



Changing Pattern of Infertility: A Qualitative Study

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ABSTRACT

Infertility is a major concern for couples globally. It affects marital relationships, physical and psychological health, and the social status of infertile couples. It poses significant challenges to social norms, cultural beliefs, emotional well-being, physical health, psychological well-being, and social pressure. This qualitative research paper explores changing patterns of infertility, focusing on medical facilities, marital relationships, social pressure and its challenges. By shedding light on these evolving patterns, this paper aims to contribute to the ongoing discourse surrounding infertility. Through in-depth interviews, this qualitative study aims to provide a comprehensive understanding of how perception, experience and stigma of infertility have changed over time. It also highlights the effects of advancement in Medical facilities, changes in marital relationships, changes in social pressure and ongoing stigma related to infertility.

Keywords: Marital relationship, societal perception, Assisted Reproductive Technology

INTRODUCTION

Infertility is an acute and unexpected life crises affecting millions of couples of reproductive age worldwide, challenging not only their desire for parenthood but also their emotional, psychological well-being, social identity and relationship dynamics. The structure of family is based on marriage and children have made it functional for society. It is found that children are constructed as socio-economic symbols of value for the family and as symbols of group continuity, strength, pride and honor (Feldman-Savelsberg, 1994).

A critical milestone in couple's life after marriage is parenthood and infertility is a tragedy for them. Infertility is defined as the inability to conceive after 12 months of regular and unprotected sexual intercourse. Infertility is the inability to conceive a pregnancy after two years of sexual intercourse without contraception or inability to carry a pregnancy to live birth (WHO, 1991). It is estimated that 13-19 millions couples are expected to be infertile in India at a given point of time (Unisa, 2010). Total fertility rate of India has decreased from 2.2% to 2.0% from NFHS-4 to NFHS-5 (NFHS-5, 2019-21). Around 17.5% of the adult population - roughly 1 in 6 worldwide experience infertility (WHO, 2023). Infertility may be primary or secondary. Primary infertility refers to infertility of a women who has never conceived and secondary infertility refers to infertility of a women who has conceived at least once before (Tabong and Adongo, 2013)

Infertility can cause by various biological, genetically, environmental, life style factor affecting both men and women. Infertility has a multiple causes and consequences depending on gender, sexual history, lifestyle, society and culture background of the people it affects (Singh and Shukla, 2015). Prevalent biological causes of infertility in female reproductive system are ovulatory disorder, uterine abnormalities, blocked Fallopian tubes, Polycystic ovarian disease (PCOD), Polycystic ovary syndrome (PCOS), endometriosis, low level of Anti mullerian hormone (AMH), Follicle stimulating hormones (FSH) imbalance, Thyroid stimulating hormone (TSH) imbalance etc. male infertility involves causes that affect male reproductive system including low or absent sperm count, abnormal sperm morphology, poor sperm mobility, ejacile dysfunction, problem in semen ejaculation, hormonal imbalance etc. Lifestyle factors such as, late marriage, smoking, alcohol consumption, obesity, unhealthy diet, excess use of electromagnetic radio frequency, heavy weight lifting, anxiety, depression etc. plays a significant role in infertility prevalence.

Infertility is a matter of shy, secrecy and privacy, due to which women choose to conceal their condition and even refuse to seek medical treatment. Experiences of infertility are shaped by cultural, medical and interpersonal forces. It is also cuts off someone's hereditary hope because they are denied leaving the genetic footprint on their world after death (Obiyo, 2016). Infertility carries stigma, loss of identity, personal grief, anxiety and isolation for infertile couples. However changing patterns of infertility have evolved significantly, influenced by changing societal norms, advancement in reproductive technologies, changing lifestyle and gender roles. This research paper aims to explore the changing pattern of infertility through qualitative method. Through personal narratives this qualitative research paper wants to uncover how perception and stigma of infertility have transformed overtime.

OBJECTIVE

The objective of this qualitative research paper is to understand the changing pattern of infertility over period of time with the effect of medical advancements on reproductive health. This research paper aims to explore changes in marital relationships, familial relationships, social pressure and stigma related to infertility.

METHODOLOGY

This study employs a qualitative research method, using case study method with Semi-structure question to gather in depth insights into the experiences of infertile women. Participants are selected through support groups. A purposive sampling method was used to select participants with different backgrounds & experiences. The participant in this research includes only women in the age group 20-49 from Lucknow, who have been trying to conceive for more than two years, but have failed and experiencing infertility.

Data collection

Data were collected through case study method with semi-formal structured questions conducted both in person and virtually. Case study is based on elaborative narrative of participant's experiences with infertility, perceptions of societal attitude, family support, conjugal relationship and the impact of medical advancements. This qualitative research paper interview was painful and reopened old wounds.

Ethical consideration

Information consent was obtained from all participant confidentiality was ensured and ethical approval was secured. This paper has not mentioned any real names of the respondents. All are anonymous.

Socio-cultural perception and Stigma

It is critical to consider the social and cultural aspect that influence reproductive experiences rather than viewing infertility as a simply biology or physiological problem (Martin, 2010) In Indian society the birth of a child is the foundation of tradition cultural significance, social norm and family expectations. Children are our reliable source of manpower in many rural and developing countries and provide economics security in old age (Patel, 2016). To be childless in a pronatalist society against the norm with all its concomitant sanctions (Miall, 1985). In patriarchal Indian society, birth of a child is related to men's masculinity. Infertility is perceived as a threat to men's procreativity and continuity of the lineage (Jindal & Gupta, 1989). In such a situation not having a child is a serious blow to a man's masculinity. To protect his masculinity the women is held responsible for childlessness. Traditionally women are considered responsible for infertility regardless of the cause of infertility. Infertility carried significant stigma particularly for women. In patriarchal Indian families women gain recognition from their in-laws only after the birth of a child, especially male child, because the main aim of women's life to give birth a child. The primary function of a woman was considered as child bearing. The socio-economic status of women depends on the birth of a child. After marriage having baby is an important need of women because baby is the cause of prestige and honor for them and directly related to their womanhood (Mishra and Dubey, 2014). Children are the main source of prestige and security for women in their husband homes (Unisa, 1999). Infertility carries loss of Identity, low self esteem and strong sentiments of defectiveness for both men and women. In societies where gender roles and social status are intrinsically tie to parenthood, such consequences are intensified (Dr. Srishti, 2023).

Impact of infertility on individuals and marital relationships

Infertility affects men and women both. Infertility is a unexpected misfortune in couples life. It has a physical, psychological, familial and social impact on both male and female. A couple attempting to conceive feels frustrated and disappointed if a pregnancy is not easily obtained (Cwikel,*et.al*, 2003). Several studies have confirmed that childlessness is associated with emotional responses such as depression, anxiety, guilt, social isolation and decrease self esteem in both men and women (Hollos,*et.al*, 2009). Often the ill effects of childlessness are

far more severe for women and then they are for men. The blame for infertility is unquestionably placed on women (Jejeebhoy, 1998). Infertile women have to endure taunts and abuses like barren, wretched etc. “Childless women bear many sarcasm and hostile behavior from other” (Mishra & Dubey, 2014). Women with infertility are often mistreated and ostracized resulting into the loss of the property and material wealth (Srishti, 2023). Infertile women are considered to be inauspicious, hence they are discriminated in family functions and sometimes they are not invited in ceremonies. Childless couples are excluded from taking leading roles in important family functions and events (Unisa, 1999). Childless women also have to suffer violence, divorce and remarriage by husband. Sometimes they are thrown out of the house by her husband and in-laws. Women who are unable to be a children are rejected by their husbands and ostracized by society of an living as outcast and perceived as inferior and useless (Lunenfeld & Van Steirteghem, 2004).

Treatment of infertility

In patriarchal Indian society before the development of medical treatment traditional treatment of infertility such as, exorcism, custom practices and visit to holy places etc. was prevalent. The illiterate and less educated women usually go for infertility treatment to temples, religious or traditional healers, astrologers and charlatans, observing tantric rites, wearing charms and participate in fertility rituals (Patel, 1994). The most common methods used by traditional healers are herbal treatment and appeals to supernatural power as well as prayers (Pooja) and other rituals (Mannat) (Unisa, 1999). After medical innovation only some people got medical treatment along with traditional treatment of infertility because people have less knowledge and availability of infertility medical treatment of reproductive health. In non-Western societies including India supernatural belief and alternative source of treatment are preferred. Though biomedicine has made tremendous progress in the field of infertility, it is not available an accessible for poor and rural couples (Srishti, 2023). Early medical treatment of infertility focused on women's reproductive health, often neglecting male infertility, because of patriarchal mentality, men did not want to accept that they could also be the cause of infertility.

CASE STUDY

Savita Srivastava, a resident of Alambagh, Lucknow, is 40 years old. Savita has been married for 14 years. She is a housewife. She is highly educated. She belongs to an educated family. She lives in a joint family. They were trying for a child from the age of 12 year. She

has primary infertility because she has not got pregnant. The cause of her infertility is ovarian cyst, PCOD, ovulation problem. She said, “In December 2010, when I didn’t have my periods, I went to the doctor and they told me about the cyst and then I also got the cyst operated in April 2012. After operation Dr. said that you couldn’t conceive naturally, you can get child through IVF”. Savita and her husband have gone through a lot of medical treatment to have a child. They did blood test, transvaginal ultrasound, HSG, IUI, third party art and IVF. She said, “There was hardly any hospital where I had not received treatment. I had completed the full course of medical treatment many times. I had gone through IVF four times twice with my eggs and twice with donor eggs, but it failed. Everytime when I go for IVF everyone thought that this time I will give good news, but all hopes dashed in the end. Someone asked my husband to do surrogacy but I refused. I have also had many side effect e. g. Spinal pain, weight gain etc. from medical treatment. She said that she did everything what everyone told her to have a child for example worship, going to pilgrimage place, home remedies, astrological view etc. She said that my husband is so cooperative. He never made me feel like, I was lacking if I could not conceive.

I pressurize my husband many times to do second marriage, but he refused to do so. No one said anything directly but indirect taunts was always there. When the younger brother and brother in law had children people use to say a lot, it was only the family members who spoke and taunts. I was afraid to touch someone else’s child. It was a very difficult time. I avoided going out and meeting people. I tried to stay alone. My mental condition had become such that it became difficult for me to go anywhere. I was depressed. After seeing my mental condition, a doctor advises me to adopt a child. I adopted baby girl from Gorakhpur through Cara. I always fear that my daughter might find out that she has been adopted because there are many such example in the family in which the child have left the house or gone crazy after coming to know about it. Even after adoption, I tried to conceive but due to health problem now I stopped medical treatment.

Mamta Singh lives in Daliganj, Lucknow. She is 32 year old. She has received higher secondary education. Mamta did love marriage in 2008. She has been married for 15 year. She is housewife. Her husband is peon in government office. She lives in Nuclear family. She has a secondary infertility because she got pregnant several times and then has a miscarriage. I went to the doctor because of repeated miscarriage. Mamta told that after medical tests like blood test, transvaginal ultrasound, HSG etc., I came to know that one of my fallopian tubes was congenitally blocked and my uterus was half that is called unicornuate uterus. The child

was not able to grow due to unicornuate uterus. She got treatment from Lucknow and Delhi. Mamta got the treatment for uterus enlargement from Delhi. Mamta did IVF twice but is failed because lack of family support. The medical treatment had a large impact of our financial situation; we took a loan and pledge the jewelry. We are still in debt. Every time the treatment is done, there is a hope that this time the child will be born, which puts a lot of pressure on the mental state.

Due to infertility in-laws relatives and people from the neighbors taunt a lot. They used to say that there are only two people in your family. There is no child, then wear and eat well only. Just have to eat and wear. There is no cost of children's clothes or education. Mamta told that my husband used to cry after drinking alcohol and tell me that his make fun of him that if he is not able to do anything then we should come. Despite so many taunts my husband didn't said anything to me. He always supported me. Now we stopped medical treatment. We decided to adopt a child because we thought that it was our destiny that we raise a adopted child. We adopted a girl from poor family. My husband has supported me. We adopted a girl because we will get the girl married and she will go to her home. If we adopt a boy people will provoke him. It is our destiny to give a new life to someone else child.

Reena Gupta is a resident of Triveni Nagar, Lucknow. 48-year-old Reena has studied up to high school. Reena Gupta was married in 1991 at the age of 17 to a close relation arranged by her parents. When she did not conceive for 2 years after marriage, she consulted a doctor. After medical treatment, it was found that one fallopian tube was blocked. But the doctor said that she could get pregnant. Later, she also developed a cyst in her uterus. She told that she underwent allopathic treatment for about 25 years. She also underwent Ayurvedic treatment for blocked fallopian tube. Due to good financial condition, there was no problem in getting treatment. But at the beginning of the treatment, she did not get full support from her husband. After medical treatment, she conceived twice, but miscarried in 3 months. She told that when she miscarried in the third month of pregnancy in 2021, the bleeding was not stopping, due to which my health had deteriorated a lot. The doctor had advised IVF long ago. I asked my husband many times to get an IVF done, but he did not want to do IVF. He said that in IVF the child is not ours and we will raise our nieces and nephews. The medical treatment had a great impact on health, emotional and financial level. Health deteriorated due to excessive intake of medicines every day.

She told me that medical treatment always gave me hope but it broke me every time and broke me from inside. Trying again and again for pregnancy was causing emotional damage. There has been an impact on the social, community and economic level. They said that childlessness has a great impact on the mental, health and economic level. Reena Gupta said that her husband and in-laws never said anything for not having a child, they cooperated completely, but the neighbors and relatives do talk about it. Due to childlessness, Reena Gupta and her husband have stopped their traditional work of Namkeen making. Now they have only a grocery shop. They say what will they do by increasing the work so much, what will they do by earning so much, they don't have any child for whom they should earn, we earn enough for our living from this shop and remain busy the whole day. Reena Gupta still feels the need for a child. She said that no matter how much you take care of other people's children, no one helps you when you are sick. You have to do everything alone. Your child is your child, even if it is adopted. I even wanted to adopt a child but my husband did not cooperate. He did not want to adopt a child and said that when you have to take care of someone else's child, it is better to take care of your own nephew. Now I have stopped the treatment and I cannot adopt a child because my nephews and nieces are married and have children. During this conversation, Reena Gupta started crying and said that she did not want to talk about this.

Babita yadav is a 44 year old resident of Triveni Nagar, lucknow. It has been 20 years since Babita marriage. She is educated and working. She has been trying to have a child since 18 years. She told that she had conceived once, but due to lack of knowledge, she had an miscarriage, after that she never conceived. My sister in law took me to a doctor. Babita told that she had problem with ovulation, egg rupture and egg implantation. On that advice of doctor, she took injections to increase ovulation, to mature ovaries and for egg rupture, but she did not get pregnant. She does not have accurate information about not being pregnant, because she did not get HSG test done, which is done to know the blockage in fallopian tube. Babita told that her husband did not want to do the test. Her husband said that took medicine, everything will be fine with medicine. I have taken medicines for 9-10 years. She told that she did not get support from family and husband in medical treatment, when it was time for pregnancy all the responsibilities of the house were on me and I did not get time for proper medical treatment and rest. My husband refused to do IVF. She said, “Jeth va Anya log inke kan bharte the ki IVF mein apna baccha nahin hota hai”. Brother-in-law wanted that it would be better, if we don't have child, so that entire property will become his own. That's why he

does not even want us to adopt a child. Due to influence of in-laws my husband also doesn't want to adopt a child. He even refused to adopt a child and said, "bhai va chachere bhai ke bacche hain, aate hain, rahte hain, unko apna bacche maano". Babita got emotional and start crying. She said, "dusre ke bacche se kya baat karen, unhen koi humse lagao thode na hoga, vah hamen mummy papa to nahin kahenge, paal le chahe kitna bhi bada kar le". She told that I feel lonely. I still want to get treatment and tests done. I also want to do IVF or adopt a child, but my husband is not convinced. Babita told that when she does not have a child a sister in law and other relatives all taunt her, but they are educated and live in the city, they do not blame us, as much as will do if we live in a village. In cities no one cares, but our inner feeling differentiate us from others. It blames us that we are less than those, who have children.

FINDINGS

The findings reveal impact of medical treatment on infertility, change in social attitude, stigma and marital relationship.

Biological Problems to Medical Issue

Medical advancements have significantly transformed the landscape of infertility treatment, offering new hopes to couples struggling to conceive. Historically infertility has been perceived as a private matter shrouded with shame and stigma. Now it has emerged as a serious public health issue because of increasing infertility and medical advancement. In this research paper, I saw a major change in mindset of people related to Assisted Reproductive technology in the last decade. Advancement in reproductive technology has profoundly impact experiences of infertility. The advent of assisted reproductive technology (ART) such as In Vitro Fertilization (IVF), intracytoplasmic sperm injection (ICSI), egg or sperm freezing etc. has revolutionized the treatment for infertility. These medical advancements also bring physical, psychological or emotional, social and financial challenges for infertile individuals or couples. Some of the fertility treatment range from relatively simple hormone treatments to highly complex and invasive procedure (Unisa, 2010). Medical innovation leads to series of test such as, trans-vaginal ultrasound, hormone level testing, Hysterosalpingography (HSG), laparoscopy etc. to pin point accurate cause of infertility. Advancement in medical facilities has led women to encounter serious physical health consequences or diseases such as ovarian hyper stimulation syndrome (OHSS), obesity etc. due to excessive use of treatment and medications in their effort to conceive. The result is that once a woman enters into the

medical intervention process to treat infertility there is a great pressure placed on her to continue treatments until there is either a successful outcome, or all options have been exhausted (White Ford and Gonzalez, 1995). Repeated failed attempt may result into emotional stress and depression. Medical treatment increases the pressure of social expectations. Infertile couples bear expensive burden of medical treatment to fulfill social expectations. Couples have to spend considerable amount of money for fertility treatment which is difficult to manage in their available resources (Unisa, 2010). Medical treatment is a hope with high cost. The high cost of infertility treatment leads some individual into debt in their pursuit of having a child while others are not able to lead access quality infertility treatment. Moreover, infertile women need to spend a greater amount of time and money on treatment, which causes additional psychological disorder, such as depression and anxiety (Fang Zang, *et.al*, 2021). These changes transformed infertility from an acute, private agony that what accepted as fate, into a chronic public stigma from which there was costly, and often unfulfilled hopes of deliverance (Bury, 1986). One estimate suggests that no more than 5-10% of couples undergoing such treatment are successful (Jejeebhoy, 1998). Medical treatment is a cycle of one more hope, one more monthly cycle and one more treatment and one more disappointment for infertile couples. Savita Srivastava said, “Har bar Jab Main IVF karati thi to sabhi sochte the ki is Bar Main khushkhabri dungi lekin har baar nirash ho jaate the”. Medical treatment may lead to painful process of making and breaking hopes. Participant expressed both hope and frustration regarding these technologies because those who cannot afford expensive treatment have no option but to remain infertile.

Change in societal attitude towards infertility and stigma

Societal attitude towards infertility and the associated stigma have undergone significant transformation. Historically infertility was often perceived as identity failure, especially for women. It was matter of shame and stigma. In recent years education and medical innovation has increased public awareness on the problem of infertility and people have accepted infertility as a common and biological problem. It is not a matter of shy secrecy and privacy. Medical advancement has made infertility as a public discourse. The social and cultural perception of infertility has changed with the availability of wide range of medical interventions and education. Now women are also participating in workforce. Working women face less stigmatization, because they devote more time and energy to their career and self development. Despite these positive changes of societal pressure still perpetuate the stigma. Now stigma is less but it is in hidden form in certain social and cultural context. We

suggest that it is only through an understanding of the cultural construction of reproduction that we can perceive the powerful hidden burden carried by infertile women in our society (Whiteford and Gonzalez, 1995). Infertile individuals and couples on knowledge of infertility distinguish them from others.

Marital Relationship

Infertile couple conjugal relationship undergoes significant changes overtime. Earlier the relationship between husband and wife was strained due to infertility. Husband held wife responsible for infertility. Now, there is a drastic change in marital relationship. Husband understands the problem of infertility. They understand that infertility can cause by male and female factors both. Husband cooperates in whole journey of medical treatment and after that also. They support in familial and social pressure. In this research I came to know that the husband does not threaten his wife with divorce and second marriage. Husbands are leaving with their wife even if they have not any child. Some are ready to adopt but not everyone. Despite these changes societal pressure, feeling of inadequacy may lead to frustration, communication breakdown between partners. Repeated treatment also affects sexual relations of partners.

CONCLUSION

This qualitative research paper offers deep insight into changing dynamics of infertility, shedding light on the complexities of an infertile couple's journey. Infertility has a complex and multidimensional occurrence characterised by gender roles and societal norms. Infertility poses serious social, physical, psychological and economic challenges for couples. It is intertwined with a complex web of personal, familial, social and medical expectations. Despite medical advancement, people still use traditional remedies like worship, astrological remedies to have children, but their prevalence has reduced considerably. Due to the high cost of specialised equipment and infrastructure, along with a shortage of doctors specializing in infertility treatment in India, people continue to face challenges related to the availability, accessibility, and quality of care for infertility. Low-cost medical treatment services should be provided in India so that all fertile people can avail of the treatment. It should cover under the public health funding and insurance. The social consequences of infertility carries a stigma and a sense of shame associated with childlessness that can have a serious emotional impact of the infertile couple (Pujari and Unisa, 2014). To continue reducing stigma and to understand their problem, it is important to promote supportive environment for infertile

couple, so they can share their experiences is without fear of judgment. These efforts can help create a more compassionate and inclusive society.

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