



A PHENOMENOLOGICAL ANALYSIS ON INFERTILITY IN MEXICAN WOMEN LIVING IN THE UNITED STATES

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ABSTRACT

Infertility, or the inability to conceive, after 12 or more months of unprotected sexual intercourse (American Society for Reproductive Medicine, 2008) affects women worldwide. The literature on the impact of infertility for Mexican women living in the U.S. is sparse. This phenomenological study examined the experiences of five Mexican women with infertility, ages 30-39, living in Queens, New York. Data collection comprised of conducting interviews in Spanish. Thematic results showed significant emotional distress, stigma, social, familial, and personal pressures to conceive, positive marital relations, body and sexual concerns, the use of spiritual coping approaches and natural solutions to infertility. Although the study is not meant to be generalizable, these findings serve to provide a cultural context of how Mexican women experience infertility.

Keywords

Infertility, Mexican Women, Phenomenology, Qualitative Research

RESUME

La infertilidad, o no poder concebir, después de tener relaciones sexuales sin protección por 12 o más meses (Sociedad Americana de Medicina Reproductiva, 2008) afecta a las mujeres en todo el mundo. La literatura sobre el impacto de la infertilidad para las mujeres mexicanas que viven en los EE.UU. es escasa. Este estudio fenomenológico examinó las experiencias de cinco mujeres mexicanas con infertilidad, de 30 a 39 años, localizadas en Queens, Nueva York. Los resultados temáticos mostraron estrés emocional, estigma, presiones sociales, familiares y personales para concebir, relaciones maritales positivas, preocupaciones sexuales y del cuerpo, el uso de enfoques espirituales y soluciones naturales para combatir la infertilidad. Aunque el estudio no pretende ser generalizable, estos hallazgos sirven para proporcionar un contexto cultural de cómo las mujeres mexicanas sobreviven la infertilidad.

Palabras claves

Infertilidad, Mujeres Mexicanas, Fenomenología, Investigación Cualitativa

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UN ANÁLISIS FENOMENOLÓGICO SOBRE LA INFERTILIDAD EN MUJERES MEXICANAS QUE VIVEN EN ESTADOS UNIDOS

According to the U.S. Census Bureau (2011) Mexican Americans comprise the largest subgroup of Latinx in the U.S., comprising of 33,558,000 Mexican Americans; Despite Mexican-Americans making up the largest subgroup of Latinos in the U.S., empirical studies on infertility have largely focused on White-American, middle to upper middle-class women (Johnson & Fledderjohann, 2012; Whiteford & Gonzalez, 1995). In general, as a subgroup, Mexican women with infertility have been underrepresented in the literature. The psychological impact of infertility, regardless of its cause, is laden with grief loss, sorrow, depression, and uncertainty (Becker, 1990; Lechner, Bolman, & van Dalen, 2007).

While infertility is emotionally stressful for all women who want to conceive, prominent cultural scripts imposed by *familismo* [strong family ties] and *marianismo* [social rules] on Mexican women, result in stigma, significant familial pressure, and feeling abnormal and punished by God for being unable to become mothers (Maternowska, Estrada, Campero, Herrera, Brindis, & Vostrejs, 2010; Hirsch, 2003; Marshall, 1994.) *Marianismo* or “the idea that a woman’s self-esteem is manifested in her ability to be a generous mother and maintain strong traditions of family” is ingrained in women from childhood; thus, “unwanted childlessness leaves a void for women that nothing else can fill” (Becker, Castrillo, Jackson, Nachtigall, 2006, p.886). Furthermore, Mexican women who were unable to meet the cultural demands to conceive experienced emotional strain, worry, and undesirable responsibility (Maternowska et al., 2010).

Mexican women with infertility are suffering psychologically because of the emotional challenges they face due to cultural and familial pressures. It is important for them to have a platform where they can share their stories. When their stories are shared, other women facing similar issues will know that they are not alone. With increased knowledge, acquired from these stories, psychologists could provide culturally appropriate interventions and assist the women to cope and thrive.

Infertility among the Mexican women in United States is still a taboo (Prieto-Llopis, 2012). Any woman that is infertile is viewed as an outcast. However, this is not supposed to be the case. Women should have a strong support system that encourages them that they can achieve their goals regardless of their childless position. When women are appreciated regardless of their status in the communities, they will be willing to give their best. Sharing stories of women who have gone through hard situations is like opening their world to the general society. It allows other women to understand that they are not suffering alone and they can come together to encourage each other. The society must understand that the women are not only called to be mothers but also wives, career women and reformers.

The purpose of this exploratory study was to employ qualitative method to understand the impact of infertility - emotional and sexual as well as the coping styles; thus, permitting a rich description, rather than a statistical explanation.

Methods

Indepth-interviews were used to elicit information so as to achieve a holistic understanding of the interviewee’s situation. The interview involved asking open-ended questions face-to-face. As a result, the interviewer could gauge the authenticity of the information provided based on the non-verbal communication cues. The information was audio-recorded to preserve the integrity of the data. A phenomenological method was used to analyze the interviews after the transcription analysis process.

Participants

Recruitment comprised of collaborating with a physician of Mexican descent (referred via a personal contact) in Queens, New York, who arranged the interviews. Three participants chose to meet at the physician’s office and two participants asked to be interviewed outside of their workplace (in the physician’s car) for more privacy. Although interviewing participants in a car was not part of the protocol, the researcher honored the request of the participants to do so. Both of these women stated they felt the most comfortable speaking with the researcher in the car, versus their home or workplace. When conducting research, confidentiality is one of the most important aspects that researchers should consider. The selection criteria included: (a) women of Mexican descent; (b) between the reproductive ages of 25 to 44 with no history of childbirth; and who (c) met the ASRM’s definition on infertility. Demographic information is on Table 1.



Table 1

Participant Demographic Information

Pseudonym	Carmen	Josefina	Veronica	Louise	Lily
Age	34	36	30	36	39
Years trying to conceive	5	1.5	2	2	13
Marital Status and Length	Married, 3 years	Married, 19 months	Cohabiting, 4 years	Married, 11 years	Married, 17 years
Level of Marital Satisfaction (Likert type scale)	Very satisfied	Very satisfied	Very satisfied	Very satisfied	Very satisfied
Highest Level of Education	High school	High school	Elementary	Graduate School	College
Occupation, Full or part time, Salary	Hair stylist, full time, \$12,000	Hair stylist, full time, \$9,000	Housekeeper, full time, \$10 per hour	Physician Assistant, full time, no answer	Waitress & Health industry, full time, no answer
Medical Insurance	Yes	No	No	Yes	Yes
Cause of Infertility (determined by their medical providers)	Breast cancer treatment	Unfounded infertility	Unfounded infertility	Unfounded infertility	Ectopic pregnancy related infertility

Procedures

Women were given the option to interview in Spanish or English, and all chose Spanish. The semi-structured interviews were audio-recorded; a transcriber was paid to convert the 16 to 81-minute interviews into written text. To preserve the integrity of the data, the analysis was completed in Spanish and themes were translated to English. Interview questions included: (a) Tell me about your experience with infertility and (b) How has life changed for you? To thank participants, each was given a \$25 gift card. The Institutional Review Board (IRB) at Pacifica Graduate Institute reviewed and approved this research proposal before the interviews took place.

Data Analysis

Giorgi and Giorgis' (2008) phenomenological method was used to analyze the interviews, which included the researcher listening to the recordings and reviewing the transcriptions multiple times to ensure accurate descriptions. From the transcription analysis, each participant's natural meaning units (NMU) or the most significant statements were identified. The NMUs highlighted the major themes of each interview and were organized in the form of a Second Order Profile. These Second Order Profiles resulted in the Essential Description (ED) for each participant, which provided a descriptive narrative for each participant. To support the themes, direct quotes from each participant were provided. To ensure reliability and verification of the findings, the Essential Descriptions of each participant were crosschecked with the participant, whereby participants were encouraged to provide their input and feedback. In addition, to attend to validity, the researcher used a strategy called triangulation, in which verbal

and written data were examined for convergence. Once the participants' approved their Essential Description, the researcher formed the Aggregate Essential Descriptions (the shared group's lived experiences), which were comprised of the themes that emerged from the Essential Description analysis of each participant.

Results

This study provided five significant themes: (a) the root cause of infertility caused emotional distress, (b) the stigma and the pressure to conceive were high, (c) positive spousal support was experienced, but participants have body & sex concerns, (d) the use of various coping styles, especially spiritual approaches, (e) and participants have a preference for natural solutions to infertility over alternative reproductive technologies.

Theme 1: Root cause of infertility caused emotional distress

Three of the five women had unfounded infertility (Josefina, Veronica, Louise) while two (Carmen, Lily) suffered from medical related infertility. Carmen stated, "Yes, I want to have a baby, but it has not been possible because of my cancer treatment . . . It is very sad, very painful for me not to try to see if I can get pregnant." Veronica, who was diagnosed with unfounded infertility, shared how her life had changed negatively. She said, "It's very difficult. . . it is very sad because my partner and I desire this. . . Because before that, I know I was someone else, more cheerful, but this has changed my life." Similarly, Louise described her experience with unfounded infertility as, "My husband and I are perfect, they do not find the reason . . . except perhaps stress. But I do feel a little bit of a failure at a dream one has had since childhood." Overall, the results showed that regardless of the cause, each of them experienced significant emotional distress.

Theme 2: Women experienced stigma and pressure to conceive

Women in this study experienced stigma, pressure, and inner conflict when they were unable to conceive. When their family members failed to provide emotional understanding, they isolated themselves. Verónica said she felt worse about herself when her parents asked questions about her fertility health. She said,

So my family does not find out, I say I am taking care of myself. They say, Oh, daughter, what is happening, why haven't you had babies, is it because you can't, you have passed your age too much. . . but they do not know what's going on with me. They come, they ask, they just make feel worse than I already am.

To minimize being judged or having conflicts with others Veronica, Louise, and Lily avoided talking to their family and friends. Louise said: "My in-laws do not know we have a problem, simply they pressure a lot . . . It really is the social pressure that I feel more, but personally, neither my husband nor I are dying to have a child." Similarly, Lily said, "They make me feel bad, I'd try to be strong. . . But every call and visit was on the child, as if I did not want to give my husband a son, "How could I not want to?"

Theme 3: Women received positive spousal support, but have body & sex concerns

The women reported receiving support from their spouses, but still pressured themselves. Verónica talked about feeling terrified that her husband would leave her despite him accompanying her to all her medical appointments. She said, "I cannot say to him I'm afraid he'd leave me, because maybe if I say that, he might do it." Overall, she said that he did not pressure her, but she put pressure on herself. She said, "My partner supports me in everything, but perhaps he wants a baby, but I do not know what he is thinking, and sometimes, to not hurt me, or maybe he is not thinking about that, he does not tell me."

Carmen shared that she felt her sexual relations were negatively impacted because she felt more sensible about her body, especially because her breast was removed. She said it was uncomfortable being with her husband sexually due to feeling self-conscious about her body. She said, "I think it has to do with the illness I went through, and with my body feeling pain and discomfort." She indicated she felt better than before, but there had been changes to her body. At this point, she said, "We are going to start trying, hopefully God gives us a miracle because at this point it is a miracle."

Josefina expressed significant frustration because she did not know why she had been unable to get pregnant. She questioned her knowledge about sex and wondered whether she had been unable to get pregnant because she was not having sex in the correct manner with her husband. She said, "I'm not quite sure what I'm doing with my husband. Maybe it's the days we are having sex, maybe they are not the right days. I want to know the exact days to have sex so I can get pregnant." Unlike Josefina, Louise expressed more confidence in her sexual knowledge as well as more body awareness. She said, "I know my body. I know exactly what days I'm ovulating and I tell him, "I'm ovulating," and we will get ready, bathe, get handsome and make the environment inviting to have a



sexual relationship.”

Theme 4: Women used various coping styles, especially spiritual approaches

As far as coping styles, participants prayed for solace and support. Carmen said, she prayed to God and La Virgen de Guadalupe to help her. She said she would plead with La Virgen and say, “Take care of me, and give me strength for anything that comes my way.” Like Carmen, Josefina prayed to the Virgin of Guadalupe and Baby Jesus. She said, “I tell her and the baby Jesus to send me a little boy as beautiful as him, I ask them to let me get pregnant so I could have a baby.” Louise said she helped herself by praying the rosary, watching televised church services, and lighting a candle to the Virgen de Guadalupe. In general, she said her spiritual practice helped her. She said she had faith and trust in God and the Virgin of Guadalupe and if La Virgen thought she should have children, then the Virgin would send them to her, preferably twins.

Theme 5: Women used natural solutions to infertility more than alternative reproductive technologies

To enhance their fertility, several participants sought medical advice as well as asked acquaintances for suggestions. Josefina sought medical advice at a fertility clinic that gave her prenatal vitamins; however, she did not know the benefits of taking these vitamins. She also indicated she had not sought information on alternative reproductive technologies. Instead, she said she ate healthy and used home remedies. For instance, Josefina said, “According to beliefs from Mexico, I drank this Lydia tea for three days before menstruation for three months, but nothing happened. . . I also did an oregano vapor because it takes out all the cold from your uterus.” Like Josefina, Lily also sought help from medical providers and tried “everything” her doctors recommended, including raising her legs, practicing various sexual positions, trying various fertility treatments, traveling to Mexico for treatments, maintaining fertility charts, and scheduling sex around her fertility. The only treatment, she said, she had not completed was in vitro fertilization. Even though her husband wanted her to undergo in vitro, her friend asked her “Why are you looking into that, if God has not sent it to you, why are you going to get yourself into trouble with these treatments not working and not having any luck.” She realized in vitro was not a sure thing, but due to her age, she felt she needed to consider it. She reported feeling stressed because she was getting older and did not want to run out of time. She said, “Oh God, if my period goes away, I lose hope.” Others used diet and exercise. For instance, Louise said, “I eat very natural and I do yoga. . . I also have put my legs up, tried various positions, drank raspberry tea and taken prenatal vitamins.” As for reproductive technologies, Louise, Lily, and Carmen were aware of reproductive technologies, but only Lily had tried insemination and ovulation pills.

Discussion

This phenomenological qualitative study examined the emotional and sexual experiences of Mexican women with infertility, and their coping styles. Similar to other research studies on infertility, the participant’s experiences concurred with the general infertility literature, which documents that the root cause of infertility does not determine the degree of emotionality, but is filled with loss (Lechner, Bolman & van Dalen, 2007; Malik & Coulson, 2008). The emotional distress experienced by the participants could be associated to the influence of *familismo* and *marianismo*. Since birth, Mexican women are socialized to become dutiful mothers and to relate significantly with their immediate and extended family members as the family provides substantial support (Becker et al., 2006).

Having children allows for such integration, into the larger and familial community. This could explain why family members questioned participants on their inability to become pregnant, causing some of the participants to blame themselves. The findings from this study, however, differed from Molock’s (1999) and Becker et al.’s (2006) conclusions that associated higher levels of distress among Latino women who were blamed for their infertility by their spouses. On the contrary, women in this study did not report feeling blamed by their partners or felt they had to assume sole responsibility for improving their fertility.

The results of this study showed participants feeling a cultural pressure to conceive, but compared to Cofresi (2002) these participants did not endorse *marianismo* beliefs such as having to be good daughters to their parents, or having to be good wives to their husbands. On the contrary, three of the participants (Carmen, Louise, Lily) favored attitudes rooted in self-care, self-love, and self-reliance. They stated how important it was to take time to take care of the self-first and spend less time relying on their husbands and family members to supply happiness. Despite experiencing emotional distress, the five participants in this study, felt hopeful and sought to find solutions to improve their fertility. Similar to Marshall’s (1994) study, participants coped with infertility-related suffering by “*luchando*” [fighting].

Among this cohort, the inability to meet social pressures to reproduce a child caused social stigma. It was common for their peers and family to ask them personal questions about their fertility and inquire about their reasons for waiting to conceive. These findings correlate with the studies by Hirsch (2003), Becker et al. (2006), and Inhorn, Ceballo, and Nachtigall (2009), which found Latinas experienced a social pressure stemming from cultural expectations to be mothers. The stigma and the cultural pressure to conceive could be traced to the participants feeling increased pressure to conceive because of prominent cultural scripts. Hence, they feel like they do not belong within their cultural and social circles because they are missing a baby. They might have felt that to fit in, the goal in itself was to meet socially expected roles and become mothers.

The women in this study felt socially pressured to conceive by their family members. The ostracization they experienced at not being able to meet the cultural demands by becoming parents could be associated to what Comas-Díaz (2006) discussed as Latinas having a relational identity. She wrote, “Latinas define themselves within the context of a relationship to others and to a collective. They adhere to *familismo* . . . *Familismo* leads to emotional proximity, affective resonance, inter-personal involvement, and cohesiveness” (p. 437). When participants were interrogated about their lack of fertility, they were reminded about their infertility and made to feel different and others within their collective circle did not know how to relate to them. This might explain why Latina women feel stigmatized and socially pressured to conceive. Their peers did not know how to establish bonds with them, when they did not fit into their role of what a woman should look like. Being questioned about their fertility by those who have children is a reminder that they do not belong to their social group.

Data results found the five women received spousal support. All five women reported feeling very satisfied in their marriages. Four of the five women did not express a fear of partner abandonment and five of the five women reported receiving emotional support from their partners. Only one participant (Verónica) expressed fear that her partner would leave her if she could not conceive, even though her partner provided emotional support. Verónica also reported communicating the least with her partner, compared to the other women who maintained open communication about their fertility problem. Women received support in the form of communication (partners asking about their health, what did the doctors say, what do we need to do), partners attending or participating in medical appointments with them, and not pressuring them to have a baby or having sex when they were not feeling well. The results did not support the majority of the research that showed infertile women fearing partner abandonment (Becker et al., 2006; Cudmore, 2005; Marshall, 1994).

Several factors could account for the differences, including age, education and economic status, access to health care, increased commonalities between the couple and type of coping styles, as well as the perception of familial and social support. In this study, the five participants were in their 30s, had access to health care, and most had at least a high school degree. They were immigrants from Mexico, who had been living in the United States for more than five years, but continued to maintain close intrafamilial ties with their family members, including parents who resided in the United States and in Mexico. Each had created a life in the United States with their partners and maintained full time employment outside of the home; having reported that they were not dependent on their partners to financially support them.

By working outside of the home, in the United States, they most likely have been able to interact with others outside of their social and familial circle, and become exposed to alternative ideas of what it means to be a woman without a child. Outside of their social circle, they may have been able to step back and observe the cultural values that shaped their lives, and question whether these values continued to make sense for them, whether they wanted to continue to adopt these values or discard them in exchange for values that aligned more with their current lives. In essence, they may have been able to try on new roles, including that of being an advocate for themselves. By talking with others about their fertility problem, including non-familial supports, they could decipher what roles fit; thus, decrease marital stress by expanding their social network and not creating dependence on their partners.

Regarding coping styles, most of the women in this study used spiritual coping skills. Three of the five women in this study prayed to the La Virgen de Guadalupe. Like the studies by Rodríguez (1996) and Saborío (2012) these participants leaned on La Virgen de Guadalupe to provide guidance and strength during times of need and saw her as a symbol of hope. Unlike Cofresi’s (2002) findings that noted Latina women associating the Virgin Mary as a suffering icon whom they could relate to and seek refuge from, these participants perceived La Virgen more as a healer and appeared to gain strength from praying to her in order to improve their lives. Notably, although there are significant Mexican and female archetypes that influence the psyches of Mexican women, such as the Aztec goddesses of *Coatlicue* (Earth goddess of life and death) or *Xochiquetzal* (goddess of fertility), women in this study did not mention praying to them or personifying their attributes. This is likely attributed to postcolonial influences that imposed Catholic teachings that eradicated the dissemination of the teachings of the ancient Aztec goddesses. The participants’ resorted to praying to La Virgen most likely because that is what they have been exposed to. It is likely that they are not aware of these significant mythical figures in order to pray to them. The



women in this study also appeared to subscribe more to Catholic doctrines, which do not emphasize folk practices; however, they did seek natural remedies.

Natural solutions to enhance infertility included using familiar resources that were accessible and economically viable. Like the findings in Bell's (2009) study on women with infertility, affected by lower social economic status, women in this study frequently resorted to using natural solutions to infertility. Five of the five women in this study either used vitamins, practiced specific sexual positions, charted fertility days, scheduled sex around ovulation, ate healthier, or used home remedies, or practicing *creencias* [beliefs] such as drinking specific teas or doing vapor baths to heal a "cold womb." The use of *creencias* from Mexico may have to do with the lack of medical insurance, lower levels of acculturation, and being monolingual. Keegan (2000) and Lopez (2005) cited these characteristics as prominent reasons for the utilization of these practices. In this case, Josefina who adopted the use of *creencias* lacked medical insurance and was monolingual.

As far as assisted reproductive technologies (ART) three of the women in this study stated they would consider it. Lily stated she considered in vitro fertilization as a last resort mainly because this procedure was expensive. Louise had met with a colleague to discuss in vitro fertilization and had undergone testing, but for personal reasons had not decided to go forth with the procedure at the time of the interview. However, the women who were aware of ART reported how they wanted to make sure they had exhausted all other options, such as trying natural solutions to infertility, before engaging in more demanding treatments. Indeed, Veronica refused to take pills that would increase her ovulation due to side effects. The two women who lacked medical insurance (Josefina and Veronica) were not aware of in vitro fertilization. The two women (Louise and Lily) who were aware of in vitro fertilization had medical insurance and Carmen knew of ART, but could not name any procedures. The three women who know about ART were Louise who worked in the medical field, Lily, who experienced infertility the longest, and Carmen who was informed by her oncologist. Indeed, if ART were available to them, it is likely that their emotional burden would lessen (Becker et al., 2006).

These findings align with Jenkins (2005) and Becker et al., (2006) conclusions that ethnic minorities are less likely to seek ART due to lack of knowledge, lack of medical insurance that covers in vitro fertilization, and personal reasons. For the two women who were not aware of ART, including in vitro fertilization, their experience matched with Becker et al., (2006) assertions that fertility is a private matter or subscribing to the belief that their persistence will pay off. Unlike the women in Becker's study, women in this study did not mention lack of finances as a barrier to seeking ART; however, they were not probed on this question. Education level, however, may play a factor as Chandra, Martinez, Mosher, Abma and Jones (2005) stated that women with less than a high school degree sought fertility services less frequently than college educated ones. In this case, two (Lily and Louise) of the three women who were willing to consider in vitro fertilization, were college educated.

Implications for Practice

This study explored themes associated with infertility among Mexican women. It highlighted emotional and sexual patterns, as well as coping methods. Due to increased isolation, emotional distress, and stigma it is important to understand the cultural related patterns. Findings may assist mental health workers, understand the themes that impact Mexican women who are struggling with infertility in order to provide more culturally aware services, including learning how the impact of infertility affects role maintenance, sexual relations, coping styles, and how the pressure to conceive is shaped by cultural values.

Limitation and Future Directions

A general critique of this qualitative research revolved around the issue of generalizability, related to the methodical selection criteria for participants and the sample size, which was small. Conversely, a small sample size allowed for a deeper understanding of the issue. Also, the issue of bias was present, as it related to analyzing the data and composing the themes, although validity and reliability were addressed throughout the research design, from how the interview was conducted, to how the data was collected, analyzed, and presented. Validity was reinforced when the participants reviewed their Essential Descriptions and by providing direct quotes to support the themes.

The other limitation in this study was collecting the data in Spanish then presenting the results in English. When collecting data in one language then presenting it in another language requires a careful analysis and presentation of what was stated, in order to protect the essence of the interview content. Some words may be in one language, but not in another language, for instance. When translating, the translator may not bring out the exact

expression from the interviewee, therefore; to preserve the integrity of the data, the analysis was completed in Spanish and themes were translated to English. Additionally, the participants could cross-check the data to ensure that the analyzed data was credible.

Suggestions for future study could include interviewing the partners on their experience of not being able to have children. Such studies could assist providers to understand possible differences in emotional coping and meaning making of infertility. Increasing utilization management of psychology services and creating accessible services with culturally appropriate educational materials, especially on the topic of emotional management and general knowledge about infertility could be useful as well.

Conclusion

The research revolved around five Mexican American women who had problems with infertility. The aim of this research study was to expose some of the challenges that infertile Mexican women face and the strategies that they have utilized. From the findings of the research, the major causes of infertility among the women are unfounded while others are due to medical conditions. Infertility causes the women to have emotional stress because cultural practices do not support barrenness. Most of them received pressure from their relatives, but not necessarily from their partners, which was important for the women, and a significant finding, in particular because it contradicted the tenets of the prominent cultural norm of *machismo*. Moving forward, it is vital to include the partners in the research process to ensure a more integrative approach toward findings solutions. Also, women obtained strength from religious practices. However, there is a need to ensure that Mexican women are informed enough so that they can utilize other coping mechanisms such as medical and financial resources, including in vitro fertilization.



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