Improving the
Reproductive Health
of Married and Unmarried Youth in India

Addressing Gender-Based Constraints in Youth Reproductive Health: Experiences and Behaviors about Infertility among Young Couples in Rural Maharashtra, India

The Foundation for Research in Health Systems (FRHS), in collaboration with the Maharashtra state government and the International Center for Research on Women (ICRW), conducted a study of infertile couples in rural Maharashtra in response to community demands that something be done about the lack of infertility knowledge and services. This study, which also provided infertility counseling services, is part of a larger FRHS intervention research program examining the role of community mobilization and government services in increasing the use of reproductive health services by young married women. Its findings are being used to train state and local government health providers who counsel, treat and make referrals for young couples with fertility concerns.

Defining infertility

"Infertility" is medically defined as failure to conceive after two to three years of intercourse without contraception. Qualitative data show that study couples defined infertility as failure to conceive as early as the first months of marriage or failing to conceive a male child. FRHS measured such *perceived* infertility to understand fertility concerns in couples' socio-cultural context.

Findings: What Do We Know About Infertility Among Married Youth?

Experiences of young couples: Young married couples face tremendous pressure to conceive within the first few months of marriage. If they fail to do so, they may face the stigma of being childless and insulted or shunned. Such a delay also leads to immediate concerns among family members and the community about infertility, which quickly can lead to other harmful consequences. Elders, particularly mothers-in-law, frequently apply great pressure on young couples, though the study also showed that some family members-parents, husbands or in-lawsare supportive and concerned in a constructive manner.

Social pressure to conceive causes many young couples to worry: About one-third of the study women expressed concern about not conceiving soon after marriage. Some women already face negative repercussions arising from stigma, including condemnation and rejection, extra work, denial of food and health care, violence, and even attempts at a second marriage for the husband. These consequences lead some women to blame their husbands. Husbands also are under social pressure, but less so than their wives.

"*I am worried that if I don't conceive soon my in-laws will wait for a little more time and finally opt for [my husband's] second marriage. [Then] they will throw me out of the house.*"
17-year-old girl married less than three years

"*A woman should conceive in the first year because as long as she doesn't have [a] baby, she is not totally accepted and integrated in the marital family.*"
- a survey respondent

The role of gender: Gender norms exacerbate the stress of infertility for both men and women, though women bear a heavier psychological and social burden. In a society where a woman's status depends on her bearing children, being labeled "infertile" condemns her to a disgraced life. Women, even if legally married, are not considered legitimate wives if they fail to conceive. Further, women who are perceived as infertile are not invited to certain festivities and social occasions, such as naming or religious ceremonies. Gender norms in India also mean that a woman is not deemed "fertile" until she gives birth to a male child. Thus, some couples in infertility counseling had children but only daughters, and they sought assistance in conceiving a male child. Finally, women were largely held responsible for a couple's inability to bear children or to bear male children. Young women's lack of power to counter these inequalities often led to increased disharmony within marriage.

Men who experience childlessness also suffer socially, physiologically and emotionally, though their concerns often are not allowed to surface. Men who were frustrated with an inability to conceive and subsequent family pressures experienced a decreased interest in coitus and thus coital frequency, a few experiences of impotence, and the need for reassurance about their sexual performance.

Perceptions of the cause of infertility: Fact-based understanding of infertility often merged with traditional beliefs. About one-third of women interviewed attributed the delay in conception to the local belief that such delay (termed "*palna*") ran in families: If an older woman in a family was known to have had long periods for child spacing (either before or between children), then the same was expected for her daughters and daughters-in-law. Such superstitions as "evil" influences and divine interferences also were used to explain infertility. In addition, women cited practical constraints: More than two-thirds lived in small, joint-family homes, where a lack of privacy prevented couples from regular sexual intercourse or the husband from performing sexually. Men's misconceptions about infertility included believing that the size of the penis and the duration of intercourse contributed to infertility, and that adapting coital positions to facilitate conception or having extramarital affairs could solve infertility.

Seeking treatment: Couples sought care based on their awareness of infertility, the availability of health facilities and their perceptions on the causes of infertility. In seeking treatment, couples usually began with rituals, including offerings, fasting and prayers. Couples would seek treatment

from qualified providers, such as gynecologists, while participating in these rituals or as a final effort when all else failed.

Because couples often were uninformed about treatment expectations, they misconstrued such exploratory procedures as diagnostic blood and urine tests as treatment and were disappointed if they did not conceive after testing. Couples also received little or no counseling as part of their treatment, so they tended to switch providers frequently if a woman did not conceive soon after tests or treatment. In such cases, couples usually failed to communicate details of their treatment-seeking history with a new provider, and new providers tended to repeat unsuccessful procedures. Consequently, none of these measures tended to satisfy the couples' fertility needs.

Conclusions

Couples in India face significant social and familial pressure to conceive. They also face stigma for failing to conceive. Gender norms greatly influence and differentiate these experiences for men and women, and women suffer the brunt of stigma and negative consequences.

- Health providers need to be adequately trained to understand the socio-cultural contexts of infertile couples, provide adequate counseling and provide comprehensive information.
- Counseling can directly address and change misconceptions stemming from misinformation or local beliefs.

Case Study: Infertility and Gender Roles

In the infertility counseling sessions, one woman stated, "See our reports and confirm who is at fault." Though diagnosed with an irregular menstrual cycle and ovulation problems, she wanted to press the point that her husband had a low sperm count, which also contributed to their infertility. However, because his results were not discussed at home to safeguard his self-respect, she was blamed solely for their infertility. The counseling session gave her the opportunity to air her distress about this inequality.

Experiences and Behaviors about Infertility among Young Couples in Rural Maharashtra, India 2001-2006)

Study site: Ahmednagar district, rural Maharashtra, India.
Target group: 46 poor, rural couples with perceived or experienced infertility.
Objective: Document and address the experiences, concerns, knowledge and health-seeking behavior of young, rural, Indian couples perceiving that they are infertile.
Study design: Demographic, economic and occupational survey data collected for 79 young, married, infertile women (and their households) who sought care for infertility; in-depth qualitative interviews with 46 young married infertile women on marital history, obstetric intentions and history, perceptions and norms around fertility and failure to conceive, and treatment-seeking behavior; process documentation of counseling sessions.

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About the FRHS and ICRW's Adolescent Reproductive Health Program in India

The Foundation for Research in Health Systems (FRHS) is a nongovernmental organization with offices in Ahmedabad, Delhi and Bangalore, India. FRHS's study on perceived infertility among young couples was part of a broader multi-partner program, led by the International Center for Research on Women (ICRW), aimed at improving girls' reproductive health. This research program, the Adolescent Reproductive Health Program in India, was funded by the Rockefeller Foundation.