

Infertility..a social stigma.. from sorrow to smile..



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To procreate had been cherished dream of mankind since long. World Health Organization (WHO) explains primary infertility as inability to conceive after a year of unprotected sex if the age of the wife is below 35 years and the duration is reduced to six month if the age of wife is more than 35 years of age. The term secondary infertility means if not conceived following previous pregnancy (irrespective of the outcome of previous pregnancy).

Infertility touches all aspects of affected couple's life, since it is associated with specific social, cultural and religious aspects. It stems out from the long and varied history of the country and the importance of religion in the life of all Indians. Biological and social factors including stress due to economic status, religious attitudes, age of marriage, urbanization leading to modernization, higher literacy, contraceptive usage and nuclear families play a significant role in lowering fertility.

The importance of infertility as a public health problem affecting the individual and the family's mental and social wellbeing has resulted in its inclusion in the national program for reproductive and child. The three main factors which effect the quality of life of the infertile couple, rather mostly the women are

- 1)influence of society, 2)influence of religion &
- 3)influence of culture.

Influence of society

Society seems to influence the experiences of women with infertility. The way they perceive importance of motherhood depends a great deal on the societal messages and beliefs. This comprised of four categories as (i) Blame from society, (ii) Social pressure to conceive, (iii) remarriage of husband and (iv)reputation in society.

Blame from society

In Indian society, infertility is taken as women's problem and she is blamed for not able to procreate. As a dutiful wife she is expected to start a family immediately after marriage and when fails to do so,

she is blamed for her role failure and often subjected to negative remarks and blame from in laws and neighbors. An infertile woman usually have to undergo various investigations just to satisfy her family and herself that there is no problem with her so that nobody can blame her for infertility. Women also expressed to be blamed for the expenditure which occurred on treatment mostly by their mother in law. This blaming from the society takes its toll on physical and psychological wellbeing of women and a talk with neighbor or some relative becomes a matter of tension and stress for them and this constant blaming leave them drained emotionally and physically.

• Social pressure to conceive

Family is the most important social entity in any society. After marriage young bride moves to husband's home and often live with his family sometimes even extended family. When a women is not able to conceive family and even neighbors become involved in the couple's lives and put more pressure on women by asking again and again and suggesting remedies or treatment outlets. Women also feel pressurized seeing other of same age with their children. They expressed feeling more pressure to conceive if somebody of same age in family or friends conceives or delivers a child, she is considered as next person to give good news naturally.

Fear of remarriage of husband

Motherhood is considered a power for the new bride and lack of which makes her vulnerable. For men, remarriage is the most commonly mentioned solution, based on the belief that women are the source of infertility. Most of the ladies in rural areas are in constant fear of husband's remarriage under social pressure. Women often are pressurized for second marriage of their husband.

Reputation in society

Women with infertility are considered less than others as they are not able to fulfill predesigned role of female as approved by society. Whatever achievement they may get in their life, but if they can't bear child they are considered as worthless.

Influence of religion

Couples who are childless at some point of their lifetime relate their situation to belief in God and influence of their past deeds (karma).

GOD is considered as creator and HE only can give life. Many couple accept infertility as the wish of God and that they have full faith in God. Many turn into spiritual system and perform certain rituals as these believed to gain GOD's blessings. Apart from God, a person's own deeds also believed to decide course of life. Some even think that infertility in present birth is the result of bad karmas done by her in the past.

Influence of culture

India is a patriarchal society which considers male to be the head of family. He is considered as

superior and all decision making power lies with him or other elders in family. Under influence of culture the problem(s) an women faces can be described as (i) Cost of treatment to be born by girls parents, (ii) decision making,(iii) burden of male infertility.

Cost of treatment to be borne by girls' parents

If cause of infertility comes out to be female factor, women's parents are supposed to bear the burden of cost of treatment. These experiences were more profoundly experienced by women who belonged to low socioeconomic status with poor education.

Decision making

In Patriarchal culture a women is supposed to submissive and must agree to the decisions taken by her husband in order to prove herself as a dutiful wife. Treatment seeking is also decided by family members and if it is not as per their choice, couple is not allowed to go for it. A male partner cannot have any problem and medical examination of him becomes a family issue.

Burden of male infertility

In terms of infertility male infertility carries bigger stigma and his virility is questioned. Male is supposed to be masculine and capable of producing. Male infertility brings a question to his capability as a men and threat to him related to his responsibility to carry family lineage.

Blame game

But why to blame the female partner alone? Isn't the male partner also responsible? Studies

have already proved that out of all infertile couples 30% is because of female problems, 30% is because of male problems , in another 30% both male and female is affected and rest 10% is undetermined till now. It,s all because of our culture & belief system and how we are brought up in the society which forced us to follow all these things as previously described. Lack of proper and scientific education is equally responsible. Problem will persist if we treat the male and female partner as single entity. They must understand and accept the fact that the problem(s) will affect the life of both. Here they must come forward as one single unit and not two.

Newer Issues

Just 50 -60 years before there was a generalized trend that women would get married at the age of 18 to 20 years or even earlier and complete their families by the age of 25 to 26 years! Hence sexual activity happened in wedlock within the most fertile period of their lives. Today the scene is totally different and alarming! There is a marked deterioration of risk factors for infertility. Age at marriage and first pregnancy has risen. Lifestyle changes have gone from bad to worse, and include increasing age at marriage, increasing number of working women who delay pregnancy, rising alcohol and tobacco consumption, sedentary lifestyle coupled with fast food consumption, and disturbing levels of obesity. More educated women are more likely to postpone marriages and childbirth. They also likely to opt for smaller family size as they are busy with their careers and work commitments. The

prevalence of smoking among Indian men is around 48%, which is way higher than that in the UK and the US. Smoking is known to lower the sperm count, motility as well as function [1,2]. To make things even worse, Polycystic Ovary Syndrome (PCOS), tuberculosis, and pelvic infections have been on a rise [3].

As far as the ovarian reserve (fertility capacity of the eggs) of a woman is concerned, it is well known that Asian women are lower in their reserves compared to Caucasians. This boils down to reduced fertility at younger ages [4].

Light at the end of the tunnel

The good news is that around 90% of infertility issues are treatable. The success stories of Assisted Reproductive Technology are getting bigger and bigger. We are on the verge of making artificial gametes. The bad news is that the burden of infertility (not able to get pregnant after 12 or more months of regular unprotected sexual intercourse) is high. The World Health Organization (WHO) states that 8%-15% couples in developing nations is affected by infertility issues. [5]. But there is always a hope. Some of these problems we can manage via proper understanding of the problem and counseling only. Some problem we can manage by giving simple medicines. For some we get success by taking the help of IUI technique (where semen from husband is pushed into the uterus of the female partner

after proper processing). And in some couples we get success by using assisted reproductive technology (I.V.F).

In the past, infertility was not seen as a socio-medical condition, rather as a social condition and the interest was in how to rectify the problem. Consequently, infertility was associated with new reproductive technologies and less attention was paid to how the people/couples involved experienced this. There was a strong philosophical focus on such questions as whether or not to use new reproductive technologies and which methods are acceptable. Another reason why infertility problems were neglected in the past because, for a long time it was taboo to talk about infertility and involuntary childlessness, perhaps because it was seen as a 'failure'. As a consequence, infertility was a subject that was not easily discussed with others, even with health care providers/researchers.

Nowadays, there are several reasons why scientists/researchers/common people are interested in the issue of new reproductive technologies from a social-scientific perspective. First, a better understanding of several new techniques is needed as a guide to legal and public policy decisions. Second reason is studying issues related to new reproductive technologies and infertility in the social sciences. Third, a better understanding of the cultural aspects of how people deal with infertility, infertility treatments, the value of children, etc. could increase the ability of health-care providers to take the context into account in

their approaches, treatments and solutions.

To conclude, in Indian society a baby is of great significance and having a baby has religious implications. When a couple is childless, women are explicitly held responsible. Because of social norms an infertile female have lesser status and prestige in society and may be subjected to refusal of fulfilling of basic needs in extreme cases. Male infertility puts a question on virility of men and questions masculinity, hence is kept under cover. Women face social and financial adversities at time and this is not limited to low income or low education strata.

Proper information, education and communication strategies at community level definitely will help to decrease stigma attached with infertility. Health care professionals need to understand cultural and social implications of infertility in order to provide counseling, treatment and referring women with fertility concerns for consultation and further treatment at proper place.

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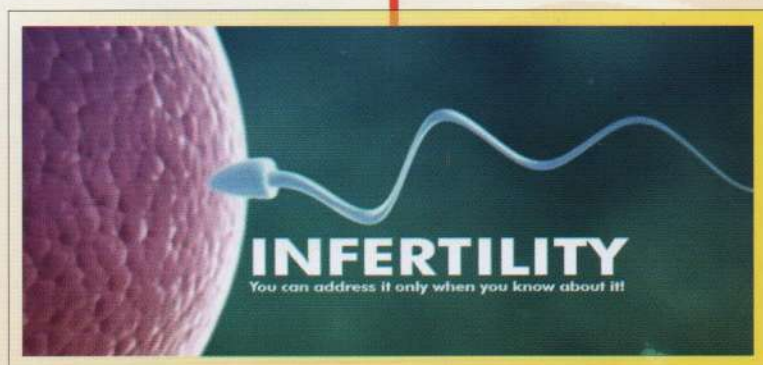
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