

Infertility: An Alarming Situation In India

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ABSTRACT: Child bearing and rising of children are extremely important endeavours in every Women's life and are strongly related with the ultimate goals of completeness, happiness and for family integration. It is widely recognized that human existence reaches completeness through a child and satisfies the individual's need for reproduction. Unfortunately human fertility is comparatively low than other species of animal kingdom in the recent days. For women, motherhood is not only a foundation of status and power; it is the only opportunity for women to ensure their marital security. Weak marital ties did not affect men's social identity, security or power. But on women Psychosocial, social, emotional and physical consequences of infertility are harsher for women than men. The problem of infertility is a raising concern in India and the reason needs to be discovered. Limited information is available about the extent of infertility, its social impact on Women, availability of treatment and treatment (infertility) seeking behaviour of infertile women. Above all it is a costly affair and the women those who are undergoing this treatment physically suffer a lot. This study is attempted to gain knowledge regarding the causes of infertility, the problems and the challenges of infertile women and the extent of psycho-social and economic sufferings of infertile women.

Keywords: Infertility, Women, Social Impact, Challenges, Motherhood and Reproductive

INTRODUCTION

India is the World's second populous country having 1.3 Billion people. It is projected by the United Nations that India will outnumber china (1.4Billion) in population after 2022. But the unexpected problem faced by the young Indians are, they are unable to procreate. This news has two sides, on the one side of the over populated country it is a welcome signal and the other hand it is unhappy news for young couples. The 2017 revision report also stated that the fertility rate of Indians has come down by more than 50% from 4.97 to 2.3 further it will be reduced to 2.1 during 2025 to 30 and 1.86 from 2045 to 50 and 1.78 from 2095 to 100. But the fertility rate of 2.2 is generally considered as the fertility replacement level. If the fertility rate goes below this number the population rate will definitely decline. Currently the infertility rate among the Indian population is 10 to 14% which is higher in urban areas were 1 out of 6 couples are affected. It is the big worrying factor to the government and not only to the individual couples. It will affect the social and interpersonal relationship. The outcome of infertility will have its effect on different aspects of the life of the individual and nation.

A woman's life is fulfilled just not after marriage, but after marriage and giving birth to a baby. She gains respect from the family and the society only after reproduction. If there is no reproduction the country will have only elders in the long run then there will not be any young minds. It is the need of the hour to understand this as the social and public health problem. World Health Organization (WHO) says that the most of the couples suffer from primary infertility. The government or the society has not given due importance to infertility till date and the government is focusing is on controlling the birth through adopting different contraceptive methods. Because over population is the prime problem of India today, hence forcing toward birth control. The International conference on population and development was held in Cairo during 1994 which exposed the problem

of infertility in the World.

STATEMENT OF THE PROBLEM

Infertility is a global challenge for millions of couples, low income countries have particularly high rates of up to 30%. Infertility in these contexts is not limited to its clinical definition but is a socially constructed phenomenon with varying definitions. In highly pronatalist and patriarchal societies like India, women suffer from the brunt of the social, psychological and physical consequences of childlessness. While the often harsh consequences of childlessness for Indian women have been widely documented, there is an inadequate exploration into the traditions in which prescribed gender roles inform the experiences of childlessness among Indian women and men. Childlessness destabilized marital bonds with gendered consequences. For women, motherhood is not only a foundation of status and power; it is the only opportunity for women to ensure their marital security. Weak marital ties did not affect men's social identity, security or power. But on women Psychosocial, social, emotional and physical consequences of infertility are also harsher among women than men. They experienced abuse, exclusion, rejection and stigmatization at the couple, household and societal level, while men only experienced minor taunting, teasing from friends. Women unceasingly sought invasive infertility treatments, Because of the immense value and important role of reproduction in society. Infertility is not only unacceptable; it is unthinkable and regarded as disobey to cultural norms while most men expected there was nothing wrong with themselves.

The world health organization estimates that atleast one in 5 women have experienced violence in their lives. Gender based violence have long term psychological and physical consequences and effect many aspects of women's lives. A thorough study of the social perspective of infertility in women in Tamil Nadu is of particular importance where a woman's social status, her dignity and self-esteem are closely related to her procreation potential in the family and in the society as a whole. Any plan to support and to empower the infertile women in order to face this challenge should be based on a comprehensive understanding of the various consequences of this issue in the society.

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REVIEW OF LITERATURE:

Infertility is a worldwide problem affecting 8-12 percent couple (50-80 million) during their reproductive lives (WHO, 1991). In Sub-Saharan Africa, the prevalence of infertility, ranged from less than 10 percent in Togo and Rwanda to about 25 percent in Cameroon and Central African Republic of women aged 20-44 years (Larsenn, 2000). However, the single major cause of infertility in all probability is gonorrhoea through tubal infection and occlusion in women (Frank, 1983). A high level of infertility is associated with a high level of sexual mobility, premarital sex, divorce, extramarital sex and prostitution. From Demographic and Health Surveys 1994-2000, it was found that 3.3 percent in Mozambique and 1.3 percent in Kenya of currently married women had no fertile pregnancies in the age group 25-49 and among those women who had sex but no pregnancy are 4.6 percent in the former and 2.5 percent in the latter country (Rutstein and Shah, 2004). Childlessness in India is estimated around 2.5 percent. It is around 5.5 percent for 30-49 age group and 5.2 percent for 45-49 age group. In absolute terms it is around 4.9 million and if secondary infertility is also added to it than the total number of infertile couples is around 17.9 million (Shivaraya and Halemani, 2007). Parenthood is considered one of the most important life achievements in the Indian society. The value of fertility, and the ignorance about infertility, is such that it is not uncommon to find a male with multiple wives, simply because he has been unable to obtain a child from the previous wife (Gupta N, 2002). 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 health (Ninth Annual Report of WHO, Geneva). A large number of couples in their reproductive ages have affected by infertility. Infertility affects 50-80 million people worldwide. In general, one in 10 couples experience primary or secondary infertility, but the rates vary from less than 5% to more than 30% in different countries (Daar and Merali, 2002). As the sufferings and consequences from infertility is more in pronatalist, developing countries, such as India and South Asia more generally, in recent years increasing attention has been paid to the issue of infertility in developing countries. The estimated rate of primary and secondary infertility among women of their reproductive age in South Asia is a range of 10 percent, i.e. in India 8 percent, in Pakistan 10 percent, in Sri Lanka 11 percent, In Nepal 12 percent and in Bangladesh 15 percent (Jejeebhoy, 1998).

WORLD HEALTH ORGANISATION

World health statistics 2019 summarizes recent trends and levels in life expectancy and causes of death, and reports on the health and health-related Sustainable Development Goals (SDGs) and associated targets. Where possible, the 2019 report disaggregates data by WHO region, World Bank income group, and sex; it also discusses differences in health status and access to preventive and curative services, particularly in relation to differences between men and women. Where possible, it indicates the roles of sex as a biological determinant, and of gender as a social construct, in accounting for the observed differences. The analyses presented are not exhaustive; nevertheless, it is hoped that the report will raise awareness of some critical

sex and gender differences in health outcomes, highlight the importance of those differences in the attainment of the SDGs, and encourage the roles of sex and gender to be systematically taken into account when collecting data, analysing health situations, formulating policies and designing health programmes.

SDG INDICATORS OF HEALTH STATUS

The disparities in life expectancy among countries are reflected in many of the health-related SDG indicators (Table 4). Maternal mortality ratios are 29 times higher in low-income countries when compared to high-income countries. In resource-poor settings, fertility rates are higher and the risks of dying in labour greater, so the lifetime risk of maternal death is greatly amplified; in low-income countries, one woman out of 41 dies from maternal causes.

INFERTILITY AND PUBLIC HEALTH

In consultation with many governmental and nongovernmental partners, the Centers for Disease Control and Prevention (CDC) developed the National Public Health Action Plan for the Detection, Prevention, and Management of Infertility (hereafter called the National Action Plan or the Plan). This plan highlights the need to better understanding and addressing the issues at a population level that contribute to and are caused by infertility in women and men and that may affect the health of the pregnancy.

Specifically, this plan focuses on:

1. Promoting healthy behaviors that can help maintain and preserve fertility.
2. Promoting prevention, early detection, and treatment of medical conditions that can threaten fertility.
3. Reducing exposures to environmental, occupational, infectious, and iatrogenic agents that can threaten fertility.

Because of its public health focus, these strategies also call for promoting healthy pregnancy outcomes associated with treating and managing infertility and improving the safety and efficacy of infertility treatments. The findings and recommendations contained in this publication may serve as a platform to stimulate discussion and collaboration among Federal agencies, professional organizations, academic institutions, and those who represent consumers of health services. Because of its public health focus, these strategies also call for promoting healthy pregnancy outcomes associated with treating and managing infertility and improving the safety and efficacy of infertility treatments. The findings and recommendations contained in this publication may serve as a platform to stimulate discussion and collaboration among Federal agencies, professional organizations, academic institutions, and those who represent consumers of health services.

HEALTH STATISTICS

1. The SRS 2014 estimates showed a Crude Birth Rate (CBR) of 21 and General Fertility Rate (GFR) of 77.6 at all India level.
2. In 2014, the Total Fertility Rate (TFR) was 2.3. TFR was high for illiterate women both in rural and urban areas, higher among rural illiterate women

and statistics reveal that improvement in educational level lowers the TFR.

3. The SRS 2014 reported that the age - specific fertility rate was highest (174.9) in the age group 20 - 24 years followed by the age group 25 - 29 years (143.7) and 30 - 34 years (76.6).
4. The mortality rate among females across all ages was 6.2 and that among males was 7.1 in 2014.
5. The Maternal Mortality Ratio (MMR) has declined from 301 in 2001 - 03 to 167 in 2011 - 13.
6. In 2014, the Infant Mortality (IMR) of females was 40 while that of males was 37. The rate of decline in the IMR of females was faster than that of IMR among males.
7. In 2014, urban mothers received 1.27 times more medical attention at the time of delivery as compared to rural mothers (urban:93.2%, rural:73.2%).
8. The life expectancy for females was 69.6 years and for males was 66.4 years during the period 2010 - 2014, depicting higher life expectancy of females as compared to males.

NEW INFERTILITY PREVALENCE CALCULATION

One in every four couples in developing countries had been found to be affected by infertility, when an evaluation of responses from women in Demographic and Health Surveys from 1990 was completed in collaboration with WHO in 2004. The burden remains high. A WHO study, published at the end of 2012, has shown that the overall burden of infertility in women from 190 countries has remained similar in estimated levels and trends from 1990 to 2010.

India's Hidden Infertility Struggles

Behind India's booming population is another story: declining fertility rates and desperate couples.

CAUSES

The problems are different among the couples those who are living in developed, developing and under developing countries. Apart from the physiological problems women suffer from number of preventable problems. PCOS, Double damage, Contraception complications, abortion infections, Sexual transmitted Infections, Post partum infections, Pelvic inflammatory etc. There are some other problems which are also responsible for the secondary infertility such as no proper care during the first pregnancy, unwanted abortion, early pregnancy, infections during the first delivery and pregnancy. Further, it is evidenced that most of these problems are preventable. Hence men or women they have to be careful with regard to the sexual activities. This article made an attempt to expose the infertility situation in Tamil Nadu and the psychological problems faced by the women those who are undergoing the treatment for infertility. It is very unfortunate, but the Indian public health system has not addressed infertility problem in its true sense. It is the need of the hour that government has to concentrate on this problem. If the

density of the problem increases it will have its effect on human resource on different perspective.

1. The work efficiency of the couple those who are unable to procreate will be less, they are psychologically very much affected and will not be able to concentrate on their work.
2. The interrelationship between the couple itself will be big question
3. The couple may find it very difficult to maintain a good relationship with their friends and relatives
4. If the reproduction is reducing there will not be young minds to think and create, intern it will affect the country economically in a broader sense.

It is a raising issue in Tamil Nadu when compared to other states in the country. The reason for this problem is working pattern, spending more time on work which results in physiological imbalances and ovulation disorders. Dr. Dada in his report revealed that infertility is a complex life style disease. Nearly 50% of the couples are not able to conceive spontaneously due to the impaired fertility of male partner. Further, 30 to 40% men either qualitative or quantitative defect in sperm production in their reproduction age. World Health Organisation also gives number of reasons for the infertility. It says the main reasons for inefficiency to conceive are unprotected sex. The other causes are stress due to economic factor, religious, attitude, marriage age, delayed marriages, delay in decision to have children, environmental changes, Sexual Transmitted disease and poor ovarian reserve. Urbanisation, modernisation, higher literacy, different types of contraceptive usages and nuclear families also play a significant role in infertility. It is very unfortunate when the couples are not able to procreate immediately, the wife will met doctors with their in-laws or parents. This is the attitude among our people it must be differently changed because infertility is perceived as a female problem but actually it is a problem of two persons. Couples should understand it needs two persons to conceive and make a baby, hence the man also equally be responsible for fertility or infertility responses. It is evidenced through the different reports that male infertility to also the causes, in some other cases both is equally responsible. If women are infertile others will coship about her. But in the case of men if he is not able to procreate there are no support for him and also extremely painful. Some time it's affected his relationship with his wife. Because being childless is emotionally and physically painful and stressful. It is a lonely rain makes them feel life is meaningless.

LIFE STYLE CHANGES

Due to modernisation and urbanisation young couples prefer a lifestyle choices and weekend parties which is unhealthy, the processed food they take also contribute to infertility, smoking, alcohol and recreational drugs or common among the couples. Smoking is one of the worst practices as it reduces as the quality of eggs. Further, number of women is smoking than before with regard to men they take supplements for body building which is known to reduce the sperm count. Working women they get married very late, they are economically well of and career compels let them to delay child bearing. When the age increases the quality of eggs decreases hence the changes of pregnancy is also very minimum they lead a corporate

life style. When the couples are busy with their work they miss the quality time that is the couples don't get an opportunity to have sexual contact at the most fertile period of the month. Because the government has not focused on the problem infertility, there are number of illegal centres for gestational surrogacy business. This leads to mismatch DNA, abandoned babies and several illegal practices being followed in these centres. Most of the doctors report that a major portion of the cases can be managed through simple and routine treatment. Only few advanced genuine cases can be referred to treatments for IVF, egg donation and surrogacy. Medical advancement has helped the couples to save their sperms and eggs for future use. Now the time demands for strong legislation with regard to reproductive technology, which should streamline the surrogacy by eliminating the loopholes. When the clinics are not legally binded, this will be the fertile ground for exploitative agencies.

SUGGESTIONS

- ❖ Public health care system is essential to handle the stress and low self-esteem of the infertile women.
- ❖ Incorporation of counselling services in all the medical care setting should be compulsory mechanism for overall well-being of the infertile women.
- ❖ Targeted intervention programme for behaviour change and life style modification like for addiction, weight reduction etc should be initiated involving health worker, NGO, community based organisation etc
- ❖ Counselling and Family therapy should be initiated extensively focusing the consequences of infertility. Dealing with the myths related to fertility, it is important to directly work with the infertile person and their close surroundings to help them to overcome the situation and to lead a better life.
- ❖ The research findings will be advocated for policy making for proper health care system in India
- ❖ Scientific knowledge on causes of infertility to be imparted to the participant and her family
- ❖ Awareness programmes will be organized to prevent violence against infertile women
- ❖ Research Report will be published through Reputed Publishers

CONCLUSION

In general, infertility has emerged as a serious health problem in India. The mushrooming of "infertility clinics" is a good indication of people looking for solutions, though expensive. The public health care system in India largely ignored this problem so far. With increasing incidences of infertility and modern treatment facilities, more attention is needed to address this emerging health problem. Government also needs to act to effectively regulate the functioning of "infertility clinics", run by both qualified and unqualified practitioners. On the other hand today India is the youngest country in the world, if this situation there will be only senior citizens in India after 3 decades. Hence now the time demands the government to focus on these issues very seriously.

REFERENCES

- [1] Prevalence of infertility in women, MEASURE Evaluation. (n.d.). Accessed on May 4, 2015.
 - [2] World Health Organization, Programme on Maternal and Child Health and Family Planning, Division of Family Health.
 - [3] Infertility. A Tabulation of Available Data on Prevalence of Primary and Secondary Infertility. Geneva: WHO 1991; WHO/MCH/91,9.
 - [4] World Health Organization. Challenges in Reproductive Health Research: Biennial Report 1992-1993. Geneva, WHO 1994.
 - [5] Macaluso M et al. A public health focus on infertility prevention, detection, and management. *Fertility and Sterility*, 2008; doi:10.1016/j.fertnstert.2008.09.046
 - [6] International Institute for Population Sciences (IIPS) 2010. District Level Household and Facility Survey (DLHS-3), 200708: India.
 - [7] World Health Organization, Infecundity, infertility, and childlessness in developing countries. DHS Comparative Reports 2004, No 9.
 - [8] Calverton, Maryland, USA: ORC Macro and the World Health Organization.
 - [9] National Health Mission (NHM). Accessed on 30 August 2016.
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