

A sociological analysis on life experiences of infertile women being treated through modern methods in a pro-natalism environment

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Received 1 July 2023, Accepted 15 October 2023

Abstract

In average, 10-15 % of Iranian couples are infertile. Considering the importance given to women's fertility in the Iranian culture and religion, as well as family endurance through biological fertility, it is usually women who should carry the burden of infertility and its consecutive issues. The upcomings and consequences of infertility make Iranian women to face numerous problems.

Various psychoanalytic, sociological and feministic points of view have been taken throughout the research given the fact that the issue is of a great importance. Due to the delicacy of the issue, the unfavorable condition of infertile women and in order to better understand their situation, a qualitative introspective method has been employed. The main purpose of the current study is to review treatment experiences and to analyze the side-effects of new methods of laboratory fertilization (ART) on infertile women being under treatment. The findings of the research show that most of the infertile women explicitly described fertility as their ultimate fate as well as their most important role and duty after marriage in order to strengthen the family basis and to protect their family life. Hence, they resort to laboratory fertilization in order to get rid of the isolation and social ostracism stemming out of their inability of fertilization. They ultimately have to face the side-effects and consequences of diverse treatment methods, including IVF and IUI.

Keywords: Infertility, life experience, biological maternity, artificial fertilization, reconsideration, pro-natalism, treatment side-effects.

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1. Introduction

A woman has always been a woman in the vast field of our world, and in every place of this world and since the beginning of her appearance on earth, regardless of time and place, race, color and ritual, she has had a special responsibility on her shoulders: to give birth, to breed and to mature. to deliver. And this is a part of a woman's life that does not seem to accept denial and arguments, and in fact, any search for a woman's identity should take place beyond this part of her life and this special privilege of hers. In societies including Iran, where having children is a part of women's base and identity, and having a genetic child is considered a source of women's power in the family and society, even if in some cases men are also infertile due to physical reasons, infertility is usually considered a woman's problem. to be Therefore, considering the importance of women's fertility and family continuity through childbearing, the main burden of infertility is usually on women.

"Infertility" is defined as the failure to conceive after 12 months of unprotected sex. Also, according to the findings of Dirkund Moghadam and his colleagues (2015), one tenth of the world's population suffers from infertility and the trend of infertility in the world has been increasing in recent years. Based on approximate estimates, the current state of infertility in the country is as follows:

A) The prevalence of infertility in the country is estimated to be 11-19%, and based on this, in the age group of 20-40 years, about 1.7 million couples have a history of primary and secondary infertility.

b) About 88 thousand infertile couples are added to this number every year. (Afshani et al., 2022: 2-3).

In today's age, the scope of using new technologies of human reproduction includes the generally accepted practice of ectopic fertilization and many other treatment methods, which are demanded day by day and infertile women refer to doctors' offices, clinics and centers. New fertility is increasing more and more, without the awareness and comprehensive information to its consumers, who are generally women, about the ethical and social challenges of using these new technologies, the effects, as well as the risks and failures caused by various artificial reproduction procedures. are given. Informed consent requires

providing a complete and unbiased picture of all potential medical, social, and emotional outcomes and risks.

In patriarchal systems and in the environment of pronatalism, motherhood is the source of respect and power for women. Society values a woman who becomes a mother. Therefore, if a woman lacks this ability after marriage for any reason, prejudices and social and cultural pressures, blames and blames from the people around her, willingly or unwillingly drags her to the long queues and exorbitant costs of doctors' offices and fertility clinics. . The material, physical and mental costs that a woman incurs during her treatment are sometimes irreparable. Female fertility and the use of assisted reproduction technologies for infertile women are also the subject of many feminist ideologies. They question medical science and introduce it as a male tool to control women's bodies. Therefore, feminists criticize different views of male medical science, and the necessity of biological motherhood and biological childbearing in a patriarchal and traditional society that sees the ultimate destiny of a woman in motherhood, and they strongly reject new reproductive technologies. or they look at it with doubts and believe that infertile women are exploited in a way during the process of modern treatments and are subjected to various medical tests which are both painful and costly.

Treatment methods that often lead to failure and keep women in clinics and treatments for years, which may never yield results or make the woman's body so weak and suffering that assuming she gets pregnant after a long period of treatment, she will suffer from diseases. Physically and mentally affected by drugs, tests, etc. Something about which doctors do not give enough information to such women and there is no other source of knowledge for them in the society. How much knowledge do women have about the available treatment methods and more importantly, under what conditions do they choose the treatment? Are they in a situation where they have the right to choose? This issue was

investigated in this social study. Therefore, the main objectives of this study are:

- 1) Feminist analysis and examination of the role of awareness, will and right to choose in the use of new reproductive technologies and in general the choice of treatment for having children in infertile women.
- 2) Investigating the effects of treatment with new reproductive methods on the health status of infertile women undergoing treatment.

2. Review of Literature

According to long-standing attitudes, the power of reproduction and maintaining the health of the family has always been left to women, and it is still argued that a woman, according to her reproductive nature, should prioritize the role of motherhood and childbearing in order to ensure the survival of the family and society. and any deviation from this natural path causes infertility and as a result the need for medical treatment. Sandebwski expresses the common opinion as follows: "Women should get pregnant and give birth and limit themselves to the role that God and nature have determined for them, that is, being a wife and mother." Doctors believe that reproduction preserves the real woman and protects her from emotional and physical damage caused by her biological cycle and prevents the destruction and contraction of society" (Sandelovski, 1990: 483).

In the religion of Islam, having children and reproduction is very important, and based on this, there have been repeated orders to marry women who are fertile, noble, brave, etc. As the Holy Qur'an says: "Nesaekum Harth Lakum..." Your women are your fields, so approach them to cultivate (a righteous child)" (Rezania Mouallem, 2012).

2.1. Pronatalism; Ideological environment of childbearing

The school of pronatalism includes the belief that the social value of a person is related to reproduction. Pronatalism is closely related to issues related to a traditional family ideology for women struggling with infertility. While it is believed that the pronatalist school affects all adults, especially these women are targeted by its statements.

"A pronatalist school perpetuates the belief that biological motherhood is the most valuable way for women to become mothers. Therefore, in a pronatalist environment, the social value of a woman is inseparably dependent on her ability to achieve biological motherhood" (Perry, 2005: 277). Therefore, giving priority to the traditional family, which includes father, mother and biological child, in a society where pronatalist ideology prevails, affects the social structure of the family and makes infertile women face significant pressure and lack of childbearing. Life becomes a painful problem for an infertile woman and forces her to be treated with advanced technologies.

According to Miall (1996), a traditional ideology of the family is one that leads to the "social construction" of infertility as a problem that requires technologically advanced medical treatments to produce a biologically dependent child. . that these advanced technologies serve the traditional values of the family. In other words, even if it is ideal, infertile women discuss their experiences in an environment where a traditional ideology of the family (pronatalism) is prevalent (Birnebaum et al., 2000: 3).

Fisher (1992) further states that: "From the beginning, women have been taught that their identity is inseparably connected with "motherhood". We are all bombarded on a daily basis with messages that giving birth is an infinitely better way to become a parent than adoption. By presenting the ideological context in which women discuss their encounters with infertility, it continues that the encounter with infertility is an important environment in which how and why the initial formation of women's conceptualizations of the family, as well as how The change of these opinions is investigated as a result of infertility" (Perry, 2005: 277).

2.2. Sociological point of view: The identity is burnt

"Irving Gafman" in his work "Stigma", deals with the gap between what a person really is and what he should be, and calls any person who has a gap between these two identities "It is eaten hot" (Adam, 1996: 163). According to him, there are two types of heat. In the case of Discredited Stigma, the actor assumes that the audience knows the differences or that these differences are obvious to them, but in the case of Discreditable Stigma, the audience does not know the differences and They cannot imagine it. A person who suffers from

the heat of discredit, the fundamental problem of his performance is the discounting of the fact that others know the case. But the person who is suffering from the possibility of discredit, his performance problem is to keep his head so that his case remains unknown to the audience (Ritzer, 1999: 198).

According to Goffman's "Stigma" theory, an infertile woman is a hot person because there is a gap between her two identities between what she really is and what should be and is expected to be. As a result of this hotness, she gradually loses his social credibility and becomes isolated and withdrawn.

2.3. Feminism; Infertile women and in vitro fertilization

The constant interest of feminists is to establish women's control over themselves and to have children if they want to. The growth of new technologies related to reproduction both as an advantage and as an attempt to take away from women some of the control they have gained over their reproductive capacities. Therefore, the significant attention of feminists to the struggle against progress. rapid developments in the field of reproductive technologies.

According to some opinions, this is an exploitative and inhumane technology that ignores women and brings them under the domination of men's medicine in a new way. Laboratory fertilization is criticized for exploiting scarce resources for the benefit of a small group because it overshadows the social causes of infertility. In addition, some critics say, in vitro fertilization is used to illegitimate discontinuation of treatment, because pregnancy could possibly occur at any time in the future (Rowland, 1992: 253).

American feminist poet and critic Adrienne Rich states that the oppression of women is deeply tied to their ability to have children. He belongs to a group different from Fireston's radical point of view called "motherists". They believe that reproductive technologies are not the solution to the problem and may even make the problem worse, because men control the technology (Hyde, 2004: 105). Rich does not believe that women are biologically oppressed by "fertility", but by dividing the concept of motherhood into two parts, "experience and institution", the institutionalization of motherhood by the power and control of men and removing this ability from women through

technology. Introduces new methods of reproduction as the cause of oppression and suppression of women.

Another feminist critic, Jenna Corea (1985), also looks at this case with a negative view due to the increase of men's control over women by inventing new reproductive technologies and removing the will and discretion of reproduction from the hands of women. "Corea" argues that it is the patriarchal society that pushes this pronatalism forward and it has a coercive power. He says that this imposes conditions on the woman's choices as well as her motives for choosing and leaves her unable to make a correct moral choice regarding her reproductive options (Rosen, 2003: 74).

Australian feminist Robin Rowland is another critic of reproductive technologies. He argues: "Since men are the dominant social group, they expect to control all social resources, including reproduction." They use the scientific tools of medicine and business to establish control over reproduction. He concludes that men are creating women in the laboratory of patriarchal life. In his opinion, laboratory fertilization is an exploitative and inhumane technology" (Ibid, 72).

Most feminists have a critical view of in vitro fertilization and not only do they not consider it a service to infertile women, but they also point out that the spread of patriarchy and the predominance of pronatalism in a society are the reason for the tendency of infertile women to use modern methods of reproduction such as IVF. This pressure It becomes socialized to such an extent that even after experiencing several treatment failures, the infertile woman is satisfied to bear the negative effects and consequences on her body and soul in order to finally succeed in having a biological child that is expected by the family and society and brings revival. It is her right to get pregnant.

3. Methodology

The issue of infertility is a sensitive issue, and infertile women, especially those who are undergoing treatment, are in unfavorable conditions physically and mentally, it is certainly not possible to obtain useful data and information about their condition through quantitative surface questions. was achieved, therefore, a qualitative in-depth method based on interaction and dialogue

between the researcher and the respondent with the aim of understanding well and knowing well their hidden mental dimensions was considered for this research. In this research, the lived experience of infertile women is explored and investigated. Therefore, the qualitative study has been done in a phenomenological way. A phenomenologist emphasizes on studying the meaning of an experience among some people. Therefore, to select the sample, it is necessary that all the participants have experienced the phenomenon under investigation.

The statistical population in this research is all young infertile women who referred to the "Fertility and Infertility IVF department of Imam Khomeini Hospital" in Sari city for infertility treatment. In this study, sampling has been done in two ways. In the IVF department of Imam Khomeini Hospital, twenty samples were taken using criterion sampling method for one month. This means that among the infertile women who referred to this department for treatment during this period, only those who must have experienced treatment with new methods of assisted reproduction (ART) were selected for interview and also among Those who have experienced or are experiencing these treatment methods, those who have had the most cases of treatment with these advanced methods in their treatment history were selected.

Therefore, a number of 10 infertile women under treatment were interviewed by chain sampling or accumulation or snowball sampling in order to gain access to diversity in the status of people. In this study, an attempt was made to "In-depth interview" to obtain information about the subject in question so that the research objectives can be analyzed better.

4. Findings

In this study, the information obtained through in-depth interviews was analyzed as follows:

4.1. Risks and complications of treatment

Without stopping for a moment the progress and innovation in the field of ART, every day we hear news about the improvement and the new flourishing of these methods and the birth of a child from beyond the laboratory tube. While nowhere, either in scientific medical books, or from the doctors

themselves, or from the media and magazines, there is never a warning about the dangers and potential side effects of these technologies. Risks that have both medical and physical aspects and mental-psychological aspects that can sometimes put an infertile woman under treatment for a long time until the end of her life under the shadow of suffering and irreparable damage that affects the health of the body and soul of these women.

"Corea", a feminist critic of reproductive technologies, also admits that: "New technologies are accused of having risks for women's health due to the use of drugs and hormones to stimulate ovulation and forcing infertile women to try for children." Being married causes social pressures to enter or increase on them" (Friedman, 2003: 117). In vitro fertilization as an advanced assisted reproductive technology, in addition to fulfilling the genetic parenting wishes of many infertile couples, it is accompanied by complications and sometimes even very dangerous consequences, which can be costly for the woman who is the main recipient of this procedure. And for a long time, it brought irreparable physical and mental consequences.

The respondent, who has tried different methods of in vitro fertilization four times and did not get results, says:

"Anyway, nothing is without side effects, these methods also have 100% side effects, high dose of hormones., the first cycle of IVF I got a cyst due to taking too many pills... because I am underweight, the pills have a very bad effect on my body, lethargy and... After the second IVF, I overdosed due to drug side effects and was hospitalized several times until finally I got "ovarian hyperstimulation syndrome"... I was hospitalized for 15 days with kidney pain and severe shortness of breath and a thousand other problems... another woman like me has this syndrome. And he was taken and hospitalized, it was very difficult.. Now I am ready to try my luck again as long as I have time and I am not too old.(34-year-old woman, bachelor's degree, 13 years of marriage, 9 years of treatment).

In addition to the mentioned physical complications, severe depression, despair, sense of emptiness and purposelessness, tendency to isolation and loneliness, escape from the crowd, etc., are mentioned as negative psychological effects caused by treatment failure by infertile women

undergoing treatment. According to the repetition of these failures, these bad effects become more serious and colorful.

A woman who has experienced eight failures (five IVF operations and three ZIFT operations) in her fourteen years of treatment says: *"When I faced failure after each stage of treatment, I suffered severe nervous discomfort, excessive depression, feeling of death, feeling of running away from home from everyone, even the door and walls put pressure on my heart. The doctor didn't say that you will definitely get pregnant with this method, but he gave me high hopes. To take this risk again... In my doctor's patient, I was the only one who took the biggest risk..."* (38-year-old woman, bachelor's degree, marriage period 17 years, treatment period 14 years)

This woman, who was eventually divorced by her husband due to her inability to reproduce, has now been diagnosed with ovarian cancer due to various surgeries and long-term use of hormonal drugs.

Another respondent says the following after several treatment experiences: *"... I have a lot of extra hair all over my body, various cysts have appeared in my body, I am bored and nervous, my chest is very swollen and painful, I think all these are the side effects of the pills and the many ampoules that I used... But I am willing to do IVF, if it doesn't work this time, I won't continue. I'm tired..."* (23-year-old woman, secondary education, 8 years of marriage, 8 years of treatment)

Here, Adrienne Rich's point of view is taken into consideration with the discussion of "maternal experience and maternal institution". As Rich considers the "maternal experience" as the greatest and most beautiful female creation and pleasure, he considers this experience to be dominated by medicine and technology, which is clearly dominated by the male. Therefore, this pleasurable source of maternal experience is turned into a repressive and disgusting institution by male power in a patriarchal and traditional society.

Simultaneously with the emergence of laboratory fertilization methods, the criticism and dissatisfaction of feminists was highlighted as those who considered these methods as a male tool to control and dominate the power of reproduction and women's choice and will to have children. As the Australian Feminist "Rowland" warns about the dangers of male control of reproductive

technologies and concludes that men are making women into a patriarchal way of life, IVF is an inhuman enumeration technology. Therefore, in this study, it was also seen that when infertile women for any reason have gone to a male/patriarchal laboratory for treatment, it is half way, even in spite of experiencing all the failures and inabilities and sufferings and pains of the complications and dangers of laboratory methods, if Even if they want to, they have no escape from this patriarchal life laboratory.

Despite the fact that infertile women are not aware of the treatment methods, their side effects and risks before starting the treatment, when they have experienced these methods and witnessed their side effects on their body and mind as a result of the experience, they are exposed to pain and suffering. Given that and by accepting it, they want to continue the treatment in the hope of achieving the long-standing wish of "conceiving a child":

"After using the drugs, my body hair grew a lot. I told the doctor, he said it's normal, the drugs I took for IUI didn't make me feel very nauseous, dizzy, and very nauseous. I couldn't do anything. I just wanted to sleep. But I didn't agree to give up, I said it's okay, I'll bear it, we spent so much, it's not possible, I have to bear it, I have to continue, if it doesn't work this time, I'll continue..." (27-year-old woman, elementary school, term 13 years of marriage, 8 years of treatment)

Therefore, according to Corea's critical point of view regarding the use of reproductive technologies, it does not consider them as a service to barren women. Rather, the prevalence of patriarchy and pronatalism in a society explains the tendency of infertile women to use new reproductive technologies, and this pressure is to such an extent that even a barren woman is willing to suffer the consequences of abusing these techniques. to bear a lot of financial cost in order to conceive a biological child which is expected by the society and which is the reason for the strength of the family's foundations and which is responsible for reviving their dignity. In addition, because many of these women under treatment do not know about the bad consequences of these methods.

4.2. In vitro fertilization; Rethinking the concept of motherhood

In this study, almost most of the infertile women stated that biological "motherhood" was their most beautiful and greatest wish at the beginning, and with a slight difference in how they felt and imagined about "motherhood", they considered it their most important role and duty in life. have stated A task that, if performed successfully, increases the power and dignity of a woman in the family and increases her reputation and honor in the family and social arena. Responsiveness expresses his thoughts and feelings as follows:

"It's good to be a mother, every woman wants to be a mother... In general, when a woman has a child after marriage, she finds another respect and closeness to her husband and family... Somehow, her place becomes stronger... What is the duty of a woman in life? Except that she gives birth to healthy children, has a good husband and reaches out to him and keeps him satisfied..." (28-year-old woman, middle school, 5 years of marriage, 3 years of treatment)

In addition to the fact that they have not yet reached a logical and correct understanding of motherhood and becoming a mother and consider it merely a tradition from other women who have become mothers and consider this a common thing and a natural course, in the first place the purpose and philosophy of marriage They mention "childbearing". Another respondent mentions his idea and feeling about "motherhood" as follows:

"When a woman gets married, she must bear children, become a mother, then she becomes a complete woman. And everyone looks at her in a different way... her husband wants her opinion on everything, but until the child is born, no matter how old she is, she is still a child and no one wants her opinion and her mind is not complete." (30-year-old woman, diploma, marriage period 14 years, treatment period 13 years)

It seems that women more or less want motherhood and are satisfied with being a mother and their communication needs are fulfilled through a child. Most of the women in this study also mentioned the child as a companion to free themselves from the loneliness and silence of the house, so that by having a child, they considered themselves complete and satisfied, with the difference that despite all their interest in the child Being pregnant and not receiving

treatment for years, over time this interest and feeling has changed and they have reconsidered their conceptualization of biological mother and they define it in a different way:

"I don't feel special right now. We definitely shouldn't become mothers anymore, everyone definitely shouldn't become mothers, of course I loved children a lot in the beginning... but now I think that it wasn't so important that I spent my whole life and youth for your child on the way to medicine and doctors... I wish Instead of trying so hard to have a child, I was studying... I regret the past and lost my youth." (40-year-old woman, diploma, second marriage 7 years, treatment 5 years)

According to Goffman's sociological point of view and the discussion of "Stigma", as he stated, infertility is considered a stigma and a social stigma on infertile women, who carry this stigma with them in two forms: discredit and the possibility of discredit. Therefore, to get rid of the social pressure of this heat, they turn more and more to treatment with new technologies of laboratory fertilization in order to gain their credibility in a traditional society based on the role of motherhood and the value of biological procreation. The pain caused by the inability to have children, in a culture and society where having a child is very important for the stability of the family. In this case, they suffer from the difference they feel between themselves and others in society, which sometimes becomes painful to bear.

In the survey conducted among infertile women undergoing treatment, it was found that most of them consider their dignity and dignity, which was confirmed by "becoming a mother", now lost, and between themselves and other women who were fertile naturally, They consider a basic difference:

"I am willing to do anything for the sake of having a child and I did; You don't know how hard I lost weight when the doctor said that you are 20 kilos overweight. Sometimes I ask God to give me just one child. Don't give me anything else. They married me at the same time, I look, I see that now they all have one or two children, I regret a lot. When I see pregnant women in the doctor's office or somewhere, my heart melts, I keep saying, I can have a baby..." (23-year-old woman, middle school, 8 years of marriage, 8 years of treatment)

When most of the women who have been treated for years were asked about the necessity of biological motherhood, they all said without a doubt that we would like to become mothers "like other women". They feel a deep difference and gap between themselves and women who have this ability, and to fill this annoying gap, they resort to treatment and laboratory fertilization.

The feeling of inadequacy, along with the loss of credibility in the family and society, is another issue that infertile women have openly acknowledged:

"Sometimes when I want to look at my husband, I feel ashamed. I am ashamed of him. I was not a good wife for him. I couldn't fulfill his biggest wish... When we enter a party or a gathering, I keep an eye on my husband, I see how longingly he hugs the children and plays with them... I can't even go to buy a household item anymore. Let me give my opinion..." (28-year-old woman, secondary education, 5 years of marriage, 3 years of treatment)

Under the side effects, pain and suffering and the experience of repeated failures of these advanced reproductive methods, women's romantic emotions and feelings of motherhood and childbearing gradually become a hateful desire and remind of the bitter and painful memories of their treatment process until the woman She can't bear it any more and screams that she doesn't want to be a "mother". But the social pressures and stigma caused by infertility are so much for them that they have no choice and they still find themselves on the list of applicants for using artificial insemination methods.

4.3. Knowledge and awareness of treatment methods

The will and desire for treatment is the main thing that is very important in choosing new treatment methods. It is very remarkable that infertile women have chosen the new technologies of laboratory fertilization for their treatment.

What we have clearly achieved in this study has shown that out of 30 cases of infertile women whose experiences were analyzed through a deep conversation, only 4 cases had correct and practical knowledge of in vitro fertilization and ART, and in the rest of the cases, all Expressing ignorance and lack of awareness have been treated even after many years. The respondent states in the height of ignorance that:

"I didn't know anything at all, I didn't even ask the doctor. They are so busy that I am afraid to ask. My sister did IUI. I asked her a little about how it was.

I wish there was an educational CD that showed how to perform these procedures and I could see them myself. I used to show my husband because he always tells me that you will die under these procedures, it's dangerous... I don't know if there is a book about these methods that I should at least read to understand something" (23-year-old woman, secondary school, married for 8 years, treatment period 8 years)

Most of the respondents had a very low level of literacy and awareness and were so desperate and helpless and under the pressure caused by the negative effects of infertility that without any awareness or effort to gain awareness and knowledge about these technologies (ART), their bodies as a laboratory in the hands of the doctor and they are only waiting for the result, i.e. the production of a "baby". The respondent who has experienced 2 IUI procedures and 1 IVF procedure states as follows:

"I didn't know anything about these methods before, of course, my family does IVF, but I never asked them, I didn't know that my work would lead to this, the doctor just explained to me a little, and I did it..." (28-year-old woman, Diploma, marriage period 9 years, treatment period 8 years)

Feminists believe that women should do whatever they want to do with full knowledge and understanding, and in this way "choose" before being "chosen". Also, the spread of pronatalist beliefs in a society based on the belief that biological motherhood is the most valuable way for women to become mothers, has caused infertile women to turn to new treatments to achieve this ability in any way. As "Korea" has stated, the conditions that are imposed on these women forcefully took away the right and opportunity to make a rational and rational choice, and as long as this pronatalism based on male/patriarchal power prevails in the society, the social pressures caused by Biological motherhood dominates the levels of consciousness and will of infertile women so much that they submit to any painful and unfair treatment conditions.

It is noteworthy that in this study, even in the case of those 4 infertile women who had a level of scientific and correct knowledge about laboratory fertilization, some kind of conditions were imposed and there was no room for "choice". The respondent, who is a midwife himself, says the following about the information and the way he chose:

"Because I am in this business myself and I went to the doctor, I found a lot of information. I read a lot of books. I asked the doctors about it. I was in But I didn't like it when the doctor suggested IVF to me, I still don't like it. I didn't think it was an interesting job, I did it under compulsion... GIFT is the same, it's really a spontaneous method, it wasn't worth it at all, the same IUI where only the sperm is introduced through the navel to enter the body faster, but it was spontaneous. But the doctors in Tehran insisted that I do it, so I said that when they say it's good, I did it..." (34-year-old woman, bachelor's degree, 13 years of marriage, 9 years of treatment)

In this study, it was clearly determined that even informing infertile women to make the right choice about their reproductive status has no effect. That is, as "Korea" acknowledged, until pronatalism based on male power/patriarchy makes a splash in the society, the social pressures caused by biological motherhood to infertile women have so much control over their levels of awareness and will, and even with the existence of knowledge and awareness. And their tendency to reject new technologies for fertility, under these pressures and compulsions, they give in to any conditions for motherhood that the traditional ideology of the family expects from them.

5. Conclusion

When there is a widespread belief in a society that the value of a woman and her most important role in married life is pregnancy and giving birth to a child, infertility is considered a great problem and defect for a woman. The whole life of a woman is overshadowed by its consequences. In this study, various aspects of infertility, its effects on the lives of infertile women, social pressures and factors that cause them to seek treatment through in vitro fertilization (ART) were discussed, and specifically, women's experience of infertility and their treatment process and The effects of using assisted reproduction technologies such as IVF on them were investigated.

The findings obtained from the data analysis indicate that the dominant cultural-social ideology in Iranian society considers the social value of a woman to be dependent on getting pregnant and giving birth to a biological child. All the respondents in this study, even the few who had a high level of education and employment, still mentioned infertility as their biggest concern

and problem in life, and in order to achieve the society's dream of biological childbearing, they made therapeutic efforts. They continue despite successive failures and irreparable complications. Therefore, all the respondents willingly or unwillingly accepted that as women, their position and social value depends on their ability to acquire biological motherhood and play the role of rebirth in order to preserve and survive. Their family is the most important duty and responsibility of their common life. This study clearly showed that infertile women, without personal will, took treatment and under social pressures, despite all the complications and physical risks caused by successive laboratory fertilization procedures such as IVF, they avoided this male/patriarchal laboratory. They don't have it and they have to continue the treatment until they finally succeed in getting pregnant. Because many of the respondents admitted that after failure, despair and abandoning the treatment, it didn't take a few months for them to return to the same laboratory of patriarchal life that "Rowland" (2003) refers to, and in most cases The reasons for continuing their treatment were the wife's desire, the pressure of her family, the fear of the disintegration of their common life, and the insistence and encouragement of their treating doctor.

The remarkable point in this study was that most of the respondents, in response to the question of imagining and understanding the experience of motherhood, stated that before the treatment, becoming a mother was full of pure feelings and pure joy for them, now after a long time. The bitter experience of the effects of infertility and the painful experience of treatment and failure, enduring blame and taunts - bearing the heat of discredit - becoming a mother has become a disgusting wish for them, which they want only to fulfill their duty to the family and society. Not because of your heart's desire.

Therefore, as "Adrienne Rich" believes that women's experience of motherhood and pleasure through the institutionalization of male/patriarchal power and fertility control and removing it from women's responsibility, this study also showed that gradually the experience The bitter and tiring treatment process changes the pleasure and definition and feeling of women undergoing motherhood and childbearing and turns it into an involuntary desire and

reminder of the uncomfortable experiences of infertility and treatment. The respondent who, after years of treatment and enduring a lot of social pressure, succeeded in getting pregnant through IVF, expresses great happiness and satisfaction that her child is a boy and that she has no duty to bear children in the future.

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