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Infertility as a Burden- Women as Victim

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Abstract: Procreation is the strongest instinct from the animal kingdom and a desire to have a baby is the most natural & exciting thing in the world. Failure to conceive and bear a child is hence a very depressing situation for couples. . Infertility is considered as an individual and couples' experience that affects not only the relationship between the couple but also the family's social and psychological status A number of factors have been linked to risk. Both males and females are equally responsible for the causes, Even while this is the true scenario, the social burden of a couple's failure to bear a child falls disproportionately and devastatingly on the woman. The social burden is extreme and women in our country suffer discrimination, stigma and ostracism. There's so much stigma attached to being infertile in India. It is so important to address this issue. Services to assist infertile couples need to be integrated and holistic – starting from the community level Inequitable access to assisted reproductive techniques such as in vitro fertilization to treat infertility remains a challenge for those living in low-resource settings . Even if the services exist, they can be prohibitively expensive or poor quality
Keywords: Infertile women, fertility, unprotected sex, pregnancy, infertile couples, poly cystic ovary syndrome, assisted reproduction, in vitro fertilization, pregnancy

I. INTRODUCTION

Reproduction is regarded as a basic function of life. Inability to reproduce, also known as infertility, is a widespread problem in our today's societies, given that the population suffering infertility is significantly increased in the past decades. Infertility is considered as an individual and couples' experience that affects not only the relationship between the couple but also the family's social and psychological status

Infertility is defined as not being able to get pregnant[conceive] after one year [or longer] of unprotected sex/ intercourse

The clinical definition of infertility provided by the World Health Organization 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."

A. A number of Factors Including Genetics, Environmental Exposures and Infectious Diseases have been linked to infertility risk.

According to WHO, 2019, the following are the types of infertility: primary and secondary infertility. Primary infertility is when a woman is unable to ever bear a child due to her inability to become pregnant. Secondary infertility is a situation where a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following a previous pregnancy. According to the Centre for Disease Control (CDC, 2019), the causes of female infertility include defective ovulation. Defective ovulation can occur as a result of endocrine disorders, physical disorders such as obesity, anorexia nervosa, and excessive exercise, which may lead to overweight or malnutrition. Ovarian disorders can also cause defective ovulation such as polycystic ovarian disease. Defective transport can lead to defective transport of ovum and sperm: Pelvic Inflammatory Disease (PID), gonorrhoea, peritonitis, previous tubal surgery, and fimbrial adhesions can cause tubal obstruction; as a result, the egg is not released or trapped, therefore, delaying conception. Congenital uterine anomaly such as bicornuate uterus and uterine fibroids near the fallopian tubes or cervix may alter implantation of the zygote and cause infertility.

The causes of male infertility according to the CDC (2019) are as follows: Defective Spermatogenesis – presence of endocrine disorders such as diabetes mellitus and hyperthyroidism lead to azoospermia or the formation of faulty sperms that are not capable to fertilize the ovum. Moreover, testicular disorder such as undescended testis can also affect fertility. Defective Transport: Obstruction of the seminal vesicles or absence of the seminal ducts may affect the mobility of the sperms, and thus end up in infertility. Ineffective Delivery: The psychosexual problems like impotence, ejaculatory dysfunction, physical disability, hypospadias, and epispadias can affect fertility of males

Both males and females are equally responsible for the causes (WHO, 2019). In at least 30% of the cases, the male is the affected partner. Even while this is the true scenario, *the social burden of a couple's failure to bear a child falls disproportionately and devastatingly on the woman.*

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II. IMPACT

Infertility is a global public health issue ,infertility and subfertility affect a significant proportion of humanity .infertility is estimated to impact approximately 8-10 % worldwide, Out of 60-80 million couples suffering from infertility every year world wide, probably between 15 and 20 million [25%] are in india alone.

In India, social pressure on the woman to conceive soon after marriage is very high. Even if the problem lies with the man, the burden of infertility is mainly on the woman. She undergoes severe psychological pressure, depression and social ostracization while facing the problem of infertility

Women who are unable to conceive truly believe that their life has no purpose and hope. The social burden is extreme and women in our country suffer discrimination, stigma and ostracism. They are barred from social gatherings and rituals. It does not help that men and women tend to react to infertility differently.

In addition, it can have a big impact on sex life and negatively impact relationships with friends and family, finances, and even religious/spiritual beliefs. Thus it is no surprise that almost half of infertility patients report high levels of depression/anxiety prior even to their first doctor's visit.

Many infertile couples end up going to quacks and astrologers who waste enormous amount of precious time and money. If these couples are referred for right medical intervention early on then the chance of successful pregnancy is higher

When couples begin to plan, it all starts with going off the birth control, try for a few months and then worry and concern sets in. By the time, the woman meets an infertility specialist, she is already pretty anxiety and on the verge of depression While for most couples, simple medical treatments work and they do conceive, for a few more the treatment may be complicated, expensive and an exhausting affair.

Unfortunately many medical practitioners continue treating these patients for years together with ineffective treatment when they should be referred for assisted conception

The issue of social demoralization of these couples especially woman is very high in our country. The value of a woman still lies in her capacity to bear a child rather than any of her academics or career achievements. It is unfortunate that woman themselves are responsible for this situation in many instances. Elderly woman of the family instead of supporting the poor victims of infertility, physically and mentally abuse them.

Many infertile women in developing countries consider that, without children, their lives are without hope.

In many cultures, women who do not have children suffer from stigmatization, discrimination and ostracism, even if the underlying cause lies in their male partners or husbands. Dr. Mahmoud Fathalla previous director of the Special Programme of Research, Development and Research Training in Human Reproduction based at WHO observed that the social burden of infertility "falls disproportionately on women…when a couple is unable to produce, the man may divorce his wife or take another wife if they live in a culture that permits polygamy." Women's experiences of stigma have been documented all over the world e g ,as stated by a women of iran and united states respectively "I like to be alone at home and do not like to go anywhere. A woman who does not have a child must stay at home." Iran

"My maternal instinct is being denied. It's a slap in the face. I feel like I'm isolated in a prison; I have no one who understands how horrible this is. People don't know what to say to you … I think I'm alternatively dealt with as either someone who has died or that [I] have a handicap." – United States

According to Dr Sheryl Vanderpoel from the Reproductive Health and Research Department at the World Health Organization (WHO). stigmatization can be extreme in some countries, where infertile people are viewed as a burden on the socioeconomic well-being of a community. Stigma extends to the wider family, including siblings, parents and in-laws, who are deeply disappointed for the loss of continuity of their family and contribution to their community. This amplifies the guilt and shame felt by the infertile individual,"

For many infertile women, particularly those with problems such as blocked or damaged fallopian tubes where surgical tubal repair is either not successful or not advisable, in vitro fertilization (IVF/test tube baby) can help. Unfortunately for most women in developing countries, infertility services are not widely available and IVF is unaffordable. And then there are those underprivileged where IVF is unheard of.

Inequitable access to assisted reproductive techniques such as in vitro fertilization to treat infertility remains a challenge for those living in low resource settings -. Even if the services exist, they can be prohibitively expensive or poor quality. Unequal access to infertility services can be considered a human rights violation .

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III. NEED

Infertility prevention and care rank very low on the public health agenda in our country, which is also facing a population pressure. There are no definitive government led schemes for couples who cannot afford infertility treatments. To truly fight this social stigma in India, awareness programs integrated with financial aid and counselling support is the need of the hour.

The team of specialists should treat patients with dignity and respect and The international guidelines of patients dignity, confidentiality, giving the complete and right information and transparency should be followed by all the staff members of the IVF \assisted reproductive technology team. The main issues that need to be dealt with include, The first one is proper medical awareness among patients as well as the medical fraternity so that these patients get the right treatment at the right time. The second is social awareness to allow the couples face this problem with dignity and privacy. An increase in public awareness and information is therefore crucial in order for couples to feel supported. These couples need counselling and reassurance, Counselling helps to increase coping strategies, or to provide help with making decisions (as patients face many choices during treatment) infertility and its treatment often cause considerable stress.

A woman is born with a fixed number of eggs and by the time she is 35, her ovarian reserve is low. It is better that she receives infertility treatment much before in order to have a successful outcome.

It is important to convey the message that the best chance of childbearing in a woman is before the age of 32.

IV. CONCLUSION

I would like to conclude by saying that Infertility is a global public health issue. This diagnosis has a powerful impact on women's lives, mainly from an emotional and social perspective. Infertility is mainly a curable disease. The aggrieved couple should get the right treatment at the right time. Society instead of denouncing them should lend forward a helping hand. For most women in India, Infertility is an incredibly lonely journey. A mind- set change may take decades but we need to take baby steps towards bringing a societal change. Gender related stigma should be addressed timely to minimise the effects of gender inequality , Empowering the woman of India, when she becomes confident enough to face the world with or without children should be the aim. Education regarding lifestyle changes and reproductive health should be implemented. Fertility treatments should be included in comprehensive reproductive health care and insurance programmes also making sure that the treating physicians are abreast with latest evidence based medicine.

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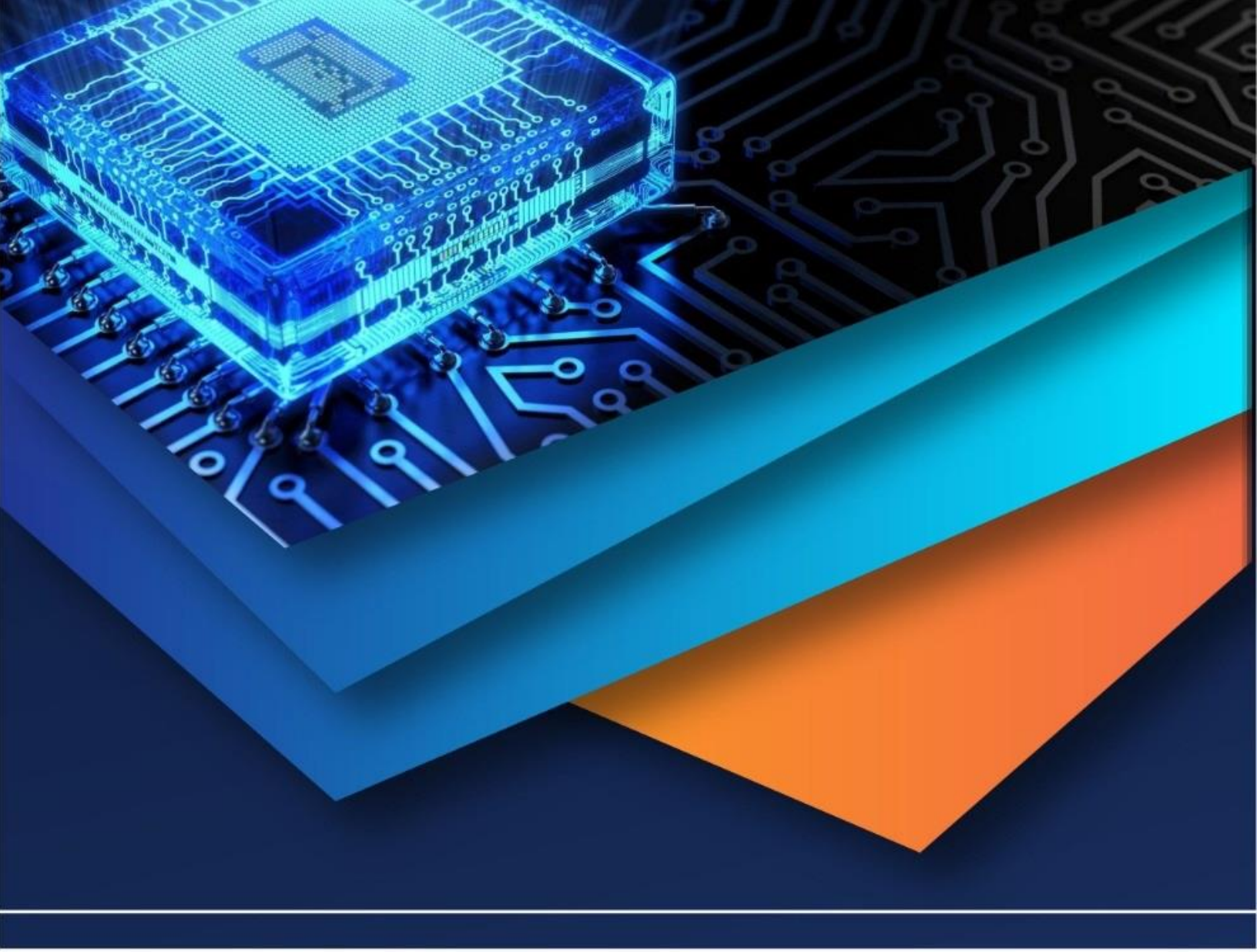

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