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Independent Study and Mentorship- 3A

8 December 2017

Research Assessment #12

Date: 8 December 2017

Subject: Infertility Issues in Developing Countries

MLA Citations:

Ifeanyi, Nwagha. "Gender issues in the management of infertility in developing countries."

Journal of Basic and Clinical Reproductive Sciences, vol. 4, no. 1, 2015, p. 1. *Academic OneFile*,

link.galegroup.com/apps/doc/A406920196/AONE?u=j043905010&sid=AONE&xid=56d04783.

Cui, Weiyuan. "Mother or nothing: the agony of infertility: many infertile women in developing countries consider that, without children, their lives are without hope.

Weiyuan Cui reports on the burden many of these women carry and the lack of affordable care." *Bulletin of the World Health Organization*, Dec. 2010, p. 881+.

Academic OneFile,

link.galegroup.com/apps/doc/A246448679/AONE?u=j043905010&sid=AONE&xid=5cd16763.

Assessment:

As previously discovered in my research, the effects of infertility in developing countries may often be much more dire than in developed countries. With outside influences that are solely concerned with the continuation of the family name and overall reputation, women are often thrown under the bus and must assume all responsibility for infertility.

A constant that I have noticed through continued research is that the general consensus can be made that around 15% of couples deal with infertility worldwide. However, this percentage is often higher in developing countries, such as the “African infertility belt” that stretches from the United Republic of Tanzania to Gabon, which is all across central Africa. Infertility appears to be more prominent in these developing countries, for certain diseases, such as genital tuberculosis, are more prominent in low-income countries and may lead to infertility struggles. Furthermore, fertility treatments are quite expensive and are not a viable option for individuals with lower status in places such as Africa and India. However, I found it extremely surprising to learn that all socioeconomic levels in most developing countries are quite similar when it comes to infertility. While those of high socioeconomic status are more likely to pursue fertility testing and treatments, almost all males from different statuses refuse to have their semen tested for defects. Not only does female infertility negatively impact the emotional state of women, but male infertility often becomes another burden for women as well. Men have appeared dominant in society since the beginning of human life, for even the bible says that the woman evolved from the rib of man. These biblical beginnings and the innate differences between men and women have been misconstrued into the belief that men reign supreme in developing countries. Women are seen as humans when they are able to provide a child, specifically a male child, to their husband’s family. This class distinction is

absolutely disgusting, for women are often tossed aside for not producing a child. Even if the infertility issues fall on the male, denial will accompany him until he finds a wife he can impregnate. This information merely makes me even more interested in asking the individuals in my study about their family structure and seeing if those living in America, a developed country, will be influenced by their heritage, which may be that of developing countries.

While low-income countries place a large pressure on couples to reproduce, there is an even larger pressure for the woman to have a male child. In fact, the husband and the husband's family often view the inability of the wife to have a son as a form of infertility, often referred to as "male sex infertility syndrome." This has been the most shocking aspect of my research thus far, for the sex of a child is determined by the male and the uterus itself is often viewed as neutral in the determination of a child's gender. Some countries will go as far as terminating a pregnancy if the gender of the child is uncertain. This method of thinking will definitely be something to consider when viewing the results of my survey. For example, if an Indian family has two girls and one boy as their last child, it may be safe to assume that the need to have a boy is what drove them to having the three children. As mentioned before, this need to have a son is driven by the belief that men are dominant in society. Additionally, the husbands need their sons to be able to continue and expand the family names, which cements that specific family's reputation in their community.

Overall, developing countries are similar to developed countries in that infertility struggles are often persistent due to the hefty price of treatments. However, the male ego in developing countries often prevents the acceptance of male factor infertility. With this information in mind and the fact that having a male son in the family is deemed necessary, I

have a basis of information to compare my original work survey results to. While some families may decide to have three children because of their love for a larger family, other families from different countries may do so out of desperation for a son.