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Independent Study and Mentorship- 3A

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**Research Assessment #11**

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**Subject:** Social and Cultural Consequences of Childlessness

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Balen, F. van, and H. M. W. Bos. "The Social and Cultural Consequences of Being Childless in Poor-Resource Areas." *Facts, Views & Vision in ObGyn*, Universa Press, 2009, [www.ncbi.nlm.nih.gov/pmc/articles/PMC4251270/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4251270/).

**Assessment:**

The current plan for my original work is one that involves a large survey that explores patient preferences in terms of their physicians, specifically Gynecologists and Reproductive Endocrinologists. The most prominent reason I chose to take my original work in this direction was the increasing diversity in the Frisco community. Therefore, exploring preferences will provide insight for professionals and the societal reasons for those results, which will be further discussed through research on different cultures.

In this article, the author compares a multitude of different surveys and studies that explore the results of childlessness, which in this case is mostly as a result of infertility. In large, this article focuses in on the social and cultural aspect to compare North America to Sub-Saharan Africa and India, for most of the studies viewed here in on these areas. Childlessness is

extremely difficult on the couple directly affected, but an overwhelming number of studies show that the pain is continued as community often worsens the impact of this infertility. In fact, isolation, rejection, and exclusion are only a few of the responses that childlessness receives from the community in many parts of the world, especially in the Indian subcontinent. Through continuous research, it has become quite apparent that infertility is a more common issue than many realize, however, the reason that this condition seems so rare is the stigma that comes along with disclosing this information to others. This proves rightfully so, for the outcomes from the numerous studies mentioned in this article show that not only do negative effects come from the community, but also from family members and the marriage itself.

In many developing areas, such as those in the Indian and Sub-Saharan African subcontinents, these pressures surmount from within the family itself. The union of marriage is regarded as incomplete without children, and husbands will often pursue a second wife if infertility issues persist. This information is shocking and disgusting because a great deal of infertility cases stem from both the male and female or solely the male. Also, in less developed countries, such as India, many cannot afford fertility treatments or a comprehensive investigation into the reasons for childlessness. As stated in the studies and this article, the payment for these fertility treatments are often not realistic for many couples, even those in more affluent societies, for insurance does not typically cover these treatments. Abuse in relationships may also develop if childlessness occurs. This typically happens more so in the more undeveloped countries, but from the information given it is easy to assume a larger portion of this stems in South Asian Countries as well. I say this because studies revealed that marriages are more likely to result in divorce in Sub-Saharan African societies rather than in South Asian ones. With more abusive

and unhappy marriages in countries such as India, it is most likely more probable for abuse to continue and gradually worsen as time goes on without biological children in the family. This abuse does not only come from inside the marriage, for in-laws were largely included in these studies as well. For example, large parts of history in India that dealt with practices of bride burning shows the true impact of extended family members on a marriage within that family. In fact, the article states that in-law and economic factors contributed in more than twenty of the studies, which is the vast majority discussed in this article.

The severity of childlessness was one that I never realized before, especially not in other parts of the world. The prevalence of the Indian subcontinent in nearly all of these studies show that a great deal of family pressure will most likely affect patient preferences for doctors. These studies and this overall article dove deep into many factors that will be applicable to my original work study as well. Religion and ethnicity, which will be measured in my study, will likely be large contributors to my results as well. Overall, even in today's society, social factors and overall cultural history greatly influence reproductive practices of both males and females worldwide.