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The experience of involuntary childless Turkish migrants in the Netherlands : parenthood motives, psycho-social consequences, responses and help-seeking behavior

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5 Emotional distress and infertility: Turkish migrant couples compared to Dutch couples and couples in Western Turkey*

The present study investigates cultural differences in the effects of infertility on emotional distress. The study compares emotional distress among infertile people in three samples: Turkish migrants (n=58), Turkish people living in Western Turkey (n=46), and Dutch (n=199). Participants answered structured questionnaires on self-image, blame-guilt, sexual problems, depression, anxiety, and anger-hostility. Separate analyses were conducted for men and women. In general, the levels of emotional distress were higher for infertile Turkish migrant women and infertile Turkish women than they were for infertile Dutch women. Turkish migrant women reported more self-image problems and fewer feelings of blame-guilt than did Turkish women. Among men, Turkish migrant men showed the highest overall levels of emotional distress, and Dutch men showed the lowest. Our results indicate that the experience of infertility among Turkish migrants is more similar to those of Turkish people than it is to that of Dutch people, especially among women. The importance of having children in the different cultures may offer a possible explanation for these findings.

5.1 Introduction

Until a decade ago, studies concerning the psychological and social consequences of infertility were conducted primarily within Western Europe and other Western societies (Brkovich & Fisher, 1998; Greil, 1997). Extensive research has shown that the experience of fertility problems within these societies is stressful and poses a threat to self-esteem. The reported levels of emotional distress, however, seldom exceed the clinical threshold. Furthermore, these studies suggest that

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infertile Western women are more affected by infertility than Western men are (Dunkel-Schetter & Lobel, 1991; Greil, 1997; Wright et al., 1991).

In the last decade, the psychological and social dimensions of infertility have also started to gain attention within non-Western societies, including Africa, Asia, and the Middle East (Dyer et al., 2005; Fido & Zahid, 2004; Gulseren et al., 2006; Guz et al., 2003; Ozkan & Baysal, 2006; Widge, 2005). Initial comparisons between studies in Western and non-Western societies indicate that levels of emotional distress among infertile people (particularly women) living in non-Western societies are higher than they are among infertile people with Western backgrounds (Daar & Merali, 2001; Van Balen & Bos, 2004; Van Balen & Inhorn, 2002). The increased levels of emotional distress might be a result of the more severe consequences of infertility due to differences in the socio-cultural meanings of reproductive failure. Examples of relevant socio-cultural consequences include serious social stigmatization (social compromising of infertile people by others (Goffman, 1963) and exclusion, marital or social violence, forced divorce, and increased occurrence of co-wives (Daar & Merali, 2001; Guz et al., 2003; Van Balen & Gerrits, 2001; Van Balen & Inhorn, 2002; Van Rooij, Van Balen, & Hermanns, 2004). Considerable variation in these aspects exists in non-Western societies, however, due to differences in moral and legal rules, traditional and religious customs, degree of pronatalism, kinship systems, and family and marital ties (Daar & Merali, 2001; Van Balen & Gerrits, 2001; Van Balen & Inhorn, 2002; Van Rooij et al., 2004).

More recently, a number of studies have focused on emotional distress among infertile non-Western migrants living in Western cultures (Ahmed, 2005; Culley, Rapport, Katbamna, Johnson, & Hudson, 2004; Kentenich & Yuksel, 1997; Schmid et al., 2004a, 2004b). Results of these studies suggest that infertile non-Western migrants living in Western societies report more emotional distress than do infertile Western couples (Ahmed, 2005; Kentenich & Yuksel, 1997; Schmid et al., 2004a, 2004b). To the best of our knowledge, however, no studies have been published that compare the emotional distress levels of infertile migrants living in Western societies to those of infertile residents of the countries of origin of these migrant groups. It is possible that the levels of infertility-related distress do indeed differ across these contexts, as the meaning of infertility might change when living as a migrant in a country with a different main culture (Berry, 1997). On the one hand, it might be that the meaning of infertility among migrants might

become more similar to Western perceptions of infertility, resulting in lower infertility-related distress. On the other hand migrants might hold on to more traditional values and beliefs (Gacinski et al., 2002) than people in the existing country of origin, possibly resulting in higher levels of emotional distress.

In this paper, we explore the emotional distress of infertile Turkish migrant men and women living in the Netherlands in comparison to that of Dutch infertile men and women in the Netherlands, and of Turkish infertile men and women living in Western Turkey. Knowledge of these levels of emotional distress and of the cultural aspects of fertility problems might be especially useful to clinicians and other people working with infertile men and women. With 365,000 people, Turkish migrants comprise one of the largest migrant communities in the Netherlands (Statistics Netherlands, 2007). This community can be characterized as pronatalist, meaning that having children is the social norm and contributes to adult identity (Van Rooij, Van Balen, & Hermanns, 2006). Childlessness is more visible and less easily concealed among Turkish migrants than it is among the native Dutch population, as voluntarily childlessness practically does not exist within the Turkish migrant community. As a result of this, involuntarily childless Turkish migrants might be more stigmatized (Crocker, 2005) and feel more social pressure (Van Rooij et al., 2006) than involuntarily childless Dutch men and women do. These experiences, among others, might lead to higher levels of emotional distress. Furthermore, Turkish migrants are likely to be confronted with infertility and infertility-related distress at a relatively younger age than their Dutch counterparts are, as they tend to start having children at a relatively early age (24.6 years and 29.6 years, respectively) (Distelbrink & Loozen, 2005; Garssen et al., 2005; SCP/WODC/CBS, 2005). Additionally, there are some indications that Turkish migrants also begin infertility treatment after a shorter period of being infertile, due to pressure of their social environment (Scholtz et al., 1999). The dominant culture in Turkey can also be characterized as a pronatalist culture. Childlessness is seen as a deficit and social pressure to have children is common (Ataca et al., 2005; Gulseren et al., 2006; Guz et al., 2003; Van Rooij et al., 2004). The levels of emotional distress among Turkish infertile men and women are therefore more likely to resemble those of infertile Turkish migrants in the Netherlands than they are to resemble those of native infertile Dutch. The average age of Turkish infertile men and women might also be younger than that of native infertile Dutch.

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We consider the following aspects of emotional distress: self-image, sense of guilt and blame, sexual problems, depression, anxiety, and anger-hostility. We also establish and compare the percentage of people with considerable levels of emotional distress in each group.

5.2 Methods

5.2.1 Recruitment

Three samples were used in this study. The first sample included infertile Turkish migrants (men and women) in the Netherlands. The second sample included Turkish infertile men and women from Western Turkey (hereafter, infertile Turkish men and women). The third sample, which consisted of native Dutch infertility patients (men and women), was investigated using data that had been collected in a previous study (Van Balen & Trimbos Kemper, 1993). The inclusion criteria for all samples were that they had to be involuntarily childless in their current relationships and were not living together with children born in previous relationships.

Turkish migrant infertility patients were recruited throughout the Netherlands, both within and outside the Dutch medical system. Fifty-eight Turkish migrants (23 couples, 1 man, and 11 women) participated in this study. Twenty-eight (48%) were recruited outside the Dutch medical establishment, and thirty (52%) were recruited through hospitals. Nevertheless, all had visited hospitals because of their fertility problems. A member of the medical team in the participating hospitals functioned as a contact person and coordinated the recruitment. We asked the contact person to distribute a bilingual (Dutch and Turkish) information letter to all infertility patients of Turkish background during their hospital visits. Patients were asked to indicate their willingness (or unwillingness) to cooperate with the study on an informed consent form. No response rates can be determined, as only a few hospitals reported the numbers of patients who chose not to participate.

The sample of infertile Turkish men and women in Turkey was also recruited both within and outside the medical system. During meetings about infertility in Istanbul, which were organized jointly by the Turkish Patient Support group for infertile people (CIDER), several hospitals and the municipality, visitors were

asked to join the study and to complete a questionnaire during the meeting. These meetings were open to all interested people. In addition, people who attended a CIDER-organized visit to two hospitals in Istanbul were informed about the study during their appointments and were asked to complete the questionnaire during their visit to the hospital. Visitors to both the meetings and the hospitals were living in the Marmara region or adjoining areas in Western Turkey. Forty-six Turkish people (13 couples, 7 men, and 13 women) completed the entire questionnaire and were thus included in the study.

The third group, the Dutch sample, had been recruited for an earlier study by sending letters to infertile couples who had visited an academic hospital for examination purposes in the preceding years and who were still childless. Sixty-six percent (108) of these couples were willing to participate in the original study (Van Balen & Trimbos Kemper, 1993). For the current study, 199 patients (94 couples, 4 men, and 7 women) were selected from the original sample. The inclusion criteria were as follows: Dutch background and the absence of foster children.

5.2.2 Procedure

Participants in all three samples completed structured written questionnaires (in Dutch or Turkish) under the supervision of an interviewer. The interviewer was present to help if necessary and to certify that men and women answered the questionnaire separately when both partners participated. Participants in the Dutch and Turkish migrant samples were visited in their homes by a Dutch or a bilingual Dutch interviewer, as appropriate. The Turkish sample completed the Turkish questionnaire during the meetings or during their hospital visits, in the presence of a Turkish-speaking interviewer.

The Turkish version of the questionnaire was developed as follows: first, existing Turkish versions of the scales were collected. Second, the remaining scales were translated into Turkish and independently translated back. The few differences in translations were settled by discussion between the translators. Additionally, several experts (medical, Turkish, and anthropological) and laypeople were consulted on the cultural relevance and comprehensibility of the questionnaire (Van de Vijver & Tanzer, 2004). A pilot study tested a preliminary version of the questionnaire, but no changes were necessary regarding the measures that are used in this study.

5.2.3 Measures

Emotional distress. The Infertility Questionnaire (IFQ) (Bernstein, Potts, & Mattox, 1985a; Dutch version by Van Balen & Trimbos-Kemper, 1993) is an infertility-specific questionnaire consisting of the following three subscales: i) Self-image ($\alpha=.75$ in this study for the total sample; $\alpha=.77$ for the Turkish migrant samples, $\alpha=.74$ for the Dutch samples and $\alpha=.71$ for the Turkish samples; 8 items; e.g., 'I feel I will be incomplete as a man/woman if we cannot have children'); ii) Sense of guilt and blame ($\alpha=.69$ in the current study for the total sample; $\alpha=.46$ for the Turkish migrant samples, $\alpha=.62$ for the Dutch samples and $\alpha=.74$ for the Turkish samples; 5 items; e.g., 'The way my partner behaves makes me feel guilty about our fertility problems'); and iii) Sexual problems ($\alpha=.71$ in the current study for the total sample; $\alpha=.50$ for the Turkish migrant samples, $\alpha=.71$ for the Dutch samples and $\alpha=.53$ for the Turkish samples; 8 items; e.g., 'I feel sex is a duty, not a pleasure'). Responses were rated on a 5-point scale (1=fully disagree, 5=fully agree). The IFQ has not been used before among Turkish migrant samples and among Turkish samples.

Three subscales of the Symptom Checklist (SCL-90-R, a general distress measure) were used to assess i) depression ($\alpha=.93$ in this study for the total sample; $\alpha=.94$ for the Turkish migrant samples, $\alpha=.96$ for the Dutch samples and $\alpha=.93$ for the Turkish samples; 16 items; e.g., 'crying easily'), ii) anxiety ($\alpha=.91$ in this study for the total sample; $\alpha=.90$ for the Turkish migrant samples, $\alpha=.90$ for the Dutch samples and $\alpha=.93$ for the Turkish samples; 10 items; e.g., 'nervous or shaking inside'), iii) anger-hostility ($\alpha=.87$ in this study for the total sample; $\alpha=.89$ for the Turkish migrant samples, $\alpha=.78$ for the Dutch samples and $\alpha=.91$ for the Turkish samples; 6 items; e.g., 'shouting or throwing things'). Each symptom was scored on a 5-point scale (1=not at all; 5=extremely). The validity scores of both the Dutch (Arrindell & Ettema, 1986; Ettema & Arrindell, 2003) and the Turkish versions (Gökler, 1978) were good (Arrindell & Ettema, 1986; Dag, 1991, 2000; Ettema & Arrindell, 2003).

Socio-demographic variables. The following socio-demographic variables were assessed: ethnicity, educational level, age, duration of awareness of infertility (months), and attribution of infertility (as reported by the participants). Ethnicity was assessed by the country of birth of the participants and of their parents. Participants were defined as Turkish migrants if they were living in the Netherlands and they or one or both of their parents had been born in Turkey. Educa-

tional level was assessed by grouping the participants' highest completed education into the following categories: 1) no or primary education, and lower theoretical and practical secondary school; 2) higher theoretical secondary or middle professional school; 3) education on a higher professional or academic level (according to Statistics Netherlands). Attribution of infertility was assessed by asking the participants if their infertility was caused by problems of the woman, the man or both, or whether the cause of their infertility was unexplained.

5.2.4 Description of participants

The number of participants, educational level, age, duration of awareness of infertility, and attribution of infertility of all groups are presented in Table 5.1.

Educational level. Dutch women, Turkish women, and Turkish migrant women did not differ significantly in educational level, nor were there differences among the educational levels of Dutch, Turkish, and Turkish migrant men.

Age. Significant age differences were found among the women of the various samples, $F(2,158)=16.98$, $p<.001$. As expected, the infertile Turkish migrant women were significantly younger than the infertile Dutch women were ($p<.001$). The average age of the infertile Turkish migrant women, however, was also lower than that of the infertile Turkish women ($p<.05$). The men from the different samples also differed in age, $F(2,139)=6.19$, $p<.01$. In conformity to our expectations, infertile Turkish migrant men were significantly younger than the infertile Dutch men were ($p<.01$).

Duration of awareness of infertility. The average duration of awareness of infertility differed across the female samples, $F(2, 153)=3.53$, $p<.05$. The period of awareness of infertility was shorter for Turkish migrant women than it was for Dutch women ($p<.05$). No differences in the period of awareness of infertility existed between the women of the Turkish and the Dutch samples or between the women of the Turkish and the Turkish migrant samples. Men differed in the duration of awareness of their fertility problems, $F(2, 127)=5.12$, $p<.01$. Turkish migrant men were significantly shorter aware of their fertility problems than either the Turkish men ($p<.05$) or the Dutch men ($p<.05$) had been. No differences were found between the infertile Turkish men and the infertile Dutch men.

Attribution of infertility. Dutch women, Turkish women, and Turkish migrant women did not report significant differences in attribution of infertility. There

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were also no differences in the attribution of the fertility problems among Dutch, Turkish, and Turkish migrant men.

Table 5.1 Number, age, educational level, duration of awareness of infertility (months) and attribution of infertility among Turkish migrant, Turkish, and Dutch men and women

	Women			<i>F/X</i> ²	Men			<i>F/X</i> ²
	Turkish migrant	Turkish	Dutch		Turkish migrant	Turkish	Dutch	
N	34	26	101		24	20	98	
Age	29.26	33.00	34.89	16.98***	33.46	35.60	37.92	6.19**
<i>M(SD)</i>	(6.73)	(5.09)	(4.03)		(7.78)	(5.16)	(5.38)	
Educational level				0.16				2.15
Low	32%	44%	41%		33%	21%	33%	
Intermediate	53%	32%	41%		42%	32%	35%	
High	15%	24%	19%		19%	47%	32%	
Duration of awareness of infertility in months	50.51	77.95	75.22	3.53*	37.16	89.24	73.72	5.12**
<i>M(SD)</i>	(54.64)	(57.66)	(44.97)		(39.07)	(63.64)	(53.65)	
Attribution of infertility				0.98				3.88
Woman	53%	31%	47%		58%	25%	38%	
Man	12%	27%	15%		17%	35%	23%	
Man-Woman	15%	27%	15%		8 %	15%	9 %	
Unexplained	21%	15%	23%		17%	25%	30%	

Note.

* $p < .05$; ** $p < .01$; *** $p < .001$

5.2.5 Analyses

Differences between the samples were expected a priori, with respect to the younger age of Turkish migrants and the shorter period of awareness of their infertility, as compared to the age and duration of awareness of infertility Dutch men and women have. These differences were indeed found with respect to our samples. Consequently, these differences can be more or less seen as characteristics of the populations. To test for differences between the three samples regard-

ing the IFQ and SCL-90-R, therefore, first of all, multivariate analyses of variance (MANOVA) were performed for women and men separately. When Pillai's Trace criterion was significant, univariate ANOVA was used to identify the dependent variable upon which the groups differed from each other, followed by post-hoc analyses to determine how the groups differed. When univariate ANOVA showed significant differences between the groups, these analyses were followed by ANCOVA, adjusting for age and duration of awareness of infertility. Educational level and attribution of infertility were not included as a covariate, as no differences were found among the groups.

In order to identify the clinically-relevant levels of anxiety, depression and anger-hostility, the percentage of participants scoring higher than the mean of the Dutch norm for the psychiatric outpatient population was assessed for all samples, as no norm scores are available for Turkish migrants or Turkish men and women. Scores on the IFQ (self-image, blame-guilt, and sexual problems) that exceeded 3.1 were taken to indicate distress (Bernstein et al., 1985a; Bernstein, Potts, & Mattox, 1985b). These analyses were followed by Chi-square analyses to test for differences between the groups in the percentages of participants with clinically significant levels of emotional distress.

5.3 Results

5.3.1 Comparison between the three groups

Significant differences were found among the three groups of men and the three groups of women (Pillai's trace: $p < .001$ and $p < .001$, respectively). The univariate analyses, post-hoc analyses, and descriptive results of the emotional-distress levels of infertile Turkish migrant, Turkish, and Dutch men and women are presented in Table 5.2.

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Table 5.2 Emotional distress among infertile Turkish migrant, Turkish, and Dutch men and women (mean and standard deviation)

	Women				Men			
	Turkish migrant (Tmw) (N= 34) M (SD)	Turkish (Tw) (N= 26) M (SD)	Dutch (Dw) (N= 98) M (SD)	F-value	Turkish migrant (Tmm) (N= 23) M (SD)	Turkish (Tm) (N=20) M (SD)	Dutch (Dm) (N= 95) M (SD)	F-value
IFQ								
Self-image	3.05 (0.72)	2.64 (0.65)	2.64 (0.77)	3.69 ^{*,a}	2.46 (0.67)	2.47 (0.72)	2.33 (0.54)	0.59
Blame-Guilt	2.24 (0.69)	2.82 (0.93)	1.82 (0.78)	15.28 ^{***,b}	2.10 (0.79)	2.37 (0.97)	1.60 (0.57)	11.60 ^{***,d}
Sexual problems	2.90 (0.62)	2.98 (0.68)	2.46 (0.69)	8.92 ^{***,c}	2.72 (0.36)	2.68 (0.58)	2.30 (0.58)	8.22 ^{***,d}
SCL-90-R								
Depression	2.64 (1.00)	2.31 (1.05)	1.77 (0.77)	13.83 ^{***,c}	1.62 (0.59)	1.57 (0.58)	1.37 (0.41)	4.26 ^{*,c}
Anxiety	2.20 (0.88)	2.18 (1.07)	1.72 (0.72)	6.08 ^{***,c}	1.45 (0.59)	1.40 (0.48)	1.36 (0.54)	0.39
Anger-Hostility	2.21 (1.05)	2.18 (1.14)	1.46 (0.56)	16.23 ^{***,c}	1.55 (0.66)	1.53 (0.58)	1.29 (0.39)	4.18 ^{*,c}

Note.

IFQ: 1= fully disagree; 5= fully agree; SCL-90-R: 1 = not at all; 5 = extremely

^a Tmw>Dw; ^b Tmw<Tw, Tmw>Dw, Tw>Dw; ^c Tmw>Dw, Tw>Dw; ^d Tmm>Dm, Tm>Dm; ^e Tmm >Dm

* $p < .05$; ** $p < .01$; *** $p < .001$

Self-image. Significant differences were found among the women with regard to the reported effect of infertility on self-image. The self-image of Turkish migrant women was more negatively affected by infertility than was that of Dutch women. No significant differences in self-image were found between Turkish and Dutch women or between Turkish migrant women and Turkish women. The difference between Turkish migrant women and Dutch women remained after adjusting for age and duration of awareness of infertility, $F(2,148)=5.60$, $p<.01$. No

differences were found between the three samples with regard to the effect of infertility on the self-image of men.

Blame-guilt. Turkish migrant women had significantly more feelings of blame and guilt related to infertility than Dutch women had, but significantly fewer than Turkish women had. These differences remained after adjusting for age and duration of awareness of infertility, $F(2,147)=15.53, p<.001$. For men, significant differences in the reported levels of blame-guilt were found among the groups. Both Turkish migrant men and Turkish men reported significantly more feelings of blame or guilt than Dutch men did. No differences were found between Turkish migrant men and Turkish men. The differences between the men of the Dutch sample and those of the other two samples remained after adjusting for age and duration of awareness of infertility, $F(2,126)=13.76, p<.001$.

Sexual problems. Turkish migrant women and Turkish women reported more problems with sexuality due to their fertility problems than Dutch women did. No difference was found between Turkish migrant women and Turkish women. The differences between the women of the Dutch sample and those of the other two samples remained after adjusting for age and duration of awareness of infertility, $F(2,147)=5.16, p<.01$. Both Turkish migrant men and Turkish men reported more sexual problems because of their fertility problems than Dutch men did. No differences were found between Turkish migrant men and Turkish men. The differences between the men of the Dutch sample and those of the other two samples remained after adjusting for age and duration of awareness of infertility, $F(2,125)=6.91, p<.01$.

Depression. Turkish migrant women reported significantly higher levels of depression than Dutch women did, but these levels were no higher than those of Turkish women were. Turkish women also reported significantly higher levels of depression than Dutch women did. These differences remained after adjusting for age and duration of awareness of infertility, $F(2,143)=11.35, p<.001$. Turkish migrant men had significantly more feelings of depression than Dutch men did, but they did not differ from Turkish men in this respect. No differences were found between Dutch and Turkish men. After adjusting for age and duration of awareness of infertility, $F(2,117)=5.23, p<.01$, the difference between Turkish migrant men and Dutch men remained.

Anxiety. Turkish migrant women reported significantly higher levels of anxiety than Dutch women did, but their anxiety levels were no higher than those that

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were reported by the Turkish women. The anxiety scores of Turkish women were also higher than those of the Dutch women were. The difference between Turkish migrant women and Dutch women remained after adjusting for age and duration of awareness of infertility, $F(2,142)=4.14, p<.05$, although the difference between Turkish women and Dutch women did not. However, none of the covariates contributed significantly to this alteration. No differences were found between the three groups with regard to the anxiety levels of men.

Anger-hostility. Turkish migrant women reported significantly higher levels of anger-hostility than Dutch women did, but their scores were no higher than those of the Turkish women were. Turkish women also had higher scores than the Dutch women did. After adjusting for age and duration of infertility, the differences between the groups remained, $F(2,142)=12.81, p<.001$. Turkish migrant men had significantly more feelings of anger-hostility than Dutch men did, but they did not differ from Turkish men in this respect. No differences were found between Turkish and Dutch men with respect to anger-hostility. After adjusting for age and duration of awareness of infertility, $F(2,117)=5.20, p<.01$, the difference between Turkish migrant men and Dutch men remained.

5.3.2 Considerable emotional distress

The percentages of men and women whose scores exceeded those of the mean scores of outpatient psychiatric patients with respect to anxiety, depression, and anger-hostility are reported in Table 5.3. The table also reports the percentages of men and women whose IFQ scores (for self-image, blame-guilt, and sexual problems) indicated distress. The percentages of considerably distressed women differed significantly between the groups with respect to all studied aspects (see Table 5.3).

As compared to Dutch women, significantly more Turkish migrant women reported considerable high levels of depression, $\chi^2(1, N=128)=15.29, p<.001$, anxiety, $\chi^2(1, N=128)=9.03, p<.01$, anger-hostility, $\chi^2(1, N=128)=14.40, p<.001$, and sexual problems, $\chi^2(1, N=132)=4.28, p<.05$. More Turkish women reported high levels of depression, $\chi^2(1, N=120)=6.47, p<.05$, anxiety, $\chi^2(1, N=119)=6.81, p<.01$, anger-hostility, $\chi^2(1, N=119)=10.08, p<.001$, and sexual problems, $\chi^2(1, N=123)=4.15, p<.05$, than Dutch women did. More than twice as many Turkish migrant women had significant self-image problems, as compared to either Dutch, $\chi^2(1, N=134)=8.08, p<.01$, or Turkish women, $\chi^2(1, N=59)=4.09, p<.05$. A

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significantly higher percentage of Turkish women had high feelings of guilt and blame, as compared to either Turkish migrant women, $\chi^2(1, N=59)=6.35, p<.05$ or Dutch women, $\chi^2(1, N=124)=16.39, p<.001$. The percentages of considerably distressed men differed between the groups only with respect to blame-guilt (see Table 5.3). As compared to Dutch men, a significantly higher number of Turkish migrant men, $\chi^2(1, N=121)=5.69, p<.05$ and Turkish men, $\chi^2(1, N=118)=25.61, p<.001$, had feelings of blame and guilt.

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Table 5.3 Percentages of considerable distress of infertile women and men and comparison (χ^2)

	Women			Men			Pearson Chi-square
	Turkish migrant (Tmw) (N=34)	Turkish (Tw) (N=26)	Dutch (Dw) (N=98)	Turkish migrant (Tmm) (N=23)	Turkish (Tm) (N=20)	Dutch (Dm) (N=95)	
IFQ							
Self-image	50%	24%	24%	13%	21%	13%	0.80
Blame-guilt	12%	40%	8%	13%	35%	2%	23.90 ^{***,d}
Sexual problems	38%	40%	20%	17%	30%	10%	5.58
SCL-90-R							
Depression	41%	31%	11%	13%	10%	2%	5.36
Anxiety	29%	28%	9%	9%	5%	6%	0.36
Anger-hostility	47%	44%	15%	17%	25%	8%	5.34

Note.

^aTmw>Dw, Tw>Dw; ^bTmw>Dw, Tmw>Tw; ^cTmw>Dw, Tw>Tmw, Tw>Dw; ^dTmm>Dm, Tm>Dm

* $p < .05$; ** $p < .01$; *** $p < .001$

5.4 Discussion

In this study, the emotional distress of Turkish infertile migrants was compared to the emotional distress of infertile men and women in the country of residence (the Netherlands) and the country of origin (Turkey). Before discussing and interpreting the results, it is important to mention the limitations of the study. First, the samples were recruited in different ways and in different periods. Both the Turkish and Turkish migrant samples were recruited within and outside the medical system, while the Dutch sample was recruited only within the medical system. Nonetheless, all of the participants in the three samples had contacted the medical system because of their fertility problems. With respect to the different periods of the research, results of extensive research in Western cultures have remained quite similar during the most recent decades (Anderson, Sharpe, Rattray, & Irvine, 2003; Brkovich & Fisher, 1998; Dunkel-Schetter & Lobel, 1991; Greil, 1997; Van Balen, 2002). Furthermore, the relatively small sizes of the Turkish migrant and the Turkish samples require caution when interpreting and generalizing the findings. Moreover, the Turkish migrant sample was not matched with the Turkish sample. Therefore, there are possible differences with respect to region of origin, which might have an influence. However, as the majority of the Turkish participants did grow up in other parts of Turkey than Western Turkey, we assume that the Turkish migrant sample and the Turkish sample are quite comparable. Additionally, the education levels of all samples in this study were higher than those of their respective general populations (OECD, 2004; Statistics Netherlands, 2005). This difference, however, is a common finding in quantitative research (Bostrom et al., 1993; Hoffman et al., 1998; Picavet, 2001).

With respect to the instruments that were used in the study, it is important to note that the scores on the SCL-90-R might reflect the effects of other stressors in addition to infertility, which might have differed among the three samples. A possible stressor for Turkish migrants is stress brought about by living in a country with a different host culture (Bengi-Arslan, Verhulst, & Crijnen, 2002; Berry & Sam, 1997; Phalet & Verkuyten, 2001). The IFQ scale, however, which explicitly assesses the influence of infertility, reveals an overall pattern that is similar to the pattern that emerges from

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the results on the SCL-90-R, with regard to the differences and directions of these differences among the three samples. This suggests at least some relationship between the higher scores on the SCL-90-R and fertility problems. Nevertheless, the reliability of some subscales of the IFQ was low or just sufficient.

The results of this study show that the levels of emotional distress among infertile Turkish migrant women are generally more similar to those of infertile Turkish women than they are to those of the infertile Dutch women in our study. Both infertile Turkish migrant women and infertile Turkish women reported higher levels of emotional distress than infertile Dutch women did. Turkish migrant men seemed slightly more similar to Turkish men than they were to Dutch men, but these differences were less consistent, and no differences were found among the samples regarding anxiety and self-image. In general, Turkish migrant men reported the highest levels of emotional distress, and Dutch men reported the lowest. In this respect, the levels of emotional distress of both the Turkish migrant group and Turkish group correspond to previously identified levels of emotional distress in non-Western cultures (Dyer et al., 2005; Fido & Zahid, 2004). With respect to infertile Turkish women, the findings of this study are keeping in line with the findings of Ozkan and Baysal (2006). The social importance of having children might account for the raised emotional stress among Turkish migrants and among Turkish men and women. Also, other Turkish studies reported a relationship between the levels of emotional distress and social pressure among infertile Turkish women (Gulseren et al., 2006; Guz et al., 2003).

Our expectation that Turkish migrants and Turkish people would be younger than Dutch patients was confirmed only with respect to Turkish migrants. The absence of an age difference between the Turkish and Dutch samples might be the consequence of a difference between the medical systems of the two countries. For example, at the time of recruitment, infertile people in Turkey were required to pay for their treatment themselves. This might have caused them to delay seeking treatment in biomedical settings. Regardless of the possible causes, however, analyses of variance using age and duration of awareness of infertility as covariates showed that these variables did not contribute significantly to the differences in levels of emotional distress.

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A few differences were also found between the infertile Turkish migrants and the infertile Turkish samples. Turkish migrant women differed from Turkish women in that the self-image of Turkish migrant women was more negatively affected by their infertility than was that of Turkish women. This difference is difficult to explain and might be a consequence of chance due to the small sample sizes. Another difference was found with respect to feelings of blame and guilt related to infertility. Blame-guilt feelings were less important to Turkish migrant women than they were to Turkish women. In addition, the number of people with considerable feelings of guilt and blame was higher for Turkish women than it was for Turkish migrant women. A possible explanation is that Turkish migrants have become better informed about reproductive issues during their stay in the Netherlands. For example, the Dutch educational system addresses reproductive issues, and a variety of other information on reproduction is readily available in Dutch society. In Turkey, on the other hand, reproductive issues are seldom included in the educational system (Van Rooij et al., 2004).

In conclusion, the levels of emotional distress among infertile Turkish migrants and infertile Turkish people (particularly among women) are high, as compared to those of infertile Dutch. We therefore stress the importance of taking these high levels of emotional distress into account by clinicians, general practitioners, nurses, and other people who work with infertile Turkish migrants and with infertile Turkish people. Additionally, it would be helpful to increase the biomedical knowledge concerning reproduction among both Turkish migrants and the Turkish population, in order to reduce the feelings of blame and guilt.

