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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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Publication date
2008

[Link to publication](#)

Citation for published version (APA):

van Rooij, F. B. (2008). *The experience of involuntary childless Turkish migrants in the Netherlands : parenthood motives, psycho-social consequences, responses and help-seeking behavior*. SCO-Kohnstamm Instituut.

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Summary

The desire to have a child is for most people an essential desire. Nevertheless, some people remain temporary or permanent involuntarily childless. The way people experience this involuntary childlessness, the psychosocial consequences and the help-seeking behavior differs to some extent across cultures. Little is known about the experiences of Non-Western migrants living in a Western culture.

This thesis explored the parenthood motivations and the experience of involuntary childlessness for Turkish migrants living in the Netherlands. More specifically this thesis aimed to increase the knowledge about the parenthood motivations to desire a child, psycho-social consequences and responses related to involuntary childlessness, help-seeking behavior and the role of culture and migration in these. In addition to advancing theoretical insights in these areas, this thesis also had a practical purpose: on the basis of theoretical knowledge of Turkish migrant couples, this project aimed to enable health care providers to better accommodate their Turkish migrant patients, taking their needs, background and experiences into account.

For this thesis, 35 involuntarily childless Turkish migrant couples in the Netherlands (23 couples, 1 man, 11 women) were recruited both in and outside biomedical systems. All participants answered a structured questionnaire in Dutch or in Turkish. Participants provided, among others, information regarding their socio-demographic background, acculturation, parenthood motives, emotional distress, help seeking behavior, and their willingness towards certain treatments. Twenty of these couples (11 couples, 9 women) also participated in a qualitative in-depth interview study (in Dutch or in Turkish) about their help seeking behavior and about the influence of their involuntary childlessness on their lives. The quantitative data regarding parenthood motives and emotional distress was compared with data from a previous study about involuntarily childless Dutch couples (Van Balen & Trimbos-Kemper, 1993, 1995) and or data about involuntarily childless Turkish couples living in Western Turkey (collected within the framework of this thesis).

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Chapter 1 presented the theoretical background and the aims of this thesis, and a description of the Turkish migrant community in the Netherlands. Additionally, an outline of the subsequent chapters was provided.

Chapter 2 presented a literature study about the existence of non-biomedical procreation beliefs in the Middle East (including Turkey) (monogenetic patriarchal procreation models, and mixtures of these models with the biomedical model) and about their connection with the biomedical model. Furthermore, the likelihood that non-biomedical procreation beliefs exist among a number of Middle Eastern migrants and the possible influence of these beliefs on how people experience their fertility problems and perceive biomedical infertility care were discussed.

In *Chapter 3* the parenthood motives of infertile Turkish migrant men and women in the Netherlands were compared with those of infertile Dutch men and women. Also, the relationship between the importance of various parenthood motives of Turkish migrants and the degree of adaptation to the Dutch culture was examined. Questionnaires were administered to 58 involuntarily childless Turkish migrant men and women and 162 involuntarily childless Dutch men and women (Van Balen & Trimbos-Kemper, 1995). Individual parenthood motives were most important to both Turkish migrant and Dutch men and women. While social motives were quite important to Turkish migrants, they were unimportant to Dutch men and women. Four aspects of adaptation (norms and values, social integration, skills, absence of feelings of loss related to migration) were negatively related to the importance of social parenthood motives for Turkish migrant women. For Turkish migrant men two aspects of adaptation (traditions and absence of loss) were negatively related to the importance of social parenthood motives. Turkish migrant and Dutch men and women differ in the importance of social motives. However, Turkish migrants who were more adapted to the Dutch culture give less importance to social parenthood motives.

Chapter 4 presented a qualitative in-depth interview study about the influence of involuntary childlessness on the lives of infertile Turkish migrants. This study explored the experiences, psycho-social consequences and responses of infertile Turkish migrants in the Netherlands. Twenty in-depth interviews were conducted (11 couples and 9 women). Interviews were transcribed verbatim and were analyzed using inter-

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pretative phenomenological analysis (IPA). The respondents' experiences were clustered around six super-ordinate themes: effects on self; effects on the relationship with the partner; effects on the relationship with others; disclosure; coping; and the future. Most transcripts revealed that involuntary childlessness had a profound negative influence on multiple aspects of the lives of the respondents. The strong pronatalist ideology, misconceptions about infertility and treatment, and migration related aspects like language difficulties, appear to play a role in the negative experiences of Turkish migrants. Respondents reported several ways to cope to some extent with these negative experiences.

In *Chapter 5* a study is reported that investigated the emotional distress among involuntarily childless 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. The results indicated that the experience of infertility among Turkish migrants was more similar to those of Turkish people than it was 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.

The last study, *Chapter 6*, examined the help-seeking behavior of Turkish migrants, decision making process and the attitudes towards treatments involving gametes donation and surrogacy were investigated among involuntarily childless Turkish migrants in the Netherlands. Thirty-five couples (23 couples, 1 man, 11 women) were participating in a structured questionnaire study. Twenty of the couples (11 couples, 9 women) also participated in a qualitative interview study about their decision-making processes regarding biomedical help. These processes were classified according to an existing typology by Verdurmen (1997): the follow the doctor, step by step, taking control and setting limits types. Findings show that all couples sought biomedical

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help in the Netherlands. Nearly half also used infertility services in Turkey. Additionally, about half of the couples also used non-biomedical help (for example, homeopathic care or hot springs). Other options like interfamilial adoption, adoption, fostering or pursuing other life goals were hardly considered. The most observed type was the taking control type, followed by the step by step type. Most couples were active in their help-seeking, sought help relatively early and set few limits (except on treatments involving donated gametes or surrogacy, as a result of religious and other motives such as desiring a genetic link).

In *Chapter 7* general conclusions about all studies that made up this thesis were drawn. Special attention was given to cultural and migration related factors that were found to influence parenthood motivations and the psycho-social aspects of involuntarily childless Turkish migrants. Examples of relevant cultural factors are: the strong pronatalist social norm, misconceptions about infertility, and positive climate towards invasive treatments like IVF. Relevant migration related aspects were for instance, degree of adaptation to the Dutch culture and language proficiency (also between partners), contact with different health care systems in the Netherlands and in Turkey (leading, among others, to doubts) and the contact with both the Turkish migrant and the Turkish community. Furthermore, limitations, practical implications and research developments were discussed.