



**AN EXPLANATORY VISION OF MARRIED WOMEN'S SOCIO-PSYCHO
PROBLEMS DUE TO THEIR POOR PRODUCTIVE SYSTEM WITH CONTEXT TO
INFERTILITY'S IMPACT ON THEIR SELVES AND FAMILIES**

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Abstract

Married women who are infertile face numerous issues in their homes relating to their socio-psychological and physical environments, especially in the traditional parts of Pakistan where women are viewed as machines that produce children yearly. If she is unable to accomplish this, she is justified in tolerating abuse of any kind. Therefore, the purpose of this study is to identify the issues that women with infertility specifically confront, discuss the fundamental causes of the prejudice against infertile women, and identify solutions to the problem. The researcher used quantitative research to accomplish her purpose, and to do so, she chose the rural south Punjab region, particularly the rural region surrounding Multan City, which comprises Khanewal, Kabirwala, and Muzaffargarh. She used cluster analysis and purposive sampling to compile her sample of 50 women. To collect data, a structured questionnaire with closed-ended questions was constructed. Because it was a very delicate and sympathetic subject for women, the researcher built extremely strong relationships and gathered information. Because it is an explanatory study, its conclusions and recommendations will be based on its credible and detailed findings. Therefore, the researcher is very optimistic that this study would offer helpful suggestions to resolve the issue.

Keywords: *infertility, socio-psychological and physical environments, Culture, Traditional effects, Unawareness, Illiteracy, shame, Honor, stigma, stress, support.*

Introduction

A condition known as infertility affects a woman's capacity to become pregnant and give birth to a child in some way. This is typically identified in heterosexual (a man and a woman) couples after a year of attempting to get pregnant (but may be diagnosed sooner depending on other factors). One-third of infertility issues for heterosexual couples are caused by male issues, one-third by female issues, and one-third by a mix of factors or unidentified causes. It is referred to as "female factor" infertility when the female partner is at the root of infertility.

. Infertility affects millions of people of reproductive age worldwide and has an impact on their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally. In the male reproductive system, infertility is most commonly caused by problems, absence or low levels of sperm, or abnormal morphology and movement (motility) of the sperm. Some couples have "unexplained" infertility or "multifactorial" infertility (multiple causes, often both male and female). Polyps, fibroids, septum, or adhesions inside the cavity of the uterus can cause problems with ovulation. Some eggs may have the wrong number of chromosomes and cannot fertilize or grow into a fetus.

In the female reproductive system, infertility may be caused by a range of abnormalities of the ovaries, uterus, fallopian tubes, and endocrine system. And genetic diseases like a tumor, heart problems, and cancer. Infertility can be primary or secondary. Primary infertility is when a pregnancy has never been achieved by a person, and secondary infertility is when at least one pregnancy has been achieved (WHO, 2018).

Marriage and having children in a supportive environment is a common features of societies in developing countries. Procreation is highly valued in patriarchal, patrilocal, and patrilineal



civilizations because children are essential sources of enjoyment, support, resources, labor, and personal security for seniors in the family, as well as symbols of life success. Additionally, sociocultural norms and beliefs tend to favor higher fertility. In such a setting, childlessness is viewed as deviating from "the established conceptions of biological inheritance" and "normal ways of living." Prejudice and animosity are sometimes fostered by childlessness or even the absence of a male child. Beauty, elegance, power, and fertility are also connected with feminism in a religious context (Dyer et al, 2009). In civilizations where the duties of "motherhood," "homemaker," and "family inheritance" is overemphasized, fertility is seen as a fundamental quality and a feature that defines young women's roles. Their ability to perform this job increases their sense of self-importance, self-assurance, marital stability, and sense of independence, power, and value within their families and kinship connections. Women are invariably unfairly blamed for infertility or miscarriage in relationships. Subfertile women from pronatalist communities frequently pay a bigger price for childlessness than their male counterparts, which in turn contributes to a loss of self-esteem and physical, mental, marital, and economic insecurity among them. Additionally, there is a significant connection between fertility, femininity, and masculinity. Additionally, being childless is associated with sexual ineptitude (Aggarwal, 2013) Women over the age of 35 have a higher risk of having fertility issues. Age is becoming a more common factor in female infertility because many couples are waiting to have children until their 30s or 40s.

Objectives of study

- Determination of the position of infertile women in society is one of the primary goals of this study.
- To learn how to resolve this problem and enhance the quality of life for infertile women

Theoretical foundation

Patriarchal society, according to Connel's theory of hegemonic masculinity, has a high rate of prejudice against women. Women are very weak in a male-oriented society. Pakistan is a patriarchal society, and men always blame women for every misfortune. A woman has no right to life if she is unable to give birth to a child. This theory is very supportive of this research (Connel,1995).

Review of literature

Segal,2019, addressing infertility can also increase gender inequality. Although both women and men can experience infertility, women in a relationship with a man are often perceived to suffer from infertility, regardless of whether they are infertile or not. Infertility has significant negative social impacts on the lives of infertile couples and particularly women, who frequently experience violence, divorce, social stigma, emotional stress, depression, anxiety, and low self-esteem.

This may be explained by the fact that the sample consisted of women who were receiving treatment at specialized infertility clinics, and that after several failed efforts and as they grew older, there may have been a drop-off in treatment-seeking and acceptance of childlessness. The results of the study by Mola (2009) indicated a similar link between being overweight and seeking infertility treatment, and they also identified a significant association between rising body mass index and infertility in the patients. To explain the link between BMI and infertility, he proposed a multi-factorial interaction and the effect of obesity on the hypothalamic-pituitary-

ovarian axis, leading to anovulatory cycles, as well as the association of obesity with the polycystic ovarian disease. Similar to the findings of the study by Wilcox et al.,(1993) a significant association between high socioeconomic status and infertility was also found. This association has been explained as being a reflection of the socio-demographic profile of those seeking treatment in specialized infertility clinics, as well as due to the delayed trends of motherhood in individuals of high socioeconomic status and related problems with pregnancy.

Methods of research

The researcher adopted a qualitative research design for this study. A case study was a very suitable method for this investigation because, through a case study, the researcher could get detailed information from victims directly. The researcher chose the purposive sampling technique to get the data. The researcher selected 20 married females who have no children; their age limit was fixed at 30 to 45 years. Due to a very personal and sensitive issue, the researcher created a very good rapport and conducted an in-depth interview. To analyze the data using thematic analysis.

Discussion

The investigation into the varied causes of infertility, the multitude of attempts required, and the cost and length of the treatment take a tremendous toll on the physical and mental health of the woman, which needs to be approached holistically to minimize the burden of the condition. With several studies examining the causes and treatment modalities for infertility, the effect on health-related QoL(Quality of Life) and marital and sexual functioning, and the acceptability of the treatment modalities, this is a poorly researched area in Pakistan

The findings of this study are consistent with those of other researchers who contend that infertility is a social issue in developing countries with significant sociocultural consequences and social treatments. The majority of patients who are receiving treatments find the process humiliating, stigmatizing, and shame-inducing. Negative societal views and the perception that infertile women are flawed and socially awkward add to their suffering. Low spousal support, financial hardships, and social pressure in the early years of marriage all predict infertility-related misery in both men and women. Peer support neither foretells nor guards against distress, possibly because the majority of patients maintain a high level of secrecy and concealment while receiving infertility assessments. Women who had overly involved families and exceed expectations of their therapy experienced distress at a rate that was three times higher. Women who had family members accompany them during treatment cycles had twice as much distress as women who had their husbands accompany them. Family members who were overly involved tended to overestimate the likelihood of live birth and the efficacy of the treatments. Particularly in cases of treatment failure, this element predicts distress and adds to dejection. Due to the same reasons, therapy discontinuation is probably very common. Additionally, data indicate that patients may not be able to afford to undergo continuous cycles of assisted conception and reproductive treatments due to a variety of psychosocial and financial problems.

Data Analysis

Table: *Effects of Infertility on Victims*

S.No	Effects	frequency	percentage
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1	separated	3	15%
2	divorced	3	15%
3	Husband's second marriage	4	20%
4	beating	2	10%
5	Family and cultural abuse	2	10%
6	Living together	1	05%
7	depression	2	10%
8	Financial crisis	2	10%
9	Attempt to suicide	1	05%
Total		20	100

(Source: Primary data)

Response of interviewees

1: "We are apart."

2: "My spouse has filed for divorce; my parents pleaded with him to keep me with him, but he refused."

3: My husband remarried, not divorced me.

4: "My husband and I compromised to live together without having children."

5: "He mistreats and abuses me, as does his family."

6: My spouse got remarried, and his parents have abused me.

7: Although my spouse didn't second marriage, he beats me every day.

8: "My husband hates me and engages in illegal sexual activity with non-family members."

9: "He divorced me and got remarried, and while he's happy with the second wife, I'm having a lot of emotional and financial issues."

10: "We adopted a girl as a newborn."

Infertility's effects on a woman's marital life

Themes

By using thematic analysis, I was able to identify some important motifs, such as couples splitting up, divorce, and spouses getting remarried. Living together and making compromises,



conflict and battering societal issues, depressed mood, Women who attend bogus "molvi's" and "peers" and are misled by "taveez" and "jadu" spend a lot of money. Fiscal difficulties

- Separation
- Divorcement
- Second Marriage of spouse
- Compromise and stay together
- Bettering and conflict
- Cultural issues
- Depression
- Women are misguided by "taveez" and "jadu" and waste a lot of money to visit fake "molvi's" and "peers".
- Financial issues

Findings

- In developing nations, particularly in rural areas, gender prejudice is at its highest peak. More than half of Pakistan's population lives in rural areas, making it a developing nation. The gender discrimination rate is quite high in Pakistan's rural and traditional communities, which are very conservative. According to Siamone de Beauvoir's statement in the book "Second Sex," being a mother might help a woman fit in with a culture that values men. Because she is a mother, she has the right to live; otherwise, infertile women shouldn't be allowed to participate in society.
- Due to their inadequate reproductive systems, infertile women experience numerous issues. She is incapable of running her marriage. The man never loves a woman as a human being, with her intelligence, her actual emotions, or her dreams; instead, he simply cares about whether she can give birth. If she is infertile, her relationship with her husband will never flourish.
- Every step of the way, a woman's partner will say something to hurt or annoy her for not being able to have children. If the husband is ignorant and uneducated, he may assault the wife.
- Most couples would rather get married again than feel obligated to divorce their first spouse.
- The culture hates women, and people don't respect them.
- It is a painful reality that infertile and divorced women are not invited to weddings because it is believed that women who are infertile or divorced are cursed.
- Women are affected physically and psychologically by these facts, and they are sad, had an unprotected life, suffered from melancholy, and were lonely. The majority of disorders, such as those related to hypertension, the heart, sugar, and excess, affect women.
- Infertile women experience frustration when they observe prosperous and content relationships. Women have attempted suicide in various instances, according to studies from time to time.
- When a husband marries again, the first wife, who is childless, experiences inferiority complexes and is mistreated by the second wife and stepchildren, which is harmful to a woman's health. If a woman has the inadequate reproductive capacity and, with God's



blessing, falls pregnant unexpectedly, she may occasionally experience abortion caused by depression and inattentive husbands.

- Rural areas are where the “*Jadu*” and “*Taweez*” systems are rooted. There is a thriving culture of phony “*Peers*” and “*Molvies*” who scam others with their deceitful discourse and steal from the poor. As a result, to ensure the safety of their marriage relationships, naive women seek advice from such phoney “*Molvies*”. Women help them financially despite going through financial difficulties. There have been certain instances where false peers and “*Molvies*” have raped and sexually assaulted unaware women.
- A wide variety of people, including heterosexual couples, same-sex partners, older persons, individuals who are not in sexual relationships, and those with certain medical conditions, such as some HIV serodiscordant couples and cancer survivors, may require infertility management and fertility care services. Inequities and disparities in access to fertility care services adversely affect the poor, unmarried, uneducated, unemployed, and other marginalized populations.
- Although both women and men can experience infertility, women in a relationship with a man are often perceived to suffer from infertility, regardless of whether they are infertile or not. Infertility has significant negative social impacts on the lives of infertile couples and particularly women, who frequently experience violence, divorce, social stigma, emotional stress, depression, anxiety, and low self-esteem.

Conclusion

Due to recent and past research's highly positive findings, infertility is no longer a condition that cannot be treated. It's treatable. If women are aware of it and follow the recommendations of specialists, there are medical and psychological treatments to overcome it. Women in rural areas are reluctant to visit maternity homes and see doctors. Those ladies ought to be courageous and fight for their right to have children and enjoy family life.

According to the study, infertility in women can have a variety of effects on various aspects of health and functioning, including marital adjustment, sexual functioning, and quality of life (QoL). The survey also looked into Pakistani women's preferences for infertility treatment approaches. The investigation and treatment of infertility consume a significant amount of healthcare resources, personnel, and research; nonetheless, the patient's comprehensive and necessary care is still not being adequately addressed. To impart a holistic treatment, effective counseling, reassurance, and steps to lessen the condition's influence on marital and sexual life as well as the overall quality of life are required. This can be done in tandem with clinical treatment plans to provide a comprehensive approach to treating the illness, easing the stress on infertile couples, and assisting them.

Suggestions if physical infertility is undeviating

- Infertility in either sex is a treatable condition. Its treatment is comprehensive. If there is a physical injury, such as a uterus that has been damaged in an accident or another accidental problem, there may be the potential that it will never heal. Therefore, I advise the woman who is suffering from infertility to seek safe treatment rather than feeling discouraged.



- Please get in touch with infertility clinics to obtain test tube children if they want to live a joyful life with children and have a successful marriage. This is an extraordinary way to break free from unhappiness and cultural abuse.
- Adopting a child from a welfare organization such as Gehwara, Edhi Center, and others. Many children become lost or misplaced after extreme disasters like earthquakes or floods, so assist those defenseless children by trying to adopt them.
- Adopt a relative's child, especially a female newborn, if relatives have numerous kids.
- Infertile women should keep themselves active
- Women who are unable to have children might do a variety of things to make up for their loss, as we have seen.
- Develop their strength through education
- Work in an organization to become occupied and independent
- Earn money and stop depending on any family members
- If children are sheltered in old age, they should become the shelter for themselves and become powerful individuals.

Recommendations

- The best way to ensure a child's future is through medical attention. In any situation, women should take care of themselves.
- The second choice is morality. believing in their destiny and having faith in Allah. Never be disappointed by your thinking. Any time they wish, Allah will grant their request.
- Women should be educated and informed of the problem so they can act responsibly.
- As societal and cultural norms have changed, women should be seen as human beings rather than sex objects or childbearing machines. It is necessary to eliminate conventional and conservative incorrect assumptions.
- Get rid of conservatism, make the traditional patriarchal structure flexible, and lessen male child yearning. Female newborns should be socialized with encouragement, and female children should be embraced.
- Women working in small enterprises should be encouraged because they will stay occupied and experience fewer depressive episodes as a result.
- Increase the women's sources of income so that they can feel financially secure.
- According to a recent survey, many spouses have separated from their wives or divorced them, leaving the women in these situations all alone and struggling financially. They are capable of supporting themselves.
- Women who are unable to have children should be protected from domestic abuse by the government. The government should provide opportunities for women to work and start small businesses through installment payments. Additional judicial institutions that are tasked with caring for pregnant women would be established. Women should have access to free medicine and healthcare during pregnancy.
- Women's issues should be simple to communicate.
- Free maternity homes and medical care ought to be implemented.



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