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Why Reproductive Failure Should Be A Health Issue in India: A Review

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Abstract

This review paper by applying the WHO definition of holistic health, sees reproductive failure as a prominent cause of diminishing health in the Indian context. Despite the widespread desire for children and the various importance of children in pro-natal societies like India, there is little attention has been given to reproductive health and the rights of non-pregnant women. Childlessness is neither supported nor encouraged by society's normative and value structure. Parenthood and child-rearing are considered genuinely social norms for both men and women. Furthermore, motherhood imposes additional biological and social burdens on women's health. Traditionally to till now, childbearing is generally done by women and this exerted extra pressure on women to prove their fertility immediately after marriage at any cost. So lack of childbearing has been understood as a problem of women and she alone was blamed for childlessness. Thus accounting for the emotional and psychosocial suffering of individual/couple as health and well-being issues, the issue of reproductive failure/involuntary childlessness is a serious public health concern, which has severe consequences on individual/couple and hence deserves immediate attention for health researchers and policymakers.

Key Words:

Reproductive Failure, Reproductive Rights, Reproductive Health, Desire for Children, Fertility-Infertility Paradox, Parenthood, Womanhood, Health Priority,

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Health is commonly described as *a 'state of complete physical, mental, and social well-being not merely the absence of disease or infertility'* (WHO, 1948). This definition of health goes beyond the medical model of physical state and absence of disease and recognises health as a multidimensional concept. This notion of health is positive, broad and non-body-centred. Physical and mental health are the two most discussed types of health. An individual has good *physical health* means their bodily functions and processes are working at their best. Physical well-being involves pursuing a healthy lifestyle to minimize the risk of disease and injury. Mental health refers to an individual emotional, social and psychological well-being. *Mental health* is equally important just as physical health. Physical and mental health is interlinked and work together to impact overall quality of life.

The application of the above definition of health is very valid for the focal theme of this research paper *'Reproductive failure'(and also Infertility /Childlessness) as reproductive health issue*. Because these issues are interlinked with the above-discussed dimension of health. These dimensions of health also reflected in the statement of ICPD, 1994 Programme of Action in Cairo statements. As it writes *"Reproductive rights are defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so".*

Paragraph 7.1 in Programme of Action, (ICPD 1994)

The World Health Organization states that in India the **prevalence** rate of primary infertility lies within the range of 3.9% to 16.8%. There is a variation in the prevalence of infertility among the Indian states, across castes and tribes. In Uttar Pradesh, the prevalence of infertility is 3.7% and it is the same for the states of Maharashtra and Uttar Pradesh as well. In the state of Andhra Pradesh, the prevalence rate of infertility is 5% and in Kashmir, the infertility prevalence rate is 15%. There are different implications of infertility affecting both women and men. Infertility among couples and individuals can cause psychological, emotional stress, social, physical and economic distress. Though the causes of infertility are a growing concern globally as well as in India it has been neglected in the public health domain due to the pressure of population rise. In the recent past the awareness levels on infertility has been increasing gradually and attempts are being made to include the prevention, care and treatment of infertility in the basic services of healthcare (National Health Portal, 2016).

In India, infertility is a growing problem. Until recently, not much attention has been given to this issue and very few studies have understood the level, trends, and consequences of infertility in India. In India, family planning initiatives focused solely on the patterns and causes of over-fertility rather than infertility. Additionally, there is a shortage of knowledge among married infertile couples about present-day infertility treatment centres and services. The level of perception of couples with infertility is central in order to improve the clinical management of infertility and maintain policies for the betterment of society.

A Widespread Desire for Children

To reproduce like its own is a fundamental function of any living organism for the continuation of its species. Fertility is a desired ability and attributes of human beings to reproduce offspring through normal sexual activity. Across the world, most of the *married couple's life plan includes children*. Children are a fundamental part of their family life. The desire for children is almost worldwide. Married persons are expected to have children, should want to have children and should rejoice at the prospect of having children (Pohlman, 1969). Parenthood appears to be the norm and children are essential to a happy marriage. Pohlman (1969) further argued that "a culture that did not want or have children would soon be removed from notice". Mostly all human beings have a desire to become parent and take care of their children. The Demographic and Health Survey (DHS) reports, which used data from 47 nations, revealed that globally at least 96% of married women can expect to have one or more surviving children (Rutstein, S O. &et al. 2004).

Due to the much value of parenthood in societies, childless couples experience negative consequences in the form of their status, respect and authority. Reproductive failure is a considerable public health issue with severe social consequences. Whatever the medical reasons for infertility, couples particularly women experience a sense of failure, loss, and exclusion (Rutstein, SO & et al.2004). In religious writings of almost all cultures, children were often viewed as blessings from heaven, and barrenness as a curse, sometimes as a punishment for some particular misdeed (Pohalman, 1969). Children are seen as social cushion against social loneliness and alienation in changing times.

Importance of the Children

Due to various reasons, there is a strong desire for children in Indian society. Children are valuable to parents since they provide certain satisfaction like social, economic and psychological to them (Chaudhary, 1982). It is often said in India that children have one mouth and two hands and more hands can do more work. Most societies around the world are structured in a way in which *children are required for*

the care and maintenance of older parents. Studies show reliance on children particularly sons in future to support economically and help in emergencies or times of adversity in third world countries and India. Even with the increase in education and income, women's need for children for economic and social support still remains (United Nations, 1993). Even more in societies with social support systems, children and families are expected to provide much of the care for the elderly (Rutstein, SO &et al. 2004). A study on college students shows that 'family is the source of greatest satisfaction' and 'children are essential to a happy marriage' therefore 'they would adopt a child if they could none of their own' (Pohalman, 1969). Childlessness is neither supported nor encouraged by society and its normative and value structure. Hence, when couples find their effort unsuccessful to create a family 'frustration, despair and helplessness' are common debilitating consequences (Jones et al 1993). In the Indian context, after marriage conception and birth of a new one are the common goals of the couples especially for women. Infertile women face a lot of problems in society. Social norms, formation and expansion of own family, prestige in in-laws' house and motherhood/womanhood were the main subthemes that came out from the narrations of fertile and infertile women of East UP (Mishra & Dubey, 2014).

Parenthood as a Social Norm

Parenthood and child rearing is a genuinely important biological, psychological and social fact of life. Every society gives importance to parenthood the world over. A woman is considered 'complete' or real only when she produces children. However, men also need children to have an heir and to prove their masculinity in society. Due to this social pressure 'to have children' infertile couples particularly women seek all kinds of care that is available and in the reach of them in that area. This situation also threatens the couple/family's security and compels them to make efforts to create a family as early as possible and maintain their desired family size. Rainwater (1965) writes if there is any incidence of deliberate childlessness, these women are seen as completely negative- as childish, self-centred, neurotic or in poor health and somewhat maladjusted (as cited in Pohalman, 1969). Thoughts are still not changed worldwide, particularly in third-world countries and India.

Motherhood is a unique privilege that imposes on women a typical health burden. All over the world, the load both for biological and social reasons falls heavily on women. This unfair burden of fertility regulation lies on the shoulders of women. That's why; contraception and birth control are seen as women's work. They have to tolerate the inconveniences and risks involved in it. Modern contraceptive technology provides women with a reliable method of birth control, which they can use independently of male partners. When the role and responsibility

of the male partner were reduced, contraception was considered an issue for women. Here responsibility for fertility regulation comes on the shoulders of women.

Infertility as a Problem of Women

Traditionally to till now, childbearing is generally done by women. So lack of childbearing has been understood *as a problem of women* and she alone was blamed for childlessness. Thus, infertility threatened the legitimate role of the wife, her marital stability, security and her role in the family and community. The social consequence of infertility in developing countries ranges from 'severe economic deprivation; to social isolation; and to murder and suicides' (Daar & Merali 2002). This is exclusively true for India when we see the local newspaper and reports of NCRB of India. The proportion of female (suicide) victims was more in "marriage-related issues and Impotency/Infertility' (NCRB-2021). The underlying threat of divorce and humiliation leads many women to spend time and money in promoting rituals, sacrifices and pilgrimages and even more selling of precious properties and land to pay for infertility care 'in hope of a child at any cost'. Thus accounting *for the emotional and psychosocial suffering of individual/couple as a wellbeing issue,* the problem of infertility/involuntary childlessness is a serious public health problem, which has severe consequences for individuals, couples and the community.

There is a social compulsion on women to prove their fertility immediately after marriage and therefore they generally do not contracept till they become the mother of a child. Fertility by choice not by chance is a basic requirement for a woman's health, well-being and quality of life. In spite of long international and community efforts, not all women express a need for fertility regulation and do not have the information and means to fulfil that need. Contraceptives are meant to be used by a woman to empower them, maximize their choices, and give them control over their fertility and thus their lives. Opposite to this, contraceptives, mainly long-acting and permanent methods can be used and have been used by the government and others to control women rather than to empower women worldwide.

Fertility regulation vs. fertility control

'The major paradox of infertility is that its prevalence is often greatest in those areas of the world where fertility is high' (Sciarra, 1994). This fact has significant implications, in the context of north India, where fertility is still higher in comparison to other parts of the country. The health care structure in this region is in *'Bimaru'* or 'not-so-good' condition and their socio-cultural context exerted extra pressure on women to become mothers. In this region, one-tenth of children died within five years of their birth. The above state of affairs has the potential to explain the conflicting situation of high infertility in fertility regions.

Due to the widespread desire for children and parenthood as a social norm, children in pronatal societies are highly desired and valuable. Women do not commonly contracept, therefore exposing themselves to the risk of infections from STDs, unsafe abortions and postpartum infections following frequent pregnancy as obvious from various studies (WHO; 1997, Jejeebhoy, 1998). Fear of hormonal contraceptives as agents that may cause infertility actually keep many couples from participating in family planning programs. In pronatal societies furthermore, fear of hormonal contraception alternatively leads women to accept IUDs as a preferable form of modern contraception. People are pronatal and state policies are anti-natal in third-world countries and in India.However recent studies of reproductive morbidities have shown that how use of IUDs use is partly responsible for secondary infertility (Inhorn, 2003). Untreated PID is a major cause of preventable infertility that is secondary infertility, in developing countries. The WHO multinational study revealed that in Asia, among women almost half have probably become infertile as a result of either STD or unsafe management of abortions or deliveries and among men; about one in three is probably infertile as a result of STD experience (WHO, 1987). This problem is particularly prevalent more in rural north India, where deliveries took place in unhygienic conditions and unsafe abortions are common practice of birth control and gaping.

Reproductive failure in fertility research and policy

Investigating infertility may shed significant -light on various issues of fertility through which existing fertility-related behaviours and beliefs can be explored (Inhorn, 2003). However, both fertility research and surveys are silent on this issue. And just the program has neglected the subject; NFHS and other surveys also do not concern much about it. Despite the close connection between problems of infertility and fertility, the control and prevention of infertility is rarely included in the program of population control and family planning in developing countries. It was reported that due to fear of infertility, women/couples did not want to use contraceptives out of fear of becoming infertile. This is receiving the attention of family planning researchers, now-a- days. (Gerritis, T 1997).

In India, none of the national health programs and policies has focused on implementing, preventive and curative services for infertility treatment. Only after the International Conference on Population and Development, 1994 did the government of India include this component as "promotion, prevention and treatment of gynaecological problem including, infertility" in the comprehensive reproductive and child health package (Government of India, IX plan, 1997-2002). The rationale behind this inclusion seems merely a balancing act at the policy level. It is clear

from the statement itself that "while the provision of contraceptive advice and care to all couples in the reproductive age group is important it is equally essential that couples who do not have children have access to essential clinical examination, investigation management and counselling"(GOI, Planning commission, New Delhi in UNFPA, 1999). Despite this policy statement, it is not clear how it would be translated into strategies and action. Furthermore, it becomes difficult due to the paucity of information on these neglected reproductive health issues. Response and readiness of the health care system - both public and private - towards management and control of reproductive failure/infertility is necessary to explore because it affects the treatment, prevention and further unmasking of the 'infertility iceberg' in pronatal India.

Maternal and Child Health (MCH) care is one of the eight basic components of primary health care in the declaration of Alma-Atta. But in practice, selective primary health care or a focused approach on reproductive matters become more prevalent in the health arena. Women's reproductive health has long been ignored by researchers and policymakers in developing countries, particularly in India (Rangaiyan, 2000). Furthermore, there is little attention has been given to the reproductive health of non-pregnant women (Bång, 1989). However, in India, infertility is one of the common reasons why women seek a gynaecologist's help. In an overpopulated country like India, where infertility is seen as a natural control of high fertility, it seems worthless to discuss the issue of infertility. *The special focus on fertility control resulted in the total neglect of the issue of infertility, a serious reproductive health concern with serious implications in terms of determinants and consequences* (Jejeebhoy, 1996). In a review of reproductive failure as a health priority in the third world, Bergstrom (1992) has illustrated that the problem of childlessness is more pronounced than any other problem of overpopulation.

Conclusion

At last, we may conclude that it is a basic right of men and women 'to marry and form a family through reproduction'. It is fundamental for the survival of the human species in general, and fulfilling their life goals and wellbeing through their children (family) in particular. By provision of the full range of reproductive health services societies and communities are giving pride and respect to their people. On applying the WHO (1977) definition of health - *a state of complete physical mental and social well-being and not merely the absence of disease or infirmity* - infertility is a major cause of diminishing health in the Indian context. Only a few health conditions could more profoundly affect well being of a person in terms of consequences as infertility in developing countries. Given the incidence of infertility and the severity of its harm, and its total neglect from health programmes infertility

is a serious public health problem. It deserves the central consideration of social scientists, public health experts and policymakers.

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