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GENDER & SOCIETY • IN-DEPTH FOCUS

More Than a Mother: When Infertility Turns Women Into Targets of Blame

BY **AMISALE GENET DEMELEW** | EMMA NEWS SENIOR INVESTIGATIVE CORRESPONDENT

For many women, the question "When will you have a child?" may sound ordinary. But for a woman living with infertility, repeated questions about motherhood can become a daily reminder of a struggle she may already be carrying in silence.

In Ethiopia, where marriage and parenthood are deeply cherished cultural pillars, women experiencing infertility face immense social pressure not only from their immediate households but from the broader community at large.

Comprehensive research among Ethiopian women documents widespread experiences of institutional stigma, social isolation, intense family pressure, marital instability, and reduced social standing directly linked to infertility challenges.

For hundreds of thousands of Ethiopian women, the problem is therefore far larger than whether they can biologically conceive. It is a fundamental question of whether society will continue to treat them as complete human beings when motherhood does not occur as culturally expected.

"A WOMAN IS MORE THAN HER WOMB"

The lived reality of this social burden is vividly expressed by women living in regional centers across the country, where cultural expectations often collide harshly with personal circumstances.

> *"In the school, during our free time, both men and women spend their time in the school's café. They talk about everything and enjoy it. Most of the time I separate myself from that café and stay in my department room. This is because I fear that they may talk about my infertility and send negative words to me. That may hurt me psychologically. So, to avoid such things, being alone is better for me."*
>
> **— TIGIST (PSEUDONYM), 34, CIVIL SERVANT, BICHENA TOWN (KEBELE 02)**

Tigist's decision to self-isolate reflects a widespread pattern. A groundbreaking 2024 qualitative study conducted by researchers Tinisaie Biadigie Adane, Kelemu Zelalem Berhanu, and Abatihun Alehegn Sewagegn examined 30 participants (15 infertile women and 15 key informants) in Bichena Town.

The study established that women endure two distinct forms of

KEY FINDINGS: 2024 BICHENA STUDY OVERVIEW

- **Sample:** 30 In-depth Participants (15 Infertile Women, 15 Key Informants/Health Officials).
- **Verbal Stigma:** Frequent use of derogatory terms such as *"Mule"* (referring to a sterile animal).
- **Financial Harassment:** Public criticism over purchasing personal items or dressing well instead of "saving for treatments."
- **Ritual Exclusion:** Exclusion from *'Erus'* (porridge & 40/80-day mother-care rites) and burial mourning pavilions.

The study detailed heart-wrenching cases of familial rejection. In one documented interview, a 34-year-old participant (IDP 14) shared how her younger sister stripped her of basic familial dignity:

> *"My sister is nine years behind me. Before she became a mother, she respected me... Even if I have enough experience in caring for children, my sister didn't allow me to do so. She reacted to me: 'Don't touch my children. Get off your hand from my children. You don't have the right to control them.' She added a negative saying: 'Born and punish'... and isolated me."*
>
> **— PARTICIPANT IDP 14, BICHENA In**

THE MISPLACED BURDEN OF BIOLOGY

Medical science clearly demonstrates that reproductive challenges are shared equally between sexes. Yet, patriarchal structures in Ethiopia consistently redirect all reproductive blame onto women.

Q: What should couples understand about infertility causes, and why is blaming the woman scientifically wrong?

Dr. Kebede Kassahun (Senior OB-GYN, Bichena First-Level Hospital):

"Infertility is a global clinical issue affecting both men and women almost equally. Medically, male factor infertility accounts for a significant proportion of cases, yet our sociocultural structures routinely default to blaming the female partner. When a couple faces reproductive challenges, medical evaluation must begin simultaneously for both partners. Assuming the woman is at fault is scientifically inaccurate and

THE HIGH FINANCIAL & CLINICAL TOLL

Navigating medical pathways for infertility in Ethiopia poses significant hurdles. Treatment requires specialized diagnostics, costly hormone therapies, or referral to distant tertiary centers—services far out of reach for lower-income families.

> *"As the causes of women infertility are different, the treatment strategy is also different. Some treatments can be given in this hospital and other complicated infertility problems are not treated here and we let them go to referral and specialized hospitals. Some treatments are costly and may not be found in every country including Ethiopia... Modern infertility treatment strategies are time-consuming, cause fatigue and psychological distress, leading many patients to prematurely discontinue care."*
>
> **— DR. YONAS TESFAYE, MEDICAL SPECIALIST, BICHENA HOSPITAL**

Compounding the financial burden is the psychological torture exerted by extended family members, who frequently weaponize religious narratives against childless women.

> *"My mother-in-law introduces me to others by saying: 'She is my daughter-in-law, she is in our family for more than ten years but still has no children. Please pray for her. She was not blessed and thrown away by God. At the moment, I and my son have carried her on our back without any benefit...' She tries to pretend she is worried, but I know the truth—she wants to hurt me and show everyone that the whole problem is from my side."*
>
> **— WORKNESH (PSEUDONYM), 38, INFERTILITY PATIENT**

CULTURAL TABOOS & MARITAL PRESSURE

In many rural and semi-urban communities, childless women report being subjected to superstitions—such as newborn mothers physically covering their babies when an infertile woman enters a room due to fear of "evil eye" or "bad spirits."

Furthermore, husbands frequently resort to severe coercive threats rather than seeking medical testing themselves.

DOCUMENTED HUSBANDS' ULTIMATUMS (BICHENA STUDY)

Research reveals two standard coercive demands issued to childless wives:

- **Option 1:** *"I bring a child from another single fertile woman into this house, and you must raise and care for it."*
- **Option 2:** *"I divorce you immediately and marry another fertile, younger woman."*

MALE ENGAGEMENT IS ESSENTIAL

Reproductive specialists emphasize that eliminating stigma requires men to step forward as equal participants in diagnostic screenings and fertility care.

> *"Evaluating only the female partner delays proper diagnosis and treatment. In many cases, male factor infertility—such as low sperm count or motility—is the primary cause, yet men rarely present themselves for initial screening due to cultural taboos surrounding male virility. Treating infertility as solely a woman's responsibility reinforces stigma, destroys marriages, and leads to wasted financial resources on inappropriate treatments."*
>
> **— DR. Abebe Belaye, MALE FERTILITY & REPRODUCTIVE SPECIALIST**

ROADMAP: FROM SILENCE TO SUPPORT

Addressing this national social crisis requires a coordinated multi-sectoral strategy across health institutions, media, and local community structures:

- **Clinical System:** Integrate psychological support and mandatory couple-based consultations into standard reproductive health services.
- **Religious & Local Leaders:** Mobilize *Idir* and *Mahiber* community institutions to refute myths framing infertility as a divine curse.
- **Legal & Fostering Frameworks:** Normalize formal adoption and foster care pathways while protecting women's marital land and asset rights.

Q: What concrete steps must society take to end this stigma?

Sister Meseret Hailu (Women's Rights Advocate & Gender Expert, Addis Ababa):
"We must dismantle the societal framework that reduces a woman's humanity to her womb. Communities, traditional institutions, and media platforms must actively promote messaging that celebrates women's diverse achievements. We need legal acceptance for formal adoption while ensuring local health offices integrate mental health counseling directly into reproductive care."

A WOMAN'S WORTH IS ABSOLUTE

"Motherhood is a cherished role, but it is not the totality of a woman's existence. A woman is an entrepreneur, scholar, leader, and citizen—complete and valuable regardless of whether she gives birth."

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