

Primary Childlessness among the Married Men in India: Some Observations.

Ramarao Dharmana

Head, Dept. of Sociology Andhra University, Visakhapatnam, India

Abstract

This paper explores the prevalence, patterns, and socio-demographic-behavioral correlates of childlessness among married men in India, as revealed by the National Family Health Survey – 3. It also analyses the experiences of childless married men through in-depth interviews in two metropolitan cities, namely, Kolkata and Mumbai. The proportion of married men who are childless after five years of marriage is 2.2 per cent in India. Higher age at marriage, multiple marriages, low standard of living, joblessness, being ever tested for AIDS (Acquired Immune Deficiency Syndrome), smoking, and asthma are found to be significant determinants of childlessness among men.

KEYWORDS: infertility; male childlessness; married men; National Family Health Survey; primary childlessness]

INTRODUCTION

In a nation struggling with family planning and population control, involuntary childlessness may not be a matter of concern. However, to both man and woman begetting a child provides them an identity; hence, involuntary childlessness leads to several social and psychosocial consequences for both. Studies in India and elsewhere have provided estimates and medical factors associated with childlessness from women's perspective. There is an equally varied range of reasons for childlessness among men, ranging from explained factors to unexplained medico-social-cultural factors. In the wake of studies suggesting increasing childlessness (both voluntary and involuntary), it would be important to provide the male perspective of involuntary childlessness. This study examines childlessness among married men aged 15 to 54 using data collected from the National Family Health Survey – 3 (Inter-national Institute of Population Sciences and ORC Macro 2007). It estimates the prevalence, patterns, and socio-demographic-behavioral correlates of childlessness as far as the secondary data allows. In a society where manhood is often linked to fatherhood, it would be also interesting to explore the attitudes of such men towards this issue.

Infertility is hard to define. Childlessness is broadly defined as proportion of men/women/couple that have not had a live birth by the time of interview despite x years (usually 5 years) of exposure to pregnancy and in the absence of contraception. However, the risk of underestimation is always there, due to lack of consideration of secondary childlessness and misreporting (Jejeebhoy 1998). The degree of misreporting or underreporting is perhaps lower for married men than women in a patriarchal society like India where women's status depends on her reproductive capability. According to NFHS –3, 2 per cent 'currently married women' aged 40–49 are childless, while it is 3.4 per cent for 'all women' (never married, currently married, married but husband is not alive/

separated) in the same age group. In India, marriage is universal and so is childbearing, except a few highly educated urban couples who opt for voluntary childlessness. Thus, it can be said that the difference of 1.2 per cent (3.4 – 2 per cent) in the above measure is due to ‘never married’ women and for those who are ‘married but husband is currently not alive/separated’. Information related to male childlessness is completely unexplored, as there is a prevailing perception that infertility is a woman’s problem.

REVIEW OF LITERATURE

One-third of all cases of infertility result from problems related to males, one-third related to females and the remaining one-third from problems related to both males and females combined (Mayo Clinic Foundation Infertility 2010). The reasons for childlessness among females are better known than among males. A study in the United States of America using National Survey of Family Growth (2002) found that 7.5 per cent of all sexually experienced men reported a visit for help with having a child at some time during their lifetime. Of the men who sought help, 18.1 per cent were diagnosed with a male-related infertility problem, including sperm or semen problems (13.7 per cent) and varicocele (5.9 per cent) (Anderson et al. 2009). Around 15 per cent of couples are unable to conceive after one year of having regular sexual relations – a number that is consistent across all cultures. Also, data on infertility among couples suggest that 30 per cent of infertility is attributable to men, 30 per cent to women, 10 per cent to a combination of the two and 30 per cent due to unexplained causes, with study results suggesting that there is a split between the sexes (Centre for Disease Control and Prevention 2013).

However, it is found that male infertility is often overlooked by doctors and couple’s infertility is most often perceived as a female health issue, when in fact the male partner may be having the problem. Among the males, the commonest causes are medical related reasons. Knowledge of male infertility is truly limited and treatment is rarely effective (Jejeebhoy 1998), especially in South Asian context and thus needs detailed research. Prevalence of STD (sexually transmitted disease), over exercise, smoking and alcohol consumption (Inhorn and Buss 1993) are potent causes of male infertility. Unlike the varied causes reported for female infertility like tumor in the uterus, vaginal infection and incapability to carry a pregnancy to term, the main cause for infertility in men was mainly reported to be low sperm count. However, the actual cause for the low sperm count is still not very clear. The question of whether any genetic or behavioral aspect influences the cause of infertility is unknown even for educated couples. Unfortunately very little research is available on socio-cultural and behavioral correlates of male infertility. At the all-India level, more childless women than those with children had reported experiencing domestic atrocities perpetrated by spouse and/or in-laws (Ram 2006; Agrawal et al. 2012).

Literature from the developed nations shows that timing of events such as divorcing early, employment type, education level, leaving the parental home, and late marriage are factors contributing to childlessness (Hagestad and Vaughn 2007). A study of childless Australian men found that attitudes towards family, health, money, women, work and leisure factored into voluntary and involuntary male childlessness (Parr 2007).

The childless individual is vulnerable to social isolation, loneliness, depression, ill health, and increased mortality (Dykstra and Hagestad 2007). Also, lone childless men are at increased risk of death through suicide, addiction, injury, external violence, poisoning, and lung and heart disease. This was linked with emotional instability and willingness to take risks.

Studies on correlates of male childlessness are almost non-existent in India. Field-based research in the developed nations related to male childlessness is also limited; they mainly emphasize behavioral perspectives. But, for any man, the importance of fatherhood is no less than motherhood for a woman. It gives him a sense of fulfillment with the presence of his own complete family and also the status and position in society, which can be enjoyed only by being a father. Men in every society have emotional as well as social stigma once they fail to become a father, though in traditional culture they have a way to hide their incapacity or overcome the stigma by subduing the whole issue.

METHODOLOGY,

In this study an attempt has been made to collate information of childless men with the help of NFHS-3 data. Further, twelve in-depth interviews (four couples, five men, and three women) were conducted to understand the experience and perception of childless men.

DATA:

This research uses both the primary and secondary sources of data for analysis to draw conclusions. Mainly the data used for analysis in this paper is drawn from NFHS-3, a cross-sectional survey of the entire country. The data collection of the survey took place in two phases: the first phase from November 2005 to May 2006 and the second phase from April to August 2006. This survey is considered to be a quality survey for health policy formulation.

SAMPLE:

In this survey a uniform sample design was adopted in all states, applying probability proportion to population size sampling in the first stage and then random sampling in the following stage/s. It contains information on 43,501 currently married men.

INSTRUMENT:

An interview schedule was used to collect data from men aged 15–54 who were residents of sample households and ever married women aged 15–49. Infertility has always been a sensitive and stigmatised issue. In order to explore this, some in-depth interviews (couples, male, and female) were conducted of those who were facing the problem of infertility. As the treatment seeking and availability of the treatment for infertility is concentrated mostly in the metropolitan cities and, among them, Kolkata and Mumbai are well known for infertility treatment, these cities were purposively selected. Many clinics in these cities have well-known practitioners and the clinics were contacted to seek prior permission for conducting the interviews. Those clinics that had given permission were visited. Written or verbal consent was taken from the respondents before interviewing

them; interviews were based on the willingness of the respondents. In all four couples, five men, and three women were inter-viewed. These in-depth interviews revealed the response to and the attitude towards the issue of childless men.

LIMITATIONS

Childless men are defined as married men who have zero children ever born with marital duration of more than x years (usually five years), and wife not being pregnant at the time of NFHS-3 survey. Also, the World Health Organisation has given the demographic definition of infertility as an inability to become pregnant with a live birth, within five years of exposure based upon a consistent union status, lack of contraceptive use, non-lactating, and maintaining a desire for a child. Thus, based on the definition, the marital duration of five years has been taken for analysis. After applying the selection criteria, total men analysed in the study are 37,038. For this study, secondary childlessness is not taken into consideration in the study.

ANALYSIS

Bi-variate and multivariate techniques are used for data analysis. Prevalence of childlessness (that is, the percentage of married men remaining childless after x years of marriage and wife not being pregnant at the time of the survey) is calculated by various characteristics. For a rough idea, the proportion of childless women (that is, married women who have zero children ever born with marital duration more than five years, not terminated pregnancy, and not pregnant at the time of NFHS-3 survey) are also added. To understand the determinants of male childlessness, binary logistic regression has been applied at the all-India level. Childlessness is dichotomous dependent variable where '1' is coded for those men who are childless and '0', otherwise. So, the odds ratio explains the chance or probability of remaining childless according to the predictor variables. The regression model includes relevant socio-economic variables (religion, caste, place of residence, standard of living, occupation, education, number of marriage/s), demographic variables (current age, age at marriage), and health related variables (STD, AIDS, diabetes, asthma, and smoking). Multivariate regression coefficients are represented in the form of exponential β with 95 per cent confidence interval.

RESULTS

Prevalence of Childlessness by Background Characteristics

Defining childlessness is problematic as it varies across culture, scientific discipline, and the type of research. Since this study is based on large-scale data, the time period of childlessness is mainly considered as more than five years of marital duration. It is important to see the change of proportion of childless male by marital duration. It has been found that 3 per cent married men are childless in India when a marital duration of more than two years is considered. This proportion decreases to 2.2 per cent if the marital duration of more than five years is considered. That means, in the third, fourth, and fifth year of marital duration, only 1 per cent childless men have become fathers. The NFHS-3 shows that 2.7 per cent married women are childless after five years of their marital duration. Therefore, it can be said that there is a consistency in the result of percentages

of married men and percentages of married women with marital duration of more than five years who are childless. As regards regional distribution (see Figure 1), it is seen that Goa has the highest proportion (6.5 per cent) of childless men after five years of marriage. It could be due to voluntary childlessness, which needs further exploration. In Tamil Nadu and Mizoram, around 3.5 per cent married men are childless, while in three adjacent states of Andhra Pradesh, Chhattisgarh, and Orissa, it is 3.2 per cent. The proportion of childless men is just 0.6 per cent in Punjab.

The study shows the proportion of men who are childless after five years of marital duration by varying background characteristics. The first sets of characteristics include basic background characteristics, followed by socio-economic characteristics, and the last set includes health related variables. Age is a crucial factor for childlessness. While 7.5 per cent of married men aged 20–24 are childless, it is 1.8 per cent for those aged 40 years and above. The prevalence of childlessness is also relatively higher in capital/large cities (2.6 per cent) compared to other places of residence. Among Christians, childlessness is found to be relatively high (2.7 per cent). Among socio-economic factors, very high occurrence of childlessness is observed among those marrying above 35 years, that is, 17.1 per cent. About 3 per cent men who have married more than once are childless, against 2.1 per cent of those married once. No clear pattern in prevalence of childlessness is observed by wealth quintiles. Among health related factors, higher occurrence of childlessness is observed for those who had STD in the past twelve months (2.4 per cent), who have ever tested for AIDS (3.2 per cent) and those who suffers from asthma (2.8 per cent).

Determinants of Childlessness

The study further shows the determinants of childlessness among men. The result shows that with age, childlessness decreases markedly. Yet, higher the age at marriage, greater is the chance to remain childless. Compared to those who are marrying at an age less than 21 years, men marrying at 21–35 are 14 per cent more likely to remain childless and those marrying at an age of more than 35 are 18 times more likely to experience childlessness. Hindus are 52 per cent more likely to experience childlessness than other religious groups that includes mainly Sikhs, Buddhists, and Jains. Those who have more than one marriage are 1.6 times more likely to experience childlessness. However, this could be interpreted the other way round, that is, those who remain childless might have higher chances to remarry.

Education does not have any association in this regard. However, with increase in living standards, the risk of remaining childless significantly reduces. Those with higher standard of living are 30–35 per cent less likely to remain childless compared to the low income group. Type of occupation among men shows a significant role in this regard. Those men, who are unemployed, are two times more likely to experience childlessness. Similar risk is observed (1.3 times more) for those engaged in services in comparison to manual workers. Among the health factors, important determinants are smoking, suffering from Asthma and if tested for AIDS, that is, those who smoke and suffers from asthma, the chance to remain childless is 1.5 times more than non-smokers or those who are non-asthmatic, and those who ever tested for AIDS are also 1.4 times more likely to

remain so. The predictors with $p < .01$ are higher age at marriage, multiple marriages, low standard of living, jobless status, and smoking.

Narratives from In-depth Interviews

One of the correlates of male infertility, as observed above, is age. Generally, it is believed that men are 'evergreen' and do not suffer from difficulties of reproduction from their side. However, this perception was proved wrong in the case of a man in his late forties, whose wife was in her late twenties. This was his second marriage; after the death of his first wife, he had become lonely and wanted someone to take care of him and thus he married again. However, when they tried to have a baby, they found that the wife was not conceiving. At first, they thought that the problem was with the wife, since the man had been able to have three children of his own from his first marriage. When no problem was diagnosed with his wife, the husband was diagnosed and it was then found that the problem was with him and his sperm count. He said, I was a bit surprised with the result. I couldn't believe it at first. How could I not be able to help my wife conceive when I was able to have three children of my own earlier? But, may be, it is because of my age. Whatever it is, I still want to have one more child.

Regarding reaction at personal level, a distinct difference in attitude has been observed between men and women. While women seem to carry a subtle sense of guilt and disappointment with themselves, men seem to have a more positive approach towards the problem. One man said, 'I was not upset as the sperm count was almost similar to the mini-mum level prescribed by the World Health Organisation, with medicines, I know, it will improve.'

Couples reported that the infertility treatment procedure they went through was painful and physically strenuous. There exists a communication gap between the patients and the doctors in this regard. A female respondent opined, 'It would be better if the doctors do tell end to end about the procedure as it will help the person to be mentally pre-pared better.'

One husband suggested that the clinics and medical practitioners should arrange for proper counselling sessions for couples so that they are better able to cope up with the post-ART (Assisted Reproductive Technology) treatment, especially in case of failure to conceive. Others suggested establishment of communities consisting of infertile couples to exchange information and easing off emotional stress for people experiencing the problem.

When the role of the government was discussed, a male respondent said, Government can help the couples by reducing the cost of ART and making the procedure easily available and accessible in government hospitals. On the contrary, in a country where population is a problem and most policies are anti-nationalist, such policy formulation may face obstacles from different corners.

DISCUSSION

The myth of women being responsible for childlessness is very much persistent in the mind-set of common people in India, where childbearing is universal. That is why, all published studies and discussion about Primary Childlessness among Married Men in India 337 childlessness and its correlates are from women's perspective. Men too have social and emotional repercussion if they, as husbands fail to become fathers, whatever may be the cause. Though stigmatization of such males is much lower compared to such women, it does not help to remain silent about men in this pertinent field of research.

Using the NFHS-3 data this paper has explored the prevalence and correlates of male childlessness in India. The paper has also tried to complement this exploration through in-depth interviews which have thrown light on many unanswered issues. The first issue is the very cause of infertility. When we talk about female infertility, ovulation disorders, damage of fallopian tubes, endometriosis, cervical blockage, infection, hormonal causes, and many more reasons can be cited. Most importantly, there is an explanation to the occurrence of these problems. However, as regards male infertility, the cause is lower quantity and inferior quality of the sperm or erectile dysfunction. But that is just the outcome. What is important is to have a proper understanding of the explanation for the low sperm-count. In fact, the myth of men being 'evergreen' is also questioned. Man's fertility starts declining around the thirties, as the quality of a man's sperm diminishes and the motility of the sperm also declines with age.

In India, child birth is mainly an outcome of marriage, so age at marriage is crucial in this regard. Our study has pointed out that the chance of remaining childless increases from the age 21. Interestingly, another study carried out with a convenience sample of healthy men from a non-clinical setting has shown that semen volume and sperm motility decreased continuously from age 22 onwards (Eskenazi et al. 2003). Research also has highlighted possible genetic bases for male infertility, including micro deletions seen in 20 per cent of men in the azospermic factor region. In this study, it is found that even educated couples are unaware of the specific causes that can lead to male infertility. They feel that there is no link between their genetic, behavioral, lifestyle, and environmental factors and infertility. Many people do not realise that there are many environmental issues and exposure to toxins exposures that can damage the testes and cause a decrease in sperm count.

There is a difference in attitude of acceptance of childlessness between the male and the female partners. While the male partners, who were suffering from infertility, were found to be more positive in their attitude, the female partners, who were infertile, seemed to be more desperate. Surprisingly, even the female partners of those husbands who were infertile somewhere deep down felt guilty and sorry for their husbands, while the husbands themselves were much more optimistic and did not consider the situation to be of absolute despair even when they knew that it is they who have medical problems related to conception.

Couples, in general, have a negative attitude towards social acceptance of their infertility. Apprehension about social acceptance does exist and it is because of social stigma that only close and very few restricted people are informed about the situation.

Unemployed married men are most likely to remain childless. It may be because of the constant depression and stress that can be contributed to childlessness. If we see the statistics for remarriage, the men who have reported to have married more than once are more likely to be childless than those who have reported to have married once only. The issue here is whether the men who go for multiple marriages are doing so because they are childless, hoping to have a child through another marriage, or they are remaining childless because they are having multiple marriages. This needs further probing.

This study also shows that smoking and asthma have significant effect on childlessness. Smoking is associated with reduced semen quality (Carlsen et al. 1992; Künzle et al. 2003). Smokers have lower sperm count, lower motility of sperm, and increased abnormalities in sperm shape and function. Also, smoking has an adverse effect on the woman's ovaries. Active smoking by either partner has an adverse effect and the impact of passive smoking is only slightly less, comparatively. It has also been found that asthma increases the chance of remaining childless. Clinically it has been observed that many patients with un-explained infertility simultaneously suffer from asthma and allergy. This group of people are harder to treat for infertility than healthy and not asthmatic and non-allergic persons (Gade 2013). Also, women are proved to be at a higher risk of infertility if they suffer from asthma (Tata et al. 2007).

The treatment procedure, however, is not a very stress-free one. As reported in in-depth interviews, the treatment-seeking procedure was strenuous and laborious. It is also seen that, as the standard of living increases, the probability of being childless decreases. The issue here is

whether it is the infertile men/women with higher standard of living who are able to avail better treatment for their problem and thus able to ultimately bear a child of their own, or is it poverty per se which is directly linked to childlessness.

Infertility treatment in itself is a very costly affair and the government hospitals hardly provide it. For infertile men or couples belonging to low standard of living, it becomes very difficult to avail proper treatment for prolonged duration. Not only is the place for service a problem for them, the cost associated with it also forces them to remain childless. Since fertility treatment is provided mainly in the private hospitals/clinics and select government hospitals, it becomes very difficult for poor people to avail it. Another service that is necessary in relation to treatment-seeking procedure for infertility is counselling. Introduction of insurance coverage for fertility treatments is a potential area not explored in India. Lastly, awareness and dissemination of knowledge about infertility and problems related to it can prove to be very useful and beneficial to all the couples.

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