

Beliefs of subfertile Saudi women

Dania H. Al-Jaroudi, SSSCOG, ABOG.

ABSTRACT

الأهداف: لتقييم المعتقدات لدى النساء الضعيفات الخصوية واستقصاء المعلومات عن استخدام الطب البديل لدى المريضا ضعيفات الخصوية في الرياض.

الطريقة: خلال الفترة من فبراير 2008م حتى يناير 2009م تم عمل مسح مقطعي في مستشفى أكاديمي، اشتملت الدراسة على 51 مريضة حضرن وحدة العقم والمساعدة على الإنجاب - مستشفى النساء - مدينة الملك فهد الطبية - الرياض - المملكة العربية السعودية، ولقد تم تعبئة الاستبيان عن طريق استجواب المرضى في وحدة المساعدة على الإنجاب بطريقة عشوائية. كانت الأسئلة تتعلق بالمعتقدات والطب البديل الذي تم استخدامهما لعلاج ضعف الخصوية. أدخلت البيانات في ورقة برنامج الاكسل وأجري التحليل الإحصائي.

النتائج: اعتقدت 18 امرأة (35.3%) أن سبب تأخر الحمل هو بسبب العين، واعتقدت 13 امرأة (25.5%) أنه بسبب الحسد. كان الملجأ الأول للنساء هو الدعاء في 23 امرأة (45.1%)، ثم زيارة الطبيب 22 امرأة (43.1%)، وقراءة القرآن 5 امرأة (9.8%) وذلك عندما علمنا بمشكلة تأخر الإنجاب. ولكن معظمهن 37 امرأة (72.5%) لجأنا إلى القرآن للعلاج. استخدم طب الأعشاب من قبل 35 امرأة مريضة (68.6%).

خاتمة: اعتقد بعض النساء أن تأخر الحمل لديهن هو بسبب العين والحسد. واختار أكثر النساء طب الأعشاب، والقرآن لعلاج ضعف الخصوية لديهن. إننا نؤمن بأن مقدمي الرعاية الصحية عليهن الأخذ بعين الاعتبار المعتقدات والبدايل التي تلجأ إليها النساء ضعيفات الخصوية.

Objectives: To assess the beliefs of infertile Saudi women and acquire information on alternative medicine usage by infertility patients.

Methods: Between February 2008 and January 2009 a cross-sectional survey was performed in a tertiary hospital. Fifty-one patients attending the Reproductive Endocrinology and Infertility Medicine Department, Women's Specialized Hospital, King Fahad Medical City, Riyadh, Kingdom of Saudi Arabia were interviewed at random. They were asked questions pertaining to their beliefs and alternative therapies used to treat their infertility. Information was entered into an Excel sheet, and statistical analysis was carried out.

Results: Eighteen (35.3%) women believed their infertility was the result of the evil eye, and 13 (25.5%) believed it was due to envy. The first choice when the women realized they had difficulty conceiving were du'a (supplications) (n=23; 45.1%), visiting a doctor (n=22; 43.1%), and reading Qur'an (n=5; 9.8%), although most (n=37; 72.5%) ultimately turned to the Qur'an as a remedy. Herbal medicine was used by 35 (68.6%) patients.

Conclusion: We believe healthcare professionals should consider the personal beliefs and alternatives that subfertile women resort to.

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From the Reproductive Endocrinology and Infertility Medicine Department, Women's Specialized Hospital, King Fahad Medical City, Riyadh, Kingdom of Saudi Arabia.

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Address correspondence and reprint request to: Dania H. Al-Jaroudi, Consultant Obstetrics and Gynecology, Reproductive Endocrinology and Infertility Medicine Department, Women's Specialized Hospital, King Fahad Medical City, PO Box 59046, Riyadh 11525, Kingdom of Saudi Arabia. Tel. +966 (1) 2889999 Ext. 8503. Fax: +966 (1) 2889999 Ext. 3714. E-mail: daljaroudi@kfmc.med.sa

Infertility is defined as the inability to conceive after 12 months of unprotected intercourse.¹ It is described by some as a complex life crisis lasting for years, which can cause women to suffer impaired cognitive status, multiple losses, grieving, and role failure.² Several studies have addressed the psychosocial impact of not bearing children.³ Personal, marital, social, cultural, emotional, and medical consequences can be an adjunct to infertility.² Family formation remains an integral part of human nature, and for many infertile women coping with their situation is challenging.² In Eastern countries, bearing children is essential, and societies exert pressure and stress on women who do not conceive.³ The Arabian culture is a pro-natal society, where divorce and polygamy are accepted resorts to infertility. Fear escalates in women where the thought of being divorced, or being a second wife because of their

infertility threatens them. Despite all the challenges, some couples sustain their hope and faith, especially through their intense belief in what God stated in the Qur'an "[God] creates what He pleases, He grants to whom He pleases females, and He grants to whom He pleases males, He gives them in pairs, males and females; and He makes whom He pleases barren; verily He is knowing, powerful!" (translation of Qur'an [Surat Al-Shura 42: 49-50]). Medical personnel, therefore, must put strong emphasis on this faith within the couple as part of the continuity of care in their management; moreover, they need to take into account the religious dimensions of the experience of infertility.⁴ Although few studies have looked deeply into what women do to overcome their infertility, it is acknowledged that because of the personal challenges they face, they may resort to anything, even if not medically proven, that they believe may help them achieve pregnancy. Complementary medicine was an integral part of healthcare in the ancient world, and Traditional Arabic and Islamic medicine (TAIM) is still being used by many people in the Mediterranean to treat conditions such as epilepsy, psychomania, depression, and infertility.⁵ In addition, some cultural beliefs prompt patients to resort to self care, home remedies, herbs, and traditional healers. Many studies have investigated religious ethics in relation to assisted reproductive technology (ART),⁴ however, many questions remain to be answered, particularly in the Muslim world. Accordingly, we used a survey to assess the beliefs of infertile Saudi women and their retreats to resolve this problem.

Methods. We conducted an interview-based survey between February 2008 and January 2009, following a protocol approved by the King Fahad Medical City (KFMC) institutional review board. All women attending the Reproductive Endocrinology and Infertility Department, Women's Specialized Hospital, KFMC, Riyadh, Kingdom of Saudi Arabia were eligible, however, the survey was administered to 51 consenting women who were chosen at random (Appendix 1). Data were collected at the end of their consultation. Survey responses were anonymous and confidential. The survey was developed by the author, and included 23 questions pertaining to the patient's beliefs and alternative therapies used to treat their infertility.

The information was entered into an Excel Sheet. The statistical analysis was carried out using the Excel Program.

Results. The patient demographic characteristics are summarized in Table 1. The main reason for infertility

affecting 14 patients, was male factor, 20 was due to female factors, and one patient had other causes of infertility (Table 2). Eleven (21.6%) women were told by their husbands that if they did not bear children they would marry another. Eighteen (35.3%) women believed their infertility was the result of the evil eye, and 13 (25.5%) believed it was due to envy. The main first choice when the women realized they had difficulty conceiving were du'a (supplications) (n=23; 45.1%), visiting a doctor (n=22; 43.1%), and reading Qur'an (n=5; 9.8%). Subsequently, 37 (72.5%) women read the Qur'an specifically to treat their condition; both on their own (n=29; 56.9%) and/or visiting a sheikh who read Qur'an for them (n=24; 47.1%). Eighteen of the 29 (62.1%) women who read the Qur'an themselves selectively read Sûrah Al Baqara. Herbal medicine was used by 35 (68.6%) patients prior to attending the clinic. Twenty-six (51%) used a mixture of herbs, 23 (88.5%) used herb without honey, and 23 (45.1%) included honey in their natural medicine mixture. Three patients (5.9%) used honey without herb. Twenty (76.9%) did not know the composition of the mixture. A spiritual healer provided the herbs to 3 (8.3%) women, 5 (13.9%) chose the herbs themselves, and 28 (77.8%) women took the herbs based on word-of-mouth recommendation. After starting treatment at the clinic, only 8 (15.7%) women were using herbal medicine.

Table 1 - Patient characteristics.

Variables	Mean (range)	n	(%)
Age, years	30.4 (23-40)		
Education, high school and above		48	(94.1)
Infertility duration, years	5.9		
Primary infertility		37	(72.5)
Secondary infertility		14	(27.4)
Previously married		8	(15.7)
Infertility clinics visited	3.4 (1-16)		
Diagnosed etiology		42	(82.4)
Husband would marry another		11	(21.6)
Employed outside the home		8	(15.7)

Table 2 - Causes of infertility.

Causes	n	(%)
Male factor	14	(27.5)
Anovulation	6	(11.8)
Polycystic ovarian syndrome	8	(15.7)
Tubal factor	6	(11.8)
Multifactorial	1	(2.0)
Others	7	(13.7)
Unknown	9	(17.6)

*The full text including Appendix is available in PDF format on Saudi Medical Journal website (www.smj.org.sa)

Discussion. Infertility patients go through cycles of emotional turmoil that often accompany a long-term effort to conceive, and many of these women turn to spirituality for hope, comfort, and relief from distress.⁶ Beliefs of reasons for infertility or failure of treatments lead many Muslim women to resort to reading Qur'an⁷ or making du'a, which was the first choices for over two-thirds of our study group. Almost three-quarters of the women relied on the Qur'an to help resolve their infertility issues. Most women abide by what has been written in the Qur'an, "And We send down of the Qur'an that which is a healing and a mercy to those who believe (in Islamic Monotheism and act on it)" (translation of Qur'an [Surat Al-Isra 17:82]). Seybold and Hill⁸ reported that Senegalese women believed that repeating certain Qur'anic verses a certain number of times would cure their infertility. Almost one-quarter of Bangladeshi women were reported in one study to attend a healer for spiritual intervention as their first choice in treatment.⁹

According to the World Health Organization, plant-derived medicine is used by 80% of the world's population.¹⁰ In rural and tribal areas, traditional and alternative medicine remains an important part of healthcare, mainly due to family pressure. Restrictions and guidelines should be implemented on their use, to assure they abide by standards of evidence-based medicine. The approximate three-quarter reduction in the number of women using herbs in our study from before to after starting clinic treatment may reflect a high level of trust when the women made the choice to attend the clinic.

It was surprising that fewer than half of the women (45.1%) used honey. Both the holy Qur'an and Hadith (sayings of the prophet Mohammad [peace be upon him]) refer to honey as a healer of disease. "And your Lord taught the bee to build its cells in hills, on trees and in (men's) habitations..... there issues from within their bodies a drink of varying colors, wherein is healing for mankind. Verily in this is a Sign for those who give thought." (translation of Qur'an [Surat An-Nahl 16: 68-69]). In addition, the Prophet (peace be upon him) said: 'Honey is a remedy for every illness and the Qur'an is a remedy for all illness of the mind, therefore I recommend to you both remedies, the Qur'an and honey.'¹¹

Our study assesses some of the beliefs of infertile women and their choices to resolve this problem. Because we have only information on infertile women who are actively seeking state-of-the-art therapy for their condition, a weakness of our study is not having comparative data for infertile women who rely totally on alternative resources in efforts to cure their condition. Another weakness of our study is the small number of

patients; however, this might open the gates for further research in the area. We appreciate that although most of our patients include spiritual retreats in dealing with their situation; these women also realize the importance of receiving available medical procedures that are not in violation of their reliance on the Almighty as the source of success.

In conclusion, it is important to encourage Muslim women who are trying to conceive to incorporate a stress reduction program into their daily lives, where reading Qur'an and making du'a can help reduce anxiety. We believe healthcare professionals should assess and evaluate patient beliefs and choices to direct them on the right path by providing health education, and emphasizing the merits and drawbacks of these alternative therapies. We should use these opportunities to contribute to providing the best healthcare and advice to our patients.

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References

1. Meldrum DR. Infertility. In: Hacker NF, Moore JG, editors. *Essentials of Obstetrics and Gynecology*. 5th ed. Philadelphia (PA): WB Saunders; 2003. p. 610-620.
2. Roudsari R, Allan HT, Smith PA. Looking at infertility through the lens of religion and spirituality: a review of the literature. *Hum Fert (Camb)* 2007; 10: 141-149.
3. Khayata GM, Rizk DE, Hasan MY, Ghazal-Aswad S, Asaad M. Factors influencing the quality of life of infertile women in United Arab Emirates. *Int J Gynaecol Obstet* 2003; 80: 183-188.
4. Dutney A. Religion, infertility and assisted reproductive technology. *Best Pract Res Clin Obst Gynaecol* 2007; 21: 169-180.
5. Azaizeh H, Saad B, Cooper E, Said O. Traditional Arabic and Islamic Medicine, a Re-emerging Health Aid. *Evid Based Complement Alternat Med* 2008 Jun 13. [Epub ahead of print]
6. Fido A, Zahid MA. Coping with infertility among Kuwaiti Women: cultural perspectives. *Int J Soc Psychiatry* 2004; 50: 294-300.
7. Araoye MO. Epidemiology of infertility: social problems of the infertile couples. *West Afr J Med* 2003; 22: 190-196.
8. Seybold KS, Hill PC. The role of religion and spirituality in mental and physical health. *Curr Dir in Psychol Sci* 2001; 10: 21-24.
9. Papreen N, Sharma A, Sabin K, Begum L, Ahsan SK, Baqui AH. Living with infertility: experiences among Urban slum populations in Bangladesh. *Reprod Health Matters* 2000; 8: 33-44.
10. Gurib-Fakim A. Medicinal plants: traditions of yesterday and drugs of tomorrow. *Mol Aspects Med* 2006; 27: 1-93.
11. Imam Bukhari. Chapter 79: Book of Medicine. In: *Sahih al-Bukhari*. p. 5354-5360. Available from URL: <http://bewley.virtualave.net/bukhcont.html>