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Independent Study and Mentorship- 3A

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Childbearing Patterns in Developing Countries

Original Work Assessment

Objective:

The original work served as my opportunity to expand my knowledge on cultural differences that stem from childbearing and infertility. My goal was to identify the main differences between the Middle East, South Asia, and Africa when it comes to the effects of infertility and the true pressure placed on having a son in these developing countries. More specifically, I focused on the pressures coming from cultural norms and family. Through this study, which covered a great deal of childbearing patterns in developing countries, I aimed to garner a stronger understanding of what motivates individuals to have children, which, in turn, motivates infertility treatments. The consequences associated with the inability to conceive, especially a son, in developing countries are quite different from developed ones, which I believe is quite important for healthcare providers to understand. Therefore, my original work was a way to educate those fertility specialists unaware of patterns outside of the United States.

Description of Process:

The process of writing my academic paper consisted of determining the perfect combination between online research and my own surveying. The main structure of my paper was determined by my online research, which consisted of at least three research assessments

over a wide array of topics. My annotated articles included topics of infertility in Africa, the Middle East, India, Punjab, and Pakistan. These articles went quite in depth when it came to the social consequences of infertility from a variety of sources. However, many of the articles incorporated the pure pressure that exists from family and culture to have a son, even if infertility is not an issue. This pressure, that is still so highly prevalent in these countries, was especially shocking for me, for an overwhelming majority of women are the ones blamed when they do not live up to expectations.

Once my online research assessments were complete and they included all three of my main geographical areas, I began coming to conclusions based on all of my articles and assessments. I noticed that South Asian countries had the general trend of being the most severe in social effects of physical and emotional abuse. African countries closely followed suit, but a key difference between African countries and South Asia is that those in Africa are more inclined to divorce and get away from familial abuse. The Middle East follows a completely different trend. Many countries in the Middle East, such as Iran, are improving upon reproductive technologies and more people have access to treatments at a relatively lower price.

Once all of this research was complete I embarked on completing my complementary survey, which added the perspective of individuals from developing countries who are now living in the United States, a developed country. The survey consisted of personal questions, such as those regarding ethnicity, age, religion, and whether pressures exist on that individual to have a son. Once this survey was completed with over 40 respondents, the results were included in my academic paper in order to compare the impact that culture and family has in a developing country versus a developed country. The survey revealed a great deal of similarities between

those living in the United States and those living in developing countries. For example, a large majority of my sample that answered “yes” to the pressure of having a son were South Asian.

The single outlier in this group was African American. Overall, I was surprised by the results and stated so in the survey portion of my academic paper. The similarities were coupled with separate factors I noticed while surveying. The majority of individuals over the age of 40 deemed the questions as “too personal,” while those in the millennial category were the most open to the survey.

Utilization of Higher-Level Thinking Skills:

My original work consisted of many separate pieces that shared an overarching similarity. However, each piece of research and the survey results all had a uniqueness to them that could constitute a whole separate original work. I utilized higher-level thinking by executing a plan to combine all of my information for an overall goal. As stated before, the purpose for my original work was to create one paper that truly analyzed cultural impacts on overall childbearing in major developing geographical areas. Therefore, the pressure to conceive a son falls into the scope of fertility treatments, for many in the Indian subcontinent pursue extreme measures, such as in-vitro fertilization, to get a boy. I was able to plan out my paper and couple this information with how social effects of infertility also contribute to fertility services, such as in-vitro and intrauterine insemination.

Materials/ People Involved:

The production of my original work included many parts. The first was the online research portion, which I tackled by using trusted online databases that had many previously

conducted studies. Furthermore, If I was looking at one geographical areas, such as South Asia, I would review multiple articles on India, Pakistan, and more.

The second portion was much more involved, for my survey required me to ask two friends for assistance. Having three individuals conducting surveys allowed for many more results and made the process go by faster. Also, I noticed that some of the language barriers were surpassed with each surveyor being fluent in English and another language. The survey paper itself had columns with every question and an attached sheet that clarified questions on ethnicity and religion.

Conclusion and Application:

In conclusion, the main question I aimed to answer was whether those living in developing countries experienced different consequences for infertility than those in developed countries. Also, a secondary question of mine was if pressure from culture or family encouraged these same individuals to have a son. The answer to both of these questions was a definite yes, for childbearing is much more relied upon and intense than in developed countries, like the United States.

My original work has had a great impact on me and the remainder of my ISM 2 journey. It is important for a Reproductive Endocrinologist to be familiar with patient patterns in terms of culture. Every interview I have conducted seems to bring up a point about culture influencing patient care. Whether that be through physician preferences or treatment intentions, it is crucial for physicians to be aware when planning their course of treatment. Furthermore, the rest of my ISM journey will consist of my final product, which is heavily involved in normal and abnormal embryos prior to the implantation process. Being aware of these cultural factors will allow me to

understand the true impact if, for example, a traditional Indian couple have an abnormal male embryo and a healthy female embryo. Will that couple choose to implant the female embryo if they wanted to have a son first? The answer depends, once again, on the cultural and familial pressure mentioned before. Also, not only are my results beneficial to me, but these findings may help other physicians who are unaware of the differences in cultures. Although this seems unlikely, many physicians are starting off and have never experienced any cultures outside of their own.

My original work this year has made me extremely proud, for the complexity of it allowed me to step outside of my comfort zone even more, which was one of my original goals this year. Overall, my original has allowed me to further in my mentorship/ final product experience, as well as the career I may enter into in the future.