



A Thematic Analysis exploring how individuals from South Asian communities recognise & construct issues of infertility and its treatment.

Sahifa Begum

Supervised by: Dr Joanne Ashby

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ABSTRACT

This study explored the issues of infertility and its treatment in south Asian culture, and the ongoing disputes that have been linked to treatments of infertility. The aims of the research were to explore south Asian men and women's perspectives of infertility and health, and attempted to identify and explore any cultural and religious implications that may have influenced opinions and options about infertility treatments. Drawing upon the interview data that was collected from south Asian university students, a thematic analysis was utilised which generated three themes: cultural norms and expectations (1), religious uncertainty towards fertility treatment and the importance of marriage (2), and social roles within the family (3). The responses given by the participants exemplified the key themes that the researcher set out to explore, and provided a sufficient amount of data, which recognised the religious and cultural implications that affected people's views and attitudes on infertility and its treatment.

KEY WORDS:	INFERTILITY	TREATMENT	RELIGION	CULTURE	SOUTH ASIAN
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Introduction

Anxieties and concerns surrounding infertility can be complex; Wright (2003) finds that the causes and consequences of infertility are dependent on a variety of factors, including an individual's gender, surrounding environment, lifestyle and cultural background. Despite the lack of a universal definition for infertility, research and clinicians suggest 'a couple is generally considered clinically infertile when pregnancy has not occurred after at least twelve months of regular unprotected sexual activity' (Ali et al., 2011:760). Infertility and complicated pregnancies are a worldwide phenomenon, yet it is a concept that can be somewhat overlooked by certain groups of individuals. Rouchou (2013) states the concept of infertility is a public health issue, with more than 10% of the world's population having trouble conceiving through natural methods. According to the NHS Choices (2014), around one in seven couples have difficulty conceiving; this approximates to 3.5 million people in the UK. Abundant research and tests have been conducted in order to improve the proportion of infertility and its treatment worldwide; however, research towards the issues of infertility within South Asian communities seems to be limited. Rouchou (2013) suggested that there is very limited data on the prevalence of infertility in the developing world. '...Few researchers in the UK context have explored the impact that ethnicity, religion, and culture might have on the experience of infertility' (Culley et al., 2007:103).

A key psychological theory that can be used to illustrate the importance of having children in south Asian communities is the Social Identity theory. Desai & Temsah (2014) stated that according to demographers, they have been familiar with the notion of how the role of culture can shape demographic behaviours such as marriage, childbearing, and intra-household relationships. Social identity roles within South Asian households can have a significant influence on decisions that are made in terms of marriage, education and in some cases having children and fertility. According to Carter (2013), identity theory has many branches that can lead to differences in the types of identity that a person is grouped in. In south Asian culture, once a couple is married, a lot of pressure is put on them to have children as soon as possible. In the research carried out by Mumtaz et al (2013), they found that South Asian men from Punjab that were experiencing difficulties with fertility, were getting involved in extra-marital affairs, remarrying or keeping busy with their work while their wives were criticised for not having children; most of the men did not seek any treatments and were not acknowledging their partners. 'This behaviour can be explained by the fact that weak marital ties did not affect their security, social identity and power' (Mumtaz et al, 2013:4). This type of behaviour demonstrated the importance of social identity roles within different cultures, and how they can influence people to act in a certain way based on these roles. Carter (2013) argued social identity is one that looks at how identity processes work as an internal, perceptual system. 'Individuals are motivated to seek out situations where they can actively maintain congruence between identity meanings and how they appear to others... When an identity is verified, an individual will experience positive emotions; when an identity is not verified, an individual experiences negative emotions' (Carter, 2013:205).

Culture and religion can play a significant role in connection to fertility amongst men and women in South Asian communities. According to Culley et al. (2013), infertility was seen

as a major social problem, with highly significant consequences, particularly towards women. Culley et al. (2007) also stated that many cross-cultural studies have shown the impact infertility can have on pronatalist societies between couples, again more towards the woman. As a result, these studies have highlighted the important obligations that women hold to have children in order to pass the teachings of their culture and religion to the future generations. When it comes to parenthood and having children, religion has a vital role in these decisions; as “South Asian” refers to people that originate from places such as Bangladesh, Pakistan and India, the majority of these countries population follow a specific religion; a majority of which consist of Muslims, Hindus and some others (NationMaster, 2016). Sigalov (2012) found that individuals who had higher religious faiths, were 2.7 times more likely than none-religious individuals to make the decision of having children. This demonstrates that religiosity is an important factor that influences people’s decision to have their own offspring. Consequently, when it becomes difficult to have a child due to problems with fertility, not only can it affect the individual in terms of what their religious faith is, but also their social outlook on what others may think of them and the stigmas that are associated with childlessness.

According to Lasker (2012), the religious interpretation of “creation” has a robust impact on society, therefore the influence of religion may limit the treatment options that are accessible for a person who is devoutly religious and has strong beliefs about whether certain invasive treatment methods should be carried out; for example, a highly religious person may feel that methods other than the natural way of conceiving is wrong in the eyes of God as you should not try to interfere with something if it is not meant to happen. Consequently, people that follow religions that hold strong views about infertility treatments or the importance of having children, may find it difficult to come to terms with childlessness or going ahead with treatment. Bar-El et al. (2013) has argued economists have agreed that the systematic variation in culture and religion can have an impact on many different economic phenomena; one of which includes fertility. As a result, variations in culture may be responsible for observed differences in socio-economic outcomes and should therefore be assimilated into the analysis of issues such as fertility.

Mehrotra (2016) states that a lot of research has continuously focused on the importance of South Asian women being the cultural carriers and reproducers of their traditions. ‘Many authors simply posit the assumption that marriage and family are of deep importance within South Asian community and that expectations of women’s roles are connected to this strong cultural value...’ (Mehrotra, 2016:353). There is a strong emphasis of the roles that women hold within marriage and parenthood in South Asian culture. However, the importance of the male role is not as frequently discussed; the importance of relationship maintenance tends to be focused on what the woman does. Having a child within newly married couples is something that is of high importance; it supports a woman to establish her position within her marital home; when this does not happen, conditions may become difficult (Hampshire et al., 2012).

According to Fatima et al. (2015), in most South Asian countries, women are thought to be responsible for producing the next generation, and when this becomes an issue due to fertility within the male or female individual, the absence of children or desirable number

of children, the women are held accountable. As a result, this can affect the stability of their social status within society and within their marital households. According to Fatima et al. (2015), in cultures where there is not enough education and knowledge about having a voluntary child free status, it is very difficult to conceal the notion of infertility. This concept identifies that in South Asian culture, identity roles can play a big part when it comes to fertility, and there seems to be a fixed notion that women are solely the reproducers of children, and if they cannot do what nature intended in terms of having children, their identity itself may become questionable.

Aims of research

The role that men have in terms of fertility and fertility testing in South Asian culture, as discussed in the introduction, is largely disregarded; there is a strong emphasis of the woman's role towards having children in South Asian culture, and when there is difficulty in this process due to problems with infertility, the women are typically held accountable (Fatima et al., 2015). Abu-Rabia (2013) has argued that although there is a high prevalence of male infertility, it is usually considered to be the woman's problem. As a result, the extent of male infertility is immensely under-appreciated in south Asian communities, and the condition is under-reported or kept hidden in many instances.

Previous research has suggested that for males, being infertile can sometimes affect the way they perceive their masculinity or rank in society. This notion can be explained as Nahar (2012), proposes empirical evidence has shown couples without children from Bangladesh can demoralise men when it comes to working and earning an income for the household. According to the evidence drawn, this can occur because men lose interest in employment as there is no child to work for; they feel that they do not have any responsibility towards the wife, and this demoralisation can lead them to live reckless lives.

Therefore, the main aims of this study were to explore south Asian men and women's perspectives of infertility and health. The objectives of the study attempted to identify and explore any cultural and religious implications that may have influenced opinions and options about infertility treatments. The participants of the study were second generation male and female UK citizens that came from a south Asian background and attended university. The study aimed to explore any existing misconceptions in regards to females being the only cause of concern with childlessness between couples from a South Asian standpoint.

Methodology

Methodological approach- epistemology & social constructionism

According to Camargo-Borges and Rasera (2013), social constructionism is a concept that aims to look at the processes of understanding and addressing societal changes in the present day; the social constructionism approach states that meanings are socially constructed through the organisation of people and their individual experiences. 'Social and cultural horizons limit, respectively, the range of cultural meanings and knowledge about society' (Segre, 2016:98). The concept of fertility and having children in South

Asian culture emphasises that women in general have an obligation to have children in order to continue the family name and to provide solidity within the household. The fathers on the other hand, can be perceived as the main source of income and the one that looks after the whole family; according to Howarth and Walker (2011) a lack of education regarding family planning and contraception, means that some men resist family planning and see it as a means of taking away their manhood as it can restrict them from carrying out their duties as men. People that originate from South Asian culture generally have a shared understanding of roles that one must have in society due to the diverse ethnic upbringing that they are surrounded by. Culley et al. (2013) found that parenthood was regarded as culturally mandatory in South Asian communities and childlessness was considered as being socially unacceptable. When a couple have issues with conceiving, this can be professed as an embarrassment or something that is looked down upon; '...infertility is sometimes considered shameful or discrediting, not least by married couples anxious to conceal resort to medically assisted reproduction' (Cook & Dickens, 2014:89). Thus the social constructs that a person is bounded by, ultimately affect the decisions they make in their lives, whether its marriage, education or fertility treatment etc.

Qualitative research approach- methodological framework

A qualitative approach to psychological research was carried out because the topic focused on looking at a specific culture/group of people. According to Ponterotto (2005), qualitative designs often give voice to previously disempowered and marginalised groups who share their worldview and lived experiences in their own words. As a result, the qualitative approach was the most appropriate method for this research as it focuses on groups of people who can sometimes go unrecognised and undervalued in society such as the women that are criticised when there is a delay in pregnancy. It allowed the researcher to gain rich, in-depth detail of the views held by the participants. Society has an impact on the way individuals are, and shapes how one operates within the real world. Therefore, the most suitable research paradigm that was integrated in this research was the critical theory and related ideological positions paradigm. In countries where race relations and certain cultures have become stigmatised, stereotyped and conflicted, qualitative data can provide a deeper understanding as to why these issues may occur (Ponterotto, 2010). As the study was focused on South Asian views on infertility, the qualitative approach provided a deeper understanding of any existing views that may have previously gone unnoticed by researchers.

Recruitment of participants

Seven participants were recruited for the study through an opportunity sample using the student participation pool at Manchester Metropolitan University. The participants were of a South Asian ethnicity because the study focused on a person's views on fertility issues within individuals that came from a South Asian background. The participants originated from countries such as Bangladesh and Pakistan; the participants were second generation British citizens whose families had moved to the UK before they were born.

Utilising semi-structured interviews

A semi-structured interview was utilised in this study which consisted of a series of 14 open-ended questions; the questions were all related to the research topic of infertility and treatments and followed the interview schedule that was formulated by the researcher. A semi-structured interview was implemented because the nature of the topic was something that required elaborative discussion in order to fully understand the concept. Semi-structured interviews were effective in this study because the responses given from the participants gave a fair amount of insight to what they wanted to express. 'Semi-structured interviews allow all participants to be asked the same questions within a flexible framework' (Dearnley, 2005:22). A focus group could have been put together, however in order to acquire an authentic view from the participants, semi-structured interviewing was the most effective form of data collection.

Data collection method

For the data collection, participants were recruited through the universities participation pool. The interviews were carried out in the university location, as the participants were all students that attended the university; this was the safest and less time-consuming approach. The interviews were recorded audibly using the researcher's mobile device, which was password-protected. Participants were informed about the process and were required to sign a consent form before commencing with the interview. Once the interviews had been completed by all the participants, the audio recordings were transcribed onto paper and used for data analysis. The audio recordings were erased once the interview transcripts had been written up.

Data analysis

A thematic analysis was utilised in this study in order to analyse the data that was collected from the interviews. This form of data analysis was used because according to Braun and Clarke (2006), thematic analysis is a flexible and useful research tool, which can provide a rich and detailed, yet complex, account of data. It is imperative to understand the concept of thematic analysis and what it entails in order to grasp the idea and analyse data effectively; 'thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes your data set in (rich) detail' (Braun & Clarke, 2006:79). As the research aimed to gather data from a specific group of people, in this instance, South Asian men, women, and their views on infertility, an inductive approach to thematic analysis was incorporated from the data. Braun and Clarke (2006) argue that inductive analysis is a process of coding data without trying to fit it into the researcher's analytic presumptions. It was important to make sure that the researcher stayed objective throughout the study in order to prevent any existing assumptions that may have affect the quality of data analysis; and as a result may have subsequently led to skewing the results towards a bias interpretation. A theoretical thematic analysis was not appropriate for data analysis in this instance because it may have ignore themes that flagged up which the researcher may not have thought about or expected.

In terms of the theme level that was identified from the data, a latent level approach was used. 'A thematic analysis at the latent level...starts to identify or examine the underlying ideas, assumptions, and conceptualizations and ideologies that are theorized as shaping or informing the semantic content of the data'. (Braun & Clark, 2006:84). The latent approach goes beyond simply describing the surface meaning of the data; it looks at identifying features that give it a specific form or meaning. This approach amalgamated well with the research topic for data analysis because it aimed to go beyond the scope of what was apparent, and dwell deeper into the reasoning behind a person's response in order to understand their views from their own perspectives.

Braun and Clarke (2006) identified six main steps to piloting a thematic analysis. Once the data was collected and recorded, the recordings were transcribed onto paper to provide a visual representation of the participant's responses and familiarising oneself the data. The researcher generated codes that were of interest, and these codes were then organised into meaningful groups that linked together. After the codes had been identified, they were merged into potential themes that fitted into a specific category. Three main themes were identified in this study; they were reviewed in two levels and checked to see if they were relevant; level one included looking at the coded data extracts, and level 2 looked at the whole dataset all together. After reviewing the themes, they were labelled as: cultural norms and expectations (1), religious uncertainty towards fertility treatment and the importance of marriage (2), and social roles within the family (3).

Ethical considerations (refer to appendices)

In order to ensure the research that was carried out met the appropriate ethical guidelines, the researcher considered the code of conduct for the BPS as well as the ethical issues that cover the university. The participants in this study were recruited through an opportunity sample via the universities participation pool and they were fully informed of the nature of the study. Once the participants had read and fully understood the information, and what they will be taking part in, they were asked to sign a consent form in order to commence with the interview. The interviews followed an interview schedule that the researcher put together; as the topic itself was slightly controversial, the researcher was asking questions from a hypothetical basis by providing the participants with a scenario that they based their answers on, rather than any real life or personal experiences.

The participants did not have any previous history of fertility issues to ensure that the research questions did not make them feel uncomfortable or anxious. The interview was audibly recorded using the researcher's mobile device which was password protected and accessible by the researcher only. Once the interview had been completed, participants were debriefed about the study and were given contact details for the researcher as well as the university counselling service if they required any further clarification or assistance. The audio recordings were transcribed and participants were given a fake name in order to keep their real identities anonymous. To make sure the universities ethical guidelines have been met, the researcher completed the MMU ethical checklist and guidelines as well as the insurance checklist.

As the study may have been considered to be marginally controversial, due to the nature of the topic as well as the subject being perceived as a sensitive area to discuss, it was important to address the ongoing ethical issues throughout the progression of the research. Because the study was focused on issues surrounding infertility and its treatment from the viewpoints of people that come from a South Asian culture, participants may have been reluctant to discuss certain aspects, in the context of their gender roles or cultural/religious beliefs to avoid being perceived as an individual or group that seems to be atypical from the rest of society. According to Neagoe (2013), the way in which a researcher or professional is able to manage dilemmas which are a result of different religious values, are very important for the quality of services that they provide. The majority of individuals that originate from South Asia typically follow a certain religion and cultural norms that they live by. Therefore it was essential to be mindful of their views and make sure the questions that were being asked throughout the duration of the interview, did not offend anyone or make them feel like they were being isolated from others. The researcher ensured that the participants felt comfortable with the interview throughout the whole duration of the study.

Analysis & discussion

After careful analysis of the interview transcripts, three main themes had been identified from the data that was collected. These themes were categorised as cultural norms and expectations (1), religious uncertainty in regards to fertility treatment and the importance of marriage (2), and social roles within the family (3). In Islam, sexual relations outside of marriage is strictly forbidden; getting involved in sexual relationships outside of marriage is known as adultery and there are consequences for it. Adamczyk & Hayes (2012), state that for Muslims, religious participation and informal social interaction with other Muslims should increase exposure to religiously inspired norms that discourage sex before marriage, which as a result, should decrease the interest of pre-marital sex within young individuals. This concept acknowledges that sex education and sexual relations is a topic that is avoided and not encouraged due to the strict religious and cultural values of certain individuals. Consequently, it is restricting the overall education of sexual health and fertility in general within south Asian communities; and important issues such as infertility and treatments are being overlooked.

Cultural norms & expectations

A concept identified through the data was the idea that people from south Asian cultures tend to avoid discussions on sex education and fertility. It is a notion that is not openly talked about within the household and can somewhat be viewed as shameful to discuss with family members. According to Griffiths et al. (2008), there is a strong emphasis on the importance of maintaining the public honour of one's family and community within South Asian culture. This honour is dependent upon individual members of the family maintaining and accepting religious and cultural norms. As a result, this can lead to concealing shameful behaviour that deviates from the cultural norm, and what is considered detrimental such as discussing sex related topics with family members. This notion is manifested in the accounts given by the following participants:

...A lot of south Asian families will not talk about erm (p) fertility. Or even like sexual health and conceiving children, they won't talk about it. It's not a discussion you have on the table and talk about cuz it's supposed to be a husband and wife's personal affair. (Anna).

...I think we learn more about these topics (sex education) on social media, news and internet. School doesn't really teach much, just the basics on periods...I think, within south Asian communities, sex education and fertility is not discussed at all in family households... I know that the older generations or people that are more religious tend to avoid these topics. I guess it's not something that is openly talked about with the family. (Nimra).

When asked about types of fertility and sex education in general, the participants gave similar accounts on how it is something that is not encouraged within the educational systems.

...Basically I went to an all Muslim school, before we got all westernised, we were really, really religious (laughs). We went to a Muslim school, and there was a textbook right, and our teachers completely skipped the sex education stuff. We were taught about periods and stuff, but that's about it. All the reproductive stuff, we just didn't know or learn about. (Sara).

...I have not received any sexual health and fertility education as a teenager. My secondary school didn't even give me the sex talk which I find quite worrying now that I think of it (laughs). (Mahid).

The above quotes clearly demonstrate that there was a limited focus on the way in which sex education is talked about in the household, and the schools that they attended. They discuss that sex education is perceived as a responsibility of the school, and not a concept that is talked about at home. '...Practical sexual health education was perceived to be the role of school...taught by teachers who did not necessarily share the same cultural or religious ideologies. Sex and relationships education was seen as focused on giving advice about safer sex rather than abstinence and delaying sexual activity' (Griffiths et al., 2008:714). This notion emphasises that the conflicting cultural and religious upbringings between teachers and Muslim students affected the views of sexual health and relations within these young individuals. Understandably, none of the participants had conversations about sexual health with their parents; parents are respected individuals within the household, and the social status they embrace is something that is highly valued. Therefore, discussing sex and fertility can be regarded as an issue that is inappropriate, and individuals are brought up with this mentality.

Another concept that was highlighted after analysing the interview transcripts were the issues of pre-existing expectations that family members and the wider communities hold towards couples that do not have children straight after marriage. Mehrotra (2016) states that Espin (1995), has previously noted that people who migrate from other countries, particularly individuals that come from the south Asian community, women's roles and behaviours are consistently evaluated by others as they are viewed as guardians of

tradition within the community. The following quotes demonstrate this notion of women being the centre of attention in regards to having children after marriage.

...I think there's too much pressure from other people. It becomes a thing where all you get married for is to have a child. But it doesn't always work out that way. I think most of the time the guy is not fertile. But the woman is usually blamed for it and the guy isn't seen as the problem and they sometimes get married again. (Aysha).

...The longer the delay in falling pregnant the higher the pressure on couples. Unfortunately, usually the female tends to feel the most pressure and she is lead to believe she is responsible. Despite the fact that the issue could very well be with her partner. (Sami).

...I think a lot of Asians are expected to have kids straight away after marriage. Cuz I know my cousin has been married a year and people have been asking her when she's going to have a kid, but she doesn't want a child yet... (Amelia).

There is evidence from previous literature to express that women can face a lot of backlash and criticism in regards to issues of marriage and having children. The above quotes establish that there is excessive pressure from family members on couples who do not have children straight after marriage. As Amelia stated in her account, couples that prefer to wait a few years before they have children may influence the people around them to speculate and assume that there is an issue, when in reality, there are none. These misconceptions may create problems between the couple and therefore, the excessive pressure from family members may cause a delay in falling pregnant.

Religious uncertainty towards fertility treatment and the importance of marriage

The second theme that was identified after analysing the interview transcripts was the notion of religious uncertainty about fertility treatment and the importance of marriage, and love within a marriage. Serour (2013) states that marriage, pregnancy, childbirth, and building families are the basic unit of the society in Islam. This acknowledges the importance of marriage first, and then having a family. Having children is something that is highly encouraged in Islam because it is seen as a way of preserving human life. However, it is important to note that Islam acknowledges that infertility is a very difficult experience to go through; according to Chamsi-Pasha & Ali-Albar (2015), Muslims are allowed to seek lawful cures for any form of illnesses and disorders that they may be experiencing. If assisted reproductive therapy is indicated as a necessary means of treatment, it is acceptable and encouraged as it preserves human life. The following quotes express the issues of ambiguity for treatment and mixing cultural values with religion.

... I think a lot of them don't know about many treatments. I know people have started to look at IVF more. But I think a lot of people think its haram (forbidden) or something, I'm not entirely sure. It's important to take into account and it is something it stigmatised due to the lack of knowledge... (Aysha).

...Religion plays a huge role and also culture because in Asian communities these things are frowned upon... people start referring you to saints and stuff that can help you have kids and they will do nothing...Being a Muslim I agree that if you pray, it'll happen erm, when it's the right time. But along with that you also can't neglect the medical side to the fact that you can't have kids naturally. (Anna).

...I feel like with us, religion is quite a big issue, especially if you're practising as well. You wouldn't wanna do anything that's gonna put you in trouble with God (laughs). But at the same time you'd want a baby and your own family. It would be a huge dilemma... (Sara).

The above quotes establish the extent to which many religious rulings and expectations of fertility treatments are not well known and can be misinterpreted. The uncertainty behind fertility treatments may simply be due to the cultural upbringing of individuals. 'Many Muslims in the UK have...associations with diverse traditions of belief in the Indian sub-continent' (Hopkins, 2011:531). The teachings of religion have clearly specified what can and cannot be implemented in terms of treatment; '...agreed to the following guidelines: no mixing of genes, no sperm donation, no egg donation, no embryo donation, and no surrogacy. (Serour, 2013:951). However, due to the lack of education and discussion of these topics at home, along with the differences in culture, the accurate knowledge remains unknown. Inhorn & Tremayne (2016), state that Islam is a religion that can be said to encourage science and technology, which includes medical developments to overcome human suffering. This notion emphasises that religion does not go against treatments for infertility; instead, it looks at ways of improving health and is open to approaches that are beneficial to the wider community.

When participants were asked about their views on whether someone should consider re-marrying because of not being able to have a child, they all argued that this is something that is wrong and should not be encouraged.

...If the marriage is out of love right, and you've gone and decided to get another wife because your wife can't have children, but then you love your wife. I think that's wrong just for a child because I think people should just stick by their women (laughs). But I guess as a man you'd want to have kids and pass on your family name and all that stuff... (Sara).

...Once you're married, you should keep each other happy. If you can't have a baby, then it was just not meant to be, doesn't mean you walk out of your marriage or loved one just because you're having difficulties conceiving. Allah is the best planner... (Mahid).

...I don't think it's even an option that just because this person is not able to have a child, you decide to go onto the next person. You love this person so you stick with them (laughs). (Amelia).

These quotes demonstrate the strong values and opinions the participants hold in terms of the significance of having a loving relationship within a marriage. This is contrary to the traditional views held by Chaudhuri et al. (2014), who argued that caste status and religion

are important social concerns that play an important role in the selection of one's spouse and limit women's options in terms of marriage. The participants all stated that a marriage should not solely be based on the intention of having children alone. Love and acceptance are concepts that were highly emphasised, and the importance of having an understanding partner was a crucial point. If one has an understanding spouse that support each other through difficult situations, it can make the experience tolerable.

Social roles within the family

In south Asian culture, the social roles that individuals hold within the family are highly emphasised. According to Puri et al. (2011), the cultural basis for son preference may include the obligation of male offspring for manual labour, elder care, property inheritance and continuation of the family bloodline. '...Emphasises that children have a responsibility for taking care of their elders, which often means co-residing in an extended family' (Ng & Northcott, 2015:554). From the accounts given by the participants in this study, some clear indications of male preference over women have been identified.

...Yeah, things like erm (p), when you get older, in our culture, people have kids in the hope that later on when they get old, the kids will take care of them. It's like your old age security thing... (Anna).

...With women, it's more emotional, whereas with men it's like a strike to their ego. So I guess with both people in the relationship it's important to support each other and be there for each other. And don't blame each other because things like that are no one's fault. (Sara).

...Another thing that would be good is to educate the men... A lot of men take it upon their egos to not get themselves tested because they're like "oh we can have kids, it's you that can't". Blaming the woman. I think it's just wrong to blame one person. I think if the woman is going through treatments, and trying hard to conceive a baby, then so should a man because it should be seen as equal responsibility... (Anna).

The above quotes express that males in south Asian culture have important roles within their families. Males are seen as a source of security for their parents in terms of looking after them in old age. The females however, usually get married and move away and settle with their husbands. Therefore, they are perceived as outsiders in a sense that they will eventually move away from home while the sons stay with their parents. Because of the significant roles that males take on in south Asian society, it becomes an issue when these roles become a means of discrimination towards women. Anna argues in her statement that men can be ignorant towards the idea of themselves having an issue with fertility, and point fingers at the females instead. These attitudes are more of a cultural issue than a religious one; '...women consistently told me that any problems derived from the Muslims' ethnic cultures, not from Islam. Islam, according to these young people, provides women with an honourable position and grants them even more rights than it does to men...' (Rozario, 2011:288). This notion implies that the religious teachings of Islam has provided women with higher standings than men and empowered them with many rights such as choosing whom they marry, and the right to education. Therefore,

the underlying issues may be instigated by the social identities and cultural views that individuals are brought up in, and this is something that needs to be changed.

Conclusion

The themes identified in this study have demonstrated that there are several issues in south Asian culture that need to be addressed in regards to treatments for infertility. The responses from each participant demonstrated the strong influences that their religion and culture has had on their personal outlooks of what infertility means to them, and how being from this particular group in society has affected their views around this concept. The answers have clearly illustrated the key themes the researcher set out to explore, and provided a sufficient amount of data, which recognised the religious and cultural implications that can affect people's views and attitudes of infertility and its treatment.

Limitations of study and future research

A limitation of this study was the fact that only seven university students were interviewed and the interview questions were based on a hypothetical scenario. None of the participants had any real issues of fertility themselves so this may have limited the in-depth responses that may have been given if it had been somebody that had personally experienced fertility complications. It is difficult to generalise the responses to the wider south Asian population due to the lack of diversity within the individuals, and limited number of participants.

Future studies could look at people who have directly experienced issues with fertility, and compare the views of male and females and see if there are any significant similarities or differences in their opinions. Studies could also look at south Asian women who have received treatments for infertility, and what their experiences have comprised of and how it has affected their lives.

Reflexive Analysis

Being a young British-Bangladeshi Muslim woman myself, this topic was something that I was extremely interested in. The discrimination that women face in ethnic minority groups due to cultural beliefs is an issue that I wanted to explore in detail. Infertility is an issue that affects thousands of people around the world, and unfortunately, many women suffer the consequences alone and in silence. As the researcher of this study, I was able to understand the responses given by the participants on a personal level as we shared many of the same standpoints based on our ethnic backgrounds and religion. The responses given by the participants helped to exemplify the assumptions in my work, and allowed me to delve deeper into the existing issues surrounding infertility and treatments in south Asian culture.

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