

# Childbearing and Infertility Patterns in Developing Countries

Niku Tabatabai\*

*\*Student in Frisco, TX studying Reproductive Endocrinology under the mentorship of Dr. Marius Meintjes. Member of the Independent Study and Mentorship program at Rick Reedy High School.*

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**Abstract:**

*The United States and other developed countries have responded to infertility and childlessness with much greater support than developing countries, specifically the Indian subcontinent, Africa, and the Middle East. In these geographical areas, physical and emotional abuse may run deep and influence every aspect of the woman's life, for the male partner is rarely ever blamed. My research looked into the true effects of infertility and childlessness in the previously mentioned regions. Also, the research considered the differences between those living in these developing countries and those living in the United States. Do those currently living in a developed country still feel the pressure from their families and culture, especially when it comes to conceiving a male child? A survey conducted largely followed the trends of those still living in developing countries. However, the younger generation, those 30 years of age and younger, appeared to be traveling in their own direction.*

## **Introduction**

Millions of couples are experiencing infertility issues worldwide. These problems may stem from female or male factors, and sometimes both. Individuals living in developed countries, such as the United States, are at an advantage, for the advanced fertility treatments and technologies have significantly improved in recent years. Females dealing with infertility in developing countries, or feeling familial or cultural pressure to bear children, often experience physical and emotional abuse. Although many infertile couples may be experiencing solely male factor infertility, the blame often falls upon the woman by society and even family. In developing countries, such as India and Africa, many infertile couples live in poor-resource areas that do not provide affordable in-vitro fertilization or intrauterine insemination. Even those couples who are financially solvent are not guaranteed a pregnancy after one or two treatments.

In the United States and other developed countries, the emotional impacts of the inability to bear children may lead to feelings of isolation or exclusion. However, there are many support groups available to couples in developed countries that assist in coming to terms with childlessness. On the contrary, Africa, India, and the Middle East are much less accepting of childlessness, which is why divorce and abuse are not all that uncommon. The social effects are staggering in developing countries and range in sources, with the Indian subcontinent reporting the most severe community effects more frequently than Africa and the Middle East.

Not only is infertility an issue in many developing countries, but a focus on having male children is also imperative to many individuals, especially in South Asia. In-vitro fertilization is one treatment to infertility issues that may provide couples with the ability to choose the gender of their unborn child. With this possibility, wealthy couples in areas such as South Asia, which often highlights the importance of a male child, often decide to pursue in-vitro treatment. Those couples who do not have the means to undergo such a treatment are left to pure luck when attempting to conceive. Similar to infertility, which often places blame solely on the woman in many developing countries, the birth of a girl may lead to domestic violence towards the wife at the hands of the husband and/or family. In fact, there have been many cases of “trash bin babies”

in countries such as India, which has often been dubbed as the “infanticide crisis” by the media.

## **Effects of Infertility in Developing Countries**

The social effects of infertility in areas such as India, Africa, and the Middle East do not solely stem from one source. In fact, many women, specifically, experience these effects from every aspect of their lives. The inability to conceive has often led to a loss in social status, public ridicule, marginalization, exclusion from religious or social events, rejection, and emotional and physical abuse from numerous community members. Much of this abuse is often perpetrated by the woman’s in-laws, which may result in harassment or continued familial abuse. These social effects are worsened by the economic burden placed on infertile couples. From medical and spiritual treatment costs to an overall lack of economic security, the problems for infertile couples in developing countries run deep.

Since religious ties tend to be strong in many of these developing countries, the inability to produce children has tended to be translated into a failure to fulfill religious obligations. Throughout history, infertile individuals have been affiliated with witchcraft or having the “evil eye.” All of these factors have consequences that are not limited to inheritance restrictions, restrictions on burial and property rights, marriage to a second wife or divorce, and expulsion from the home.

## **Differences between India, Africa, and the Middle East**

Developing countries, especially those around India, Africa, and the Middle East, put a strong focus on the expansion of your family. Family is the source of honor for many individuals and having a son often reinforces that family name and growth. However, the way in which each country handles infertility is quite similar, but also quite different in many ways. It is no doubt that infertility may shake up the family dynamics in developing areas, but many studies have shown that India has some of the most severe effects. However, studies show that childless couples in Sub-Saharan Africa are more likely to pursue divorce than in

India. Those in Africa also reported more economic security than those in the Indian subcontinent as well.

The Middle East differs greatly from the largely poor Africa and India in that infertility treatments in countries such as Iran are growing quite rapidly, and even more rapidly than many parts of Europe and North America. This tremendous growth is possible with governmental support, increased insurance coverage, and the role of children in family stability. Increase in the quantity and quality of treatments in this section of the world has made way for lower treatment costs, which provides options for a larger portion of the population. Even people from Europe and the Western Hemisphere are traveling to the Middle East for more inexpensive treatments and procedures. To put costs in perspective, the average cost of one IVF cycle in the Middle East is less than \$2,000. On the other hand, one cycle in England or the United States ranges upwards of \$20,000. Other factors have also contributed as well, such as the fact that a majority of couples who pursue treatments in the United States pay out of pocket due to a lack of insurance coverage.

## **Survey**

I established a survey that asked approximately 40 women about their ethnicity, age, country of origin, religion, language, and whether or not they feel pressure from their culture or family to have a son. The sample includes participants with many different backgrounds, which provides a chance to compare the developing countries discussed earlier and other countries not mentioned. Furthermore, the purpose of this survey was to compare different countries to the three main geographical areas discussed in this paper and to see the impact that living in the United States has had on these individuals' childbearing patterns.

## **Results**

The sample surveyed include a range of different ethnicities, such as Hispanic, Asian, Black, South Asian, Middle Eastern, and Native American. The results showed that 15% of the participants felt pressure from their culture and/or family to conceive a son. Of that 15%, about 83% were of Indian origin, while the remaining 17% was of African origin. Other factors that were asked about

included age, religion, language, and the current number of children that woman has. 87% of those participants who were 30 years old or younger reported feeling no pressure from their culture or family when it came to having a son, while 84% of those over 30 years of age reported the same thing. In terms of religion, about 86% of reported Christians said they felt no pressure from family or their culture. However, that remaining 14% that responded with “yes” were all of Indian or African origin. Also, 69% of participants who practiced Hinduism reported feeling no pressure as well. Overall, those who spoke the language of their country of origin did not constitute a whole separate category of data to analyze, for 98% of participants spoke the language of the country in which they originated.

## **Discussion**

The data collected through my survey largely backs previous research that has been done on those living in India, Africa, and the Middle East. This came as a surprise, for patterns were clear, even though the participants all lived in the United States. A large portion of the results show that those with a South Asian background reported to feeling pressure from their culture or family to have a son. All of those who were not Indian identified themselves as having an African background. This fits the trend that the most severe abuse towards reproductively “insufficient” women occurs in the Indian subcontinent, while a close runner up are many African countries. Another important trend I noticed is that those under 30 were much less likely to feel that pressure than those over 30. Also, a majority of the older individuals I approached rejected filling out my survey after they viewed the questions, for they deemed it “too personal.” However, almost all of the younger individuals who fall into the categories of Millennials and Generation Z were fine with the questions on the survey. Therefore, the largest effect that living in the United States has had is the fact that the younger generations are much more open minded to personal questions regarding their cultural influences.