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RESEARCH ARTICLE

"I AM TIRED OF BEING CHILDLESS": SOCIAL EXPERIENCES OF WOMEN WITH INFERTILITY

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ABSTRACT

In the African setting, the presence of a child is seen as a necessity to continue the family's bloodline. It is also believed that, the presence of a child enhances the status of any woman. Therefore, failure for any woman to portray her motherhood role leads to a lot of social atrocities. The purpose of this study was to explore the social experiences of women with infertility. The social component of the bio-psychosocial model was used as a guiding framework to understand the experiences of these women. The study utilized a qualitative exploratory descriptive approach to conduct a semi-structured interview on fourteen (14) women who were purposively selected between November 2015 to January 2016. Each interview lasted 30 to 40 minutes. Questions asked included the social experiences of women with fertility problems. All interviews were audio taped, transcribed verbatim and analyzed using thematic content analysis. Social experience was identified as a major theme. The findings showed that, women with fertility problems experienced some social difficulties in their lives. Amongst these social experiences were stigmatization, intentional isolation and inability to attend social function, and marital instability.

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INTRODUCTION

Although infertility is a global reproductive health issue for both sexes, issues of infertility are neglected and paid less attention to (Weiyuan, 2010; Cousens *et al.*, 2011). It is generally believed that globally, infertility affects approximately 15% of couples worldwide and usually influenced by a woman's age (Ray *et al.*, 2012). Again, it is generally believed that, 48.5 million couples are infertile, of which 19.2 million are primarily infertile while 29.3 million of them are also known to be suffering from secondary infertility (Cousens *et al.*, 2011; Direkvand-Moghadam *et al.*, 2014; Mascarenhas *et al.*, 2012; Weiyuan, 2010). Infertility may be primary or secondary; Primary infertility is considered as having never conceived after one (1) or two (2) years or more of unprotected regular sex (Mascarenhas *et al.*, 2012). Secondary infertility is also referred as having conceived before regardless of the final outcome but now have difficulty in conceiving again (Mascarenhas *et al.*, 2012). Other forms of infertility identified by the Advanced Fertility Center, in Chicago, (2015) were the combined and unexplained infertility. Combined infertility was described as instances whereby both partners are either infertile or sub-fertile with the cause of their problem resulting from genetic or immunological condition. It is also believed that sometimes, each partner would be without a problem but they cannot conceive without any assistance.

Unexplained infertility is also defined as a type of infertility where the cause is unknown (Advanced Fertility Center, Chicago, 2015). In the African culture, observations are that the true meaning of marriage is only fulfilled when couples conceive and bring forth children due to the hallmark and high premium placed on womanhood by both the extended families and society at large. Again in Africa, childbearing is often seen as a source of power, pride and an important aspect of life since it gives the family hope and assurance of continuity in lineage. This therefore means that, failure or inability to fulfil this societal obligation simply means that there is no recognition at all for such persons in the society (Tabong and Adongo, 2013). Having a child is one of the basic building blocks of marriage in the Turkish society. Hence, children were seen as a necessity to continue the bloodline. Due to this, a man who is unable to have a child by his wife may divorce her or marry a second woman (Tabong and Adongo, 2013). Also in Ghana and some parts of Africa, motherhood or parenthood is often the only way men and women use to enhanced their status within their family and community. Hence, issues pertaining to infertility have always caused a considerable suffering among women. In some parts of the world, infertile women are paying a very high price. These includes public ridicule, adding of nick names to their original names, ostracism and serious economic deprivation while it also has severe consequences on both the psychological and social wellbeing of these women (Minucci, 2013). In addition to the above mentioned stressful experiences, they may suffer some form of psychosocial trauma including depression,

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frustration, high levels of anxiety, social isolation, perceived stigma, physical violence, suicidal ideations, threats from husbands and husbands' family, rejection, abandonment, divorce and mockery to the extent of calling women without children in their old age witches (Donkor and Sandall, 2007; Minucci, 2013; Naab and Heidrich, 2013; Tabong and Adongo, 2013). A study conducted on the implications of infertility revealed that, some respondents expressed their grievances to the fact that they were not treated fairly in their societies as compared to their other counterparts. They were referred to as witches in most cases, excluded from conversations pertaining to child rearing and discouraged from interacting with other children including sending them on errands (Fledderjohann, 2012).

Theoretical framework

The bio-psychosocial model (BPS) of health as conceptualized by Engel (1977) provides a useful framework for examining and managing diseases or illness due to its importance of biological, psychological, and social factors. Engel's main emphasis on the patients' experience was a key to the bio-psychosocial model. In view of these numerous societal ordeals experienced by women with fertility problems, the social component of the bio-psychosocial framework by (Engel, 1977) was adapted as an organizing framework to understand the social experiences of women with fertility problems.

Social Component of the Bio-psychosocial Model

The social component of the bio-psychosocial framework, addresses how different social factors influence and affect one's health. It also addresses the fact that every individual interacts and relates to friends and loved ones within the society hence a diagnosis in one person has a social consequence on the part of the person and the family, potentially manifesting disruption and extra burdens and/or deprivations depending on the disease progression and how the family responds to the disease. He discussed specifically that, anyone with a disease condition one way or the other experiences some form of social consequences, which demands that, they adjust themselves socially either during or after illness. This therefore means that, a diagnosis of an individual may cause that person to experience some form of social trauma. Nevertheless, few studies on infertility have utilised this framework but in different perspectives. In addition, few studies on the social experiences of women with fertility problems showed how these women went through an unfair treatment in their societies and everywhere they find themselves. Example, in a quantitative study conducted in Nigeria by (Ameh *et al.*, 2009), the study revealed that, 41.6% of the total number of two hundred and thirty three (233) infertile women who participated in the study experienced domestic violence because of infertility. The researchers outlined some forms of these violence as psychological torture 51.5%, verbal abuse 39.2%, ridicule 27.8%, physical abuse 17.5% and deprivation representing the lowest form of violence 6.2%. The researchers further asserted that, there was the need for prompt evaluation, counselling, early treatment and prevention of infertility was necessary to avoid the suffering and domestic violence these women had to go through. These views of the researchers also corroborate with the findings of (Aygul *et al.*, 2013; Sheikhan *et al.*, 2014).

They also found out that, marital violence is a factor increasing the pain of infertile women where as they truly suffer proper domestic violence irrespective of their status in life. Again in Nigeria, a study was conducted in two Nigeria communities, on the experiences of fertility problems. The findings of the study showed that, infertile women were deprived from certain womanhood rites, discouraged from witnessing any womanhood rite being performed on others, prevented from attending women's association meetings and finally, were not permitted in playing certain vital roles. They were also buried outside towns in order not to bring calamity to the land when they die (Whitehouse and Hollos, 2014; Behboodi-Moghadam *et al.*, 2013). In addition to the aforementioned experiences associated with infertility, issues of stigma have been reported as one of the key social experiences that hinder the health outcomes of women with infertility. For instance, a study conducted in Southern Ghana indicated that, out of six hundred and fifteen women who participated in the study, majority of the women representing (64%) that were used for the study felt stigmatized as a result of their inability to have a child of their own (Donkor and Sandall, 2007). Again in Ghana, infertile women reported facing severe social stigma, marital strain and a range of mental health difficulties including worrying. It was known also that, aside the social stigma they have been experiencing, women with fertility problems also faced greater social consequences than their male partners while they were mostly ridiculed, insulted and to the extent of pointing fingers at them when friends and relatives gossiped to others about their difficulties (Fledderjohann, 2012).

Furthermore, in some northern part of Ghana, women without children in their old age were often branded as witches and abandoned by their relatives and friends. They were not allowed to interact or take care of other people's children as they were often accused of having "eaten up" all the children in their womb and could bewitch or cause the death of other people's children. They were also seen as being dangerous to society in their old age since it was assumed that, they will become more envious of other people's children and will stand at nothing but cause the death of other people's children. Aside being stigmatized, they were also excluded from leadership roles in their communities and were denied membership in the ancestral world thereby losing the opportunity to live again (Tabong and Adongo, 2013). Also in Iran, women with fertility problems reported facing several social problems that affected their quality of their lives. Some of these problems included marital instability, social isolation including avoiding certain people or certain social events, social exclusion and partial deprivation (Hasanpoor-Azghdy *et al.*, 2015). Similarly, the experiences of infertility among married Kenyan women in Nairobi also revealed that, the problem of these women negatively influenced how people related to them in the society they found themselves in including their husbands, family members, friends, and in-laws just to mention a few. It was also revealed that, these women tried as much as they can to isolate themselves so as to avoid embarrassments and maltreatments (P.Kamau, 2011).

MATERIALS AND METHODS

Study design: An explorative descriptive approach was used to explore the social experiences of women with infertility.

Research setting: The study was conducted in one of the tertiary hospitals in Ghana.

Procedures: The study was reviewed by the Institutional Review Board of Noguchi Memorial Institute for Medical Research, (IRB-NMIMR).

Recruitment: With the help of the matron in charge, the purpose of the study and inclusion criteria were explained to the women and volunteers were invited to participate in the study. Each member was given a participant information sheet that had details about the study. The day, time and venue for the interview were scheduled at their convenience. On the day of the interview, each interested member signed a consent form. At the end of the meetings, 14 volunteers participated in the study.

Inclusion criteria

Participants eligible for the study were women aged between twenty (20) and forty five (45) years, diagnosed of infertility and were fluent in Akan, Ga or English.

Exclusion Criteria

Women who were not yet diagnosed of infertility, those who could not express themselves in English, Akan or Ga and finally, those who did not want to participate voluntarily.

Interviews: Date and time for the interview was confirmed from the women by the researchers. A semi-structured interview was conducted in November 2015 to January 2016. Most interviews were conducted in the facility, with just few conducted in the homes of the women. Prior to the interview, the interview guide was pre-tested on 4 women with the same condition but different location so as to test the efficiency of the interview guide. Interviews were conducted in Ga, Akan and English with questions on social experiences of infertility. Each interview lasted for a period between 30 to 40 minutes. All interviews were audio-taped with the permission from the women, and transcribed verbatim for analysis.

Analysis

Analysis in qualitative research refers to the point in the research process where the researcher has the opportunity to put into words all the recorded interviews on tapes into writing. It also involves listening attentively to narratives, sharing descriptions, and understanding what has been said as well as maintaining the highest degree of truthfulness (Carpenter and Speziale, 2007). Analysis of data commences as soon as interview starts. All the recorded interviews on tape were transcribed verbatim by the researchers at the end of each interview. The accuracy of the transcribed transcripts was re-checked by reading repeatedly and listening to the audio-tape recordings at the same time. After all audio-recordings have been transcribed, data were typed and then analyzed using thematic content analysis (U. Flick, 2006). Thematic analysis has to do with the process of labelling qualitative information to identify and interpret patterns in an unprocessed or raw text. In thematic analysis, the researcher familiarizes herself with the transcript by reading carefully in order to identify the theme that reoccurred. The theme was then coded with each

corresponding subthemes using a carefully developed thematic code frame. The emerging theme and subtheme was reviewed by the researchers, and the relationship among categories was used to describe the social experiences of infertility among women. All phrases or sentences that fitted a particular code were also labelled as such.

RESULTS

The results showed that women with fertility problems encountered some social atrocities. Social experience was identified as the main theme, with four subthemes which are; stigmatization, intentional isolation, marital instability and inability to attend social function. The results are presented with verbatim quotations from the women.

Demographic characteristics

The ages of the women ranged from twenty seven (27) to forty two (42) years; three (3) of the participants were below thirty (30) years, ten (10) were between thirty (30) and thirty nine (39) years and the remaining one (1) was forty two (42) years. All participants were women having problems with fertility. The duration of their inability to conceive ranged from two (2) to twelve (12) years. All the women had some form of formal education with one being a graduate. Their occupational categories were grouped into two (Government and Private); five (5) of the participants were government workers while the rest were self employed. All the fourteen women were married. Two (2) of them had a child each and were looking forward to have another while the remaining eleven (11) had no child at all.

Theme and subthemes

Based on the constructs of the theory, social experiences emerged as the main theme with stigmatization, intentional isolation, marital instability and inability to attend social function as subthemes. Below, the meaning of the subthemes is presented by using the participants' direct quotations.

Stigmatization

Stigmatization was one of the major social stressors participants experienced. Participants expressed that they were always stigmatized whether at work, social gathering, church, and everywhere they found themselves as far as they were known by those around. Majority of the women attested to the fact that, they were always stigmatized because of their inability to conceive. A woman shared how she finally had to stop her church she loves so much and join that of her husband's. Her reasons were that, the humiliations she had to go through in her own church were just unbearable for her and for that matter needed to take that bold decision. She shared her story as this:

I had to stop my own church and join that of my husband because of stigma. Although, I was vibrant at my church and did not want to leave there, circumstances made me took that bold decision of leaving since the pressure there was too much for me to bear.

Another woman who also shared similar experience unfortunately did not have it easy even when she had to stop her church and join that of her husband's. She shared that, the terrible experiences she went through as this:

I thought stopping my church and joining that of my husband's own will relieve me of the stigma I am experiencing. Unfortunately, issues got worse rather at my husband's church. In my husband's church, almost all the prophets that visited the church called me in front and gave me all sorts of prophecies pertaining to my child bearing. Some prophets said within few weeks I was going to get pregnant while others also said within few months. Unfortunately for me, all these times passed by and there isn't any sign of pregnancy. In fact these acts of these pastors rather make me feel more stigmatized.

Another woman sadly shared her experience as this

I always go through deliverance at church and this is because, my pastor knew I had a problem and always called me in front and delivers me. Madam, this act of my pastor now makes me feel much stigmatized anytime am at church.

Intentional Isolation

Some women expressed that, their inability to conceive have caused them a lot. Some said they had to go to the extent of changing their mobile network, while others also said they had to cut down all friends and deliberately isolate themselves so that they would not be seen and be embarrassed by people. Most of the women reported that, they intentionally isolated themselves from friends and the society.

A woman had this to share

At the mosque, I make sure I go early, stand in front and say my prayers (to Allah) and come home without even interacting with people since I was not ready for any questions that will embarrass me.

Another woman also shared her story as this

My friends have now made me realized through their actions that I no more belong to their class or level. Some even address me indirectly in order to humiliate me. Now, I have cut off all my friends both good and bad. I have even gone to the extent of changing my phone number so that both my old and current friends would not have any contact of mine again.
Marital Instability

Feeling of marital instability was expressed by almost all the women who were interviewed. They attributed these feelings to the fact that their inability to conceive has somehow brought several tensions into their homes and marriages. They also shared that, the presence of a child would have gone a long way to minimize such tensions.

One woman had this to say as far as marital instability was concerned:

Sometimes there is a feeling of tension between my husband and I. This happens when at times I coil and become moody trying to think about my problem. This attitude of mine in a

way affects our intimacy and sexual relations and when it happens like that, my husband ignores me and would not even come my way.

Another woman whose husband already had a child with another woman explained how the presence of another woman's child in their home has brought about chaos and maltreatment to her marriage due to her inability to conceive. She shared her story as:

My husband has one child from another woman and since I have none for him, he refuses to cooperate with me. He makes suggestions that would only benefit him and his child even to the extent of doing all the donkey works in the house alone without the help of anybody. I have no right to complain else, it will turn into a fight. He also sleeps in the hall most often while he leaves me all alone in the bedroom.

Another woman whose challenge of child bearing had gone to the extent of almost losing her husband's love and care bitterly expressed her feelings as:

Everything was fine between my husband and I until my issue of inability to conceive cropped in. Now, things are no more the same with us. At first, he leaves enough "chop money" at home but nowadays, he has drastically reduced it and anytime I asked him why, he is like are we not only two (2) in number? What do you need plenty money for or you are now taking care of a family of four (4) and over..... More often than not, my husband was always at home with me but now, I only see him once in a while, and when I ask him why, he tells me that now work was occupying all his time even to the extent that, sometimes he comes home after months...

Inability to attend social functions

The results of the study also revealed that, women with fertility problems were unable to attend social functions like weddings, naming ceremonies just to mention a few. Nearly everyone reported that, although they had wished to go for such programmes, their difficulty hindered their desires. These were evident by the following narratives:

I have stopped attending all social programmes since I was doing myself more harm than good. At times you go and you meet friends with their babies all over, some playing with their children in a manner to make you feel hurt while others also ask you what you were still waiting for. I had to advise myself and stop going for those programmes because the more I attended such programmes, the more I feel hurt and sad. Apart from work, I do not go anywhere again. Even with work, if I had my own way, I would not go because my colleagues make me feel very, very stigmatized.

Another woman also gave out the reason why she was unable to attend social functions off late. She said:

I have decided in my life never to go for any social programme. Anytime I do so, I feel more humiliated and depressed. People I least expected, question me in a disrespectful manner concerning my child bearing, some also go to the extent of asking me when they were going to be invited to my child's naming ceremony. In fact I go through a

lot of terrible moments anytime I happen to attend a social programme.

DISCUSSION

This section discusses the way women with fertility problems are treated in the society in which they find themselves in and how terribly they felt. In our African setting, the presence of a child is seen as a necessity to continue the family's heredity or the bloodline. It is also believed that, the presence of a child enhances the status of any woman. Therefore, failure for any woman to portray her motherhood leading social role at where ever she finds herself means that, she is forever subjected to lots of worst social atrocities. Amongst these social experiences were stigmatization, intentional isolation, inability to attend social function, and marital instability. The findings of the current study revealed that amongst the upsetting social experiences of women with fertility problems was stigmatization. According to these women in the present study, they were stigmatized at every where they find themselves. Surprisingly, the findings of the study further revealed that, even within the church premises some pastors took advantage of the situation of these poor women and always performed deliverance on them claiming they were delivering them from the evil that has been tormenting them. They also reported being labelled, set apart, and linked to undesirable characteristics whiles they also suffer humiliations from most people more especially colleagues and friends. It was also identified from the study that the fact that these women were being called with all sorts of names (witches), gossiped about to the extent of people pointing fingers at them really troubled them. The findings of the present study corresponds with a study conducted in Ghana by (Tabong and Adongo, 2013) who stated that, women without children in their old age were often branded as witches and abandoned by their relatives and friends whiles they also experienced severe social stigma. Again, the researchers reported that, these women were ridiculed more often than not, insulted, and pointed fingers at when friends and relatives gossip to others about their difficulties. A similar view was also expressed by (Donkor and Sandall, 2007), whose study also revealed that, infertility-related stress and stigma were found among women with fertility problems. The researchers recorded that, 23% of these women experienced moderate stigma whiles the majority representing 41% experienced severe infertility-related perceived stigma.

The findings from the current study further indicated that women with fertility problems intentionally isolate themselves from people especially friends whiles they also refused to attend social function like naming ceremonies, funerals, and wedding just to mention a few. Most women expressed deep disappointments in some friends for not showing interest in their fight back with their problem of child bearing. Meanwhile, these so called friends rather "gossiped behind their back". Some of the women in the current study further claimed that, the very reason why they deliberately isolate themselves from friends and people they know was the fact that at every point in time of their gathering, that was when friends decide to ask intrusive and insensitive questions regarding their problem. These women further reported that the more they thought they were avoiding their friends so as to bring peace unto themselves; friends also avoided them since

they were without children. These therefore mean that, a woman without a child of her own should not even think of avoiding people especially friends since the thought of doing that would rather land her into more social problems. In addition, these women again reported avoiding some social ceremonies and events like baby showers, weddings and so forth so as to avoid getting in contact with people who would want to humiliate and stigmatized them in public. The finding from this study in the area of intentional isolation and refusal to attend social function is supported by (Hasanpoor-Azghdy *et al.*, 2015). The researchers reported that women with fertility problems are faced with severe social problems that could have devastating effects on the quality of their lives. The researchers outlined some of these tormenting social problems as; social isolation, including avoiding certain people or social events, social exclusion, partial deprivation and so forth. Similarly, (Kamau, 2011) also reported on how infertile Kenyan women suffered psychological, social and physical problems. The researcher also reported on how their problems have negatively influenced how people related to them in the society including their husbands, family members, friends, in-laws and so forth, whiles they also tried as much as they can to isolate themselves from those who will humiliate or stigmatize them.

One other remarkable finding in the current study under the social experiences of women with fertility problems is marital instability. Some women in the current study described how their relationships with their husbands have turned sour due to the fact that they were unable to give them children. These women in the study made mention of some factors that contributed to the change in attitude of their husbands. They reported that, the pressures mounted on their husbands from friends, relatives and significant others on the need to have a child are what usually lead to the instability in their marriages. The current study further recorded that, due to the problem these women had, some loss the love their husbands use to have for them, whiles the need for effective communication in their marriage also got destroyed. The finding of the present study seems consistent with the study that was conducted in Nigeria (Whitehouse and Hollos 2014; Behboodi-Moghadam *et al.*, 2013). The researchers in their findings also reported that, relationship between wife, husband and husband's relatives turns to be sour as time passes by and there was no sign of pregnancy. This led to difficult marital relations, loss of love, ineffective communication, permanent separation, husband divorcing and remarrying. A similar finding was also recorded in Iran and the United States (Hasanpoor-Azghdy *et al.*, 2015; Kamau, 2011). The researchers also confirmed in their findings that women with fertility problems suffered marital instability and uncertainty.

Conclusion

Infertility has negative influence on the social well-being of women in Ghana and the world at large. The findings from the study indicated that, women with fertility problems encountered a lot of social problems. They experienced problems in some aspects of their lives and were socially burdened with stigmatization, intentional isolation, inability to attend social function and marital instability. Hence improving the knowledge of healthcare professionals especially nurses about the complications of infertility is very vital so as to

provide high-quality care to infertile women and prevent negative consequences of this problem.

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