

Is Spirituality a Source of Support or Conflict for Infertility? A Qualitative Study

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Abstract

Background: Infertility has become an important public health problem in developing countries due to its high prevalence. Infertility is a difficult crisis situation with psychological and spiritual dimensions.

Aims: The aim of this study is to determine whether religion provides support or conflict for the infertility process in women.

Methods: This research was designed as a descriptive qualitative study. This study was conducted in a governmental hospital's infertility outpatient clinic in Istanbul, Turkey. Twenty participants participated in the face-to-face, in-depth interview technique used to gather the research data. A semi-structured interview and a comprehensive information form were used to gather data.

Results: In line with the interviews with the participants, 2 main themes, 9 sub-themes and 12 codes for the sub-themes were determined as the findings obtained based on the content analysis in the study, positive religious behaviors and negative religious behaviors.

Conclusions: In our study, it was found that women felt unhappy, hopeless and helpless and could not accept not being able to have children. Women blamed religion for their infertility. Religion first caused infertile women to experience conflict. After the conflict, women with religious affiliation perceived religious support as a source of conflict for others.

Keywords: Conflict; infertility treatment; spirituality; support.

Introduction

The World Health Organization (WHO) defines infertility as the inability to achieve fertilization despite engaging in regular unprotected sexual intercourse for a duration of at least one year or more. The identification of environmental determinants, particularly nutrition, that affect fertility is of significant importance from both clinical and public health perspectives. Globally, it is estimated that approximately one in every six couples experiences infertility [1].

Women experience psychological and social issues as a result of infertility, which manifests as a crisis in life and is influenced by a variety of factors, including cultural, religious, and class [2, 3]. For many years in the historical process, procreation or ensuring the continuation of the generation has a different importance with its psychological, sociological, religious and spiritual dimensions beyond being a basic instinct. Although the meaning of having a child has taken on different dimensions in this process, it still maintains its importance today [2, 4]. While birth or

fertility in the woman's body is a biological process, being a mother in cases of postponement, absence, loss or medicalization of fertility creates its cultural and religious dimension. In this context, the effect of cultural values and religious dimensions on infertile should be questioned [5, 6]. Dealing with this crisis is one of the most difficult things for women who have fertility issues. People look to religion for solace, hope, and respite from distress when confronted with life-altering events. Their beliefs can serve as their main coping mechanism for stressors in their lives, including illness, pain, and crises [7, 8]. Strong religious convictions can help infertile women cope and recover. While some women may view infertility as a punishment from a higher power, others may find comfort in the idea that it is a part of a divine design [4, 8].

The number of studies evaluating the positive or negative effects of religion on infertility is very limited. It has not been fully clarified how infertile women see religion as a support for themselves or how religion negatively affects their infertility attitude [6, 7]. Women

who develop negative religious coping mechanisms tend to come into conflict with God. Since parenthood is considered sacred in Turkish culture, childlessness is perceived as a test or punishment given by God [8]. However, the literature on how positive or negative coping mechanisms affect infertile women is very limited. It is very important for the health personnel who care for infertile people to determine how the infertile woman is affected by the religion she believes in. Because the religious meaning that women attribute to infertility directly affects treatment options, treatment continuation, perception of stress and perception of success [9, 10]. Sometimes the religious feelings of the woman can stand in front of the health personnel as a set. In this case, the maintenance process may not start at all. Determining how religion affects the perception of being infertile is also necessary in terms of determining spiritual care needs [11, 12]. Therefore, in this study, unlike the literature, it was aimed to discuss the positive and negative religious behaviors developed by infertile women and how these behaviors affect the infertility process.

Methods

This qualitative study was carried out at a university hospital's infertility outpatient clinic. 250 women who applied to the university hospital's infertility polyclinic between January 20, 2022, and February 20, 2023, made up the study's sample. Women who had been receiving infertility treatment for at least two years were included in the study. Purposive sampling was used to choose study participants. In keeping with our objective of reaching data saturation in in-depth interviews, we conducted our study with 20 willing participants.

Data Collection

Age, length of marriage, level of education, length of infertility treatment, work status, financial condition, and the cause of infertility were all inquired about in the introductory information form. Infertile women were asked four questions on the semi-structured interview form, with extra questions added according to how the interview went (Table 1).

Table 1	Semi-structured interview questions.
1. To cope with this situation, praying, perform prayer, going to the shrine, making a vow, etc. Do you make apps?	
2. What do you attribute your infertility to?	
3. How does the religious value affect your acceptance of infertility and your treatment?	
4. Do your feelings conflict with your religious values?	

Face-to-face in-depth interviews were used to gather research data. On average, the interviews lasted between forty-five and sixty minutes. Interviews with participants who allowed audio recording were conducted by a researcher. The resulting audio recordings were transcribed and reported. Interviews with the participants who did not allow audio recording were made with two researchers. While one of the two researchers was doing the interview, the other researcher took notes.

Data analysis

The data were coded line by line and then submitted to content analysis by the researchers in accordance with the literature. The researchers then collaborated to reevaluate and come to a consensus on the themes and sub-themes. Four researchers who were specialists in their domains and had

academic studies on qualitative research verified the percentage of consistency between the codes and themes in order to guarantee the validity and reliability of the study. The acquired value of 0.85 was assessed as proof of the consistency of the categories [21].

Results

Participants' Demographic and Obstetric Characteristics

After analyzing the causes of infertility, it was found that 45% of women, 25% of men, 20% had an unknown cause, and 10% were both male and female. The average duration of infertility among women was 5±1.75. (Table 2).

Table 2	Descriptive Characteristics of the Participants			
Participants	Age	Marriage duration (years)	Infertility treatment duration (years)	Cause of infertility
Participant A	30	6	3	Woman
Participant B	32	7	5	Woman
Participant C	33	6	2	Man
Participant D	37	8	5	Woman
Participant E	32	8	4	Man
Participant F	26	6	4	Infertility of Unknown Cause
Participant G	39	3	2	Infertility of Unknown Cause
Participant H	39	12	5	Both woman and man
Participant I	26	6	4	Woman
Participant J	37	10	6	Man
Participant K	29	5	4	Man
Participant L	30	7	3	Infertility of Unknown Cause
Participant M	36	13	4	Woman
Participant N	30	3	2	Woman
Participant O	29	4	2	Man
Participant P	42	9	8	Woman
Participant R	33	7	6	Infertility of Unknown Cause
Participant S	25	4	3	Woman
Participant T	27	5	4	Woman
Participant U	41	7	5	Both woman and man

According to the participant interviews, two primary themes, nine sub-themes, and twelve codes for the sub-themes—"Positive Religious Behaviors" and "Negative Religious Behaviors"—were identified as the study's content analysis findings (Table 3).

Main Theme 1. Positive Religious Behaviors

The opinions of the participants on positive religious coping activities were coded, and 3 sub-themes: religiosity, surrender to fate, religious worship, and 6 codes for sub-themes were formed (Table 3).

Sub-Theme 1. Religiosity

While the majority of the participants stated that they prayed more often during the infertility treatment, their belief and devotion to God increased more, some of the participants stated that they were not very attached to religious values and that the solution to having a child was medical treatment and a scientific approach. The findings of this sub-theme show that they take refuge in God by taking refuge in religion and they are aware that they are not alone. The statements of some of the participants are given below:

Table 3 Analysis of Sub-Themes and Codes Regarding the Main Themes of Positive And Negative Religious Behaviors

Main Theme 1 (*n folded)		
Positive Religious Behaviors		
Sub-Themes	Codes	n*
Religiosity	Knowing that you are not alone	7
	Feeling peaceful	8
	Trusting in God	9
Surrender to Fate	Positive self-perception	5
	Purpose in life	4
Religious Worship	Social support	6
Main Theme 2		
Negative Religious Behaviors		
Sub-Themes	Codes	n*
To revolt	Feeling sinful	14
Perceiving it as punishment by God	Feeling worthless	12
Conflict with God	Lack of social support	14
Staying away from God	Abandoning religious practices	8
Feeling guilty	Experiencing anxiety and stress	13
Fear of being punished by God	Fear of giving birth to a disabled baby	11

Participant I (26 years old) “...Since I started infertility treatment, I started to do my prayers more regularly, I covered my head. I started wearing sheets. I feel closer to God. ”

Participant H (39 years old) “...I am not very attached to my religious values. Getting medical help and being treated relieves me. I think the solution will be by getting scientific and medical help. I cannot conceive at the moment because it is caused by the problems that both my wife and I have. ”

Sub-Theme 2. Surrender to Fate

Most of the participants stated that the reason for not being able to have children was fate, destiny and fortune, and that the situation of not having a child was their destiny and they agreed to this situation and were tested as the purpose of existence in life. This sub-theme caused women to see infertility as a part of the sacred plan and to develop a positive self-perception. The statements of some of the participants are given below:

Participant I (26 years old) “...I dream that I am pregnant. I trust God. I believe I will be a mother.”

Participant D (age 37) “...May Allah protect us from the weakness of faith. If there is a weakness in faith, this situation cannot be mentioned. God's judgment. Thank goodness for this. This is how God wants it.”

Main Theme 2. Negative Religious Behaviors

The participants' views on negative religious coping activities were coded, and 6 sub-themes and 6 codes were created for sub-themes: rebelling, perceiving punishment by God, conflict with God, turning away from God, feeling guilty, and fearing punishment by God (Table 2).

Sub-Theme 1. Revolt

Most of the participants stated that they rebelled and repented after rebelling, did not want to rebel, but continued to

rebel. A few of the participants stated that rebelling is a very sin, and they never rebelled. The majority of the participants experience the feeling of sinfulness. The statements of some of the participants are given below:

Participant P (42 years old) “... I always rebel. I have been in treatment for 8 years. The result is always negative. I say rebelling is a sin, but what's the use? Constant rebellion, constant rebellion. Anger, resentment inside me. I am very unhappy .”

Participant E (32 years old) “... I try not to rebel. But there are many times when I rebel. When I see my friends' children or when I see a beautiful child while walking outside, it hurts and I start to rebel even though I have repented .”

Sub-Theme 2. Perception as Punishment by God

Although most of the participants do not want to say, they stated that not realizing their desire to be a mother could be a punishment method by God. Some of the participants stated that they could not get pregnant due to purely medical reasons, as this was not a punishment. This situation has caused women to feel worthless. The statements of some of the participants are given below:

Participant F (26 years old) “... I wonder if someone bad damn to me. I think God punished me. Why did this happen, I can't get out of it.”

Participant R (33 years old) “... I say it came from God. Sometimes I think that this is a punishment for me. Maybe the child I gave birth to will be very unhappy in this life? God is great, it knows something.”

Sub-Theme 3. Conflict with God

The majority of the participants stated that they constantly questioned the inability to have children, everyone had children, there were people who became pregnant right after marriage without any treatment, and they did not know why they could not get pregnant. They are in constant conflict even though they believe it is a test from God. A few of the participants stated that their infertility situation came from God and that there should be no conflicts. It was determined that this conflict had a negative impact on women's psychological well-being, and it was determined that it caused women to experience a lack of social support. The statements of some of the participants are given below:

Participant C (33 years) “... I think that my pregnancy was only due to the malfunctions in my body. Only medical aid will be the solution. I do not experience any conflict situations ”

Participant K (29 years old) “... I often ask myself if I am not a good servant who fulfills God's orders. Are my prayers not accepted? Women get pregnant immediately after marriage, why can't I get pregnant? .

Participant S (25 years old) “... I have conflicts from time to time. I have not already fully accept. I'm running after my destiny, trying to make an effort. I always say to myself that there is a good thing that came from God. I try not to rebel, but I do rebel .”

Discussion

In this study, it was determined that women in the infertility process developed positive and negative religious behaviors. It was determined that these behaviors caused women to experience different emotions such as loneliness, social support, guilt, sinfulness, anxiety, stress, increase in religious affiliations, and psychological well-being within the scope of religious values. They attributed their infertility to being a punishment from God. Because of this, they became angry and rebelled against fate [13, 14]. In a qualitative study conducted in Turkish culture, female infertility was found to be a reflection of God's will [5]. In a

previous study in Turkey, it was found that positive religious coping levels of women decreased their psychological distress levels due to infertility [3]. In another study, it underlines that religion affects mental health and that health professionals should consider it in the infertility process [15]. In their 2022 study in Finland, Halkola et al. reported that women trust in God and accept not being a mother as their destiny [22]. In this study, it was seen that infertile women worship and prayer, and go to the shrine. In women's infertility situations, feelings of spirituality can be a tool to help the individual accept the situation and cope with the stress. Religious commitment, self-esteem or positive personality may have increased feelings of dominance, and this may have been reflected in health indicators. For example, religious affiliations may have encouraged infertility treatment [4, 13]. There appears to be a positive relationship between religious participation and psychological well-being. It can be explained by the awareness of patience, acceptance, compassion and the adoption of religious approaches in the events that are perceived as a problem in the religion of Islam [3]. As a result, women can go through the infertility treatment process more easily by believing that they are with God. In the literature on the subject, it has been emphasized that there are positive relationships between aspects of religious commitment and self-esteem or personal competence [13, 16]. Sormunen et al. In their 2018 study, it was stated that infertility treatment negatively affected women psychologically, and women felt stressed and lonely [23]. In this study, women with infertility were also angry at their infertility and clashed with God. Women could not cope with the stressful situation and cognitively felt alone in this regard. The stress experienced by women may have disrupted strong religious-moral norms, and their sterility may have brought along a fear of holy punishment [17]. Six of the women participating in this study said they felt anger. In a similar study, it was emphasized that negative emotions such as anger towards God constitute an obstacle in the infertility process, and religion is perceived as a negative coping method [15]. In situations where religious identity is not good, the development of low self-esteem can create negative emotions such as anger. In this case, women used the negative coping mechanism in their infertile processes. In our study, it was determined that women who developed positive religious behaviors perceived religion as social support. Few studies emphasize the importance of spiritual support (e.g., sharing religious views, praying for others) that provides informal socio-emotional support to people participating in religious activities [18, 19]. The thought of a holy punishment by divine decision can lead to a dead end in women who are infertile. The tension caused by various anxiety and fear behind this questioning prevents women from coping with this situation [17]. In one study, it was emphasized that religion and spirituality have the ability to improve or harm mental health [10]. Religious devotions and practices can provide solace, hope, and strong surrender, they are often intricately intertwined with psychological disorders. It is difficult to decide whether religious devotion or spirituality is a source of consolation or a responsibility [13, 20]. In our study, it was found that women felt unhappy, hopeless and helpless and could not accept not

being able to have children. It was also seen that how women perceive these things is more important than what God says in religions. Religions generally advocate for people to take shelter in God in difficult situations, to be patient, to behave towards the purpose of existence, tolerance and social support. As a result of this study, it can be recommended to provide spiritual care support to infertile women so that women can cope with infertility effectively.

Conclusion

In our study, it was found that women felt unhappy, hopeless and helpless and could not accept not being able to have children. As a result; It was found that most of the participants saw infertility as a part of the divine plan, not as a biological process related to the bodies. Although this seemed to help them to accept this process, it caused them to experience very different opposite emotions. While women who stated that they had strong religious beliefs developed positive religious behaviors, religion created more confusion in women who were not. Nurses need to take infertile women's psychological needs into account and consider their personal feelings and values.

Strengths and Limitations

One strength of this study is that it clearly reveals whether religion is an interest or support for infertility. The only limitation of the study is that it has a qualitative design and that obtained findings cannot be generalized to the whole society.

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