue that the positionality of the researcher: gender, class, and race affect all aspects of the research process, from the conceptions of the research question to the analytical approach as one's own psychosocial location influences the full scale of research choices (Warren and Karner, 2005).

In-depth interviews are social interactions and hence race, class, and gender inequalities are inherent in these interactions and can therefore affect the results. Hence, interviewer/interviewee homogeneity was adopted to overcome this challenge. Concerning couples with infertility (childless), the researcher who supervised the data collection carried out the interviews for both groups. This was done because it was anticipated that some respondents might be disturbed break down emotionally in an attempt to narrate unpleasant past experiences. The interviews were conducted in Amharic language and the respondent was comfortable with the language and the duration of the interviews was between 30–45 minutes. The IDI were taken in note form and codes were written on the male and female interview and each recording was started by first mentioning the code on the interview guide to ensure data collection could be analysed as belonging to a couple for comparison to be made. The codes were also differentiated between the male and female partners that constituted the couple's information. Field notes were written immediately after each interview. The field notes covered the initial reactions to the interview, including the first analytical reflections from the interview content, and any useful observations that would not be captured by digital recording. This covered the demeanor of the respondents, his or her body language and mood, and any informal conversation that took place before or after the interview.

3.7 Procedure of data collection

The researcher had got the necessary consent from the research site, Grace Counseling Service.

However, the permission was obtained to conduct the research on condition that it would not affect their psycho-social interaction. At the inception of data collection, the consent of participant's was asked. The participants was informed on the objectives of the study and then given the instructions on infertility and childbearing. In-depth interviews (IDI), Focus Group Discussions (FGD) and Observation were the main data collection methods used in the study.

3.7.1 Focus Group Discussion

Two Focus Group Discussions (FGDs) were organized which comprises 5 in each group. In one of the FGDs, where men without children are arranged very few male infertile, refused to take part in FGD. Their refusal to take part in the FGD was that infertility is perceived negatively and it is also associated only with females. Even though, some infertile male know this reality, they do not want to be labeled as infertile by the community.

The participants were drawn from the communities. The FGDs lasted for between 30-45 minutes and were conducted in the evenings as participants preferred to do that after the work.

All Focus Group Discussions were conducted in local language, Amharic. However, some participants used some English words to fully express their views. In such occasions, the English words/phrases were translated immediately to local

language for participants who did not understand English. This was done to ensure that such contributions conformed to the normal practice in the community. All participants were allowed to give their views on any subject raised before proceeding to another theme.

3.7.2. In Depth Interview

The participants of the study were given an In Depth Interview to two consecutive sessions voluntarily. The participants have their own appointment with counselors at the research sight. Therefore, it does not cost them much in terms of money for coming to the interview.

3.7.3. Observation

While observing each clients , the researcher recorded the types of interaction, specific oral communication, or other actions from a client or several clients for weeks. Observation checklists were prepared for this purpose and for a period of weeks were consecutively observed in each session. For each session, frequency checklists were completed by the researcher.

3.8 Data Analysis

The taped interviews were transcribed in word-perfect and the data were analyzed by using thematic analysis. An attempt was first made to extract broad themes from the transcripts and then progressed to identifying coded themes. In establishing themes, considerations were given to statements of meaning that were presented in most of the relevant data. In an attempt to ensure, the credibility of the findings independent coders were used to verify or corroborate the themes extracted from the data. This allowed the

researchers to progressively focus on the interviews and observations, and to decide how to test the emerging conclusions. Individual and comparative analysis of the response of couples was carried out. The transcripts were analyzed and a code book was developed based on the major themes of the study. The researcher based on the code book developed and verified independently coded texts from the transcriptions. The emerging themes and sub-themes were identified and written out in the results. Quotes from respondents were used to support the emerging patterns of concepts from the data.

3.9 Ethical considerations

In line with the approved procedure of obtaining letter of support from School of Psychology, consent was obtained from participants. Then the necessary orientation was provided including explaining that the confidentiality of information they give to the researcher. To those who gave consent, a cover sheet containing the demographic information except the names and locations that were coded and kept separately was used to document those who gave consent.

After insuring the confidentiality of the information they provide to the researcher codes were used on the form instead of their names. The specific locations of the participants were also not reported as this could lead to easy identification of the infertile couples that took part in the study. In addition, only codes were written on interview transcripts.

Besides, confidentiality in audio recording is a significant ethical issue hence approval complying with Johnson and Christensen's (2000) characteristics of an ethical study was obtained and involved the:

- Informed consent of the research participants;
- Freedom of research participants to withdraw from the study at any time;
- Protection of research participants from physical and mental discomfort, harm or danger that may arise from the research procedures; and
- Protection of the confidentiality of the research participants and their data.

Chapter Four

Findings

The major themes emerged from the data are: the impact of endogamous marriage, perceived causes of infertility, marital sexual dissatisfaction of infertile couples, socio economic and psychosocial consequences ,strategies to deal with the problems and finally interaction of infertile couples with people around them. These major themes were the results of the data gathered from the participants and they are presented as follow:

4.1. Endogamous marriages, age and knowledge about infertility-

4.1.1. Endogamous Marriages and age

Some believe that if an educated woman did not have a child, she would remain free and can enjoy that she has nothing to do. This deficiency could only be felt by the community. An educated woman would engage herself in work or she can do the job she would spend a little time at home doing so she would never feel the absence of the child. A few of them said that whether she was educated or not she had an innate feeling of being a mother and being childless will equally affect her like it can affect uneducated women.

Further those people still said that the educated woman could control herself, but illiterate could not because we can see behavioral, psychological and many other changes in her day to day life.

Other respondents said that the women who got married at the age of 40 had a viable possibility that they could not conceive.

Age also plays its role in the sterility. We also observe women coming up extended to begin their family unit, do not understand the deep effects that age can contain on their ability to have children (respondent, 9)

Many of them also said that people in the village mostly arranged marriage outside their clan which also a cause of infertility or abnormal kids. People did marry of their off springs within clan because they thought their relatives would take better care of their children and also to avoid property redistribution. A few of them who were elder in age disagree with the concept of marriage outside their clan

4.2. Perceived causes of infertility

According to respondents, infertility was caused by both biological and other factors such as abortion and late marriage among others. The biological causes were more pronounced among the urban and educated residents whereas the rural communities attributed infertility principally to social factors. The highest biological factor that has been blamed for infertility among females was previous use of contraceptives. This was also directly attributed to past promiscuous lifestyle of the woman as the contraceptive were used to prevent unwanted pregnancies.

In connection with this let us see what a 40 year old woman in FGD said about the lack of awareness about infertility:

Women who were prostitutes during their youthful ages, used contraceptives to prevent pregnancy...they are the people who by all means become infertile in future and worry their partners. I know of a friend who used those family planning methods when we were growing up and is now hopping from hospital to hospital looking for a child- (A 40-year woman in FGD).

The general belief about contraceptives as a cause of infertility was unanimous for both male and female participants and the couples strongly believed the use of contraceptive could result in being infertile. Some infertile women strongly believed that they were currently having difficulty in becoming pregnant because they had used contraceptives in the past to prevent unwanted pregnancies since abortion was illegal in the country. Males in FGD shared other women's beliefs and said that contraceptives were a major enemy in the community because its (contraceptives) use encourages immoral lifestyles for the youth and give trouble to their male partners in future.

To validate this view let us see what the FGD participants said:

My wife made a mistake and took those drugs (contraceptive), this almost resulted in a divorce but I have since warned her never to take those drugs again (A 45-year old man in FGD).

Sexually transmitted infections (STIs), blocked fallopian tubes and uterine fibroid were also mentioned as female factors that can cause infertility. Knowledge on the relationship between STIs and blocked tubes was high as it was solidly agreed in FGD and cited in in-depth interviews. Participant mentioned gonorrhoea, syphilis and Chlamydia infections as common causes of infertility in the community.

My wife was old that her tubes were blocked and that was why we could not get a child, when I heard this I immediately suspected she has had gonorrhoea before (A 42-years respondent)

Abortions in all forms (safe and unsafe) are also believed to cause infertility but most of the problem happen when it is conducted by those unqualified individuals. To community members, all women are born with a fixed number of children to conceive and when these children are aborted, and the consequential effect is infertility. However, males are believed not have such fixed number of children and are therefore

capable of producing uncountable number of children. Safe abortion in this context refers to an abortion that has been carried out by a qualified person using appropriate equipment and in a place designed for such procedures. Unsafe abortion, which they believe, which is performed by unprofessionals in the community and the use of herbs.

Some women throw all the children they were supposed to give birth into the gutters through abortions- (An FGD female participant).

There is misconception of the community concerning Female Genital Mutilation (FGM) and infertility. As FGM was mentioned as capable of causing female infertility, an “extra-germination” of the clitoris was also believed to cause infertility. As to which size of the clitoris was considered normal, there was no consensus but it was generally believed that the gods give direction when consulted by the healers. Therefore, the gods will often determine the “extragermination” in which case it has to be practiced by the traditional healer after which herbs are applied.

Extra-germination of the clitoris can cause infertility and in such case you cut off that extra germination’’

....My wife bled highly when a part of her clitoris was cut by a traditional medical practitioner as treatment for infertility- (A 45 year childless man in the IDI participant).

Contrary to the female factors that were repeatedly mentioned the interview guide and FGDs, male factors were also mentioned when prompted by the researcher. Males especially attributed infertility to lifestyles such as intake of excessive alcohol and smoking, though taking of alcohol was perceived to be a normal norm but smoking was generally believed to be Western culture.

Too much intake of alcohol and smoking can cause infertility....It leads to weak penis and impotence- (An FGD male participant).

There were various views on which alcoholic beverages and what amounts alcohol could be described as too much. As some participants stated that all alcoholic drinks could cause infertility when not taken more than its limit. Other still believe that bottled/modern drinks were more accountable whilst the local alcoholic was even considered to increase both sperm production and potency and could be used to treat infertility.

'Pito' can increase sperm production and that is why it is sometime srequired that you add 'pito' to the herbs in the management of infertility' (A 50 years man participant in FGD).

Another view of the participants was that bottled alcoholic drinks that are believed to enhance sex and increase appetite could cause infertility. Government should ban the production and advertisement of all such alcoholic drinks as they have become so common and easily accessible even by the youth. The following discussion made in FGD confirms this view.

This bottled drinks that can increase erection can cause low sperm production and cause infertility. Any man who relies on drinks to perform sex will not be able to impregnate his wife or give birth to weak children (A 54-year old man in FGD).

You see, our ancestors did not have a problem with child bearing, because they took things that were traditional? Organic foods but what do we see today, is different. varieties of foreign foods in our markets that we are forced to eat. These are responsible for some of the funny conditions we are seeing today (A 40-year man in FGD).

Female participants, however, mentioned watery sperm and inability of a male to sustain an erection as common causes of male infertility.

Some males produce watery sperms and their penis is usually not strong enough during sex to impregnate a woman that is why we describe such people as having a dead penis- (Female infertile FGD participant).

The belief in supernatural (social) causes of infertility was wide spread and consistent. The belief that some women are witches, and that either curses can be placed on them or their associates was consistent. Such women are believed to live for longer years because they are capable of exchanging their death with the death of children in the community. According to the participants such old women are not allowed to come close to children, as they are believed to be capable of attacking them. Children run away upon seeing such old women in the communities and some of them are beaten mercilessly sometimes when she has been seen in public gatherings.

Though participants also agreed that some men could bewizards and curses invoked on them, the penalties for such infractions with the gods appear not to include infertility for men. However, there was consensus on wizards attacking children but it was a common phenomenon with females.

Men who are wizards at old age use their witchcraft to protect their family-(An FGD female participant).

One of the main and common social causes was described as a pledge made to the gods by people to sacrifice their manhood or womanhood for wealth. This pledge can only be reversed by undergoing some rituals.

However, the fear of losing one's properties and becoming impoverished discourages people from reversing such a pledge. To be able to maintain the wealth and bear children, the individual has to perform several rituals which are always very expensive and not within the ability of infertile couples. Such people are reported to be exploited by healers.

Some people exchange their children with wealth but after they got children. But when they see other people having children, they become interested in children''-(A 50 year old male participant in FGD). I have sacrificed several animals in an attempt to reverse a pledge. I was told I

made to the gods to be rich yet the traditional healer is still demanding more because he has seen that I am desperate to have a child''-(A 38-year old childless man in IDI).

Breaking the codes of marriage was also widely held belief as a cause of infertility. The gods and ancestors were believed to be “supernatural policemen” who are capable of rewarding couples with children and punishing those who break the codes of marriage or visiting them with infertility.

The gods and ancestors who are the custodians of this land can show their disapproval of the conduct of the marriage couple by making them infertile (An FGD male participant).

Male participants who are currently not seeking bio-medical management tended to attribute their infertility to female factors ‘whilst their females’ counterparts also blamed the males for their inability to make them pregnant. This was a basis for one to prove his or her fertility by engaging in multiple sex with other partners with the hope of becoming pregnant. In a response to a question on why it was difficult for them (couple to have children), the female respondent in an individual interview stated:

My husband is unable to make me pregnant, I am fertile; my mother gave birth to eight of us. So how can I be infertile?-(A 36-year old childless woman in interview guide).

The male partner of this childless female also stated in an IDI, I think my wife is barren because I have made a girl pregnant before when we were growing up.

Another super natural cause of infertility, which was widely reported and justified by Christians was, masturbation, which was described as “male abortion”. Masturbation was perceived to be sexual immorality and a sin. Respondents generally believed that masturbation could attract a punishment of infertility as it is deemed an immoral act.

Sperm are human beings and should not be masturbated and discarded...in fact it is male abortion and God is against that- (A 43-year old Christian participant in FGD).

Participants believed that masturbation was a form of abortion (male abortion) as sperms were believed to be pre-formed babies that are put in woman's womb to incubate until the woman brings it out during delivery. There was therefore no distinction between a woman aborting a fertilized ovum and a man masturbating and discharging spermatozoa.

4.3. Marital and sexual dissatisfaction of infertile couples

Most infertile people who had experienced sexual dissatisfactions and felt the loss of marital and social status by the spouse are insignificant to other family members and the community. They reported that experiences of blaming and losing attention from others and sense of humiliation for being infertile. Some participants also spoken about the discrimination they experienced from their in-laws. Participants with lower education level and lower family income were subjected to more psychological violence by their husband. One participant said,

My husband frequently makes me crazy and make fun of about my infertility by remarking that I am sexually poor and infertile. Frankly speaking, I need to have child but God made me infertile. We are not happy now (Participant 8).

Another participant with a shaky voice and with full of tears said,

My husband told me that just as he is unsatisfied with me when he has sex with me. But I always tell him to pray to God in order to give us fruit.....sometimes I feel that I married him too late (Participant 5).

The majority of participants in this study stated that if their husbands wanted to remarry, they would separate from him. According to the infertile women, there are some factors contributing to the possibility of divorce among the infertile couples. These influencing factors are as follow: "the high sexual dissatisfaction from the legal wife

leads the "husband's decision to remarry", "repeated treatment related to infertility", and "lack of proper understanding by husbands of social and psychological pressures experienced by the community." As one of the participants expressed,

From all sides, people recommend my husband to get remarry. His family and relatives advise my husband to divorce me and to look for another fertile woman (Participant 2).

A participant who was aware of her infertility problem before the marriage stated,

Although I had explained my situation to my husband and he accepted it, I still fear for my future. I am not sure that my marriage would last (Participant 7).

A good number of participants pointed out that although their husbands were encouraged or pressured by the relatives to remarry, their husbands seemed eager to accept the proposal. However, from all participants, no one accepted this state of affairs.

As one participant stated,

I explicitly told my husband that if he provides the expenses and cooperate with me during infertility treatment, such as the IVF, and that if I can't be pregnant, I would voluntarily facilitate his second marriage and I would divorce him because I cannot tolerate sharing my marriage with another woman, but my husband replied that he would not want me out of his life (Participant 4).

The assumption that infertile couples will be more likely to report lower level of self-esteem, marital satisfaction, and sexual satisfaction than fertile couples has also been supported by the findings of this study. Infertile couples may have a poor self-image, including concerns for one's physical health or sexual ability as compared to fertile couples. Such concerns may interfere with the couple's marital and sexual lives.

4.4. Anxiety and depression among childless couples

As we will see, informants mainly seem to use emotion-focused coping to regulate stressful emotions. Self-control and seeking social support were the most widely used ways of coping by childless informants of this study. Finally, some place the blame for tensions in relationships on the person with fertility problems rather than social attitudes. Playing down the seriousness of affairs, not complaining about, or blaming others for relationship troubles, may make it harder for people with fertility problems to get the help and support they need.

‘I really tried hard’: intensive and exhaustive search for a cure.

A woman with fertility problems explains in the following that she put a lot of effort in trying to get remedy for her unsolved puzzle, but it was prevented from doing so by her husband:

I went again to the hospital. They told me to bring my husband. I told him but he refused to go with me. I told him repeatedly but, he refused. I am in big trouble and high sadness.....I am afraid my husband leaves me alone one day .Who will marry me at end? (Participant2).

The people being interviewed frequently reported an endless search for a cure.

The study suggests that the solution they were seeking from traditional healers has had many disadvantages. For instance, intense health-seeking behaviour, which may give rise to psychological troubles; it may even facilitate additional health problems, for example when medical interventions lead to secondary infections. It can raise false expectations as the chance to find a cure is limited for treatment options. It also derived the couples into depressions and anxiety.

On the other hand, when a woman understands that she is infertile, she loses her self-esteem and feels that she is guilty for the situation. One of informants said: "I would never have married, if I knew that I could not bear a child. My husband is not responsible for this situation." Another woman said: "One of the missions of man on earth is to procreate. And if we fail on that, we are the only people responsible. God cursed my husband, to marry a woman that is barren." Another woman expressed: "I believe that a woman can reach her final evolution when she can bear a child." Some participants in the study asserted that they did not deserve to become mothers and thought that their infertility was a type of punishment from God. One woman mentioned

I sometimes feel that I am not a woman because I cannot bear a child. I am the cause of our unhappiness.

One of the women that participated in this research expressed:

I think that my husband is having an affair. He may marry another woman to have a child. This issue always worries me.

Another woman explained that:

My husband comes to the house and says that 'I want to have a child, and until when should I wait to have a child?' He is right because if he would have married another woman, she would have given him a child by now.

The fear, their husbands may remarry with another woman was consistent in all of the infertile women, because based on the Christian belief, it is not possible for men to remarry. One of the participants explained:

For a woman like me who is infertile and her husband can remarry with another woman, it is obvious that living in this city only as a couple becomes boring and causes the couple to lose their patience, and their affectionate relationship is interrupted." It was believed that having a child could help sustain a generation and stabilize the family. The child could also support them when they get old.

One of the participants explained:

My wife tells me that she will die without having children. She feels that it is her right to have a child but she cannot bring me a baby and she allowed me to marry another woman and want to see my baby if it is her problem, but finally the problem was mine. I love my wife and she is good for me. I am still depressed not to lose her after I knew I was infertile (participant, 10).

In some cases, this kind of case, reported from the husband's part. One participant said "I have frequent contacts with the woman, and this makes the pressure even worse for my wife to live with me." Another problem of the infertile couple is that family members are very interested to involve in the decisions and everyday life of the couple, especially when they live in the same place. This issue can enable the interference of the husband's family in the private lives of the couple.

When a woman is infertile, the family becomes more involved in the couple's lives and puts more pressure on infertile women, giving solutions to the couple, without being asked for that. This culture is very intrusive and creates a lot of pressure, especially to the women.

Examples were given of great families whose lineage had wiped out because they were unable to give birth to more children and majority gave birth to female children who got married and named their children after their husbands. Life without children was

perceived not to be worth living as there will be nobody to inherit the properties of the deceased and not all efforts by such individuals are ever appreciated in the community.

Children are supposed to maintain lineage and inherit your property...we are suffering on earth because of no children (A 40-years old man with his wife in FGD).

The third reason for procreation, which was stated emphatically by the respondents, was to obey God's words as the Bible and Koran / Christians and Moslems/ to multiply and fill the earth. Respondents especially believed that failure to beget children was against the holy books (Bible and Koran) and such a family will never receive the blessings of God.

The Bible says in Genesis that we should multiply and fill the earth to ensure the continuous existence of the earth, but I am depressed and frustrated this time (A 36-year man in FGD).

Children are also source of joy, companionship and respect for community members. Children console their parents and are a symbol of achievement for couples. At old age, grandchildren act as companions for grandparents and this was believed to make them happy and prolong their life.

Children make you happy, it is the greatest achievement on earth...we respect people with children in this community especially male children (FGD female participant).

It is clearly observed from the respondents that one of the reasons for fear of procreation and anxiety is to have a suitable funeral, as there are significant difference in the performance of funeral rituals for people with children and those without children. This fear makes them frustrated and perceived the mothers worthless.

4.5. The need for male children

Concerning the definition of infertility, three main themes emerged in IDI and FGDs each without time limit. One related to the medical definition and the others related to the desire to have many children and the last is about sex preferences. To the participants, infertility is not only defined as the inability of a couple to beget children. It also includes inability to beget male children or inability to comply with society's norm of having many children. The ideal numbers being a function of the desire of the couples but in many cases about five is preferred.

Infertility is the inability to give birth to the number of children that you prefer and most especially male children (A 48-year old FGD participant).

4.6. socio-economic and psycho-social consequences

4.6.1 Economic and in-law effects:

Under this nodding, the following are listed (i) costs of treatment (biomedical or traditional); that include for advanced reproductive technology (ii) no economic security, including no care in old age, no economic support from children because we don't have a child to support us, (iii) harassment, pressure and rejection by in-laws; and (iv) exploitation and abuse perpetrated by in-laws.

4.6.2. Family pressure

Family is the most important social entity in Ethiopia, especially in the low income community of Amhara region (Desalegn, 2016). When young couples marry, they live with the husbands' family, mainly mother, father, brothers and unmarried sister; sometimes even larger family. The family of the husband plays an important role in the couple's life. When the young woman comes to the husband family, she is not part of the

decision-making. Thus motherhood is considered a power for the new bride, the lack of which makes her vulnerable. They are often humiliated and pressured with divorce or polygamy. One of the participants said: “the sister of my husband, who lives next to us, often humiliates me due to my infertility and he insults me and insulted my family.”

One of the participants expressed that: “my mother-in-law always reminds me that if he had married another woman he would already have a child.” Once she told me: “Why don’t you ask your husband (her son), to have a baby with your sister? If you don’t want him to marry another woman, ask your sister and she can carry the baby of your husband...otherwise leave my son have another family”. In the traditional societies, it is possible to ask relatives “to carry a child for you”. In these cases they will deliver the baby and “give it” to a family member, forever. The interactions of infertile couples’ relatives were also affected by the condition. When pregnancy was postponed, the relatives began to blame the couples. The blame and pressure of the relatives was actually has a negative impact in the lives of the infertile couple. One participant disclosed that: “My husband’s family, particularly my mother-in-law and sister-in-law, provoke my husband against me.” Another informant explained that: “My sister-in-law always tells my husband: ‘divorce your wife and remarry with other woman who can bring you a child.’ ”

In some cases, relatives, mostly from the husband part, have frequent contacts with the woman, and this makes the pressure even worse for them. Family members tend to involve in the decisions and every day life of the couple, especially when they live in the same place. This issue can enable the interference of the husband’s family in the private lives of the couples. In short when a woman is infertile, the family becomes more involved in the couple’s life and puts more pressure on infertile women, giving solutions

to the couple, without being asked for that. This culture is very intrusive and creates a lot of pressure, especially to the women.

4.6.3. Social isolation

For most participants, infertility had its negative social consequences and bothered them. Most of the infertile women asserted that they did not like to participate in social activities and I preferred to be alone. One of the participants explained: “I don’t really want to get in touch with any body, because the first thing they do, is look at my belly . Are you not still pregnant?” One of the women said: “Once a neighbor of mine, told me: If I were your husband, I would divorced you. Why should a woman and man stay together if they don’t have a baby?” One of them said: “I like to be alone at home and do not like to go anywhere. A woman who does not have a child, has nothing to do when she get out.” These actions made the infertile couples upset and they felt as though they were in trouble. One of the participants said: “ever since my relatives understood that I suffered from infertility, they have not invited me to birthday celebrations of their children.” Even though infertility is strictly a private issue, the social pressure in performing the given role as a woman, plays an important role on the perception of infertility. Women tend to isolate, and escape social celebrations and activities. This makes it harder to cope and also increases the burden of infertility.

The social pressure to have children also leads people with fertility problems to feel they need to be seen to be actively trying to solve their problem. It appeared important to avoid being seen as not motivated to do something about their fertility problem. The problem of infertility is not only deprives the childless women of giving birth, but also challenges their life as a human being due to the social stigma.

4.7 Strategies to deal with problems of infertility

A consensus reached by the individual interviewed and focus group participants was that the treatment of infertility in the community is usually directed specifically at women and that most people use three treatment outlets: churches (spiritualists), traditional healers and hospitals (biomedical). However, there was no agreement between and within the groups on which of the three methods that people prefer most. Nonetheless, there was a strong sense that people often use the three treatment methods in combination and in sequence. The first method chosen is often determined by the perception of the couple regarding the causes of the infertility.

‘I am using both traditional and orthodox medicine, but I first went to the herbalist’ - (A 38-year old infertile woman in an interview guide).

The Churches also prescribed number of days of fasting and prayers and making of some special offerings to the church. References were also made of washing of women genital with holy water and anointing oil prepared and blessed by the faith healers.

I was given some anointing oil to smear on my private part before having sex with my husband (A 36-year old infertile woman in IDI).

Another important consideration in the choice of a practitioners the issue of privacy. As infertility is considered a very sensitive issue in the community, people often seek out practitioners who will be able to keep their infertile status a secret. Both individual interviewed and Focus-group participants had different views about which practitioners; orthodox, traditional or spiritual, would maintain the most confidentiality. Although it was generally agreed that traditional healers are capable of assuring the most confidentiality, nevertheless, the view was expressed that traditional practitioners often exploit women consequently, either financially or sexually. This did not however reduce

the power of the treatment provided by the traditional healers, but was considered “a good price to pay” to get a child to make you happy and save you from ridicule and your marriage. Their facilities are often situated at the outskirts of the community where community members hardly go except for those with problems who have gone to consult.

Traditional medical practitioners get their powers from divine sources and are therefore compelled to maintain their practice in secret otherwise they lose the powers and this is different from the hospital where nobody cares about privacy (An FGD female participant).

Many participants also recognized the importance of going to the hospital for tests and firmly believed that the doctors can often determine the exact cause of the infertility, and prescribe drugs to treat it. However, the medical approach is often not used immediately since biological factors are not acknowledged as prominent causes of infertility in the community.

4.8. Interaction of infertile couples with people around them

An infertile woman had to face hardships in many steps of life. Respondents notified that there was a great difference in the way of thinking of fertile and infertile woman. Depression, anxiety and inferiority complex were mostly prevailing.

Infertility seems to have a significant effect on the psyche such as creation of anxiety and depression. In addition, it is the problem increases the duration of infertility (respondent, 2).

They also said that infertile women had lesser self-confidence, even they could not demand for their basic needs from their in-laws that hurt their self-esteem. They were feeling a self-pity their relatives invite them in different functions mostly they avoid to go there because people asked them about children.

On such festivals, women and men often take segregated seats and the children normally stay with their mothers. Women's talking often focuses on children since they come with their small children. This is a terrible time for childless women since they have nothing to talk about. It becomes even worse if the gathering is among family members, as the husbands' families often hurt the woman by reminding her childlessness. One of respondents, who is married to a teacher and lives far from her husband's family, recalled:

My husband and I are living far from our families so we are at peace because no one is around. The problem is when we go to our families for different festivals, at that time we will be disturbed. On each occasion we visit them, they will not leave us without throwing words that remind our childlessness. For example, when we attend a baptism ceremony, people say 'when is your turn?' No one understands our problem (respondent, 1).

Migration is also one option to avoid stigmatization of childlessness. One of the male informants, mentioned:

Sometimes, I wish to migrate to other places where people do not know me. However, I ignore this idea because I am responsible for my old parents here as there is no one to take care of them. (50 years old male respondent said)

The fact that one of the customers suppressed his interest to leave his village for taking care of his old parents and this also shows us how children are always responsible for taking care of their parents. In addition, they told us that some people considered them warning. Sometimes people did not allow them touch to their child. In husband's house the rights of infertile women were also not fulfilled. In rare case, if a woman was infertile, they showed sympathy towards her.

Chapter Five

Discussions

In this chapter, the results of the study will be presented according to the research questions stated in chapter one.

Research question item 1 inquires the cause of infertility as perceived by the infertile men and women themselves. As mentioned earlier the general belief about contraceptives as a cause of infertility was unanimous for both male and female participants and the couples strongly believed the use of contraceptive could result in being infertile. Some infertile women strongly believed that they were currently having difficulty in becoming pregnant because they had used contraceptives in the past to prevent unwanted pregnancies since abortion was illegal in the country. Equally males in FGD shared the beliefs mentioned by female participants and said that contraceptives were a major “enemy” in the community because its (contraceptives) use encourages immoral lifestyles for the youth and give trouble to their male partners in future. One can easily see how the infertile people strongly regretted in the action they took to terminate the pregnancy in the past. However, this has no use. Abortions in all forms (safe and unsafe) are also believed to cause infertility by the infertile people but most of the problem happen when it is conducted by those unqualified individuals.

In addition to the above causes, there is misconception of the community concerning Female Genital Mutilation (FGM) and infertility. As FGM was mentioned as capable of causing female infertility, an “extra-germination” of the clitoris was also believed to cause infertility. As to which size of the clitoris was considered normal, as

far as the researcher memory goes there was no consensus but it was generally believed that the gods give direction when consulted by the healers. Therefore, the gods will often determine the “extragermination” in which case it has to be practiced by the traditional healer after which herbs are applied.

On top of what are said before, another perception of the infertile couples is that sexually transmitted infections (STIs), blocked fallopian tubes and uterine fibroid were also mentioned as female factors that can cause infertility. Knowledge on the relationship between STIs and blocked tubes was high as it was unanimously agreed in FGD and cited in in-depth interviews. Participant mentioned gonorrhoea, syphilis and Chlamydia infections as common causes of infertility in the community.

A further point is that there are different causes and risk factors for male and female infertility. According to Eisenberg and colleagues (2009), infertility for men is most often caused by low or no sperm count and blockage of the tubes that transport sperm. Infertility in women, on the other hand, is caused by a range of other factors such as problem with ovulation, blockage of fallopian tubes and physical damage to the uterus (ibid). Advanced age, smoking, and excess alcohol use are also mentioned as risk factors of infertility (ibid). However, a considerable number of people have limited level of knowledge about the medical causes of infertility. The problem is thus usually perceived as caused by other factors than medical ones. Some associate infertility with supernatural powers and others associate it with diseases or with the absence of reproductive organs.

Research question item 2 used to find out the socio-economic consequences of infertility among couples. According to Ethiopian tradition, children are believed they are the economic sources of their family. Therefore, children are expected to help their

parents at old age. Unfortunately, when someone remains childless, he/she will not get any support from anybody. As a result, infertile people will be dependent on someone else. The most important aspect of bearing children is therefore, an assurance of family continuity. In this study participants of the FGD disclosed that infertile couples will be exposed to economic problems at old age and become a big burden to the society. They strongly fear that they will be hopeless at their old age.

In addition to economic consequences, infertility impacts the couple's social and family network. For instance, it can also have a profound (positive and/or negative) effect on the partner relationship.

Research (Peterson BD, Pirritano M, Hum Reprod 2008) as well as clinical practice highlights the importance of couple communication in infertility. Therefore counseling should improve the couple's communication and aim to strengthen the partner relationship. Gender differences in infertility are a good way to open up the discussion on how the patients see themselves and their partner in regards to the infertility experience (Pasch LA, Dunkel-Schetter C, Christensen, 2004). Men tend to benefit from concrete assistance in coping with stress or "hands-on" advice about how to deal "properly" with the crisis their wives/partners are going through. Women tend to look for emotional support in overcoming the "bouts of depression" they experience. The counselor should remain neutral towards these differences, and he/she has to identify the dynamics in the couple relationship and make them more flexible in the discussion with the couple (Wischmann T, Stammer H, Gerhard I, 2002). The following kind of communication pattern typically emerges in infertile couples: Confronted with the painful experience of infertility, a woman may want to talk about her pain and sadness, whereas her partner

may feel helpless and withdraw. This circular pattern can result in polarization and isolation, at a time where both partners need each other most (Ibid). While the woman may perceive her male partner to be more unaffected and much less depressive than he evaluates his own mood, he may accentuate her depressive mood nearly as dramatically, in contrast to herself image. In couple counseling it can be helpful to visualize this polarization and to normalize its occurrence.

Research question item 3 is about the psychological consequences of infertility among married couples. As the diagnosis of infertility has a tremendous negative impact on the wellbeing of a couple, feelings of anger, frustration, and aggression often accompanied it (Crick et al., 1997). Hormonal changes during treatment may also affect the emotions of infertile men and women. Aggression increases when the success is not there at the end of every month starting the menstrual period (Boivin, 2003). By the same demonstration, Rohrlick (1998) pointed out gender differences in aggression level in infertility. When males feel powerless and experience low self-esteem they try to reclaim it through aggressive behavior. On the other hand, for females, aggression is a transitory loss of self-control arising out of high stress, social pressure and extreme sense of guilt (Greil, 1997). In addition, it decreases their self-image with a diminished sense of femininity and masculinity (Abbey, Andrews, & Halman, 1992). As These feelings can disturb the self-esteem and self-image of the partners. Furthermore, couples may find it difficult to share their feelings with relatives and between them. This may lead to loneliness and distress (Shapiro, Palmer, & Capute, 2003). Childless couples also face the critique of others, and this further decreases self-esteem and self-image. As a

consequence having the sense of being valued and feeling competent and joyful in a life without a child is a hard task (Eugster and Vingerhoets, 1999).

When the wish for a child remains unfulfilled, many emotional and physical stresses arise as well as ambivalence (Greil AL, Slauson-Blevins K, McQuillan). Besides, the conflicting emotions that patients are struggling with personally interpersonally and socially are often overwhelming and can exacerbate feelings of helplessness and being out of control. Finally, with infertility and its treatment come many stressors such as physical complaints of hormone therapy, emotional distress, changes in sexual life, difficult decision making, and many of these stressors are experienced differently by men and women-

Research question item 4 analyzes how infertile couples cope up their psychological problems. AS the studies shows, the perceived causes of infertility in many parts of Africa are mainly non-medical and are commonly associated with supernatural or evil powers, and the treatment often involves traditional healers and spiritualists (Deribe *et al.*, 2007; Gerrits, 1997; Pearce, 1999; Runganga *et al.*, 2001). Women's experience of infertility are documented to be multi-dimensional and includes stigmatization, ostracism and neglect, marital instability, abuse, loss of social status and security (Holloos and Larsen, 2008; Hollos *et al.*, 2009; Kimani and Olenja, 2001; Orji *etal.*, 2002; Samuel , 2006).

According to the result of the study, faith in God and hoping for a miracle to occur was an essential coping mechanism that was employed by infertile couples. As also mentioned in FGD some also redirected their energy to excel in other areas that are respected in society such as academic achievement. Similarly, women were reported

drawing on their Christian faith as coping strategy. Others who prefer to go to traditional ways of coping includes going to witchcraft (wizard), offering scarifies to appease the divine anger thinking that gods angered at infertile couples. Most of the time females are requested to make sexual intercourse with the wizards and also invest big money.

Research question item 5 analyzes the psycho-social consequences affect the infertile couples. The results of the study indicate that infertile couples are stigmatised by closest relatives and the public at large. It is both men and women who are stigmatized. Men being described, in local terms, such as “*Yegma Enkulale*” (rotten eggs) and for the women Mule or “*Beklo*” meaning “*Mule*”, for mule cannot give birth. The study further revealed that women were frequently blamed for a couple’s infertility even when the problem of infertility had nothing to do with the woman. There is a tendency of society to blame woman for failed conception directly or indirectly. Both men and women were reported to be denied leadership roles based on infertility; however, men appeared to be better placed to adapt to that as they could arrange with another women to impregnate. The effects of infertility on inter-partner relationships are varied. Some couples reported they have nice cordial relationships, while others reported a decline in sexual activity. Those who reported marital instability were mostly engaged in excessive alcohol intake, which has immense effects on their psychosocial wellbeing in many ways. If there is instability in at home, there is high probability of being unproductive in the job world. The findings of this study, also indicate that partners and families may secretly abuse women as a result of childlessness. And it revealed that childlessness affects psychosocial well-being of the couples. According to the respondents, infertility has inter

generational effects, as couples without children do not have the opportunity to live again.

To put them in a nutshell, in the above discussion the current researcher tried to deduce the above major issues gathered from data which include the causes of infertility as perceived by the infertile men and women themselves, the socio-economic consequences infertility among married couples. In addition, the psychological consequences of infertility among married couples, how infertile couples cope up their psychological problems and the psycho-social consequences affect the infertile couples were discussed.

Observation Report

As mentioned in 3.7.3, the researcher recorded the types of interaction, specific oral communication, or other actions from a client or several clients for weeks. The Observation checklists show that there were active interactions among the clients. In the pre-counseling session, the clients were not happy. They were a bit depressed. However, in post-counseling, they were happier and they were simply relaxing. They even chat to one another while leaving the Centre.

Chapter Six

Summary, Conclusions and Recommendations

6.1 Summary and Conclusions

The purpose of this study was to investigate the psycho-social problems of infertility among married man and women in Addis Ababa. A qualitative research method was employed to study the problem. The data were collected through 1) In-depth interview, 2) Focus group discussion and 3) Observation.

The study investigated 20 interfiles. Subjects, who are infertile married men and women in Addis Ababa 10 participants were interviewed while the other 10 were took part in the FGD. The result shows that infertility has complex problems which include; marital and sexual dissatisfactions, social economic and psychological consequences. Above all infertile couples experience social stigma and discrimination among the society. Therefore, the study suggests that there is a need of public awareness about counseling among community, for the infertile couples are abused in many ways including avoidances from social gatherings. Equally, the infertile people themselves need to be exposed to social media and other professional support. They need to learn also from western countries where there are other options of having child through adoption. Religious fathers should advise their followers that God still love them and should stop going to the bad traditional healers such as wizards who demand them to scarify a lot of things including practicing sex with the people under pressure. As explained in the discussion, childless couples also face the critique of the relatives and the community at large. One way of fighting the problem is through teaching using Mass Media. They

must play their professional role to create awareness about infertility along the service of counseling. Finally, females are particularly downgraded by the society as if they are only the source of the problem. Therefore, special attention should be given to them, since they face complex problems from the society only because they are female.

Finally, as mentioned earlier this study was descriptive in nature and guided by an interest in understanding an apparently taboo phenomenon in psychosocial wellbeing of couple's experiences of infertility-related to stress and anxiety. The findings of the this study cannot be generalized to all couples' s experiences of infertility related psychosocial problem, however, the participants (of the research) experience with the psychosocial wellbeing problem and infertility-related stress, begins to shed empirical light on an important issue in couple's psychosocial wellbeing problem and infertility. While the research question has been addressed by this case study, many of questions remain answered. This study builds upon the existing literature and offers a basis for future research in the study area.

6.2. Recommendations

This study investigated problems infertile couples face in their day to day lives. The coping strategies they use are also discussed. The results have a number of implications for further research.

In addition, the following constructive points are made as recommendations:

- Considering the positive remarks made by the participants, future research can also address the infertility problems and its consequences that affecting many citizens.

- Researchers can also use the approach on a larger scale, probably in many more Counseling Centers in Addis Ababa.
- It is hoped that this study will be of interest to other researchers in the area.
- This study hopes to promote awareness to the public about infertility problems and to what extent the people concerned are suffering because of the problem.
- This study required to pay further attention to its hidden consequences and manifest effects in all aspects assistant for couples.
- It is also needed to understand and to manage properly the issue of infertility in the context of societies in transition; therefore, we suggest that the professional social workers provide care facility in order to help infertile people and to increase awareness about consequences of infertility in the social system in which infertile people are living.
- This calls for the need to prioritized and integrated health services relating to infertility into existing reproductive health strategies to reduce the burden of infertile individuals.
- Infertility counseling offers the opportunity to explore, discover and clarify ways of living more satisfyingly and resourcefully when fertility impairments have been diagnosed. Therefore, people should be taught about counseling.
- It is suggested to plan functional training courses by counselors and psychologists to increase the knowledge of infertility regarding the psychology of infertility and the methods of confronting the crises.

References

- American Pregnancy Association (2014). Intrauterine Insemination. Retrieved on December 18, 2014 from: <http://americanpregnancy.org/infertility/in-vitro-fertilization>
- Assefa T. (2011). Socio cultural Perceptions of Infertility and their Implications: A Study of Women Experiencing Childlessness in South Gondar, Ethiopia, Master's Thesis, Bergensis Universitas (unpublished).
- Berg, B.J. (1991). Psychological Functioning across Stages of Treatment in Infertility. *J. Behav. Med.*, 14, 11-26.
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A., (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Boivin, J. (2003). *A review of psychosocial interventions in infertility. Social Science and Medicine*, 57, 2325-2341.
- Burns, L. H. (1999). Psychology of infertility. In L. H. Burns & S. N. Covington (Eds.), *Infertility counseling* (pp. 3-25). New York: Parthenon.
- Buss, B. J., & Perry, R. F. (1992). Egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? *Journal of Consulting and Clinical Psychology*, 75, 219-229.

- Boivin, J., Bunting L., John A., Collins, M. and Nyagren, K.G. (2007). Human Reproduction Vol.22, No.6 pp. 1506–1512.
- Dagne, H. G. (1994). Early Marriage in Northern Ethiopia. *Reproductive Health Matters*, 2(4), 3538.
- Daniluk, J. C. (1996). When treatment fails: the transition to biological childlessness for infertile women. *Women and Therapy*, 19(2), 81-98.
- Deech, R. and Smajdor A. (2007).From IVF to Immortality. Oxford: Oxford University Press.
- Donkor ES, Sandall J (2009) Coping strategies of women seeking infertility treatment in Southern Ghana. *African Journal of Reproductive Health* 13(4): 81–93 [[PubMed](#)]
- Dyer, S. J. (2008). Infertility in African countries: Challenges created by the HIV epidemic. *Human Reproduction*, 48-53. Retrieved from <http://eshremonographs.oxfordjournals.org/content/2008/1/48.full.pdf+html>
- Dyer, S.J., Abraham N, Hoffman M, Van der Spuy, ZM (2002) Human Reproduction Vol.17.No.6 pp. 1668.
- Eisenberg, E., Shriver, E. K., Brumbaugh, K., Brown-Bbryant, R. and Warner, L. (2009). Infertility: Frequently asked questions. Retrieved from <http://www.womenshealth.gov/faq/infertility.pdf>
- Gibson, D. M. & Myers, J. E. (2000). Gender and infertility: A relational approach to counseling women. *Journal of Counseling & Development*, 78(4), 400-410.

- Haynes, J. and J. Miller (2003). 'Introduction'. *Inconceivable conceptions: psychological aspects of infertility and reproductive technology*. J. Hayes and J. Miller. Hove: Brunner-Routledge.
- Inhorn, M.C. and Buss, K.A. (1994). *Ethnography, Epidemiology and Infertility in Egypt*. *Soc Sci Med* 1994; 39:671-686.
- Inhorn, M. C. (2003). Global infertility and globalization of new reproductive technologies: Illustrations from Egypt. *Social Science and Medicine*, 56, 1837-1851.
- Janzen, J.M. (1981). The need for Taxonomy of Health in the Study of African Therapeutics. *Soc Scie Med* 1981:169-171.
- Jones, S. C., & Hunter, M. (1996). The influence of context and discourse on infertility experience. *Journal of Reproductive and Infant Psychology*, 14, 93-111.
- Greil AL, Slauson-Blevins K, McQuillan) J. The experience of infertility: a review of recent literature. *Sociol Health Ill* 2010;32:140-62.
- Katz, S. (1994). *The Holocaust in Historical Context*, Oxford University Press, USA. Vol.I, p. 503.
- Pasch LA, Dunkel-Schetter C, Christensen (2002) A. Differences between husbands' and wives' approach to infertility affect marital communication and adjustment. *Fertil Steril*

- Ramezanzadeh, F., Aghssa, M. M., Abedinia, N., zayeri, F., & Khanafshar, N. Shariat, M., & Jafarabadi, M. (2004). A survey of relationship between anxiety, depression and duration of infertility. *BMC women's Health, Bio Med central*.
- Ragunathan, M. and Solomon, M. (2009). The study of spiritual remedies in orthodox rural Churches and traditional medicinal practice in Gondar Zuria district, Northwestern Ethiopia. Retrieved from <http://www.emanuscript.in/sample>
- Samuel N, O. (2006). Extra marital sexual activity among infertile women in southeast Nigeria.
- Sillars, A., Leonard, K. E., Roberts, L. J., & Dun, T. (2002). Cognition and communication during marital conflict: How alcohol affects subjective coding of interaction in aggressive and nonaggressive couples. In P. Noller & J. A. Feeney (Eds.), *Understanding marriage*. New York: Cambridge University Press.
- Verhaak, C. O., & Vaillant, G. E. (2001). Is the U-curve of marital satisfaction an illusion? A 40-year study of marriage. *Journal of Marriage and the Family*.
- Warren CA, Karner TX (2005) *Discovering qualitative methods: field research, interviews and analysis*. Los Angeles, CA: Roxbury Publishing.
- Wischmann T, Stammer H, Gerhard I, Verres (2002). R. Couple counseling and therapy for the unfulfilled desire for a child—the two-step approach of the “Heidelberg Infertility Consultation Service”. In: Straus B, editor. *Involuntarily childlessness—psychological assessment, counseling and psychotherapy*. Seattle: Hogrefe International

Appendices

Appendix 1: Client 's Interview guide

Objective: The Semi-structured interview aims to investigate the client's perception of infertility and other related issues.

Name

Date of Interview

Time of interview Venue.....

Lists of the questions

- 1 When do you start thinking about being infertile?
2. How do you know you are infertile? Have you undertaken an infertility test?
3. What do you think are the reason of your being infertile?
4. Have you ever used traditional herbs or have you ever gone to traditional 'healers'?
5. Do you fear your spouse will divorce you because you are infertile?
6. Have you faced any discrimination from your spouse and your spouse family, or your community? And what are the particular words and expressions used by people to insult you?
7. Do you think your spouse is dissatisfied when doing sex/making love with you?
8. Some people believe they are infertile because they got married with people outside their ethnic /clan. Do you share their views?
9. Do you think being infertile has socio, economic and psychological consequences on you?
10. Do you think counseling service will help you to get some solutions?

SAMPLE INTERVIEWS

C= Clients N.B. Names are anonymous

1 Selam (C1)

Interviewer: When did you know you are infertile?

C1: After a year (of my marriage).

Interviewer: How did you know that?

C1: I went to the hospital for checkup when I did not see any sign of pregnancy.

Interviewer: Did you go with your husband or did you go alone?

C1: We went together. In fact he was not willing initially. But I convinced him through time.

Interviewer: Do you fear your spouse divorce you because you are infertile?

C1: Yes. I always fear he will divorce me or run away from home one day?

Interviewer: What do you think are the reason of your being infertile?

C1: I do not know. But what I guess is I used to take pills to avoid pregnancy for long time when I was young.

Interviewer: Have you faced any discrimination from your spouse and your spouse family, or your family?

C1: That is what I always faced. People cask continuously ask me about it and then when they knew that I am infertile, they began talking behind me particularly I faced from my in –laws. For instance once my mother in –law said “Why don’t you ask your sister to

carry/conceive a baby on your behalf, and then brings us a baby instead of being childless? “Such remarks hurt me so much.

Interviewer: Have you ever used traditional herbs or have you ever gone to traditional ‘healers’ in your area?

C1: No. I have never gone to such places. But I usually go to church and asked the ministers to pray for me.

Interviewers: Do you think your spouse is dissatisfied when doing sex/making love?

C1: I don’t think he is happy. He always feels sad after sex.

Interviewer: Some people believe they are infertile because they got married with people outside their ethnic /clan. Do you share their views?

C1.No I don’t share their views. This has nothing to do with infertility.

Interviewer: Do you think being infertile has socio, economic and psychological consequences on you?

C1: Yes of course. Socially I am discriminated and less esteemed than fertile women, psychologically I sometimes feel depressed and anxious, economically, I have no problem now. But some times in the future at my old age, I might be in big problems.

Interviewer: Do you think counseling service will help you to get some solutions?

C1: Yes that is why I am here.

2. Tesfaye (C2)

Interviewer: When did you know you are infertile?

C2: Ten months after I got married.

Interviewer: How did you know that?

C2: I underwent infertility test.

Interviewer: Did you go with your spouse or did you go alone?

C2: We went together with my wife. But my result of the diagnosis shows that I have low sperm count. My wife was disturbed but she tried to hide her feelings.

Interviewer: Do you fear your spouse divorce you because you are infertile?

C2: Yes. I always fear she will divorce me or run away from home one day?

Interviewer: What do you think are the reason of your being infertile?

C2: I do not know. But what I guess is I used to take alcohol and was diagnosed with STDs 25 years ago.

Interviewer: Have you faced any discrimination from your spouse and your spouse family, or your family?

C2. Yes but mostly I isolate myself from social gatherings including get together of my family.

Interviewer: Have you ever used traditional herbs or have you ever gone to traditional 'healers' in your area?

C2: Yes I have gone to several places to make my wife happier but there was no any result.

Interviewers: Do you think your spouse is dissatisfied when doing sex/making love?

C2: No. I don't think she has such problems. We love each other.

Interviewer: Some people believe they are infertile because they got married with people outside their ethnic /clan. Do you share their views?

C2. No I don't share their views. This is backward outlook.

Interviewer: Do you think being infertile has socio, economic and psychological consequences on you?

C2: Yes. I purposely avoid Social attachments. I sometimes be aggressive for minor reasons .I don't want to discuss the issue with anybody; economic wise I don't think I will face problems. I have enough assets and will have pension.

Interviewer: Do you think counseling service will help you to get some solutions?

C2: I am not sure. However, it is better to discuss your issues with someone claiming 'counselor.' At least you will get relief for a time being.

Appendix II Focus Group Discussion Questions

1. What do you think are the factors that contribute for infertility?
- 2 Have you ever discriminated by members of your community only because you are infertile?
3. Why do infertile couples go to traditional healers?
4. Do you think counseling service help you overcome your problem?
5. How is it possible to change the attitude of the community about infertility?
- 6 Does the culture make females more responsible for being infertile than male

Observation

Name of the counselor

Time Venue.....

Appendix 3: Observation Checklist for counseling service

I Pre-counseling Session		
The clients		
1 Are they happy?		No
2 Discusses the topic of infertility with one another before meeting the counselor.	yes	
3 Do they come with their spouses?	Yes(some of them)	
Post-counseling.		
5 Are they happier than before?(at least from their facial expression)	Yes(Not all of them)	
6. Do clients still discuss after counseling?	Yes(some of them go together)	
7. Do they socialize with one another?	Yes(some of them share other social issues)	

የእንግሊዝኛው አማርኛ ትርጉም

1. የተመካሪዎች የቃለ መጠይቅ መመሪያ

1. ስለመሀንነት ማሰብ የጀመሩት መቼ ነው?
2. መሀን እንደሆኑ መቼ አወቁ የመሀንነት ምርመራ አድርገው ያውቃሉ ?
3. ለመሀንነትዎ ምክንያት ሊሆኑ የሚችሉትን ነገሮች አስበው ያውቃሉ?
4. ባህላዊ (መንፈሳዊ) ህክምና ተጠቅመው ያውቃሉ ባህላዊ ሀኪሞች ወይም ፈ.ዋሾች ጋር ሔደው ያውቃሉ?
5. የትዳር ጓደኛዎ መሀን ከመሆንዎ የተነሳ ፍቺ ያካሂዱብኛል ብለው ይስጋሉ?
6. ከትዳር ጓደኛዎ፣ ከትዳር ጓደኛዎ ቤተሰብ ወይም ከማህበረሰቡዎ ተገለው ያውቃሉ? ምን አይነት ቃላትና አባባሎችን በመጠቀም ተነቅሏል፣ ተሰድባል?
7. የግብረሰጋ ግንኙነት ሲፈፀሙ የትዳር ጓደኛዎ ስሜታቸው የማይረካ ይመስልዎታል?
8. አንዳንድ ሰዎች መሀን የሆኑት ከጎሳቸው ውጭ የትዳር ጓደኛ በመመስረታቸው እንደሆነ ያምናሉ እርሶስ ሀሳባቸውን ይጋራሉ?
9. መሀንነት ማህበራዊ ኢኮኖሚያዊ እና ስነ ልቦናዊ ጫናዎችን ይፈጥሩብኛል ብለው ያስባሉ?
10. የምክር አገልግሎት ላሉበት ችግር መፍትሔ እንደሚሰጥዎት ያስባሉ?

2. ትኩረት ተኩር የቡድን ውይይት

1. ለመሀንነት መፈጠር ምክንያቶች ምን ይሆናሉ ብለው ያስባሉ?
2. መሀን በመሆንዎ ብቻ ከማህበረሰቡ ጫና ደርሶብዎት ያውቃል?
3. መሀን ጥንዶች ለምን ወደ ባህላዊ ህክምና ይሄዳሉ?
4. የምክር አገልግሎት ችግርዎን እንዲወጡ የሚረዳዎት ይመስልዎታል?
5. ማህበረሰቡ ስለመሀንነት ያለውን አስተሳሰብ እንዴት መለወጥ ይቻላል?
6. ባህላችን ሴቶችን ከወንዶች ይልቅ ለመሀንነት ተጠያቂ ያደርጋል?

ልምዳችሁን ስላካፈላችሁን እናመሰግናለን