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Illuminating Infertility: An Exploration of the Socioreligious Implications of Infertility in Bali

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ILLUMINATING INFERTILITY

An Exploration of the Socioreligious Implications of Infertility in Bali

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SIT Study Abroad

Indonesia: Arts, Religion, and Social Change

Fall 2016

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Abstract

In this paper, I will examine infertility in Bali in a socioreligious context. I will use background research and interviews with infertile women and couples to draw connections between the customs, rituals, and traditions of Bali and the way people experience infertility. I hope to illuminate how Balinese religion and social structures affect the lived experiences of couples who cannot have children, both positively, negatively, and neutrally. Overall, my study aims to generate better understanding of the specificity of life in Bali for those who are unable to have children.

Introduction

“Our research shows that stress is a major contributor to fertility problems and I know of no better place than among Bali’s flowing rivers and fertile fields for couples to unwind and learn new and enduring skills for conception.”

(“Come to Bali and be Fruitful,” 2014)

Over the past several years, medical tourism – tourism from traditionally “Western” nations like Australia and the United States to more developing countries like Indonesia for medical procedures – has increased dramatically. Bali is known for its medical tourism for infertility treatments. As evidenced in the quote above, this connects to Bali’s stereotypical image as a land with fertile rice fields and a more spiritual connection with nature. Advertisements use common conceptions of Bali as an exotic, romantic, sensual place where the people live in harmony with nature to convince potential patients that the atmosphere in Bali is more conducive to conceiving a child or having a successful fertility procedure than in the stressful, disconnected world that they live in.

But how do couples who reside in Bali experience problems with fertility? Given all of these stereotypes and conceptions about the fertile land of Bali, it would follow that Bali has a naturally-occurring high fertility rate or something special in the water that makes people get pregnant without even trying. This is obviously not the case – infertility exists in Balinese couples just as it does all over the world. Despite the interest in Bali as a utopia for fertility, the distinct experience of infertility in Bali goes largely ignored by English-language researchers. While Bali is a diverse island with incredibly different

ways of life depending on the village or area, there are several aspects of Balinese life and religion that have direct implications on how women and men experience infertility. However, there is surprisingly little research or data on infertility in Bali specifically. My field study seeks to explore infertility in Bali and illuminate some of the personal experiences of a few Balinese women and couples dealing with the inability to conceive a child.

Objectives of Study

This project is in no means meant to be a comprehensive overview of infertility in Bali. Such an undertaking would involve several years and more resources than I have at my disposal. Instead, I aim to illuminate the experiences of several Balinese women and their husbands who are unable to have children, and to examine how their socioreligious life shapes these experiences. This study involves interviews with several women and couples about their experiences with infertility, as well as background research on Balinese socioreligious life and infertility on a larger scale (both worldwide and in Indonesia). I hope to connect the dots between gender, religion, and disability in order to understand better how faith, ritual, and practice affect the lived experiences of women who, for various reasons, do not have biological children.

I specifically intend to examine how social and religious traditions and customs in Bali impact how women and men experience infertility. This is an important angle to address because of how important family life and kinship are in Balinese religion and social structures. Religious responsibility often falls upon the male head-of-household and is passed down from generation to generation, so having children is of extreme importance for the continuance of tradition and spiritual life in the family unit. Given

this, I was motivated to explore how a lack of offspring affects families who wish to grow and expand.

In addition to drawing these connections, I also have a more simple goal in mind – to make the stories and experiences of these women and couples more visible. The lives of these people are more than just statistics and isolated incidents; they are deeply personal experiences. I chose to present my findings in the form of case studies, summarizing the stories that each woman or couple told me about their journeys with the goal of generating understanding and giving a face to such a widespread and individual global issue.

Important Terms

According to the World Health Organization, “infertility (or a state of subfertility) can manifest itself as either 1. The inability to become pregnant. 2. An inability to maintain a pregnancy. 3. An inability to carry a pregnancy to a live birth” (World Health Organization, n.d.-b). More specifically, the WHO cites several different definitions of infertility depending on one’s field of study: The clinical definition of infertility is “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.” Demographically, infertility is the “inability of those of reproductive age (15-49 years) to become or remain pregnant within five years of exposure to pregnancy...based upon a consistent union status, lack of contraceptive use, non-lactating and maintaining a desire for a child. Finally, the standard definition for epidemiological researchers is “Women of reproductive age (15–49 years) at risk of becoming pregnant (not pregnant, sexually

active, not using contraception and not lactating) who report trying unsuccessfully for a pregnancy for two years or more” (World Health Organization, n.d.-c).

As evidenced by these three contrasting and somewhat contradictory definitions, it is virtually impossible for even those at the forefront of medical and health standardization to narrow down one specific definition for infertility. The amount of time that a couple may try to become pregnant before being declared infertile varies from definition to definition, and individual couples may seek alternatives such as IVF (in vitro fertilization – a common infertility treatment involving fertilization of the egg outside of their womb and then implanting the fertilized egg into the female medically) or adoption long before or long after these time constraints. The couples and women I interviewed for my study fall into at least one of these definitions, if not multiple or all. They were all identified by neighbors, acquaintances, or family members as *mandul* (infertile) or *orang yang tidak bisa punya anak-anak* (a person who cannot have children). While each has a different experience with infertility and childlessness, they all fall under at least the broad WHO definition of infertile. When I use the term “infertile,” I am referring to this broader definition unless otherwise noted.

Methods

I spent the first week of my Independent Study Period in Munduk Pakel, a rural village in the North of Tabanan. This village is comprised of around one hundred and twenty five families and the majority of the adults work as rice farmers. I then moved to the city of Denpasar for two and a half weeks, which has a much larger population and work force. I also spent one night in a small village near Batur in the North of Bali and made a smaller excursion to Jimbaran.

For my field study, I interviewed eight Balinese women (occasionally with their husbands) who are either infertile or possibly infertile. None have had the ability to have children so far, and some have moved on to alternatives such as adoption while others are still trying. Others still have given up on having children of their own. I asked each a series of open-ended questions about their experiences with infertility and childlessness, hoping to gain insight into their journey and how their socioreligious life affected their beliefs and decisions they have made.

I preferred to interview women alone, as the power dynamics within any given marriage might affect the way in which women would or would not be willing to share information with me. However, sometimes this was not possible because the husband or other members of the family insisted on joining in on the interview for various reasons. I have noted in the case studies when this occurred.

I started each interview by asking about their general background to both make them feel more comfortable and to get a better idea of who they are. Next, I asked a series of questions that guided them along as they told me the overall story of their infertility – when did they begin to worry about their fertility, when did they first go to the doctor, what other methods did they try, etc. I also asked specific questions about the husband – did he come with her to the doctor, did they doctor perform any tests on him – in order to get a better understanding of how gender and other sociological factors affected their treatment. Lastly, I asked about the emotional impact of the infertility. For a full list of my interview questions, see the Appendix.

I located my informants mostly through word of mouth – my advisors and teachers each knew at least one or two couples who could not have children personally

(either in their families or in their social circles), and then their contacts also knew additional people I could interview. There were several instances where people knew infertile couples, but when asked those couples declined to be interviewed. My informants came from various locations in Bali – three from two different rural villages, four from Denpasar, the capital city of Bali, and one from Jimbaran on the Bukit peninsula south of Denpasar. My youngest informant was 33 years old and my oldest was 45 years old, so all were within reproductive age as defined by the World Health Organization (World Health Organization, n.d.-c). In terms of the type of infertility each woman and/or couple was experiencing, most fall under the category of not being able to become pregnant. However, one of my informants is infertile by definition because she has not yet been able to maintain a pregnancy. I did not restrict my field study to male-factor infertility (infertility resulting from a medical issue with the male) or female-factor infertility (medical issue with the female). Excluding one informant, Ibu Wayan, all of my interviews were single-session interviews, either because of geographical limitations, scheduling limitations or personal decisions on my part if I felt the woman would be uncomfortable answering more questions.

Limitations

Data on Bali-specific infertility does not exist in any comprehensive way, so it is important to understand that I am basing most of my conclusions on my interviews with a very small sample of women and they are in no way meant to take the place of hard data or statistics. Additionally, because of the lack of pre-existing information on the topic, my field study does not extend as far or as deep into the topic as research that has a stronger research base. Most English-language Google results for “infertility in Bali”

advertise private infertility clinics or fertility retreats to Bali. It does not produce any informative data or articles on infertility rates in Bali, so the raw data that I have to work with is on infertility in Indonesia and/or the world.

Because none (except for one) of my interviews were over multiple-sessions, my study is limited to the twenty minute sessions I had with each woman or couple. While I always had enough time to ask all of my questions, more information or details could have emerged if I was able to form longer-term relationships with my informants.

One of the larger limitations that came inherent with my field study was the language barrier. Although I could communicate with my informants on a basic enough level to make them comfortable and establish a relationship, I had trouble understanding the majority of their responses to my questions in real-time. This restricted my ability to ask follow up questions or clarification questions, as well as make specific responses to what they were saying, limiting my relationship-building capabilities. There were also several instances in which my informant did not entirely understand my question, causing me to edit my questions as I went along. This means not every informant was asked the exact same set of questions each time. Overall, the language barrier made it difficult to grasp the nuances and tonal specificities that would have added a great deal to my understanding of these women and couples. I hope I am able to do their stories justice despite this obstacle.

Background

Theoretical Framework

My position as a white, upper middle class American woman interviewing women of various socio-economic statuses in Bali has direct implications on my research and what I am able to accomplish within a limited time frame. In considering my own privileged status, I turn to Chandra Mohanty's seminal work *Under Western Eyes: Feminist Scholarship and Colonial Discourse*. In order to study women and "women's issues" in a country that has been labeled as "third world," it is imperative that I understand my own place within feminist scholarship. While my research is not on gender specifically, I am studying infertility within a socioreligious context, a context that inherently includes issues of gender. One of the pitfalls Mohanty discusses in her work is seeing women as an already constituted, preexisting group without deconstructing the term itself. While I do use the term "women" in my research quite often, I mean only to define the subject within the same terms that they self-identify. I never use the term "women of Bali" as an all-encompassing category, as class, geographic location, caste, and several other factors render this category completely ungeneralizable. However, I can observe the ways in which Balinese religion and ritual impact the construction of gender difference in Bali and its various impacts on infertility as a condition.

With Mohanty's theories in mind, I see kinship, religion, and familial structures as contexts not separate from the idea of "women," but ideologies and practices that help create and continually reproduce what it means to be infertile and a woman. It is not that an infertile woman exists and then religion and society impact her, rather that religion

and society help define who an infertile woman is in a particular frame of reference (in this case, Bali).

Mohanty describes the major problem with much feminist scholarship on the third world as a phenomena that occurs when “The focus is not on uncovering the material and ideological specificities that constitute a particular group of women as “powerless” in a particular context. It is rather on finding a variety of cases of “powerless” groups of women to prove the general point that women as a group are powerless” (Mohanty, 1984:338). I am looking for the material and ideological specificities that constitute the particular group of women that cannot have children as powerless *or* powerful in the particular context of Balinese socioreligious life.

Infertility as an Issue of Reproductive Justice

The World Health Organization defines reproductive rights as “the basic rights of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so” (Rubin & Phillips, 2012:181). There are many different discourses surrounding infertility as a social justice issue, especially with the emergence of ART (Assisted Reproductive Technologies) such as IVF over the past few decades, and with its intersections with social justice movements like LGBTQ rights, abortion rights, and forced sterilization. For the purpose of my research, I have chosen to position my argument within the framework of disability rights. According to the WHO:

“Infertility generates disability (an impairment of function), and thus access to health care falls under the Convention on the Rights of Persons with Disability. An estimated 34 million women, predominantly from developing countries, have infertility which resulted from maternal sepsis and unsafe abortion (long term maternal morbidity resulting in a disability). Infertility in women was ranked the 5th highest serious global disability (among populations under the age of 60)”

(World Health Organization, n.d.-c).

In Lisa R. Rubin and Aliza Phillip's article *Infertility and Assisted Reproductive Technologies: Matters of Reproductive Justice*, they cite how viewing infertility as a disability solves many problems within the field, namely that some view infertility as a simply medical issue and others view it as more of a social problem. Placing infertility within the context of disability rights requires both medical and social solutions, "ideally without privileging one over the other" (Rubin & Phillips, 2012:174).

The disability of infertility falls under the realm of reproductive rights, and even more so in developing countries where the preventable causes of infertility – maternal sepsis, unsafe abortion, and untreated sexually transmitted infections, are more common. Researchers estimate that one in every four couples in developing countries have been affected by infertility (World Health Organization, n.d.-a). However, most research on infertility and ARTs is focused on the experiences of Western women going through IVF treatments. In other words, the women for whom infertility affects most and have the fewest options are not the ones being studied. "There is a reproductive justice imperative," Rubin and Phillips write, "to learn more about the experience of infertility in developing nations in an effort to increase the quality of service for infertile women in their local contexts" (Rubin & Phillips, 2012:179). It is my goal to add to this conversation a small window into the experience of infertility in Bali in order to hopefully increase the standard of care for infertile women here in their "local context."

Infertility in Indonesia

The most prominent scholar of infertility in Indonesia is a medical anthropologist named Linda Rae Bennett from the University of Melbourne. She has done several studies on infertility, especially the relationship between doctor and patient and the

intersection between infertility and gendered stigmas against women. In her 2015 article *Sexual morality and the silencing of sexual health within Indonesian infertility care*, Bennett concludes that the lack of adequate knowledge, treatment, prevention, and diagnoses of sexually transmitted infections causes an increase in preventable cases of infertility, especially in women. She traces this phenomenon back to the basis of sexual morality in Indonesia, which is sex between a married man and married woman. Bennett writes, the “foundation of sexual morality in Indonesia is heterosexual marriage, which is understood as the most legitimate context for the expression of sexuality” (Bennett, 2015:149). Because this is the most, and sometimes only, accepted way of expressing sexuality, any other type of sex, including premarital sex, extra marital sex, prostitution, or homosexual sex, is seen as deviant or immoral. This, along with the assumption that sexually transmitted infections can only come from forms of deviant sex, leads many to believe that if one has a sexually transmitted infection, they have engaged in a form of deviant sex. Many doctors surveyed in Bennett’s studies either insinuate or state outright that they will not talk to patients about STI’s or test patients for them because, in the eyes of the doctor, they are the “moral guardians” of their patients (Bennett, 2015:159). Implying that a patient might have an STI leads to the assumption that the doctor is accusing the patient or the patient’s partner of engaging in deviant, immoral sex. As one doctor stated, “STIs are not compatible with the ideal Indonesian family” (Bennett, 2015:154). Another doctor from Jakarta said the following:

“We have to be very careful; we have guidelines on that. We cannot suggest to someone that they have an STI, or that they should have an STI test. If we do this, we may reveal infidelity in the marriage, which may lead to divorce. Then there will be no baby. It’s not our role to cause that kind of problem. We are here to make families not break them” (Bennett, 2015:153).

This doctor, along with many others that Bennett surveyed, clearly thinks that protecting the couple from shame is more important than properly testing and diagnosing patients.

These attitudes cause direct and sometimes devastating effects on infertile patients. In 2011, the World Health Organization formally recognized STIs as the main preventable cause of infertility worldwide (Bennett, 2015:152). The data on causes of infertility in Indonesia specifically is limited – the only reliable data available is on female patients who have undergone IVF (In Vitro Fertilization). As Bennett reports, “in 2012, tubal blockage was the key cause of infertility identified for 12.5 percent of women patients who underwent IVF, and the most common cause of tubal blockage is untreated STIs...Tubal blockage was the highest single cause of female infertility recorded for this group” (Bennett, 2015:152). While they are not the only cause of infertility, untreated STIs are a very preventable and treatable one. When doctors fail to diagnose and treat STIs because they are ashamed to ask, they take away a simple solution to a potentially devastating problem.

This all ties into what Bennett refers to “kinships of shame,” originally mentioned by a scholar named Sharyn Graham Davies, who wrote an article titled *Surveilling sexual morality in Indonesia*. In this article, Davies defines “kinships of shame” as the phenomenon that occurs in many Indonesian families and traditions across the archipelago: “Part of the reason that shame is such a powerful regulator of behavior is because shame is cast not just upon the person who acted wrongly. Rather, if one person is causes shame, their entire family is also shamed. I refer to this extensive shaming as ‘kinships of shame’” (Davies, 2015:33). Davies goes on to explain how these kinships of shame appear in several seemingly unrelated cases studies of deviant sexual behaviors in

various places across Indonesia. She concludes that these “kinships of shame operate as a form of biopower regulating sexuality outside the formality of governmental institutions” (Davies, 2015:33). In other words, shame is such a strong source of control over the behaviors of many people in Indonesia that it can enforce rules and regulations outside of formal law. Shame upon a family can be an equal if not worse punishment than jail time or a monetary fine. Bennett takes this concept and applies it to the doctor-patient power relations she observed over the course of her studies. Doctors perceived that it was their own personal responsibility to protect their patients from shame which overrode their obligation to provide information and complete medical treatment as doctors. Additionally, the need to avoid shame penetrated Bennett’s study all the way down to the questions she was or was not allowed to ask to her informants. Her survey questions were asked by trained medical nurses, mostly young, unmarried women. These women “were socially required to perform naiveté and thus felt that they would be *malu* (embarrassed) to ask such questions, despite the fact that all of them had completed medical degrees” (Bennett, 2015:159). Her solution to this particular issue was to focus all questions about STIs on the doctor and not the patient. For example, instead of asking “have you ever been concerned that you may have an STI?” she asked “Has your most recent fertility doctor ever recommended that you have an STI test?” This places the agency and source of any possible “shame” on the doctor and not on the patient, therefore hopefully avoiding any major embarrassment on the part of the interviewer and the informant (Bennett, 2015:159).

Overall, Bennett concludes that the core issue surrounding infertility treatment in Indonesia is “the overmoralization of sexual health and non-normative sexual behavior”

(Bennett, 2015:163). She proposes that there needs to be a deep investigation into how morality affects sexual and reproductive healthcare and how morality is socially constructed in general (Bennett, 2015:163-164).

It is important to note that while Bennett's studies are extremely useful in providing context to some of the issues surrounding infertility in Indonesia as a whole, her research is not specific to Bali and Balinese attitudes towards infertility and shame. Bennett's conclusions can be applied to Indonesia in general due to her wide-reaching pool of informants, although it is extremely difficult to generalize about such a large and diverse country. There is no comparable study that examines such specific concepts such as shame and sexual morality in Bali, so it is difficult to know how applicable Bennett's information is for Bali even though it is a part of Indonesia and Balinese doctors and patients were interviewed in her study.

Balinese Socioreligious Life

In order to understand infertility in Bali, it is important to understand Bali and the ideologies that govern daily life. As Bali is the only Hindu-majority island in the predominantly Muslim country of Indonesia, religion plays a very important role in distinguishing it from the rest of Indonesia and in forming Bali's identity. The intersection of Balinese social life and religious life is quite large, so for the context of this paper I will be using the term "socioreligious" to talk about both of them simultaneously.

It is estimated that around 90% of the Balinese population identifies with the specific type of Hinduism unique to Bali. This religion combines the practices and dogma of Hinduism with the animistic and traditional practices of the local religions. These

practices can vary considerably between different regions, villages, temples, and even individual households. One important aspect of this Balinese Hinduism is that it is extremely ritual-based. There are rituals for every life-cycle event and important day, such as temple anniversaries, as well as specific rituals and customs for ancestors and within the home (Ariati, 2008). Because Balinese Hinduism is patrilineal, inheritance, property, and religious responsibility are all passed down from father to son, traditionally. Of course, with the onset of tourism and changing gender roles in recent years, these customs are not practiced in every Balinese family. In the traditional Balinese way, when a couple marries the wife will move in with the husband's family. They will live there, have children there, and, if they have sons, their children will live there and have children there, too (Ariati, n.d.). This constructs gender in Bali as men-who-inherit and women-who-cannot-inherit. A man is defined by his stability within the family structure and his responsibility over the household, while women switch households and have no permanent attachment to their own ancestral lineage. For this reason, a son is considered more valuable than a daughter because they will continue the family line (Ariati, n.d.). In general, having children is very important for similar reasons – to continue the ancestral line and religious customs of each household and family. Not having children is not simply a personal issue between the husband and wife, it involves the entire extended family.

Case Studies

#1: Ibu Wayan¹

My first informant was a woman named Ibu Wayan. She is a 44 year old woman who sells food at her home's warung for a living. Every morning she wakes up at three a.m. and travels one hour to the market in Tabanan to buy food to sell for the day. Her husband is a rice farmer and plays in the village's gamelan group. They were married in 1995 and began trying to have children. They were struggling to conceive, so they went to the doctor for a check-up in 2000. Her OBGYN told her she had a problem with her "tempat klain" or "place of pregnancy" – there was an anomaly on one of her ovaries. The doctor did not ever examine Ibu Wayan's husband. She began taking hormones, but nothing worked. After several trips to the doctor, the OBGYN told her that she definitively would not be able to have children in 2003. In addition to visiting a medical doctor several times, they also went to the local balian (Balinese traditional healer) twice, where the couple prayed and gave offerings to their ancestors and the gods. She expressed that she enjoyed going to the medical doctor more than the Balian because at the OBGYN she could see inside her womb with ultrasound technology. In general, Ibu Wayan does think that infertility could possibly be prevented if one goes to the right doctor; some doctors can prevent it, some cannot. She also mused that maybe diet and the amount that someone works could affect fertility.

Ibu Wayan and her husband were not initially attempting to adopt, but in 2006 the couple got word that a family member, Bapak Wayan's nephew, would soon be giving birth to a daughter that they would be willing to give up for adoption. Once she and her

¹ Note: All names of informants have been changed unless otherwise noted

husband had a meeting with their extended family, they could then pursue the adoption. They had to have the entire family's permission before even thinking about meeting with the potential donors. They met with the family and agreed to pay for all pregnancy expenses, which eventually included all doctor's visits and a cesarean section, in exchange for adoption of the child. Ibu and Bapak Wayan adopted her and now have a healthy, happy ten year old daughter who is in year five of school.

When speaking about her process of finding out she could not have children, Ibu Wayan did not exhibit a lot of emotion, which I expected because the Balinese do not typically express their emotions in public, especially not with Americans they just met. However, when I asked her more in depth about her experiences, she admitted that she felt very sad when she discovered she could not have children, but was so happy when she adopted her child because she had always wanted a daughter. I also asked her about feeling shy or ashamed about her infertility, and she said that she and her husband and their families were also upset and ashamed about their lack of offspring. Ibu Wayan felt that she could not really talk about it or say anything because the gods had made her that way and have not blessed her with children, even though she felt ashamed (I. Wayan, personal communication, October 24, 2016).

#2 Ibu Made

Ibu Made is a 40 year old woman living in Denpasar. She has been married for ten years and she and her husband tried to have children for three years until they found out that they definitively would not be able to. When she first went to her doctor to discuss why she was not yet pregnant, he told her to be patient, that she should continue to try. Her doctor examined both her and her husband and ran labs on both of them.

When the lab results came back, however, they indicated that the cause of the couple's inability to have children was that her husband has "liquidy sperm." Her doctor told her that infertility can be prevented with regular doctor visits and hormone treatments. She had abnormal discharge and brought it to the doctor's attention, but said that there were many types of discharge and this type had nothing to do with infertility.

Aside from her medical doctor, she and her husband also went to a balian. The couple wanted a child very badly, so they spent many years going back and forth from the Balian to the doctor regularly. The Balian told them that there were spirits bothering them and that was affecting their ability to conceive. The Balian treated her and her husband with holy water, oil, and jamur, an herbal medicine. She could not remember exactly which ingredients were in the jamur, but she knew it was some combination of an egg from a free range chicken, honey, and spices. The Balian also told her to eat baby crabs from the rice fields, which she did quite often until she got sick of them and could not eat them anymore.

When she found out she would never be able to have biological children of her own, she felt sad because there would be nothing to distract her from any problems or difficulties in her marriage. When couples fight, she said, and there are children around, they take the attention away from the argument. She mentioned that it is normal for a couple to fight when they find out they will not be able to conceive, but after awhile things go back to normal. Overall her family did not express any emotions like sadness or shame when they found out because they thought she simply was not blessed by the spirits and there was not reason to be sad.

One possible cause for her fertility Ibu Made mentioned was an error that she and her husband made during their wedding ceremony. As part of the proceedings of the wedding, the couple is supposed to take a young coconut, a symbol of fertility, from the wife's family's home and move it to the husband's family's home. Ibu Made and her husband, however, left the coconut in Ibu Made's family's compound. They believe that the coconut was cursed with black magic and therefore they are infertile. Another couple in a nearby village, she said, made the exact same mistake during their wedding and are now unable to bear children. It was suggested to her that she redo her wedding ceremony as a possible cure for her infertility. When asked about adoption, she said it depends on what her husband wants. She had no preference of a boy or a girl, as long as they were healthy (I. Made, personal communication, November 13, 2016).

#3 Ibu Ketut

Ibu Ketut is a 37 year old woman living in the city of Denpasar, where she has resided since birth. She was married in 2000 and she and her husband were quite economically challenged for the first years of their marriage. Instead of focusing on having children, she said, she was focused on having a place to live and enough food to eat. Both she and her husband found work and began to save money so that they could support a child in the future. After the couple was in a financially secure enough place to start thinking about having children, they began to worry when Ibu Ketut had not yet become pregnant. They saved enough money over a five year period so that she could visit the doctor. The first time she went to the doctor, her husband came with. The doctor first checked her husband's sperm and overall health, and then hers. After this first check up the doctor said she was fine and she was fertile, but there was a serious problem

developing on her ovaries and fallopian tubes. After this initial visit she began to worry. The doctor eventually diagnosed her as infertile due to blockage in her fallopian tubes.

She did not give up, however. She still went to the doctor and tried anything possible to be able to conceive. She went to four different doctors, visited a Balian, tried alternative medicines, and downloaded articles about infertility treatments from the internet. One treatment she tried involved going to a special masseuse that she found through social media. She also went as far as to invite someone from Surabaya to administer alternative medicine.

The couple began to give up hope of conceiving a child on their own after nine years of trying. She knew the option of IVF was available, but instead chose to pursue adoption. She wanted to adopt a newborn baby (instead of an older child) so that she could know how it felt to raise a baby from the time they were born. In order to spread the word that she wanted to adopt, she told all of her friends and family to let her know if they already have one or two children, get pregnant, and cannot raise the child. Eventually, she found a couple that was interested in giving up their child for adoption. The mother was from a small village but went into a larger town to work everyday. She already had children to raise and could not afford another one. Ibu Ketut and her husband held a huge meeting with their extended family in order to gain their approval for the adoption before meeting with the mother. The family told them to do anything that would make them happy and gave their blessing, which is abnormal because the child is not a blood relative. Once they had the support of their family, they met with the mother and began to accompany her to doctor's visits throughout the pregnancy. Now, four years later, they have a boy named Wayan.

When I asked her if she thought infertility could be prevented, Ibu Ketut said that it could have been prevented in her case if she had started getting treated earlier. She blamed herself – she did not go to the doctor early enough, she did not communicate with any doctors until five years in, she did not follow all of her doctor’s instructions. Her family, especially her two sisters, were extremely supportive throughout the whole process, as was her husband’s family. She emphasized how helpful all of her friends and family were and that their presence was what kept her strong. In Hinduism, she said, having children is so important in order to “continue everything,” so she was extremely sad when she discovered that she could not have children. Her husband was also sad, but tried so hard to appear strong. Because of how important having children was to her and her religion, she even suggested that her husband marry another woman and have children with her. Her husband rejected the offer. They were extremely unhappy with their lack of children, but they thought that it must be what god wanted from them, that god had better plans for them. In the end, they are now very happy with their decision to adopt and their life with Wayan (I. Ketut, personal communication, November 15, 2016).

#4 Ibu Komang²

My next informant was not as forthcoming with details of her story. She was a little nervous and around eight to ten years removed from her main struggles with infertility, so she did not remember a lot about her life back then. Ibu Komang is a 45 year old woman living in a small village near Mount Batur in Bali, the same village in

² There were several people present at this interview – the family that was hosting me for the night insisted on coming with me. They helped rephrase some of my questions and encouraged Ibu Komang to answer them.

which she was born. She and her husband married in 1993 but did not begin to worry about their inability to conceive a child until around 2003, ten years into their marriage.

The couple visited the doctor together and he said that her husband was “weak.” The doctor gave them medicine to take (she did not remember the type of medicine), but it did not work. In total they went to the doctor three times. Her doctor never mentioned sexually transmitted infections or anything of the sort. They also tried going to the Balian, on whom they relied more heavily, visiting him a total of ten times.

When I asked her about adoption, she said that she and her husband have not tried to and were not planning to try. This is because, she said, in Bali, if you already have a niece or nephew, you do not have to adopt. There is already someone in the family who can continue the family line. She also mentioned that if she were to adopt, she would have to adopt from inside the family. Adopting a non-blood relative would not be permitted. Overall, she admitted to being sad and worried when she found out she could not have children and said her husband and family felt the same way (I. Komang, personal communication, November 16, 2016).

#5 Ibu Kadek³

In the same village as Ibu Komang, I interviewed a woman named Ibu Kadek who is in the earlier stages of possible infertility. She is 33 years old and has not yet been able to get pregnant. Born in Gianyar, she relocated to this village in 2010 when she and her husband got married. After two years of marriage with no pregnancy, the couple began to worry about their ability to have a child.

³ My host family was also present at this interview, as was Ibu Kadek’s husband and a few of her family members.

Unlike my other informants, neither Ibu Kadek nor her husband have ever been to a doctor regarding their difficulty conceiving. They have visited a Balian three times, but do not plan on going again, hoping to have a doctor examine them instead. When they went to the Balian, he said that everything is fine with them and that they will have a child soon. He did not give them any medicine; the only treatment he gave was a special massage, a common practice for balians.

While she did not say a lot about her feelings or anxieties about not having children, she did admit that she worries about possibly being infertile often. Both her and her husband said that they felt sad knowing that they have not had any children yet, but that they will just accept whatever happens, whatever result they are given. (I. Kadek, personal communication, November 16, 2016).

#6 Ibu Nyoman and Bapak Agus⁴

My next two informants were a couple, Ibu Nyoman and Bapak Agus, living in Jimbaran. They are 38 years old and were married in 2008. They began to worry that they might have difficulty having children after one or two years of marriage. They went to the doctor together the first time, where the doctor examined both of them. On the wife the doctor performed an ultrasound and an HSG – an X-Ray test for fertility focused on the uterus and fallopian tubes, usually used to check for blocked fallopian tubes. Overall, everything was fine with the couple. However, the doctor did say that the husband has a low sperm count and put him on hormonal medication to treat him. They go to the doctor often, and the husband insisted that they have a very transparent relationship with the

⁴ As indicated, the husband was present at this interview because it was a case of male factor infertility. The man whose family I stayed with in the village drove me to this interview and he stayed for the duration of it.

doctor – there are no secrets between them, and the doctor tells them everything. This includes that the doctor has checked both of them for sexually transmitted infections, but they tested negative. The husband’s official diagnosis was that he is *kurang sabar*, less fertile, not *mandul*, infertile. The possibility still exists that they will be able to become pregnant. Because of this, they have not tried to adopt or explored the option of IVF, which they referred to as “last resorts,” but as possible ways to prevent infertility.

They have been to a *balian* twice, who said that they still have a chance of having children. According to the husband, the *balian* and the doctor have two very separate jobs. One goes to a *balian*, he said, to ask for guidance: what to do, what not to do in order to have children. The *balian* uses instincts based on belief in god, while the doctor uses theories and methods based on medical knowledge. This particular *balian* used holy water and nothing else. Besides the *balian* and the doctor, they also go to temples often to pray for children. Once they went to a special temple near Ubud where they did a blessing and a purification.

Overall the couple is determined to have children. They were worried, especially once they had already been married and trying to have children for a year, but they will always fight to have children, they said. Their family has been very supportive, telling them to be patient and to never give up. If they cannot have children, they said, they will be sad and disappointed. The husband admitted that they would want a son if possible because, he said, in Bali, the first one should be a boy. But, he said a daughter would also be okay. (I. Nyoman and B. Agus, personal communication, November 17, 2016).

#7 Ibu Gede

My next informant had the most unique situation of any of my other interviews. So different, in fact, that I almost decided to omit her story from my case studies because I was not sure if she really fit under the umbrella of “infertile.” However, under the World Health Organization’s definition, she does in fact qualify because she has been unable to carry a pregnancy to term. Ibu Gede was born in Karangasem and now lives in Denpasar, where she has resided since she married her husband four years ago. Ibu Gede has a heart problem and is currently waiting to get surgery to correct it. She has worried about not being able to have a child since she was diagnosed with the heart condition. She wants to have a child, but two of her doctors have advised her not to get pregnant because of her heart condition. Her OBGYN especially advised against it because she had gotten pregnant in the past but had a miscarriage. Her heart condition makes it difficult for her to carry a pregnancy to term – It would be very dangerous for both her and the fetus if she tried to get pregnant again. She does not think she is infertile and will attempt to get pregnant again after she has the heart surgery. She also mentioned that her ovaries are weak in addition to the heart condition. Her husband came with her the first time that she went to the specialist doctor, but neither her nor her husband have ever been formally tested for fertility. The couple has been to a balian once as part of their wedding ceremony, but not since then for anything to do with pregnancy or the heart condition.

Ibu Gede said that one of her doctors has mentioned sexual infections before and that she has been checked for them. She said that the doctor did say that it was “one of the issues,” but she did not elaborate which disease she had or if it has affected her ability

to have children at all. Her husband has not been checked for sexually transmitted infections.

Adoption is on the table for her and her husband as a last resort, but because she has nieces and nephews she might not do it. Her husband is okay with adoption, but their extended family is not, especially if they were to try and adopt a child who is not a blood relative. She and her husband are willing to accept whatever happens with the future. She said *saya menerima apa yang diberi tuhan*, or “I receive whatever god gives.” This is her destiny, she said, she will just take it. (I. Gede, personal communication, November 18, 2016).

#8 Ibu Putu

Ibu Putu is a 40 year old woman living in Denpasar. She was born in Singaraja and moved to Denpasar with her husband, who is from Tabanan, when she got married in 2000. Seven months after she got married, she and her husband both went to the doctor together to get tested for fertility. The doctor said that both husband and wife were fertile and all was normal with their reproductive systems. However, the couple still could not get pregnant, so the doctor gave them fertility medicine (she did not mention the name). She went to the doctor several more times and he finally suggested that she get her fallopian tubes blown out, an HSG. The doctor never mentioned sexual diseases. She went to another doctor who said the same thing. She began going to the doctor every single month. Her most recent doctors visit was to a hospital, where they also told her that she is fertile. Every time she went to the doctor, the visit cost her 600,000. She even tried going as far as Surabaya, but still saw no results.

Besides visiting many different doctors, they went to the balian often, starting three months after they got married. The balian said that there was someone out there who does not want them to have children, blocking their ability to get pregnant. This implied that someone was using black magic to keep them from having children. They also went to temples and prayed, doing offerings specific to asking for a child, but still failed to get pregnant. She believes that infertility in general can be prevented, but in her case she still could not get pregnant. She never asked for additional information about infertility or sexual health.

In the end, she and her husband adopted a child, her nephew from her husband's side of the family, who is now sixteen years old. The boy was very close to her ever since he was younger, so after his biological father passed away when the boy was still young, they held an adoption ceremony and then filed the legal paperwork. They also had to gain approval from their extended family, especially her husband's parents. Originally, they had an offer to adopt from one of Ibu Putu's pregnant family members. However, they were not allowed to carry through with the adoption because the woman had married outside of the family and therefore her child was no longer considered a blood relative, he/she belongs to the woman's husband's family.

Ibu Putu admitted to feeling disappointed in her own infertility, but that she will always try and hope. Her husband feels the same way. Any time anyone suggests another alternative for her to attempt, she will try it. Her family supports her. (I. Putu, personal communication, November 22, 2016).

Discussion

Though the analysis of these case studies will not reveal anything trends in the overall experience of Balinese women who cannot have children, it can illuminate some common experiences and make evident the ways in which Balinese social customs and religion affect how these women and men experience infertility. Any conclusions that I draw cannot and should not be applied to Bali as a whole.

Several common themes and trends emerged from my informants' experiences. Even though they each come from different socioeconomic backgrounds and live in vastly different areas of Bali, almost all went to both a balian and a medical doctor more than once. Additionally, many discussed how Balinese customs and traditions surrounding the ways in which families operate made their experience with infertility more complicated, especially when it came to adoption. And although they all seemed to have at least a basic grasp of the medical side of infertility through their visits to doctors and common knowledge, many referred to a spiritual or religious belief about the cause or solution to their infertility. The common belief among my informants was that the gods simply did not bless them with children or that it was fated that they would never be able to get pregnant. Beyond the basic medical knowledge of infertility, none of my informants seemed aware of the role that sexually transmitted infections has on infertility or that there are several preventable causes of infertility that they might possibly have.

Overall, I observed that there were several barriers and attitudes surrounding infertility for these women and couples that kept them from exerting maximum agency over their own situations. In other words, not all options were open and available to each couple because of either logistical, cultural, or educational barriers. On the other hand,

however, the uniquely Balinese reactions to infertility and structure of family life provide comfort and support far beyond what a medical doctor can provide. This emotional level of care is extremely important in cases of infertility, especially because stress is a huge factor in infertility prevention and treatment.

Every single one of my informants, except for Ibu Gede, visited a *balian* at least once as part of their journey to get treated for infertility. And every single one except for one had visited a medical doctor at least once. As Bapak Agus explained, the *balian* and the doctor have two very separate jobs. The *balian* is not considered a supplement to the doctor and vice versa (B. Agus, personal communication, November 17, 2016). They are two separate entities, each necessary and fulfilling a different purpose. This connects directly to the rhetoric each couple used surrounding the reasons behind their infertility – often citing both medical and spiritual reasons. Almost every couple mentioned that their inability to have children was what the god wanted or what fate had given them in addition to discussing problems with hormones or reproductive organs. Once again, medical and spiritual are not mutually exclusive or pitted against each other. Instead of viewing infertility as a solely medical issue or a just a curse by the gods, the couples I interviewed understand it as both. It would follow, then, that infertility would need both medical and spiritual treatments from a doctor and a *balian*.

The most clear example of this was the case of Ibu Made and her husband. She discussed very clearly that the medical reason behind their infertility was a problem with her husband's sperm. However, when I asked her what she thought the cause of her infertility was, she mentioned the incident that occurred at her wedding – they had left a coconut at her family's home that was supposed to be brought to her husband's home and

believed that now it had been cursed by black magic. This spiritual explanation and the medical explanation are not presented in opposition to each other, but in tandem (I. Made, personal communication, November 13, 2016).

One result of this reliance on traditional healing methods along with medical is an emotional acceptance of the infertility in a spiritual sense. Although there is the strong possibility that my informants were experiencing and had experienced emotions far different than the ones they expressed to me, a common sentiment in almost all of my informants was that they were sad, but there was not a lot they could do because they simply were not blessed by the spirits with the ability to have children. The understanding of infertility as a spiritual lack as well as a medical issue provides an explanation for the problem even when treatments do not work or there are no clear medical solutions. This can make the situation easier to process.

In addition to the spiritual comfort offered by Balinese religion, my informants also discussed comfort from family members as a common way of dealing with the sadness of infertility. Because families are so close (physically and emotionally), they are able to provide a support system through times of sadness and stress. Additionally, any shame or embarrassment of childlessness is shared by the entire extended family. Almost all of my informants stated that either their family was supportive of them or their family shared their shame/sadness. As infertility can be a cause of considerable psychological stress, having a built in support system to reduce stresses and the emotional burden of infertility is extremely important. Although the stress of childlessness on the couple might be more significant in Bali than other places because of the importance placed on having children, the systems of stress relief and support are also greater in some cases.

Another area of infertility where family structure and tradition had a great impact on couples was adoption. My informants that had adopted expressed how involved their extended families were in the process, and of my informants who had not yet adopted, several cited a reason for not adopting that had to do with their family. These reasons included not having a blood relative to adopt, families disapproving of adoption, and families already having nieces and nephews, eliminating the need to adopt even if the couple wanted to have children of their own. Having to adopt a blood relative is, for many but not all of my informants, a necessary stipulation in the adoption process. It is not an option for many of these couples to adopt a child who is not directly related to the husband's side of the family. So if there are no children who fall under that category available for adoption, a couple's options are severely limited. Adoption is the main solution to infertility from what I gathered from my informants, so any barriers to that option severely limit the couple's agency.

Even though, as I mentioned earlier, STIs are a large cause of preventable infertility, my informants' knowledge of and exposure to the topic was limited. None of my patients were definitively diagnosed with an STI and then told that their infertility was the direct result of the untreated STI, though several of my informants mentioned that the cause of their infertility was blocked fallopian tubes, a common sign of untreated STIs. When I asked if their doctor had ever mentioned STIs, the most common response was no. Although I would love to be able to draw at least one conclusion or trend from this information, there are too many variables and factors that limit my ability to do so. Were they embarrassed to talk about the STIs? Did their doctor test them for STIs and not explain what he/she was testing for? Are the doctors simply ignoring the possibility of

STIs? There are several possible explanations for each case, and not enough information to draw a conclusion. It is important to note, however, that not one of my informants mentioned that they knew that STIs could cause infertility. The one possible exception to this is Ibu Gede, but neither I nor my language teacher who was helping me translate could deduce if she thought her possible STI was connected to her infertility or not. This one connection between STIs and infertility is a gap missing in conversations that my informants are having about infertility, at least the conversations they are having with me. This further limits agency on the part of the women and couples because they do not have the resources to understand their own disability completely. When I asked if they thought infertility could be prevented, not one said “yes, if I had gotten tested for STIs earlier.” A simple test ten years prior could have given them the ability to have a child, or it could have done nothing, but we will never know until the option is presented.

Conclusion

Overall, there is still much to be studied and learned about infertility in Bali. I hope that through my research I have been able to illuminate some of the unique struggles and experiences infertile women and couples go through and how their Balinese socioreligious life has shaped their journeys to try and have children. Though many practices, customs, and beliefs prevent couples from fully exerting agency over their own situation, there are also ways in which these conventions support and help through difficult times. Infertility is a large and complex issue, and I have only begun to scratch the surface of the wide variety of experiences that infertile women and couples go through in Bali.

Suggestions for Further Research

Emotional and Psychological Stress

In their article on Infertility and Reproductive Justice, Rubin and Phillips mentioned that much research has been done on psychological stress caused by infertility, but not as much has been done on psychological stress as a cause of infertility. Infertile couples in Bali would be an interesting case study on both parts, especially since there are several instances in my case studies where the socioreligious environment both caused and lessened stress on the infertile couple.

Quantitative Research

If possible, a wide-scale, data-based study should be done on infertility in Bali, since there are none easily available for English-language scholars. In addition, data on causes of infertility would be extremely useful in lowering infertility rates and could have very positive impacts if implemented correctly.

Ritual and Symbolism

Throughout my research, a few common symbols of fertility kept emerging in both rituals and everyday life. It would be interesting to examine these rituals and symbols more closely and see if how they are treated and used has any impact on general attitudes on infertility in Bali.

Medical Tourism

As I mentioned at the beginning of my paper, medical tourism to Bali for infertility treatments has become increasingly popular. Examining the medical tourism industry and how it impacts local people would be extremely interesting.

Appendix A: Interview Questions

Siapa namanya? *What is your name?*

Berapa umurnya? *How old are you?*

Di mana ibu lahir? *Where were you born?*

Ibu menikah pada tahun? *In what year were you married?*

Menurut ibu penyebab kemandulan, secara umum? *What do you think is the cause of infertility, in general?*

Kapan ibu dan suami ibu mulai kuatir mungkin tidak bisa punya keturunan? *When did you and your husband begin to worry that you might not be able to have children?*

Berapa lama setelah menikah? *How long after you got married?*

Apa yang ibu dan suami ibu lakukan selanjutnya? *What did you do next?*

Pertama kali ibu pergi ke dokter, dokter melakukan apa? Dokter bilang ibu apa? *The first time you went to the doctor, what did the doctor do? What did the doctor tell you?*

Pertama kali ibu pergi ke dokter, suami ibu pergi dengan ibu? Kalau tidak, kenapa? *The first time you went to the doctor, did your husband go with you? If no, why?*

Apa obat yang diberikan oleh dokter? *What medicine did the doctor give you?*

Berapa kali ibu pergi ke dokter? *How many times did you go to the doctor?*

Apakah dokter memeriksa suami bu juga? *Did the doctor check your husband also?*

Apakah dokter pernah bilang tentang penyakit kelamin? Ibu tahu kalau dokter memeriksa untuk penyakit kelamin? *Did the doctor ever tell you about sexually transmitted infections (STIs)? Do you know if the doctor checked for STIs?*

Apakah ibu dan suami ibu choba melakukan sesuatu lain? (Pergi ke balian atau ke pura...) *Did you and your husband try to do something else? (Go to a balian or to a temple..)*

Menurut ibu apakah kemandulan bisa dicegah kalau ibu sudah melakukan sesuatu lain?

Do you think infertility could be prevented had you done something differently?

Bagaimana perasaan ibu waktu tahu bahwa tidak bisa punya keturunan? *How did you feel when you knew you could not have children?*

Bagaimana perasaan suami ibu? *How your husband feel?*

Bagaimana perasaan keluarga? *How did your family feel?*

Apakah ibu dan suami sudah choba adopsi? Kalau tidak, kenapa? *Did you and your husband already try adoption? If not, why?*

Apakah ibu mau tahu lebih banyak tentang kemandulan dan tentang kesehatan sexual?

Do you want to know more about infertility and sexual health?

Kalau ya, apa yang ibu mau tahu? *If yes, what do you want to know?*

Apakah ibu punya pertanyaan untuk saya? *Do you have questions for me?*

Apakah ibu tahu pasangan mandul lain yang saya mungkin bisa wawancara juga? *Do you know other infertile couples that I could possibly interview?*

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