Health Care Management Awareness for Culturally Diverse Women:

Infertility among Arab Women

by

Zena Hamdan, Ph.D
Cheryl L. Anderson, Ph.D

ABSTRACT

Infertility is a serious public health and personal health issue. Infertile couples may perceive infertility differently based on their own cultural background. Health care leaders may be challenged with how to meet the specific needs of culturally diverse community members. Infertility represents a significant health care need for women. Ethnic minority women may be challenged with seeking appropriate care within current health care systems. Arab women represent one subset of culturally diverse women.

There is a paucity of literature about how infertility is perceived among Arab women living in the United States and their efforts to access appropriate care. The purpose of this study was to understand how Arab American women feel about infertility and to understand their concerns and worries about their health care access and care. This qualitative case study sought to explore the specific perceptions of Arab women in one US city. Ten women who self-identified as Arab American women with fertility issues participated in the research. Findings demonstrated that cultural beliefs on infertility in the Arab women community had an impact on the women’s own well-being and health seeking behaviors. Health care leaders may need to recognize the specific needs of minority populations around private and intimate topics such as infertility.
Introduction

Infertility, the inability of a couple to conceive within a period of 1 year or more of regular unprotected sex, is a worldwide health issue (Ali et al., 2011; Boivin, et al., 2013; Carter et al., 2011; Gurunath et al., 2011; Ziegler, et al., 2010). On a macro level, some parts of the world struggle with overpopulation (Cousineau & Domar, 2007; Ombelet, 2011). On a more micro level, many women struggle with the inability to conceive a child (Balen, 2014; Berger et al., 2013). In some countries, infertility has been identified as a solution to overpopulation (Cousineau & Domar, 2007; Ombelet, 2011). In the US, infertility is a health care problem experienced across all ethnic groups.

Infertility is a serious health care concern. Infertility is a global health issue that affects approximately 60 to 168 million individuals worldwide; this number suggests that an estimated 1 in 10 couples suffer from primary or secondary infertility (Ali et al., 2011; American Society for Reproductive Medicine [ASRM], 2016; Cousineau & Domar, 2007). The burden of this health issue targets both females and males equally (Inhorn & Fakih, 2006). However, in different societies, cultures, and communities people blame the woman as the main cause of infertility problems (Peterson et al., 2006).

The US has approximately 1.5 million married women who are diagnosed with infertility, accounting for 6.0% of the total number of married women (AHRQ, 2010). Being infertile is one of the most stressful conditions a woman can experience (Peterson et al., 2006). For this reason, evaluating the status of infertility as a common health issue is very complicated, and many factors influence a woman's decision to receive treatment.

The role of culture also affects the ability of a woman to cope with the diagnosis of infertility (Bell, 2013; Greil et al., 2010). This is particularly true of Arab-American women, who are highly influenced by their cultures, norms, and traditions. About 3.7
million Arab Americans live in the United States today (Arab American Institute, 2017). This population accounts for approximately 0.42% of the total population of the United States. This percentage indicates that Arab women may not be recognized as having different health care needs than other ethnic or religious groups that make up the majority of the United States population. Most of the decisions these women make are based on what their culture frames as right and as wrong (Greil et al., 2010). This study sought to understand the unique health care needs of Arab American women in one Midwestern area of the US. Understanding the lived experiences and perspectives of Arab-American women who experience infertility is important and addresses a gap in the literature relating to culture, beliefs, and infertility in seeking health care access.

**Background of the Study**

Many studies have been conducted to study infertility (Schmidt et al.; 2004). Most of these studies were large quantitative surveys that addressed the issue of infertility to evaluate the incidence and occurrence of both types of infertility, assess the causes of infertility, and evaluate treatments (Hickman & Gordon, 2011; Yli-Kuha et al., 2012; Volgsten, Svanberg, & Ekselius, 2010).

Infertility can result in stress, depression, and insecurity in infertile woman, as well as social issues and marital problems (Kim, 2006; Lykeridou et al., 2010; Martins et al., 2011; Peterson et al., 2006). Although many studies have evaluated the causes of and treatments for infertility, few studies evaluate individual perceptions of infertility from the perspectives of Arab Women living in the US.

Arab American women are rarely the focus of any health care research. This could be due to the cultural complexity of Arabic communities. For this reason, studies addressing Arab populations mainly focused only on one specific health issue, such as
mental health, children’s health, and sexual health. This study sought to add to a weak body of literature.

**Problem Statement**

Infertility is defined by many researchers as the failure to bear a child after a 1-year trial of unprotected intercourse (Ali et al., 2011; Boivin et al., 2013; Carter et al., 2011; Gurunath et al., 2011; Inhorn, 1996; Montazeri, 2008; Ziegler et al., 2010). Infertility is a serious public health issue. Infertile couples perceive infertility differently based on their ethnographical background (Bell, 2013; Greil et al., 2010; Schmidt et al., 2004). Beliefs, values, traditions, religions, relatives, and many other factors could affect the quality of life of infertile couples. A person’s perception of infertility is merged with daily life functioning as a mix of physical, social, emotional, and cognitive activities (Bell, 2013; Greil et al., 2010; Schmidt et al., 2004).

Arab women, although a minority is the United States, are greatly influenced by cultural and social factors. In the Arab community, getting married is one of the most respected steps towards building a family and having children (Aroian et al., 2006). As a result, being infertile leads to shame (Aroian et al., 2006). There is a paucity of literature about how infertility is perceived among Arab women living in the United States.

**Purpose of the Study**

The purpose of this study was to understand how Arab women who live in Dearborn, Michigan feel about infertility. A further purpose was to understand their concerns and worries about their health status and health seeking behaviors. The findings from this research may assist health care leaders to develop more comprehensive programs to address the specific needs of this minority population.
Research Questions

This study sought to understand the issues and feelings of Arab women living in Dearborn, Michigan toward infertility. The overarching research questions (RQs) for this study were:

RQ1: What are the perspectives of Arab women toward infertility?
RQ2: How do Arab women see their infertility impacting their future?

Nature of the Study

A qualitative case study approach was used to evaluate and understand how Arab women perceive their infertility status and access to health care. Face-to-face interviews were used to collect their responses. In addition, the principal researcher completed a journal and examined documents available from local health care organizations related to infertility treatment and diagnosis for ethnic minority women to attain triangulation of data.

Demographics

A total of 10 participants met the inclusion criteria for the study. Nine participants completed the study, with one participant refusing to complete the interview. In the sample, participants were grouped by age, education level, age when married, and whether they had been previously divorced. The majority of participants were in arranged marriages. In the sample, five participants were grouped in the age group of 20 to 35, while four were grouped in the age group of 36 to 50. Two participants did not receive education beyond high school, three participants had some college experience, and four participants obtained college degrees. Four participants were married between the ages of 18 to 23, three participants between the ages of 24 to 29, and two participants between the ages of 30 to 35. Three participants had been previously
divorced. The other six participants were married and had never been divorced. Table 1 displays a summary of the participant demographic information.

Table 1

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age Group</th>
<th>Education Level</th>
<th>Age Married</th>
<th>Previously Divorced</th>
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<td>Degree</td>
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<td>18-23</td>
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</table>

Findings

Five overarching themes were developed from the data. The themes were: (a) supportive actions, (b) support appraisal, (c) social cognition, (d) symbolic interactionism, and (e) needs appraisal. Observed subthemes included: (a) self-acceptance, (b) self-rejection, (c) biological factors, (d) personal factors, (e) societal support, (f) personal support, (g) physical needs, (h) psychological needs, (i) natural environment, and (j) religious environment. Results revealed that self-rejection, biological factors, and personal factors were the most prevalent in older individuals, while younger individuals expressed self-acceptance, personal support, natural
environment, and religious environment subthemes. Both younger and older participants expressed subthemes of physical needs and psychological needs. Furthermore, self-rejection was the most significant in discussions with participants who did not have an education beyond high school. Younger marriage ages were associated with physical needs, psychological needs, self-acceptance, self-rejection, personal factors, societal support, natural environment, and religious environment subthemes. However, biological factors were more significant in individuals with older marriage ages.

The findings demonstrated that societal, financial, and personal support had a substantial impact on perspectives of fertility and the ways in which Arab-American females perceived their future.

**Discussion**

Cultural and social factors greatly influence Arab women living in the U.S (Greil et al., 2010; Steuber & Solomon, 2011; Tabong & Adongo, 2013). In the Arab community, getting married is one of the most respected steps towards building a family and having children (Bratter & Heard, 2009; Henry et al., 2008). Thus, infertility has a stigma attached to it (Aroian et al., 2006). Infertility among Arab couples can lead to divorce in many Arabic societies (Abou-Rabia, 2013; Demirtas et al., 2013; Moghaddam et al., 2011).

The data analysis demonstrated that cultural beliefs on infertility in their community had an impact on the women’s own well-being. This theme was supported by previous work by Obiesat et al. (2012) and Hammoudeh, Hamayel, Abu-Rmeileh, and Giacaman (2013). Participants’ beliefs also centered on religious explanations of their infertility issues. This theme was supported by Aboul-Enein & Aboul-Enein, (2010) who pointed out that religious beliefs also cause infertility distress.
Participants had varying levels of knowledge about conception, treatment options, and explanations of infertility. This theme was also supported by previous researchers. Ali et al. (2011) revealed the lack of knowledge women have regarding their fertility and reproductive health. Abolfotouh et al. (2013) reported that women in Saudi Arabia reported decreased knowledge of infertility.

Participants’ beliefs about the impacts of fertility on their lives were related to how they perceived their self-worth. This theme was supported by the research of Hammoudeh et al. (2013) and Fledderjohann (2012). Moreover, participants’ infertility problems resulted in feelings of emptiness and physical and psychological burdens due to their inability to fulfill desired needs.

To summarize, Arab women who participated in this study expressed concerns about lack of support, the high cost of infertility medical treatments, and lack of resources available to couples experiencing problems with conception. Other researchers found these same feelings from Caucasian women who participated in infertility treatments (Fledderjohann, 2012; Obeisat et al., 2012). However, the added dimension of religion and culture affected Arab women in ways not previously described in the literature.

The results of this study emphasized the need for more expansive psychological services and medical resources to be available for infertile couples, specifically to Arab-Americans. Arab women need societal, financial, and personal support in their experiences with infertility. Health care leaders need to consider the specific needs of ethnic minority women related to personal health issues such as infertility.
References


HEALTH CARE MANAGEMENT RESEARCH DIGEST, VOLUME 1 (2020-2021)


