The Blame Game of Infertility - Looking into Context of Pakistan

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Abstract

The social context of Pakistan is hugely strong because of the myths and misconceptions and varied issues relating to Sexual and Reproductive health. The paper aims to share a witnessed scenario, which ended up into a situation of suicide because of blame of being infertile. The communities we live and survive are patriarchal and women have to bear all the time issues of reproductive health and called infertile if they are not having child since a long time without getting into a proper checkup for both spouses. Also, they are asked for divorce, forced to leave homes or physically tortured as if they are a baby making machine. The paper moreover, discusses basic and common concepts in context of Pakistan highlighting how women are always blamed for this issue.

Keywords: Infertility; Blame; Pakistan; Women

Introduction

Reproduction is a biological phenomenon, and it plays a crucial role in the formation of social connections in terms of families and communities. Thus, failure in creation of successful family or offspring is labeled as infertility in wage terms. People in family or in surroundings stigmatize infertility and consider every cause of lack of reproduction under umbrella of infertility.

According to World Health Organization infertility is incapability to give birth to a child even after 12 months or more of regular unprotected sexual intercourse. It is a global problem impacting between 60 million to 168 million people worldwide. Despite of high fertility rates, infertility is a major reproductive health problem in Pakistan affecting approximately 21.9% of its population [1].

Bearing children is regarded as most important part of stable marriage in Pakistani society therefore infertility becomes a source of distress for many individuals. Although, infertility affects couples but mostly women have to bear the burden of negative societal perceptions and is regarded as sole cause of infertility [2].

The influence of negative perceptions and societal neglect severely impacts the emotional, psychological and physical health of infertile women. The inability to bear an offspring adversely impacts relationships with husband and other family members, leading to disruption in their social status and altered experience of self [2]. Infertility thus creates a sense of failure at interpersonal, personal, and social level. In serious incidences relating to infertility, women may experience development of psychopathologies like stress, aggression, depression, self-blame and suicidal ideation.

Clinical observation

A similar case came across us during our clinical practice in a tertiary care hospital of Pakistan. A 36 years old woman brought to Emergency Room with a suicide attempt, when her husband divorced her after 5 years of their marriage. The reason for the sudden decision of divorce related to infertility (as per the client shared) and she couldn't bear children so her husband is upset from her. Further she added, "in order to become a father he wants to re marry and says that he wants to get rid of me and want to divorce me". As shared by her mother,

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the client also experienced physical abuse because of the reason shared earlier. Not only the husband but all her in laws are verbally and physically abusing her, cursing her and want her to leave the home.

She shared that she feels like worthless as a human that she has no goal in life. As a woman bearing children is her ultimate goal and if she is infertile or unable to bear children, there is no use of being alive. Consistent abuse from community women and other neighbors, she attempted to kill herself. She also thinks that she has failed as a wife as she cannot keep her husband happy.

Contextual view towards fertility

Despite of many negative consequences infertility remains neglected as a burning issue. Many wrong perceived societal and religious beliefs serves as reason for considering women as sole cause of infertility. In the apparent view of Pakistani culture it is usually said that it's God's decision to either bless someone with child or not. Thus, infertility is not thought as a disorder rather it is considered as a result of God's will [2]. The lack of considering infertility as a disorder hinders health pursuing behavior and refrain individuals from seeking appropriate and timely medical help.

In Pakistan it is a commonly believed that a woman attains the status of sexual and social maturity only after bearing an offspring. Therefore, the failure to bear children creates feeling of failure to fulfill the expected role by society leading to many negative social, cultural, economic, and health consequences [3]. Moreover, the common ideology of male dominance in Pakistani society neglects the thought of possible infertility present or emerging in males. Thus, the issue of male infertility remains unattended and untreated.

A research conducted in Karachi, Pakistan few years back showed that out of 385 samples only 40% of the participants considered that males can also experience or can have infertility [1]. An additional key factor to this is lack of knowledge regarding infertility among Pakistani population. Most women are unaware about the availability of treatment modalities and about right time to seek medical help. This serves as barrier in approaching treatment options [2,3]. Another important drawback that is seen, relates to absence of women empowerment, strong hold of patriarchy and lack of liberation prevents women from taking decision for their own self or bring a mutual decision along with partner. This leads to lack of willingness to approach medical help despite of awareness.

What can be done?

Since infertility is a major concern of our society, significant measures are required to improve the situation in Pakistan. As health care professionals we can help the victims by providing facilitation in information gathering and informed decision- making process regarding cause and treatment modalities of infertility [4]. Moreover, individual and couple counseling sessions should be planned while caring for infertile individuals to promote their psychological wellbeing and decrease negative psychological impacts of infertility.

It is necessary to provide awareness to public in general and infertile couples in particular, regarding the causes of infertility. In addition, emphasizing on the concept that any of the partners could be infertile and therefore it is vital to examine both of them, instead of blaming anyone partner only. Male empowerment and Female empowerment both are necessary to bring a mutual decision and seek support from both partners in terms of treating infertility and remove stigma from it.

Pakistan is a country with increased fertility rate and high bulk of people living in it regularly increasing its population pyramid shows a view that we do not face infertility and thus it's an absent and neglected theme in terms of sexual and reproductive health [2]. Therefore, it is necessary for governmental and private health institutions to modify their policies to inculcate quality services to deal with infertility. Also, institutions those work for care of infertile are less in number or with less qualified staff to deal clients. Improving service standards will bring assistance to patients, as their issues will be resolved and this will remove stigma from infertility. It will also help couples to seek a good treatment for themselves.

Moreover, the available infertility treatments are of high charges and usually require long term management; this creates economic burden on infertile individuals along with their families [5]. This results in either lack of approach or withdrawal from the treatment. So, it is necessary to ensure availability of proper treatment by qualified staff and with nominal charges.

It is a huge stereotype that as health care providers we should not counsel infertile couples about contraceptives and family planning. Since, they are either seeking treatments of are in medical assistance to bear children it is very important to keep an education session that will help them in future as well.

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Male inclusion in sexual health education and rights is very important. So, male spouses can become powerful pillar to support women and coordinate with family and handle their blames. Support in treatment and diagnostics of both spouses will also be feasibly attained if male are aware about these issues. It is also very much important to keep both spouses mutually on a similar path, as in the above shared case, mostly women in Pakistan and Asian context consider themselves very much subordinate and have a huge fear of not bearing children. Their huge concern is related to conceiving and bearing children as they think it's their ultimate duty [6,7].

Coordination and planning for client

The client was dealt with a proper program where management of hospital, counselors, nurses, ER faculty and physicians met the family and client with periodical meetings and help the client to cope with the situation. Also, the team tried to help the family and client to brainstorm possible activities for way forward so that client can have diagnostics to see whether she really requires a treatment and if possible plan to re marry. The lady was fine with starting life with a new spouse but she prioritized getting a job first and plan marriage later. Also, she shared that in case there is a need of treatment or further detail options she will contact the physician team and go according to their suggestions.

Conclusion

It is clear therefore, infertility is a major community concern, which requires substantial attention. In Pakistan particularly the burden of infertility is subjected to women only which leads to their disrespect and abuse. This results in severe psychological and physical suffering which ultimately affects their physical, mental and social health. That is why it is the duty of all of the health sectors to plan proper intervention to deal with infertility and to decrease its physical, psychological and social burden from society.

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