



A Study on Social Perception on Male Infertility in City of Guwahati-South, Assam

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Abstract: Reproduction is a phenomenon that has evolved for the survival of the living of different species by producing continuous stream of new generation of that species. Failure to this process results in infertility. Infertility inflicts devastating emotional trauma on the individual for being unable to fulfil the biological role of parenthood for no fault of his/her own. Infertility and problems of impaired fecundity have been a concern through ages and is also a significant clinical problem today. The study aims to understand the societal perceptions of male infertility and analyse the subjective experiences of infertile men and how it affects the emotional development of an individual.

Index Terms - Male infertility, Masculinity, Distress, Assam

INTRODUCTION

Reproduction is a phenomenon that has evolved for the survival of the living of different species by producing continuous stream of new generation of that species. Production of a new human being begins with fertilization. Failure to this process results in infertility. The rates of infertility in less industrialized nations are markedly higher and infectious diseases are responsible for a greater proportion of infertility. In general, it affects approximately 7% of all men. There are a variety of social stigmas that surround male infertility throughout the world. Starting in the late 20th century, scientists have expressed concerns about the declining semen quality in men. Various studies have shown a decline in sperm count, motility, morphology, and seminal volume. There are no reliable figures for global prevalence of male or female infertility, but estimates suggest that nearly 72.4 million couples globally experience fertility problems. The central difficulty associated with infertility in developing countries is that infertility transforms from an acute, private agony into a harsh, public stigma with complex and devastating consequences. Even if infertility were so narrow in its impact, a harm to individuals rather than to society, it would be no less a serious public health concern.

Given the pervasiveness of infertility and the seriousness of its harms, infertility is a substantive public health problem. According to the WHO definition of health, it could be argued that the emotional and psychological harms associated with infertility are health harms. Denying psychological harm as a serious health problem is a classic man oeuvre that has been the cause of pervasive health care discrimination in most countries. Moreover, infertility does transform a potentially private, individualized health problem into social suffering. Infertility has the potential to disrupt peace, exacerbate poverty, and devastate communities. The harms caused by infertility are pervasive, socially embedded, and serious, precisely because infertility interacts with a complex network of social relationships, social expectations, and social needs.

NEED OF THE STUDY

Infertility affects an estimated 15% of couples globally, amounting to 48.5 million couples. Males are found to be solely responsible for 20-30% of infertility cases and contribute to 50% of cases overall. It is a global problem, affecting approximately 15 percent of couples of reproductive ages. It is estimated that globally, 60-80 million couples suffer from infertility every year, of which approximately 15-20 million are in India alone. Male factor contributes to infertility as much as 51.2% according to a large World Health Organization (WHO) study of more than 8500 couples.

The significance of the study lies in raising awareness about male infertility in the society and in understanding how various factors such as lifestyle changes, stress, socio-economic conditions, etc., leads to infertility among men. It also intends to study how societal practices and attitudes affects the psychological well-being of infertile men. This study also tries to reduce the barriers from stigmas associated with infertility due to religious and cultural beliefs so that patients open and share their problems.

RESEARCH METHODOLOGY

3.1 Population and Sample

The area of the research was limited within Guwahati. Hence, the universe of the study were the entire infertile men in South Guwahati.

The respondents were formed by purely considering the purpose of study along with the understanding of target audience. Non-probability sampling method was used for entire data collection. Purposive Sampling method was used to get the samples of 5 infertile men. The 5 responses were obtained by visiting Institute of Human Reproduction IVF Clinic and HSG Test Centre, Santipur, Guwahati and Apollo India IVF Clinic, Ulubari, Guwahati. Another 50 samples, who were the general population of selected age groups were chosen using Quota Sampling method for the purpose of understanding society's perceptions towards male infertility. Respondents had been divided into five age groups: 25-30 years, 31-35 years, 36-40 years, 41-45 years, and 46- 50 years where 25 respondents were female, and 25 respondents were men.

3.2 Data and Sources of Data

Data for the present study had been collected from both primary and secondary sources. Primary data are those which are collected by a researcher from first-hand sources using methods like survey, interview, case study, etc. One of the main sources of primary data of the present study was the survey method for which questionnaires were used to understand the social perceptions of the people of selected age groups. Another important source was the case study method which was adopted to understand the experiences of men with infertility and how it affects their social and psychological well-being. The secondary sources of data include various articles, journals, books, reports, etc. which were used to understand the trends of male infertility across the globe, the various factors leading to male infertility and to understand the research gap between other studies conducted earlier and the present study.

3.3 Theoretical framework

Variables of the study contains dependent and independent variable. The dependent variable of the study is male infertility. Male infertility is caused by a variety of factors which includes biological (low sperm count, low sperm motility, etc) environmental (pollution, chemicals, etc.), lifestyle (smoking, alcoholism, engaging in electronic gadgets, etc), and occupational (exposing of heavy metals, stress, high temperature, etc.) factors. Therefore, all these factors act as independent variables as they affect male infertility by interfering with sperm motility, sperm morphology, sperm DNA, etc.

Structuralism aims to understand social interactions as a pattern of internally organised relationships. Human beings can't survive as individuals, their survival is collective and based on reciprocal obligations. So therefore, to understand the socio-psychological perception on male infertility, we need to understand social interactions as a pattern of internally organised relationships.

Malinowski's belief of the importance of biological requirements in social action is the most apparent link between social anthropology and structuralism. The modes of communication are all based on physiological essentials, Malinowski's 'primary needs' of food, sex, and shelter. While all of us must eat (a primary need), what we eat is decided by culture. Cultural norms distinguish between what is considered food and what isn't, how food should be prepared, collected, and eaten, and form a 'grammar' of food. This is equally true of sexual behavior where there is a clear distinction between permitted and banned sexual activity; for example, every culture has a ban on incest with different meanings of what incest is. The structuralist assumption is that in any one cultural system the structure of ideas which relates to food is independently coherent, as is the structure of ideas related to sex or clothing.

Social suffering is an approach of understanding human perspectives. The concept of 'social suffering' is used to refer to the lived experience of pain, damage, injury, deprivation, and loss. In the sociology of health, social medicine and medical anthropology, 'social suffering' is associated with efforts to broaden the biomedical conceptualization of pain so that recognition is brought to the ways in which both the experience of pain and a person's responsiveness to its 'treatment' are moderated by cultural conditions and social contexts (Bendelow 2006; Delvecchio Good et al. 1992); and here it also features as part of a critical engagement with conventions of health care practice that aims to make these more attuned to the lived experience of illness and the involvement of people's social biographies with in the generation of debilitating forms of mental anguish and distress.

Structuralism concerns about the diversity of the human nature and provides a solution to the uncertain relationships whereas social sufferings help in understanding human perspective. These two theories support male infertility by understanding the different perspectives of humans towards infertility and the uncertain relationships caused by the problem of male infertility.

3.4 Tools of Data and Processing Techniques

The tools of data used in the study were questionnaire and interview schedule. A questionnaire is a set or printed or written questions with a choice of answers devised for the purposes of a survey or a statistical study, whereas an interview is a conversation where questions are asked by the interviewer and answers are given by the interviewee. In this study, questionnaire was used to assess and interpret data regarding the society's attitudes and perceptions towards male infertility while the interview was used to understand the socio-psychological experience of infertile men.

IV. RESULTS AND DISCUSSION

4.1 Results of Study Variables

Table 4.1: Causes of Male Infertility

Sl. No.	Age Group	Unhealthy Lifestyle	Biological/Genetic Factors	Environmental Factors	Stress and Anxiety	Others	Total
1	25-30	6%	2%	4%	8%	0	20%
2	31-35	8%	4%	4%	4%	0	20%
3	36-40	8%	0	4%	6%	2%	20%
4	41-45	8%	4%	4%	4%	0	20%
5	46-50	6%	4%	6%	2%	2%	20%
	TOTAL	36%	14%	22%	24%	4%	100%

Table 4.1 shows the opinion of people from various age groups regarding the causes of male infertility. 36% of the respondents feel that unhealthy lifestyle is one of the main causes for male infertility. 14% of the respondents say that biological or genetic factors are reasons for male infertility. Environmental factors and stress and anxiety stand almost equally with 22% and 24% respectively with a slight difference of 2%. The rest 4% of people feel that all the mentioned options contribute as causes of infertility.

On discussion with the gynecologist, the researcher concluded that unhealthy lifestyle is the main cause for infertility. Unhealthy lifestyle includes smoking, drinking, consuming junk food, etc. Such factors result in hormonal imbalances which lead to infertility. Other factors such as stress and anxiety, environmental factors and biological factors also contribute to infertility but at much lower rates.

It can thus be concluded that respondents from various age groups have varying opinions about the causes of male infertility but among them unhealthy lifestyle is the major reason for male infertility.

4.2 Society's attitude towards men infertility

Table 4.2: Opinion on Social Stigma related to Infertility

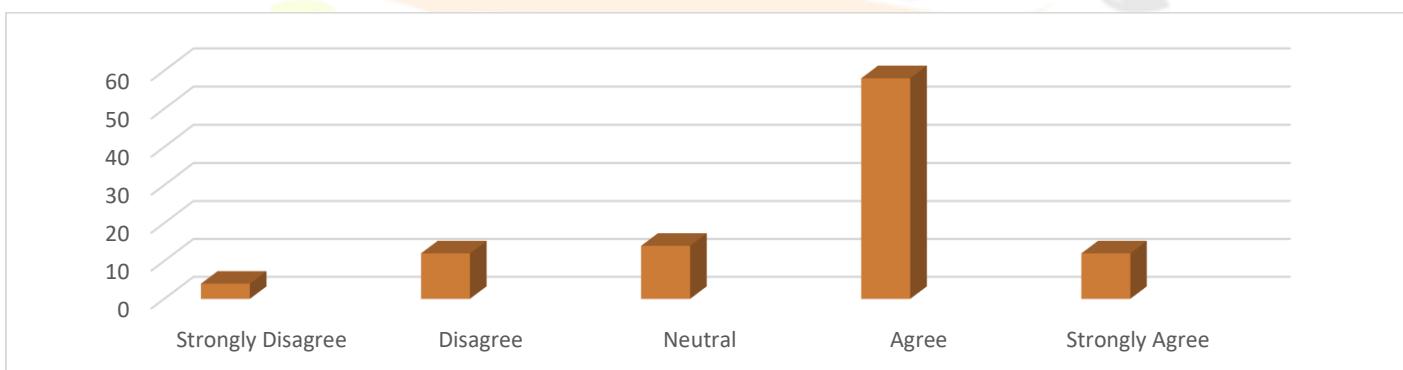


Figure 4.2 depicts the opinion of the respondents about the social stigma related to infertility. Data shows that 4% of the respondents strongly disagree to the fact that infertility is associated with social stigma as a baby is of religious significance in our society. Data shows that 12% of the respondents disagree to the statement and 14% of the respondents do not agree nor do they disagree. They remain neutral. 58% of the respondents agree that social stigma is associated to infertility whereas 12% strongly agree.

On discussing with the gynecologist, it was understood that social stigma related to infertility persists because sex is not an openly discussed topic in our society. Hence infertile men and women often feel she and ashamed to reveal the fact.

It can thus be concluded that a baby is still considered to be of great significance in our society and still has religious implications associated with it. People should learn to openly talk and discuss about such issues to get rid of the taboos and social stigma associated with it.

4.3 Findings

The study has mainly focused on the social perception of male infertility among common people. It focused on analyzing the causes that leads to male infertility. It has also focused on the demographic profile of infertile men, their social condition, the various livelihood challenges and the conventional stereotypes towards male infertility. The study also focused on the family challenges faced by infertile man and how it affects them psychologically. Basically, it highlighted the subjective experiences of infertile men and how it affects the emotional development of an individual.

Cause of male infertility

- Unhealthy lifestyle habits (smoking, drinking, consuming junk food, etc) is one of the major reasons for infertility among men.
- Lack of adequate treatment measures for infertility is the reason why infertility cases are reported less in rural areas.

Conventional stereotype towards infertility

- Moral support of the partner and family is the most effective measure to cope up with distress, guilt, and low self-esteem among infertile couples.
- Encouraging couples to support and understand each other more is the best possible way to eradicate misconceptions about infertility that arise from cultural norms and the system of patriarchy that exist in India.
- Lack of support from the partner and family is the major reason for strained relationships among infertile couples.
- Infertile women have lesser status and prestige in the society due to the social stigma and taboos related to infertility.
- Women are held solely responsible for infertility in most cases because men try to keep their infertility under cover.
- People strongly agree that there is social stigma related to infertility as having a baby is of religious significance.

Psychological experience of infertile men

- Infertility affects men both socially and psychologically as they develop a feeling of inadequacy and guilt and hence makes them distressed.
- Stress and infertility have a two-way cause and effect relationship. Infertility leads to stress on one hand and stress also leads to infertility on the other hand.
- Both the husband and wife get almost equally affected on either one of them being infertile.

4.4 Suggestion

- Determining the level of knowledge and awareness of fertility practices among Indian couples has important public health implications. Targeted fertility education and public enlightenment programmes may help in reducing the number of couples experiencing age related infertility and enable timely referral for assisted fertility treatment.
- If a couple is found that they are unable to have children due to infertility, there are other options they can explore to start a family, namely adoption. While there are still ways to get pregnant, these require extensive medical treatments that can be incredibly expensive. For both children and parents, adoption can be a lifesaver.
- Family support is the most effective measure to help the infertile couples come out of their distress and anxiety. Family members should be sensitive to the pain stress and emotional pressure of childlessness. They should also keep their lines of communication open so that the infertile couples feel free to discuss about their emotions.
- Sex education is very important to understand the process of infertility which includes teaching students that one in six couples experience infertility, that it is as much a male problem as it is female, and that age affects pregnancy success. We need to change the school curriculum to teach facts, not myths of reproductive health.
- Contraception is an important part of sex education, but there is a real need for young people to be better educated generally on the factors that could affect their fertility. It is important to educate people about their bodies, about the process, to understand that it doesn't happen quickly for everyone.
- Infertility can be distressing. In an environment where your reproductive capabilities define the conventions of your gender, infertility can become a social curse. Infertility has huge social ramifications in India. Couples and individuals must resist any stigma and pressure and approach the issue with a rational temperament.
- There is a necessity for more cheaper and effective treatment options especially for male infertility. While women have specialized gynecologists to treat them, Andrologists who are specialists in treating male infertility, are very less in India.
- Rural health services do not include infertility treatments. Hence there is a need for more infertility clinics and treatment options in rural areas.

Acknowledgment

The preferred spelling of the word “acknowledgment” in America is without an “e” after the “g”. Avoid the tilted expression, “One of us (R.B.G.) thanks...”

Instead, try “R.B.G. thanks”. Put applicable sponsor acknowledgments here; DONOT place them on the first page of your paper or as a foot note.

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