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Sociocultural Perspectives on Infertility: Examining the Psychological Burdens, Attitudes, Coping Methods, and Societal Impact in India and Beyond

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Abstract

Introduction: The psychosocial distress faced by infertile couples is a complex and multifaceted issue that encompasses emotional, social, and psychological challenges. Based on India's census data from 2011, 2001, 1991, and 1981, it has been observed that the number of couples without children has gone up by 50%. It is important to note that the psychological stress faced by couples dealing with infertility varies depending on their cultural background. This shows that cultural and societal factors have a significant impact on how people view infertility.

Objectives: The current study analyses the societal brunt associated with infertility, attitudes towards alternatives such as adoption and surrogacy in India and other countries, and the coping techniques used by infertile couples.

Methods: Adopting qualitative methods, research studies from Google Scholar, PubMed, ScienceDirect, ResearchGate, academia, and other relevant journals and search engines were accessed and reviewed for this comprehensive review.

Results: From the literature survey, it was observed that infertility is still seen as a social embarrassment and a stain on one's reputation in many southern nations. Additionally, socio-cultural factors such as gender roles, religious beliefs, and economic constraints contribute to the psychological burden experienced by infertile couples in India. It was discovered that cultures have different perspectives on and attitudes towards infertility.

Conclusions: Cultural ideologies must be taken into consideration when addressing and managing the detrimental effects on childless couples' mental health brought on by social pressure, stigma, and a lack of knowledge about infertility and its treatment.

Keywords: Infertility, Psychosocial consequences, Coping methods, Cultural differences, India.

1. Introduction

Being childless is typically viewed as an undesirable social status, and infertility is considered an "unexpected life transition" [1]. Infertility is frequently linked to psychological distress since it includes an inability to fulfil a desired social role [2]. When Erik Erikson (1963) invented the term "generativity" to explain the human impulse to care for a kid and be responsible for its upbringing, he meant couples who had reached this point in their relationship. Erikson (1963) believed that when an individual reaches a certain degree of psychosocial maturity, they will inevitably have a significant interest in forming and directing the next generation [3]. This entails not only having the ability to take charge of their lives by developing a strong sense of who they are but also having the capability to lose themselves in a meeting of bodies and minds or the capacity for profound intimacy with another adult. Erikson (1963) asserts that these accomplishments in a woman cause a progressive enlargement of her interest and innate involvement to encompass a child who has been produced and accepted as a duty. The male partner must take into account for the same things. Therefore, it requires two individuals, each with a distinct sense of personal and sexual identity, who are joined in a loving and cooperative (i.e., generatively ambivalent) relationship and who are both willing to care for the child together and take on a significant amount of responsibility for the child's upbringing [3]. If a couple has trouble getting pregnant or having a child, they frequently sense emptiness and despair in their marriage and family life. Regardless of gender, the couples recognized that social pressures to have children shortly after marriage, especially in pronatalistic nations like

India, were also a source of concern [4]. Because infertility interacts with a complex web of social connections, social expectations, and social demands, the damages produced by infertility are widespread, socially rooted, and substantial. Infertility not only impacts marriage but can also disturb the peace, increase poverty, and significantly impact families and communities [5].

Infertility is a growing problem in India that has to be addressed. However, the severity of childlessness, attitude around treatment (fertility), and social and cultural effects of infertility on the childless couple's mental health remain unclear. Moreover, we lack a trustworthy source to determine India's infertility rate. Utilizing recently published infertility literature and data from a comprehensive survey of the country, this study aims to examine more about the psychosocial and cultural effects of infertility on infertile couples in India. A significant body of research has shown that infertility is not merely a medical issue but also has social, economic, and psychological repercussions for couples. Thus, it is crucial to study the sociocultural and psychological aspects of infertility in couples as the prevalence of infertility increases for various reasons. By shedding light on the psychosocial and cultural consequences of infertility in India, this study will provide valuable insights for healthcare professionals, policymakers, and support services involved in addressing this growing issue.

2. Objectives

The following are the research objectives of the study:

- To examine the psychosocial consequences of infertility on married couples in India, including their mental health and well-being.
- To explore the cultural factors that contribute to the experience of infertility related stress, such as societal expectations, gender roles, and religious beliefs.
- To understand the coping mechanisms employed by couples facing infertility and identify potential support mechanisms or interventions that can alleviate the psychosocial burden.
- To provide a comprehensive analysis of the recent literature on infertility in India, synthesizing findings from various studies and identifying gaps in knowledge.

3. Methods

Infertility and involuntary childlessness were searched for publications on Google Scholar, PubMed, ScienceDirect, ResearchGate, and Academia using the keywords "developing countries," "cultural factors," "psychosocial consequences," "Asia," "rate of infertility in India," "attitudes towards infertility," "economic consequences," and "social consequences" published since 2000 to date. The titles of every manuscript that the search produced were read. Abstracts and articles that fell under the criteria were reviewed. The bibliographies of the recovered texts were also looked through for further reference. The inclusion criteria only considered English-language and full-text open-access articles.

4. Results

The majority of the studies are original research publications that used surveys or interviews to gather information. Using the search databases, over 149 peer-reviewed publications were discovered; however, only 37 articles adequately supported the main premise of the current work.

Following the collection of the core results, each research study was subjected to a qualitative analysis. The chosen articles were initially categorized by year of publication and given a content analysis. As a result, the analysed content was categorised into six domains: a) INFERTILITY: Developed vs. Developing Nations; b) Status of Infertility in India; c) Socio-cultural Aspects of Infertility in India; d) Gender and Infertility; e) Attitude towards Surrogacy and Adoption: Religious Perspective; f) Coping with Infertility; g) Psychological Interventions for Infertility-Related Psychological Distress

5. Discussion

5.1. INFERTILITY: Developed vs. Developing Nations

According to World Health Organisation (WHO) report, infertility affects one in every four couples in developing nations [6]. However, there is a clear distinction between infertility experiences in developed and developing nations. Prevalent attitudes towards childlessness differ across developed and developing countries. In developed countries, choosing not to have children is more feasible and acceptable. Women who don't have kids are frequently assumed to be choosing not to have kids voluntarily [2].

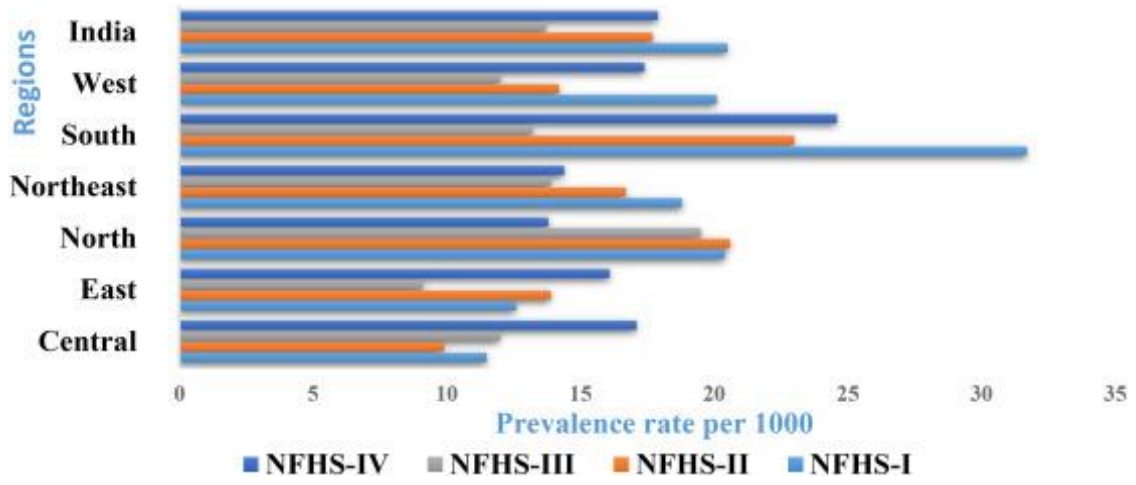
In contrast, it was difficult in developing nations because motherhood and marriage were closely linked. It was widely believed that married women are only childless if they are experiencing infertility. In particular, in countries like India, "bearing and raising children is central to women's power and well-being," making it difficult to conceal [7]. Therefore, the psychological effects of infertility are probably more severe in underdeveloped nations [8].

According to the World Bank's classification of nations by gross national income per capita, developing countries are those with low and lower middle incomes [9]. A typical cycle of intrauterine insemination treatment costs between 10,000 and 15,000 rupees, with a success rate of just 10% to 15% every cycle. An in vitro fertilisation cycle typically costs between 2.0 and 3.5 lakh rupees and has a success rate of 30% to 40%. Furthermore, the average middle-class patient's family income was between 15,000 and 25,000 rupees per month, and the expense of treatment every cycle was out of reach for most of them. This demonstrates that stress in both men and women receiving reproductive treatment is highly predicted by financial restrictions [4].

5.2. Status of Infertility in India

Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally [10]. 15 to 20 million (25%) of the 60–80 million couples that experience infertility each year around the globe live in India [11][12]. According to the WHO, 11.8% of Indian women in the reproductive age range were predicted to have primary infertility [10]. According to the National Family and Health Survey (NFHS-5), while the contraceptive prevalence rate (CPR) climbed from 54 to 67 percent, India's overall fertility rate decreased from 2.2 to 2.0 [13]. Figure 1 shows the prevalence rate of primary infertility per 1000 married women by region in India from 1992 to 2016. The figure indicates that infertility rates are significantly higher in NFHS IV than NFHS III and that they are greater in the southern area of India.

Figure 1: Illustration of the prevalence of primary infertility in regions over the period of NFHS I (1992)–NFHS IV (2016)



Source: Purkayastha, N. and Sharma, H. (2021). Prevalence and potential determinants of primary infertility in India: Evidence from an Indian demographic health survey, Clinical Epidemiology and Global Health, 9, 162–170.

5.3. Socio-cultural aspects of infertility in India

Riessman (2000) found that voluntary childlessness was rare in Kerala, India, since "bearing and rearing children are vital to women's power and well-being" [14]. According to a study by Patel et al. (2018), couples who are infertile frequently suffer from a loss of social standing owing to "being regarded as incomplete or their lives being stagnant by others." They were seen as "blemished, handicapped, and maybe sexually incapable" by society [4].

About 70% of infertile women experience physical abuse from their partners due to their infertility. These adult ladies were not allowed to hold newborns or participate in the baby naming ritual since it was believed their presence would cause the babies to die or suffer an illness [15][16].

Extreme priority is placed on fertility in Indian society due to the patriarchal descent system, patrilocal residency (living with or close to the patrilocal relatives of the spouse), property inheritance, lineage, and caste [17]. Due to patriarchal family arrangements, childlessness has more significant social stigma for women in underdeveloped nations, regardless of the reason for infertility. The absence of children may be perceived as a threat to one's self-worth, social security, position, gender identity, family heritage, obstruction of caregiving customs, and a potential source of legal conflicts [18]. Additionally, patients frequently concealed their need for treatment (from acquaintances, co-workers, and even family members) because an open admission would invite intrusive questioning and a breach of their privacy. Due to shame, religious convictions, and other socioeconomic factors, developing countries' desire to use allopathic treatments for infertility is constrained [19]. Treatment denial, dissatisfaction with the results of reproductive medicine, and resignation is far more frequent. Most couples choose gentle treatments like homoeopathy, Ayurveda, magic, or religion for subfertility [20].

In India, sociocultural factors, including limited spousal support, financial hardships, and societal pressure during the early years of marriage, predict infertility-related stress, but peer support neither predicts nor protects against distress [4]. Women undergo various procedures to become pregnant due to the societal pressures these systems place on them. In India, women aspire to produce boys because it gives them actual authority and because, for many of them, it is the only source of power they have to bargain for the conditions of their survival. As a result, many families rely on their children to make ends meet, especially as they age [15].

5.4. Gender and Infertility

In most countries, women bear a greater portion of the psychological and social hardships of infertility. Being infertile is frequently associated with a woman's status, and not having children can be considered a social embarrassment or constitute grounds for divorce[21]. It was unusual for males to consider infertility in patriarchal nations like India. Even in the epic Ramayan, the three queens of Ayodhya were linked to infertility, and the sage treated the queens rather than the king. Similarly, the epic poem "Mahabharata" mentions "sowing a replacement "beeja" (seed signifying sperm) in the "Kshetra" (field signifying womb) to produce children. The woman cannot consider the notion that the problem may be with the male because of the sociohistorical context. This sociohistorical context perpetuates the belief that infertility is solely a female issue, placing the burden of blame and responsibility on women. Consequently, men may not feel the need to explore their own fertility status or seek medical intervention, further exacerbating the problem.

Infertile woman experiences severe anguish. Men and women are not equally responsible for the costs and hazards associated with assisted reproduction. Women were physically and mentally burdened. According to estimates, 0.2% to 1% of all assisted conception cycles result in severe ovarian hyperstimulation syndrome [22]. When it comes to assisted reproduction for male infertility, the woman was mainly concerned. According to reports, 27% of ART procedures in the U.K. were done to treat severe male infertility [23]. Women have not received recognition from society for the difficult task of reproducing our species. Instead, failure to conceive a child frequently resulted in their servitude. In the family structure of many Middle Eastern nations, husbands often have more influence over decisions on family matters, notably reproduction. Husbands frequently had been hesitant to

seek medical guidance when the female element was the cause of infertility, especially when the Treatment was non-conventional. Husbands were adamantly opposed to taking part in or approving their spouses' ART for female factor infertility. Many spouses were hesitant to consent to ART, especially in rural regions, because polygamy in several countries in the Middle East was a potential alternative for husbands to father children if the wife was the source of infertility [24].

A study by Peterson et al. (2006) reported significant gender disparities in how men and women deal with infertility. Compared to males, women employed more confrontative coping, seeking social support, and escaping/avoidance. At the same time, men uses more distancing, self-control, and planful problem-solving coping strategies [25].

5.5. Attitude towards surrogacy and adoption: Religious perspective

In India, the government outlawed commercial surrogacy in 2015. It is only authorised for charitable causes or couples with a medical condition or proven infertility. Commercial use of surrogates, including their sale, prostitution, or any other type of exploitation, is not permitted. According to studies conducted in Egypt, infertility treatment seeking in the 1980s was connected with secrecy, emotions of shame, uncertainty, and occasionally even guilt. However, in the 1990s, these attitudes were replaced by an openness toward seeking infertility treatment in general and ART in particular. No outsider interferes with the marital functions of sex and reproduction for Muslims and Christians since marriage is viewed as a contract between the woman and husband for the duration of their union. No third party is allowed, whether they are supplying sperm, eggs, embryos, or uteruses. As a result, Islam forbids surrogacy, egg, and sperm donation, and all three together [26].

Only 6% of the 400 infertile couples in Karachi, the metropolis of Pakistan, had adopted a child [27]. In India, just 26% of couples believed that society treated adoptions favourably. Couples without children share the opinion that society has a negative attitude towards adoption. However, this is how couples perceive society's views on adoption, and there is little information on how the community truly feels about adoption. The four most frequent reasons for couples not wanting to adopt were wanting a biological child, fear of illegitimacy, societal stigma, and uncertainty about the genetic characteristics of the adopted child. However, 54% of respondents were eager to adopt if ART failed, 65% preferred an orphan kid, and the remaining chose adoption from close relatives [28].

5.6. Coping with infertility

The data on whether participants were more nervous before the commencement of their first IVF cycle than the general population was conflicting. Recent findings states that after receiving the pregnancy test for IVF/ICSI treatment, one in four women and one in ten men experience depressive disorders. One in seven women and one in twenty men had anxiety disorders [29]. The woman's and her partner's coping mechanisms determine how well they can adjust to the stress caused by infertility [30][31].

The extensive body of research on the interaction between infertility-related distress and coping mechanisms among infertile people has been examined. According to the study, most infertile women employed passive avoidance as a coping mechanism. Those who perceived their infertility issue in a meaningful way had less infertility stress. However, those who engaged in active avoidance coping techniques experienced increased infertility stress [32].

A vital component of culture, religion, and spirituality shapes how people experience and perceive infertility counselling [33]. According to research by Nouman and Benyamini (2019), religious coping mechanisms used by infertile couples can significantly lessen suffering and improve emotional adjustment, but not psychological health [34]. A study by Roudsari and Allen (2011) identified that infertile women relied less on institutional support systems like counselling services and more on their religious coping mechanisms. Religiously infertile women view their infertility as a spiritually enlightening journey. Many hope this viewpoint will give them the self-confidence and emotional control they need to overcome their infertility [35].

Similarly, another study by Aflakseir and Mahdiyar (2016) found that benevolent reappraisal coping, active religious coping, and practising religious coping all predicted a decrease in depression in women with reproductive

issues [36]. Unfortunately, there is no enough information on the use of religious coping mechanisms by men who are childless or infertile. Future studies may examine men's religious coping mechanisms to deal with infertility.

Health professionals who work in fertility clinics must take into account all facets of holistic care while caring for women or assisting them in coping with fertility issues because infertility is a complex issue that causes various losses. Therefore, individuals' religious and spiritual requirements should be considered in addition to their psychological, social, and cultural demands when receiving holistic care [37].

5.7. Psychological Interventions for Infertility-Related Psychological Distress

It was found that various psychological factors like depression, anxiety, and stress play a major role during the journey of infertility and its treatment process. Various studies used different psychological therapy approaches to deal with infertility treatments and their eventual failures. Most of the studies show psychological aids and interventions were highly effective in reducing fertility-related stress and anxiety and increasing pregnancy rates [38][39]. Cognitive Behavioural Therapy (CBT) [40], Acceptance and Commitment Therapy (ACT) [41], Rational Emotive Behavioural Therapy (REBT) [41], Couple Counselling, Relaxation Techniques, Fertility Education [42], Mindfulness-Based Cognitive Therapy (MBCT) [43] and integrated approaches of the psychotherapies are the most common and effective psychosocial therapies for infertile people in India. This demonstrates the mind-body connection by showing how psychological treatments for infertile couples can significantly increase pregnancy rates and reduce anxiety and stress [40].

6. Conclusion

This study highlighted the challenges faced by individuals and couples dealing with infertility in different socio-cultural contexts, with a focus on situations in developing nations like India. From the literature survey, it was observed that infertility is still seen as a social embarrassment and a stain on one's reputation in many southern nations. In almost every culture and country, regardless of the timeline, women experience a significant level of shame and psychological hardship when it comes to infertility. Infertile couples in India face psychological burdens due to sociocultural factors like gender roles, religious beliefs, and financial constraints. It was discovered that cultures have different perspectives on and attitudes towards infertility. Despite cultural differences, psychological assistance has been shown to be effective in helping infertile couples cope with the stress of infertility. These varying cultural perspectives highlight the need for sensitivity and support for individuals and couples struggling with infertility worldwide. There hasn't been much research on the psychological and social anguish of infertile men due to the male factor. Prospective investigations ought to close these research gaps.

7. Suggestions and Implications

The rates of infertility differ between different nations and areas. Since it only affects a small number of couples in an "overpopulated country," infertility appears to be a relatively trivial issue. Only a tiny portion of the world's population can now use these new technologies after an intriguing wait of over 45 years for IVF and 20 years for ICSI. Only fewer couples from a particular social class may access ART among them [44]. For policymakers and women's organizations in India, infertility seems to be a non-issue. In the National Health Policy and National Health and Family Survey, maternal health received greater attention than implementing preventative and curative services for infertility treatment. There must be policies in place that make fertility treatment available to all social classes. Though technology and medicine have advanced beyond expectations, most rural areas of India still have a deficient level of awareness about reproductive treatments. It is essential to raise awareness about infertility and its treatment. The impact of societal pressure and the stigmatization of childless couples on their mental health must be emphasized. The emotional and social effects on the childless couple before, during, and after IVF treatments must be addressed, and the requirement for pertinent mental health services must be put into practice. It was discovered that cultures have different perspectives on and attitudes towards infertility. Cultural ideologies must be taken into consideration when addressing and managing the detrimental effects on childless couples' mental health brought on by social pressure, stigma, and a lack of knowledge about infertility and its treatment.

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9. Conflict of interest

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