Original Research

"His biological mother told him; you do not have children". The lived experience and coping strategies of married women living with infertility in Tanzania

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Abstract

Background: Women seeking infertility treatment are facing various psychological and social challenges worldwide. The projected time for pregnancy following marriage, gender and existential factors all have role in how cultures describe infertility. In majority of Tanzanian ethnic groups, bearing children is considered to be one of a female's duty and task, prescribed by gender norms in ethnicity and customs. Women who are unable to achieve this expectation owing to infertility issues encounter a range of psychological implications. The present study aimed to assess social cultural issues that face infertile women seeking treatment at the Gynecology Outpatient Department at Muhimbili National Hospital.

Objective: To assess the experience, social-cultural issues, and coping strategies among infertile married women seeking treatment at Gynecology Outpatient Department at Muhimbili National Hospital in Dar es Salaam.
Methodology: This was a qualitative study design using phenomenological approach with women aged 15 to 49. A total of 12 childless married women were purposively chosen for in-depth interviews. Data were analyzed using thematic analysis.
Results: In this study four themes were identified namely effects of infertility on relationship with their husbands, family and in-laws. The emotional problems related to infertility treatment and childlessness that explained how childless married women regretted some of their own actions, were stressed and frustrated. Another theme was Socio-cultural and economic issues faced when seeking treatment which revealed the social pressure by society members, stigma; financial constraints, polygamy practices of husbands, and cultural belief in traditional medicines. Lastly was the coping mechanism towards addressing these challenges which were religious practices, escapism, sharing the burden, and family support in addressing social cultural issues that faced infertile married women when seeking treatment.
Conclusion: Married women shared challenges that were conveyed by their communities, culture and traditions of a particular person and healthcare systems. Therefore, community involvement is important in changing people's attitudes towards infertility through education to raise awareness.

Keywords: Infertility, Cultural beliefs, Traditional medicine

Introduction

Infertility is a disorder affecting both males and females that causes failure to achieve conception after 12 months or more of regular unprotected sexual intercourse (1). Throughout reproductive years, infertility has affected millions of people, individuals, families, and communities. Globally, it is estimated that 48 million couples and 186 million individuals suffer from infertility (2), with an average of 8%-12% in Europe, and 30%-40% in Africa, which is termed as the "centre of infertility" due to its high prevalence.

In developing countries, it is believed that one of every four couples suffers from infertility (3); nevertheless, Tanzania's overall fertility rate has

dropped dramatically in recent decades, from 5.7% in 2004-2005 to 5.2% children in 2016 (4). In addition, urban women have a lower fertility rate of 6.0%, the fertility rate in Dar es salaam, for example, is 3.8 per woman (4).

Infertility affects both men and women equally, and it can be brought by variety of circumstances, including issues with sperm motility, low sperm counts and issues with sperm quality or quantity. Infertility issues in women are caused by issues with the ovaries, fallopian tubes, uterus and the endocrine system (5).When a person has never been pregnant, it is known as primary infertility. Secondary infertility occurs when a person has had at least one prior pregnancy. According to a study conducted in 28 African countries, the primary infertility rate was greater than 3% and the secondary infertility rate was prevalent among women aged 20-40 years (6).

The projected time for pregnancy following marriage, gender and existential factors all have role in how cultures describe infertility (7). The social desire of producing children exists in all cultures (8), however, most African countries are patriarchal shaped, therefore reproduction is seen as one of the women's social responsibilities, especially for married women who carry the burden if a couple is unable to bear children (9). Women who are unable to achieve this expectation owing to infertility issues encounter a range of psychological implications. These include despair, stress, depression, and anxiety, as well as social-economic challenges (10) such as stigmatization, divorce, social isolation, and instability. Also, cultural impacts for instance isolation from traditional ceremonies, often related to witchcraft as in some societies childlessness is considered as a curse and punishment (9). The pressure among women increased with women's age, socio-economic status, religion, education level, and the demand and pressure from society.

Literature demonstrates that childless married women in communities use a variety of coping mechanisms to deal with the difficulties brought on by infertility in order to withstand the pressure and hostility directed at them. The techniques include putting their faith in God through their respective religions and faith, which encourages them to maintain their believe that there are ways to end childlessness (11), social withdrawal, and avoidance (12). Others prefer to involve themselves in various household activities as a distraction and share a burden with family members by involving and spending more time with their friends and families (13). It is critical to comprehend the current events and obstacles that married women face as a result of childlessness so as to meet their sexual and reproductive health needs and inform public health interventions to mitigate gender inequalities and improve women's health. The present study aimed to assess the experience, social cultural issues and coping strategies among infertile women seeking treatment at the Gynecology Outpatient Department at Muhimbili National Hospital.

Methods

Study context

The study was conducted at Gynecology Outpatient Department at Muhimbili National Hospital in the Dar es Salaam region. This study setting was chosen because the region contains a diverse population in the country and Muhimbili National Hospital largest public hospital that serve women within and outside the region. The prevalence of outpatients at Muhimbili National Hospital (MNH) is estimated to be 3841, while the prevalence of inpatients is estimated to be 185. MNH contains numerous departments including obstetrics and gynecology. The general obstetric unit, general gynecologic unit, acute care unit, gynecology-oncology unit, urology unit, and reproductive endocrinology and infertility unit are among the six units in this department (14). The GOPD has four firms that provide services on all days of the week. Gynecologic services include basic and complex surgeries involving the female genital tract, together with ovarian and tubal surgery for infertility therapy. Couples are assessed for infertility at the GOPD for a variety of male and female causes.

Study design and sampling method

The study design involved a qualitative method using an exploratory phenomenological approach to illustrate the meaning, structure, and nature of the lived experience of infertile married women. Participants to be included in the study were selected based on sample composition and saturation principle. The study used saturation point as the principal factor to guide the selection of sample size. The saturation point was determined when no new information was obtained from the interviews, maximum information on the topic of the study and started to generate similar themes from the subsequent interviews (15). The researcher interviewed twelve participants to reach the

saturation point from the generated information during data collection. Participants were selected purposively based on their experience of being married, childless and seeking infertility treatment (16). The researcher selected the potential study participants who were informative and had experience in seeking infertility treatment. To ensure maximum variation and avoidance of bias, participants with different traits like age, place of residence, and place of origin were included in the study to explore their experiences, social-cultural issues and, coping strategies when seeking infertility treatment (17).

Data collection

In-depth interviews (IDIs) were conducted to gather information that allowed for a detailed examination of the interviewee's perceptions and accounts (17). An interview guide was used. The researcher contacted possible participants and conducted a preliminary assessment of them by asking questions about their age, level of education, religion, years of marriage and experience. This was done through the help of MNH, GOPD health workers. Depending on the participants' preferences, the interview was conducted in English or Kiswahili languages. This made it easier for women selected to speak freely about their experiences.

According to the interview outline, the interviewer asked open-ended questions, and with the participant's consent, the information was recorded using an audio recorder. Interview sessions were held in a quiet room at the clinic area and each session lasted for one hour depending on the participants' level of interest in the discourse.

Data analysis

Three phenomena were identified based on the research objectives, according to the substantive theory presented in the conceptual framework. Data from the IDIs were analysed using a thematic analysis technique (18). In order to comprehend and translate the content, the researcher repeatedly examined the written data and listened to the recorded interviews. The researcher then extracted and combined the text about the experiences of childless married women to identify themes. Thematic analysis was used to guide the analysis of this study as per the specific objective (18). The analysis started by the researcher familiarization of data by reading the transcribed material repeatedly and taking note of the initial concept, generate the initial code and highlighting the potential pattern according to the research questions. Themes were searched by correlating codes with potential themes and gathering all relevant data for each potential theme. Then some code form themes and others constitute sub-themes. The themes were reviewed to check the validity of the coded extract and the entire data set.

Ethics

All participants completed and signed a consent form prior to data collection through in-depth interviews and the researcher kept the original signed form in the file. All ethical considerations were taken into account, including informing participants of the processes, allowing them to leave when needed, recording interviews, and taking notes. Confidentiality, respecting participant's privacy during interviews, and data privacy were also taken into consideration. Ethical clearance with Ref No. DA282/298/01.C/1284 was sorted and obtained from MUHAS, MUHAS Ethics Committee and Muhimbili National Hospital Ethical Review Board. Permission to assess the research location was obtained from the MNH's GOPD. The participants who were emotionally moved during IDIs were presented to their respective counselors/ physicians after they have consented.

In order to maintain` participant confidentiality, the participants were identified during an interview by number instead of their names.

Results

Socio-demographic characteristics

Twelve (12) study participants with history of primary and secondary infertility were interviewed, age ranged from 25-47 years old and duration of childlessness ranged from 3-15 years. Five participants completed college education, four had a certificate of secondary education and three completed primary education (see table 1).

Table 2: Socio demographic characteristics **(N=12)**

Participants	Age(years)	Level of Education	Occupation	Length of childlessness	Residency	Tribe	Religion
1.	25	Secondary	Self employed	3 years	Mbezi beach	Kinga	Christian
2.	29	College	Employed	5 years	Chanika	Gogo	Christian
3.	35	Primary	Self employed	15 years	Tunduru	Yao	Muslim
4.	36	Primary	Self employed	8 years	Sinza	Chagga	Christian
5.	47	Secondary	Self employed	6 years	Magomeni	Zaramo	Muslim
6.	28	College	Housewife	3 years	Kisemvule	Makonde	Muslim
7.	35	College	Employed	5 years	Songea	Nyasa	Christian
8.	31	College	Employed	3 years	Songea	Sukuma	Muslim
9.	25	Secondary	Housewife	4 years	Kibaha	Makua	Christian
10.	30	College	Employed	3 years	Tabata	Haya	Christian
11.	29	Primary	Self employed	7 years	Tabata	Chagga	Christian
12.	33	Primary	Housewife	4 years	Kigamboni	Sambaa	Muslim

Data reduction matrix

Thematic analysis was done where the voice recorded was familiarized and transcribed to form the codes, which led to the formation of codes, sub-themes, and themes. Major four themes were obtained (Table 2).

Table 1: Data reduction matrix

Domain	Sub-theme	Themes
Experience after being diagnosed with infertility	Relationship with husband	Effect of infertility on relationship
	Relationship with family	
	Relationship with in-laws	
	Frustration for not having a baby	Emotional problems related to infertility treatment and childlessness.
	Struggling with treatment.	
	Stress due to childlessness.	
Socio-cultural and economic issues faced by women with infertility	Financial constraint while struggling to get pregnant.	Socio-cultural and economic issues faced when seeking treatment.
	Regrets of own action.	
	Social pressure from friends and community.	

	Social stigma due of infertility	
	Cultural belief on traditional medicine.	
Strategies childless married women use to cope with infertility problems they face	Polygamy as common cultural practice Religions practices and personal faith Escapism Sharing the burden with close friends Family support	Coping with infertility when seeking treatment

The experiences after being diagnosed with infertility

Effects of infertility on relationships

Theme1: Relationship with husband.

Most participants experience difficulty in their marriages that negatively affects their connection with their husbands. Participants explained to be unsure of how their marriages will turn out due to the inability to get pregnant. Some said to have conflicts and misunderstandings with their husbands. One participant said:

> *You are thinking—I don't know how it will turn out—thoughts like that. You keep thinking that right now he understands this problem, but if it continues, will he change or what will he be like? You get similar thoughts."* ***(P10, 30yrs old)***

Infidelity is one among the experiences that most women with childlessness have explained, one participant said:

> *You know sometimes regrettably you can find it on his phone, you may find a text he is dating women, you find maybe in the text message he says I want a baby, so I think out there he is looking for a baby" (**P7, 35yrs old)***

However, childless women have explained to receive encouragement and comfort and help with follow up for treatment from husband even after being diagnosed with infertility. One of the participants said;

> *"My spouse consoles me in many ways, such as by buying a dress and telling me, "I can't imagine a picture of you pregnant, and how it would be." He comforts me, doesn't worry about the issue, doesn't treat me like a fool, and gives me encouragement. Then, if he's through at work, we go home. He will start the car and take me even if you tell him there is a doctor in Tanga. I'm appreciative of that since it shows that he is on my side". **(P4, 36yrs old).***

Relationship with family and in-laws

Most women have reported to receive support and close follow up from family members like their own mothers and siblings even after being diagnosed with childlessness. They have followed up on their treatment routine; supported them during hard times and also offered to pray for them to get a child. One of the participants said:

> *"For my family they love me and support me a lot and are with me in every situation and often they just like to ask, "Where did you go today?" "Oh, we are praying for you to have children" "I am praying for you my sister" i.e., things like that" **(P12, 33yrs old)***

Married women have reported to have a positive relationship with their in laws and in-laws are eager to know on their progress. One of the participants said;

> *"Mmhh, I haven't heard, I talk to my mother-in-law she has no problem she is peaceful again when I talk to her, she asks me how are you doing what medicine you are given, my mother-in-law is a doctor she has absolutely no problem but the problem is this her child" **(P1, 25yrs old)***

However, some women living with childlessness had negative experiences with their in-laws. One of the participants said;

> **"***His biological mother told him, you don't have children, and you are getting old without children, how long will you live like that? Your children will help you; a wife can't help you anything" **(P3, 35yrs old).***

Theme 2: Emotional problems related to infertility treatment and childlessness.

Frustration for not having a baby

Married women have reported that childlessness have been a source of loneliness and sadness in their life. They explained that they wish to have a child

> *I don't have one, it hurts a lot and it gives me thoughts. But I keep fighting like this when I come to treatment; I believe I will have a child* ***(P11, 29yrs old).***

Struggling with treatment.

Some participants have expressed to be unsure of the cause of their childlessness; women have stated to struggle in different hospitals and with different medications. One of the participants said:

> "*I'm struggling in hospitals, I'm taking tablets but I still can't get pregnant and I'm following the dangerous days of menstruation, but where? I'm also not giving up,"* ***(P11, 29yrs old).***

Stress due to childlessness.

The inability of having a child after being married has caused depression to married women. Most women have stated to be disappointed with the inability of giving birth and have made them feel unhappy in their lives. One of the participants said:

> *"I feel bad, of course, I feel bad, that is, I feel really bad because I work, I receive a salary, I don't have a child, I'm 35 years old, I feel very bad as a woman"* ***(P7, 35yrs old).***

Another participant said:

> *"There are times when you think until you want to kill yourself, and those who kill themselves you cannot blame them. There are people who think until they fail, their quick decision they say, they should just kill themselves, religious books say, if you kill yourself, you will not reach God, wait for your day to come, you will just go"* ***(P3, 35 yrs. old).***

Theme 3: Socio- cultural and economic issues faced by women with infertility

Financial constraints while struggling to get pregnant

Searching for a solution towards childlessness has exerted many costs in the lives of childless married women. Many have used money to seek treatment for having a child. One of the participants said;

> *"It cost me a lot because I had to use cash everywhere I went, every time I had to pay for something."* ***(P12, 33 years old)***

Another participant said:

> *"After being married, I began trying to have a child, and I began receiving therapy here in Muhimbili, but I ended up in the middle because I lacked the funds for care. I came three times, four times, and quit in 2015 because, at the time, I recall* ***there*** *being a health insurance requirement that, if you don't have it, costs something like tsh 30,000."* ***(P5, 47 years old)***

Regrets of own action.

Some women have showed regretting the things they did such as abortion and use of contraception before they got married as they believe they may be the source of their childlessness**.** Some have said to regret having an abortion at a younger age; while others have blamed it on the use of contraceptives. One of the participants said;

> *"Ah, I have had two abortions, I regret it very much. There was a time I asked God to forgive me, because the pregnancy had reached about five months and I could hear the baby kicking in the womb. So, when I remember, I always say child, I apologize. Now, if it happens that I have a daughter, I will try to beg her if she gets pregnant not to abort it. I have to tell her, because I'm really hurt by the way I'm struggling to find a baby"* ***(P1, 25yrs old)***

Social pressure from friends and community.

Majority of the informants explained to receive a lot of pressure from friends and community members. Women have been subjected to harsh words from the community and most have been hurt by the pressure that the community puts on them as they ask them on when they will have a child. One of the participants said:

"They always tell me that I don't want to get pregnant, so they push me to look for a child because I'm getting older. But they don't know how it hurts my heart. I think, you know how people can tell you something that you wish for and can't get it, like... "Why are you still not giving birth". You feel bad, because you really need what they say and talk about. Also, you find yourself unable to say I don't know what the problem is" ***(P7, 35 yrs. old)***

Social stigma due of infertility

Childless married women experience stigma in the community and in social interactions. Some communities still have poor belief and have poor awareness on infertility. Most women received unfavorable comments from society members. An experience from one of our key informants said: -

"Ahh…. In the community where I live, there are children, maybe when you give an advice about raising a child, and but they know you don't have a child. They don't listen because you don't have experience in raising a child. What are you going to tell them you who has not given birth, someone tells you, what are you going to advise me about a child and you have not even tested labor. We are looked down upon in the streets because you have never given birth and never raised a child" ***(P2, 29yrs old).***

Another participant said:

"The society that surrounds me has gossiped about me, until today I have no peace in my heart. If you pass a place, some people who know me point their fingers at me, saying that she still has no children, how will she live today's life without a child? So, I feel really bad, I really don't feel good, I'm really hurt" ***(P3, 35yrs old).***

Cultural beliefs on traditional medicine.

Some married women shared on using herbal remedies to help them to get pregnant. Most have expressed to use leaves and roots, where they have boiled them and used the liquid to drink and others to wash their bodies including their private parts. One of the participants said:

"There are various herbs either, leaves or roots can be boiled and then drink, others boiled to clean the vagina. So, I have used many of them if herbs would have been healing, I would have had a child. Maybe, herbs work for others but because I have not been successful, I cannot say much". ***(P10, 30yrs old).***

Polygamy as a common cultural practice

Most women have reported that their husbands have tried having relationship outside their marriage so as to try to find children. One of the participants said:

"When I refused to undergo traditional treatments, the decision he made was that he would look for a child outside. What he is saying is that he is not directly going to find a wife, but that he wants children, he is going to look for children outside, that's right, if you can tolerate it, you can stay" ***(P2, 29yrs old)***

Another participant said:

"Before I gave that permission, I tried to investigate this man through his phone; I have not witnessed him cheating many times. But that day I found a message, showing that he has a relationship with another woman, also the message said, "I want a child". So, I believe that even out there he is looking but he is missing." ***(P7, 35yrs old)***

Theme 4: Strategies childless married women use to cope with infertility problems they face

Religious practices and personal faith

Most of the informants explained to have faith in God help to comfort them relief their hardships. They prefer to pray and believe that God will give them a child. Two of the key informants said: -

*"In religion, it is said that if one believes in God, then everything will happen. As a result, I really like to pray; I spend a lot of time in prayer at night and talk to my God about all of my problems in hopes that one day he will answer my prayers and give me a child.". (****P6, 28yrs old).***

Another participant said:

"My religion comforts me through prayer, which means that I must pray to God because only God knows when and how to give me a kid, and only God knows how to give me peace of mind. I am struggling, so I pray and keep managing the articles of prayer like (Isaiah 66:9) if you have time, go through it and also (Isaiah 66:10). I believe that God is the one who provides sustenance for having children, so if he

hears my prayers, he will bless me with a child one day. (Samuel 1:10-11)" ***(P8, 31yrs old)***

Escapism

This was stated by survey participants as their tendency to seek comfort or diversion from unfavorable circumstances. In addition, the majority of study participants indicated that their tendency to get involved in a variety of activities, such sports and housework, has enabled them to eliminate harmful thoughts and manage with the obstacles they encounter.

Among the participants, one said:

"I just prefer to keep myself occupied so that it doesn't bother my head. I enjoy playing on my phone—I listen to music and play games—to avoid thinking too much because doing so can lead to difficulties." ***(P12, 33yrs old).***

Another participant said:

"Medical personnel, for the most part, provide childless married women with psychological support and advice as they attend clinics, fostering trust and comfort in these women." ***(P5, 47yrs old).***

Sharing the burden with close friends

Some participants claimed that being able to open up and share their emotions with close friends helped them to get through the difficulties brought on by being childless. One of the participants said:

"I find peace... when I seat with my partner or friends talking good things or words and advising each other. When I find that situation, I find my peace also" ***(P5, 47 years old).***

Family support

Some informants stated that their friends and family members provided them with emotional support and assurance. According to one of the informants:

"Our father passed away when we were very young, so my mother raised me and my younger siblings. They are very happy and loving, and they always encourage me, telling me to pray to God because I am still young and I will only receive it when the Lord's time comes." ***(P4, 36yrs old).***

Discussion

The results of this study showed that older women, including those who had been in their marriages for a long time without bearing children, had more knowledge to share than younger women (those below 30 years). Women with higher levels of education (secondary and college) showed a thorough understanding of the reasons for their infertility and declared that they would continue to look for ways to conceive while remaining calm, whereas women with lower levels of education (primary level) or no education at all expressed a lack of understanding of the situation and chose to continue putting their trust in their doctors because they had a better understanding of the available options.

Childlessness manifests itself as a life crisis that brings about different changes in a married woman's life. It immediately influences how a woman interacts with those around her in day-to-day life. A crucial concern after being childless in a marriage was the relationship with their husbands. Women acknowledged that, childlessness caused tension between them and their husbands, arguments and disagreements. Similar to a study conducted in Kenya which also showed that women with infertility had perceived loss of love, lack of communication, and declined commitment from their husbands (9). Most women also reported that they had suspected and some even caught their husbands having an affair with other women outside their marriages so as to try to find children outside their marriages. Similar to the study conducted in Nigeria by Oyekan et al, which showed that majority of the husbands take a second wife and break up their marriages when their wives are unable to give them a child (19). This indicates that childless married women are subjected to decreased trust in the family and are at risk of disease transmission within their marriages. Participants reported much on the love and support that they received from their family members. Childless married women insisted that their family members were on the front line in seeking treatments and solutions to their childlessness either through medical or traditional options. Family showed them sympathy and comfort during hard times. Similar to a study reported in South Africa where women's families were mostly supportive and the source of advice (20). Acceptance of the situation by family members has

reduced a certain amount of burden of suffering to most women living with infertility.

Studies reported that women with infertility faced by accusations mostly from their husbands' families (20). Contrary to our study where only few reported to receive negativity from their in-laws, most of our participants reported that their in-laws were in the front line in helping them throughout the time, before and even after they were diagnosed with infertility. Most participants reported that their in-laws were not offensive and they called them all the time to ask for their progress.

Emotionally childless married women reported to be frustrated just as reported by Davis & Dearman (21). Many of the women in their study in the United States said they had given in to their strong emotions of despair and frustration about not being able to conceive. Women in our study were also heartbroken for not being able to bear a child for their husbands and were struggling with treatment. Most women reported to be unsure of the real cause of their childlessness; this means that most childless women were unaware of why they were unable to bare children in their marriage. Women felt helpless and financially constrained as they went through far lengths to seek treatment but still couldn't be able to get pregnant. This was also mentioned in a study conducted in Nigeria by Araoye et al. on the social problems of infertility, which **s**tated that women with infertility also suffer from stress from investigations and treatment and from the frustration brought by the community (22).Women's inability to conceive after marriage was a significant cause of stress and melancholy. Many of them admitted to having low self-esteem and regrets about the many things they did when they were younger, such as getting an abortion and using contraceptives early on, which they believe stopped them from having children. They expressed sadness; some of them sobbed, and blamed themselves. This was also reported on a study conducted by Berger et al which found that women thought it was a bad reflection on them if they couldn't become pregnant. Some struggled to see infertility as a medical problem instead saw it as a personal failing (23).

Childlessness married women have been impacted in some manner by the hurdless and implications that childlessness has brought to them. Economic, social, and cultural issues were all observed. Economically most of the participants reported being financially constrained as a result of chidlessness. Most participants said that they depended on health insurance to access healthcare, however most medicines and tests were not covered by health insurance and so they had to pay out of pocket. Some participants without health insurance stated that they lacked funds for treatment and some even stopped treatment at some point due to inability to pay for treatment and medicines costs. In line with this study, the results of a study conducted by Syedeh reported that some couples finance their therapy with a significant portion of their income, and occassionaly they must borrow money. Although majority of infertile women have health insurance they cannot use it to pay for infertility treatments fully. Many infertile women are unable to be treated under these circumstances due to exorbitant expenditures and financial difficulties (20). Therefore, it is essential to evaluate the prices and accessibility of infertility services in our nation so as to meet the reproductive needs of people from all socioeconomic classes in our communities.

Socially, women reported feeling uneasy because of inquiries from society regarding infertility and the delay in starting a family after being married. Childless married women have been stigmatized because most people don't trust them to care for their children and the majority of them have heard unpleasant comments from society members and some women have lost their social status. Culturally most participants reported to use traditional techniques to help them to get pregnant. Married women without children have mentioned using herbs, some of which include leaves, roots, etc. some have said they have used medicines that they drink and some use the herbs to bathe and wash their genitals. Some women have sought the advice of witchdoctors to determine the cause of their infertility and find a cure. This was also explained in a study conducted in Turkey assessing the traditional practices among infertile women which revealed that **"**despite the rapid advancements in medicine and technology for the treatment of infertility, nearly one in three of the women in their research who had infertility issues had tried traditional treatments; some of these women had negative outcomes associated with the practice**".** It is then essential to recommend that these traditional therapies should be acknowledged at infertility clinics, and staff members should receive the required training in this area from reproductive health professionals.

Most participants said their spouses were unfaithful , and some had seen texts on their husbands' phones where they were talking to other women and persu ading them to have children for them. Some wome n have been told directly by their husbands that the y want to end the relationship and start looking for another woman who can become pregnant, while ot hers have beenworried that their husbands are havi ng affairs with other women and perhaps spreading diseases to them.This revealed serious deficiencies in the right interventions required serving the relationship, or it shows a lack of marriage commitment and value; if one is truly committed to his marriage, he cannot treat his wife in such a way. It also states that married women without children are typically at a high risk of contracting infections from their partners; hence, the significance of testing and ongoing monitoring of HIV incidence among infertile couples should be emphasized.

Having faith in God was one among the major strategy that most married women used to cope with the struggles brought about by infertility. This provided relief from stress and other psychological distress and has led them to believe that God will one day assist them in getting pregnant. Unlike my findings, a study conducted by Patrick K et al found that church attendance could serve as an unpleasant reminder of a woman's infertility, and majority of women in his study stated that they felt uncomfortable during religious services and other events at their church or synagogue due to their infertility (21).Escapism as a coping mechanism helped to provide comfort, where participants stated that engaging in various activities reduced their tendency to harbor negative thoughts and improved their ability to deal with difficulties. Women favored exercising, listening to music, and doing housework as a diversion. With these, numerous participants claimed to be able to escape the reality of their circumstances and therefore find serenity. A study conducted in South Africa reported that participants frequently engaged in activities that kept them diverted from thinking about their childlessness when they became weary of being frustrated over their unsuccessful attempts to conceive (21). Others stated to feel comfortable sharing emotional feelings to close family members and friends so as to overcome challenges brought about due to childlessness (24). Most preferred to talking to their mothers, siblings, and their partners. This was similar to a study conducted by Breger et al where he reported that many women claimed that they prefer disclosing their circumstances and emotional experiences with a chosen few people in order to prevent unwelcome reminders and pressure (25)

Limitations.

To contrast the results from in-depth interviews with those from other approaches, such as focus group discussions, this study used a single strategy to data collection**,** which does not provide for triangulation of findings. Since sexuality-related topics are delicate in our culture, respondents may have been hesitant to share information on questionnaire items they deemed "private."

Study limitation and its mitigation

Short breaks were given as needed because the subject was sensitive and some participants experience some emotional variation and disturbance. Additionally, patients were seen in the general gynaecologic clinic at MNH rather than a dedicated infertility clinic which made it more challenging and time consuming to identify participants.

Recommendations

First, increased public understanding on the factors that contribute to infertility is necessary to raise community and family awareness of the burden and consequences it exerts in the lives of women. To the ministry of health, the community should be educated on what infertility is, and how it can be treated, so as to reduce the negativity that community members put on women with such challenges. This will reduce misperceptions among the communities and improve the quality of life of childless married women.

Second, to healthcare workers more research should be done on men's infertility focusing on its socio-cultural dimensions and consequences to increase awareness of the possibility of a shared burden of infertility among married couples. Also, further research should be done to determine more causes of infertility.

Third, due to the mental difficulties childless married women encounter on a daily basis, healthcare professionals should receive more training on the subject of infertility and offer them substantial psychological support when they attend their clinics.

Fourth, on the other hand it is crucial that the government should evaluate the prices and

accessibility of infertility services in our nation in order to meet the reproductive needs of people from all socioeconomic classes in our communities since a large part of our community fails to afford infertility services.

Conclusion

This study's results demonstrated that, infertility interacts with social relationships, expectations and wants, profoundly influencing childless women's daily lives. Accordingly, it is necessary to facilitate and prioritize infertility treatment in order to empower infertile women in a variety of spheres of their lives. The health of women and the stability of family life in our society can both benefit from raising public knowledge of infertility and its many effects. However, even though the extent of infertility between men and women is well known, more research should be conducted to examine infertility in men, particularly its social aspect, to ascertain the level of the community's understanding and raise awareness that infertility is not just a problem for women, so that both sexes can share the burden of infertility.

Abbreviations

GOPD Gynaecology Outpatient Department
IRB Institutional Review Board.
MNH Muhimbili National Hospital
MUHAS Muhimbili University of Health and Allied Sciences.
TDHS Tanzania Demographic Health Survey
WHO World Health Organization.

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