

# Understanding the Socio-Cultural Dynamics of Infertility: Insights from Women Undergoing In-Vitro Fertilization in Haryana

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## Abstract

Fertility is often considered central to a woman's identity (Friedan, 1963), with pregnancy and motherhood holding significant cultural value. Infertility disrupts the traditional social structure of parenthood, leading to stigmatization, especially in patriarchal societies like India (Bhardwaj, 2016). This study explores the lived experiences of women undergoing IVF treatment in private clinics in Gurugram, Haryana, focusing on socio-economic factors, emotional challenges, and barriers within the IVF process. A pilot survey included 25 women, 17 husbands, and five infertility specialists, selected through purposive sampling. Data were collected using an interview schedule and analysed using percentage analysis. Findings reveal that 96% of participants experienced primary infertility, with durations ranging from one to 11 years. PCOS (36%) and endometriosis (24%) were the leading causes. Emotional support, primarily from husbands, was crucial for 56% of women. While 60% chose clinics based on success rates, 40% relied on referrals. Notably, 45% felt motherhood was vital for social status, highlighting societal pressures. The financial and emotional toll was significant, with 72% describing IVF as exhausting. Specialists cited late marriages and stress as key infertility factors. This study underscores the need for supportive interventions addressing the medical, emotional, and social dimensions of infertility.

**Keywords:** Haryana, India, infertility, In-vitro fertilization, motherhood, women's health

## 1. Introduction

Butler (1990) argues that gender is a recurring set of behaviors that an individual exhibits based on her biological characteristics; it is a role or performance that people play based on their biological identity, such as sex. We classify people according to their gender and have certain expectations for their behavior. Gender stereotyping is the term for this process; for instance, cultural expectations and views—which frequently impose obstinate and irrational standards on women—are infused with presumptions about fertility and parenting. Infertility in women is widely stigmatized, and it is

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occasionally followed by misinterpretation and condemnation. Because motherhood is viewed as one of a woman's greatest fulfillments by the community, women who are having trouble getting pregnant feel alone and rejected.

A significant public health concern with practical socioeconomic repercussions is infertility. It disrupts the mother (womb), father (semen), and child (hatchling), which constitute the sacred social and biological triangle (Bhardwaj, 2016). In a patriarchal culture such as India, any departure from this triangle puts marriage in question and stigmatizes the couple who seek assistance. All human behavior is primarily motivated by the desire to have offspring. Because female infertility prevents women from having as many children as they desire and exposes them to emotional and marital conflict, it can have a negative impact on women's health in communities where having children is highly prized.

Primary, secondary, and unexplained infertility are the three primary categories. Primary infertility occurs when an individual has never conceived, while secondary infertility occurs when an individual has conceived at least once before (WHO, 2024). Sometimes, even after thorough research, the fundamental causes of infertility are still unclear, leaving infertility unexplained. It can be very disheartening and challenging to accept when there is no obvious cause for infertility. Many studies have demonstrated that infertility issues, which are frequently linked to negative emotional responses, affect women more severely than males (Holter et al., 2006; Jacob, McQuillan, and Greil, 2007; Jordan & Revenson, 1999). According to a sociological analysis of the social repercussions of infertility among Iranian women, Hasanpoor-Azghdy, Simbar, and Vedahir (2015) discovered that infertility hinders a couple from assuming their intended social responsibilities, which results in psychological and social issues. Infertile couples, they argue, frequently engage in social isolation by avoiding particular individuals or social gatherings. A couple may experience social marginalization, partial deprivation, and disregard from family members and other relatives. For women who are infertile, the situation is worse. Reduced social relationships with infertile women have been documented, which has resulted in social alienation.

Biological and social factors are among the many variables that lead to female infertility. Nonetheless, most studies agreed that about half of infertility in couples is caused by immunological, genetic, and anatomical reasons. Menstrual disorders, obesity, thyroid disorders, diabetes, fallopian tubes, uterine factor, ovulation issues, and cervical factor are the primary causes of infertility in women, according to epidemiological studies (Kundu, Ali, and Dhillon, 2022). For couples who are infertile, assisted reproductive technologies (ART) are essential to becoming parents. For those who do not have other viable options, methods like intrauterine insemination (IUI) and in vitro fertilization (IVF) have greatly enhanced the chances of conception (Zegers-Hochschild et al., 2017). The success rates of these procedures might differ greatly depending on a number of variables, such as age and underlying medical issues, therefore it's crucial to recognize that they do not ensure pregnancy (Practice Committee of the American Society for Reproductive Medicine, 2018).

Given that many couples may need several treatment cycles and pay significant costs without attaining the desired result, this uncertainty can cause emotional and financial stress (Boivin et al., 2011). Couples must have a strong support network, including counselling services, to manage the emotional highs and lows of the ART journey, which can offer both hope and sadness if attempts fail.

In developing nations such as India, where motherhood is prioritized by cultural and societal norms, infertility is a major worry. IVF and IUI, two assisted reproductive technologies (ART), have become essential options for couples dealing with infertility issues as knowledge of reproductive health issues

has grown. Nonetheless, there is still disparity in access to these technologies, with metropolitan areas usually having greater resources than rural ones. Despite the growing number of clinics providing ART services, many people may not be able to get it because to its expensive cost. Infertility's social stigma can also deter couples from getting treatment, underscoring the need for better support networks and education to make ART available to everyone who needs it.

Researching the socioeconomic background of women receiving IVF treatments in Gurgaon, Haryana, fertility clinics has been the main goal of this study. Gender-based connotations are stronger in Haryana, the state with the lowest sex ratio in the nation. Investigations into the effects of infertility on women and their close relatives were attempted. Additionally, the experiences of women and their husbands undergoing IVF treatment were noteworthy, and finally, the efficacy of IVF in treating infertility was also investigated. The viewpoint of healthcare professionals was also taken into account in order to understand their point of view.

**2. Literature Review**

The literature review serves as a comprehensive synthesis of existing research and scholarly works relevant to the topic of the study.

**2.1 Infertility trends across the world and India**

Researching the socioeconomic background of women receiving IVF treatments in Gurgaon, Haryana, fertility clinics has been the main goal of this study. Gender-based connotations are stronger in Haryana, the state with the lowest sex ratio in the nation. Investigations into the effects of infertility on women and their close relatives were attempted. Additionally, the experiences of women and their husbands undergoing IVF treatment were noteworthy, and finally, the efficacy of IVF in treating infertility was also investigated. The viewpoint of healthcare professionals was also taken into account in order to understand their point of view.

**Table 2.1: Infertility trends across the world and India**

Author	Title of Article	Country and Year of Publication	Key Findings
Jeejeebhoy (1998)	Infertility in India—levels, patterns and consequences: Priorities for social science research.	South East Asia, 1998	Infertility is not given much attention as a health issue or research topic in most underdeveloped countries.
Census (2011)	Indian Census	India, 2011	Infertility affects 4-6% of Indian couples, with a higher prevalence in urban areas and among educated individuals.
Unisa Sayeed (2022)	An exploration of treatment seeking behavior of women experienced infertility and need for services in rural India	India, 2022	Women in rural areas face limited access to infertility treatment; 40% of women reported the need for affordable treatment and better diagnostic services.
Zargar et al.	Epidemiologic and etiologic	India, 1997	India's infertility patterns align

(1997)	aspects of primary infertility in the Kashmir region of India.		with global trends; infertile couples often report late for evaluation.
Riessman (2000)	Even if we don't have children [we] can live”: Stigma and infertility in South India.	Kerala, India, 2000	Infertile women in Kerala feel inferior to other women due to societal expectations around motherhood.
Daar & Merali (2001)	Infertility and social suffering: The case of ART in developing countries	Global Perspective, 2001	Infertility is not just a personal issue but a societal one; it can damage social ties, worsen poverty, and disrupt peace, especially in patriarchal societies.

Source: *Compiled through review of literature*

### 2.2 Infertility in Haryana

By examining the relationship between stress and well-being in women suffering through infertility, Sangeeta and Siwach's (2024) study seeks to advance knowledge of infertile women's well-being, stress levels related to infertility, and factors influencing their well-being. According to the study, infertile women's well-being was influenced by their age, length of marriage, and length of infertility. A number of factors led to reduced levels of stress and well-being, while infertile women experienced stress and despair, which affected their wellbeing. There are various other studies which explains various implications of infertility in Haryana.

**Table 2.2: Infertility in Haryana**

Author	Title of Article	Country and Year of Publication	Key Findings
Shoeran & Sarin (2015)	Infertility in India: Social, religious, and cultural influences	India, 2015	Having a baby after marriage imposes significant hardship on women. Childless women face social and financial challenges, regardless of income or education levels. Health professionals must consider cultural and societal impacts of infertility.
Mittal & Yadav (2015)	An epidemiological study of infertility among urban population of Ambala, Haryana.	India, 2015	Primary infertility was 6.1%, while secondary infertility was 5.7%. Ovulatory factors were the leading cause of primary infertility, with tubal obstruction and PID being major causes of secondary infertility.
Kataria & Rani (2023)	Reproductive risk factors associated	India (Sonapat,	Infertile women showed a high prevalence of symptoms related to

	with female infertility in Sonapat district of Haryana: A community-based cross-sectional study	Haryana), 2023	sexually transmitted infections and reproductive tract infections.
Sultan (2018)	Childlessness in India: Societal Challenges and Influencing Factors”.	India, 2018	Childless women are socially ostracized and face personal and societal challenges. Factors influencing childlessness include cultural background, education, and labor force participation. Social norms in India prioritize reproduction, with being childless or without a male child leading to prejudice and hostility.

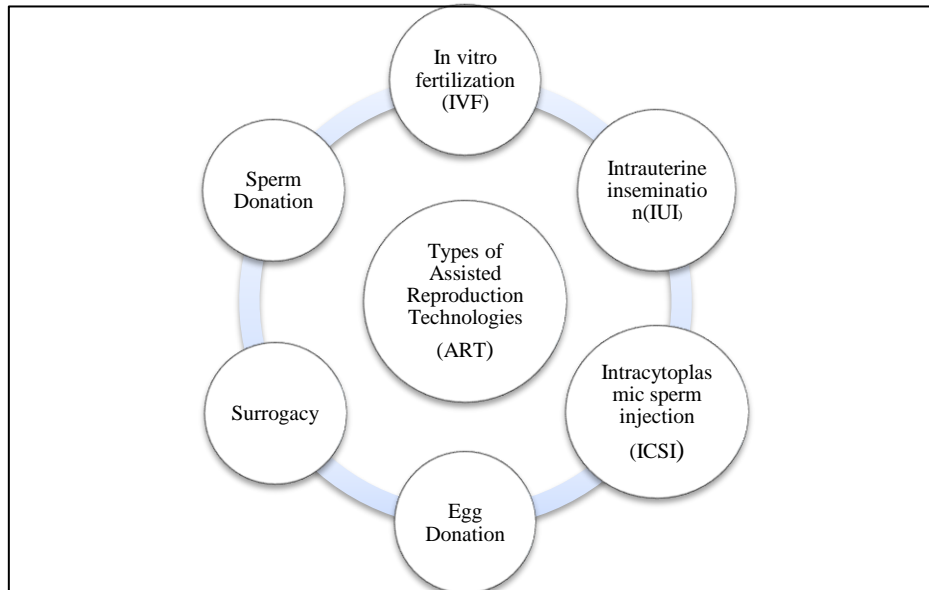
Source: *Compiled through review of literature*

### 2.3 Assisted Reproductive Technologies (ARTs)

Over the last two decades, there have been three significant changes in infertility practice. Assisted reproductive technologies have enabled research into basic reproductive systems. Secondly, socioeconomic changes have led to a rise in the number of women over 35 seeking pregnancy. This is related to the later age of marriage and the postponement of childbearing. Molecular biology and genetics play a crucial role in studying, diagnosing, and assessing couples who were previously classified as unexplained infertile couples (Olmedo, Chillik and Kopelman, 2000).

Many medical treatments are classified as ART, including Vitrification, In-vitro fertilization (IVF), Intracytoplasmic sperm injection (ICSI) and Intrauterine insemination (IUI). Furthermore, the impact of ART on multiple births and the resulting health effects emphasizes the importance of using these technologies responsibly and ethically (Barker et al., 2016). According to a study conducted by Kumar et al (2013), women undergoing IVF therapy typically experience anxiety and sadness because of their infertility and the uncertainty surrounding the treatment procedure. Even under ideal settings, the success rate of IVF remains around 30%, putting a huge drain on couples' physical, mental, and financial resources. The enormous cost of sophisticated procedures such as IVF renders them inaccessible to most Indians, increasing the already excruciating misery and trauma that infertile couples endure.

**Fig 2.1 Types of Assisted Reproductive Technologies**



*Source: From review of literature*

## 2.4 Social and psychological implications of ART

Visser et al. (1994) found that women undergoing IVF experience significantly higher anxiety levels than the general population. Volgsten et al. (2010) reported that women are more prone to depression after a negative pregnancy test. Malina and Pooley (2017) highlighted inadequate social support for IVF couples, which negatively impacts well-being and potentially contributes to IVF failure. Holter et al. (2006) found women exhibit stronger emotional responses to infertility than their partners, though men mirror these emotions when pregnancy fails. Despite challenges, many couples reported improved marital relationships during IVF.

Eugster and Vingerhoets (1999) noted that psychosocial factors like anxiety, depression, and poor coping strategies lower IVF success rates. McMahon et al. (1997) observed that mothers of ART-conceived children often perceive their children as more vulnerable, experience greater anxiety, and report lower satisfaction with family functioning. Widge (2005) identified issues such as low success rates, high financial costs, and a lack of counselling as significant burdens of IVF in India. Kotiswaran et al. (2023) discussed the 2021 ART (Regulation) Act in India, aiming to improve ART accessibility and affordability, particularly for disadvantaged women.

Sama (2007) revealed that in pro-natalist cultures like India, women face immense pressure to conceive, often undergoing multiple treatments despite health risks. Verma, Kaur, et al. (2022) highlighted advances like ICSI, MESA, and TESE for male infertility and PGD for genetic disorders, making ART more effective. However, concerns remain about risks like venous thromboembolism, emphasizing the need for comprehensive care (Nelson and Greer, 2006).

## 2.5 Gaps in the literature

While numerous studies have examined infertility and assisted reproductive technologies (ART) both in India and internationally, there are notable gaps in the existing literature. Most research conducted abroad has predominantly focused on developed countries, often emphasizing biomedical aspects while neglecting the social implications of female infertility. In the Indian context, many studies have

concentrated on the psychological impacts of infertility, overlooking crucial sociological dimensions. Additionally, most of the research has approached infertility through a biomedical lens, ignoring the social implications of ART. Other literatures focused on legal frameworks without exploring the lived experiences of women undergoing IVF treatments. Moreover, there is a significant absence of studies that consider the perspectives of husbands and immediate family members which are vital to understanding the broader social context. Furthermore, no existing research has specifically addressed the social implications of infertility within Gurugram, Haryana, highlighting a critical area for further investigation. This lack of comprehensive studies limits our understanding of infertility's multifaceted impacts on women and their families in this region.

### 3. Methodology and Methods

The study utilized a comprehensive methodology, integrating both primary and secondary data to explore the multifaceted issues surrounding female infertility, particularly in the context of India. Primary data was collected through a pilot study at private infertility clinics of Gurugram, Haryana. Participants of the study included 25 women undergoing IVF selected through purposive sampling. In addition, interviews with five medical practitioners (IVF specialists) to obtain information regarding IVF procedures and its impact on infertile couples were also conducted. Interview schedule was used for gathering data from the respondents as well as fertility specialists.

Secondary data was gathered through an extensive literature review, utilizing platforms like Google Scholar and ProQuest to access scholarly articles and books. This review focused on several key themes, including the prevalence of infertility among women, its social implications, the specific challenges faced by women in India, the role of Assisted Reproductive Technology (ART), and the associated policy implications. Primary data was analysed through tabulation and simple percentage methods, allowing for a quantitative assessment of the findings and their generalizations.

### 4. Results

The study explores the dynamics between the demand and supply sides of infertility treatment, where the demand side comprises the patients 25 women and the supply side includes the five fertility specialists. The women respondents' ages ranged from 20 to 47 years, with a mean age of 31.36, while their husbands' ages varied from 25 to 55 years, averaging 36.5 years. Notably, all fertility specialists interviewed were women, which add a layer of understanding regarding gender dynamics in the provision of infertility services. This dual perspective allowed for a comprehensive investigation of the treatment landscape, revealing both patient experiences and provider insights.

The study found that a striking 96% of the couples were experiencing primary infertility, with only one couple reporting secondary infertility and had a female child. The duration of infertility among the couples varied significantly, spanning from one to 11 years, while their treatment experiences ranged from one month to two years. Importantly, all cases of infertility surveyed were attributed to female infertility.

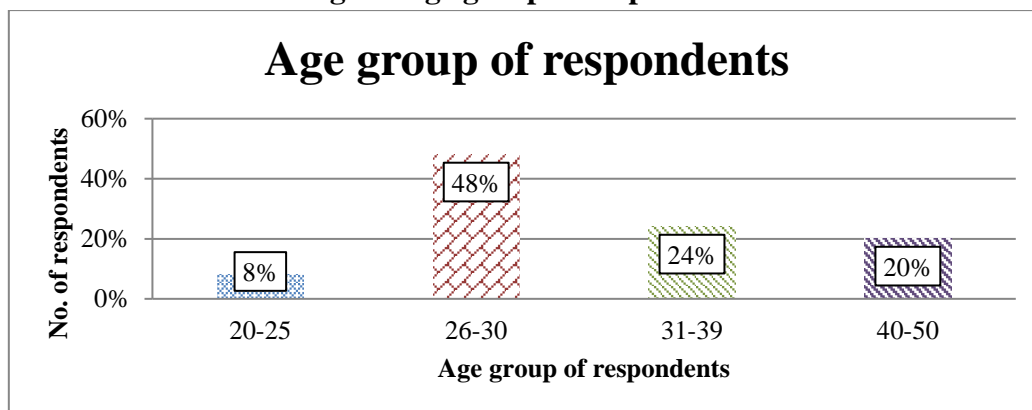
Data analysis identified four key categories reflecting the needs of infertile couples including: i) socio-demographic profile; educational profile and financial status ii) health profiles of respondents encompassing the medical histories, diagnoses, and overall health status of the couples, highlighting specific fertility-related issues, iii) family perspectives of respondents exploring as to how family dynamics and attitudes towards infertility impact the couples, including support systems and societal

expectations, iv) treatment experiences of respondents examining the couples' experiences with various infertility treatments, including their interactions with healthcare providers, and lastly, personal experiences related to infertility and IVF including emotional and psychological dimensions of infertility, capturing the personal journeys of the couples, their coping mechanisms, and the implications of undergoing in vitro fertilization (IVF). Together, these categories provide a comprehensive understanding of the diverse needs and challenges faced by infertile couples, informing better support and intervention strategies.

#### 4.1 Socio demographic profile of respondents

The data on the age group and caste of the respondents provides a diverse demographic overview. In terms of age distribution, the majority of respondents (48%) were between 26-30 years of age; indicating that nearly half of the sample comprised young adults in this age range. This is followed by 24% of respondents aged 31-39 years and 20% in the 40-50 age groups. Only 8% of respondents were in the youngest age bracket of 20-25 years, showing a smaller representation from the early adult demographic.

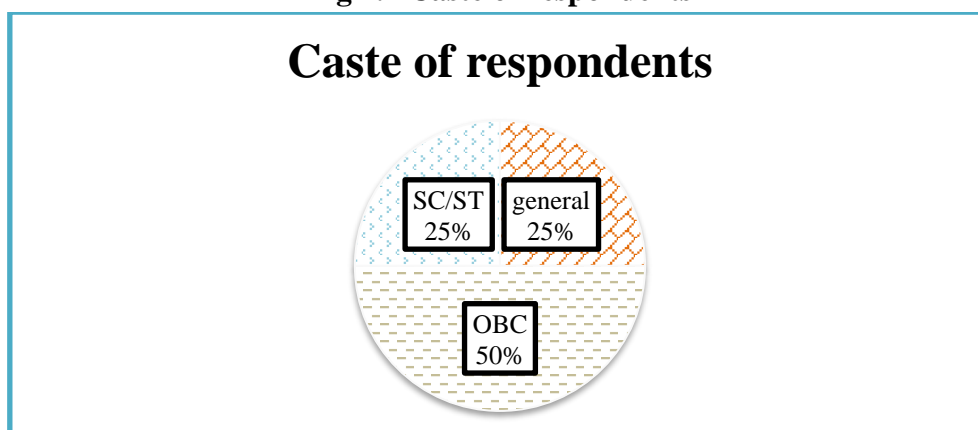
**Fig 4.1 Age group of respondents**



*Source: Compiled through field survey*

When examining the caste distribution, a significant portion (50%) of respondents belong to the Other Backward Classes (OBC), while the General and SC/ST categories each represent 25% of the total. This highlights a fairly balanced representation across various caste groups, with OBCs making up the largest segment of the sample.

**Fig 4.2 Caste of respondents**



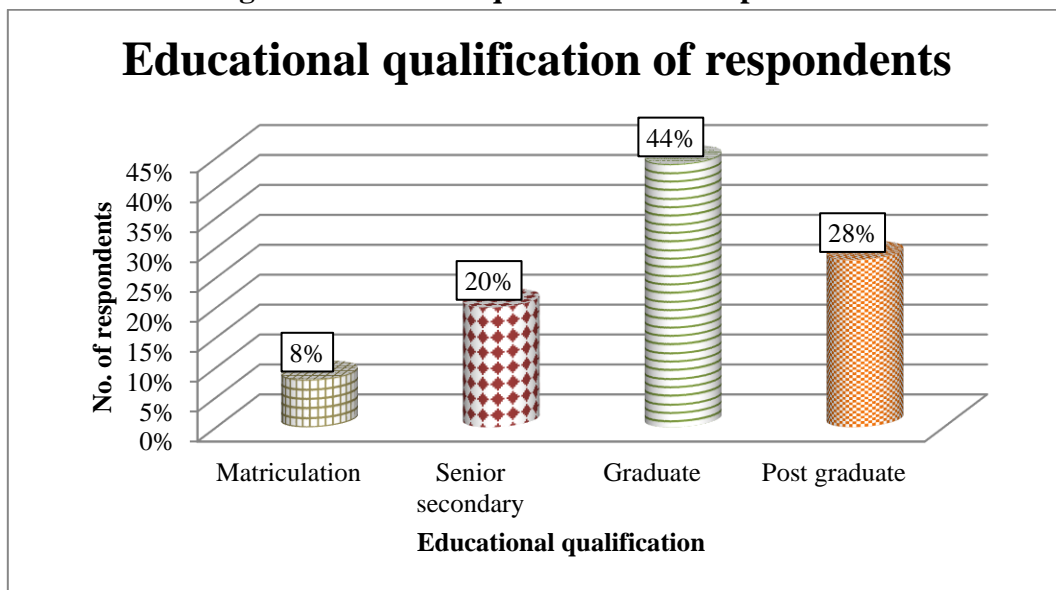
*Source: Compiled through field survey*



**Educational background of respondents**

The chart (Fig 5.3) depicts the educational qualifications of respondents across four categories: matriculation, senior secondary, graduate, and postgraduate. The largest proportions of respondents, nearly 44%, hold a graduate degree, indicating that a significant portion of the sample has completed higher education. This is followed by around 28% who have completed a postgraduate degree. Those with a senior secondary education make up approximately 20% of the respondents, while only a small portion, around eight%, has attained only matriculation. The data indicates that the majority of respondents are well-educated, with more than two-thirds having either a graduate or postgraduate qualification.

**Fig 4.3 Educational qualification of respondents**

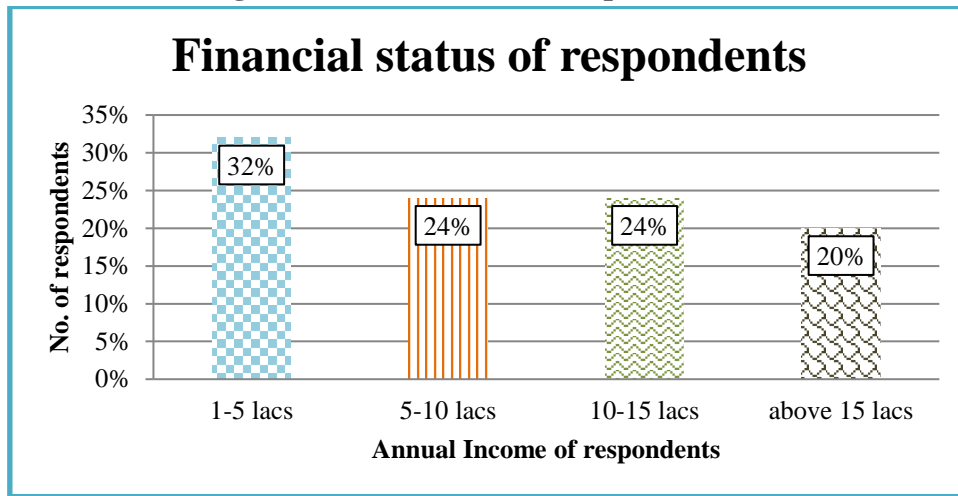


*Source: Compiled through field survey*

**Financial status of respondents**

Crenshaw’s (1989) concept of Intersectionality highlights how social identities—like race, gender, class, and sexuality—intersect to shape individual experiences of oppression. Infertility, for instance, carries different stigmas depending on these intersecting factors. Economic marginalization, often linked to race and class, can silence discussions around infertility. In this sample, the majority of respondents (32%) fall within a low-income range (1-5 lacs), while 24% each were in the 5-10 and 10-15 lacs brackets, and 20% earn above 15 lacs. This income distribution suggests that financial barriers could play a significant role in shaping their experiences of infertility and related stigma.

Fig 4.4 Financial status of respondents



Source: Compiled through field survey

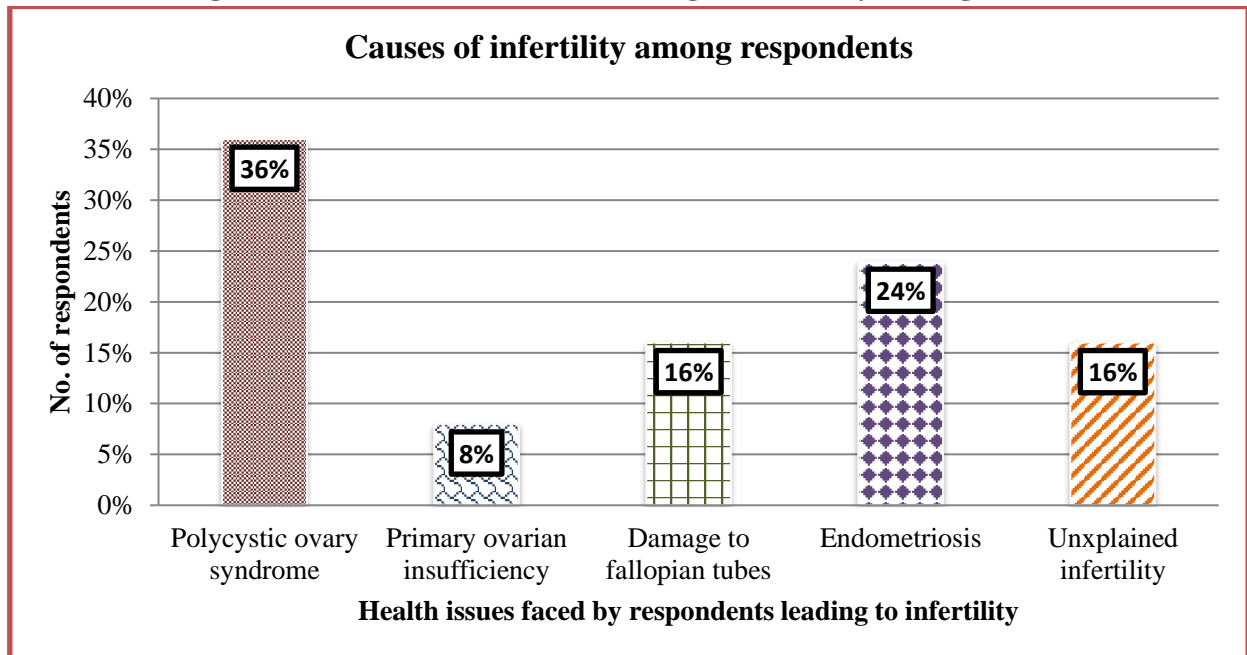
IVF treatments are more psychologically and emotionally exhausting. The cycle could be both successful and unsuccessful. According to the doctor 1 : *“There are many couples whose one or two attempts get failed which are really heart-breaking and also increases more financial burden on the couples”*.

A couple from lower middle class suffered from this loss. Their first attempt got failed on the day when they were interviewed they started crying as the woman’s report was negative. As per Prema (40yrs, jaat respondent) *“the cycle was painful but it will be more difficult to believe that from where we will get money to take another chance”*. Her husband added: *“The amount for the treatment in reality gets increased throughout the treatment, which is bearable if it’s a success but dealing with a failure is very difficult for a lower middle class man”*.

#### 4.2 Health profiles of respondents

The health profile of respondents revealed that 20% had previously adopted family planning methods to delay or avoid pregnancy, primarily for reasons related to education and career advancement. Most couples received their first infertility diagnosis after two to five years of marriage. Notably, the prevalence of specific health issues was significant, with polycystic ovarian syndrome (PCOS) and endometriosis identified as major contributors to female infertility, affecting 36% and 24% of the respondents, respectively as depicted in Fig 4.4. This data underscores the need for increased awareness and early intervention strategies for these conditions, as well as support systems for couples navigating the complexities of infertility.

**Fig. 4.5 Common health issues leading to infertility among women**

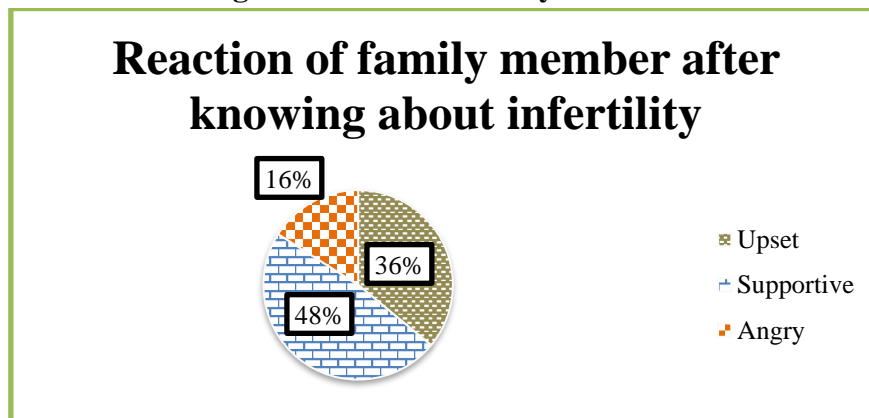


Source: Compiled through field survey

### 4.3 Status of women in family due to their infertility

Rich’s (1976) concept of the *institution of motherhood* explains how patriarchal expectations shape and often restrict women’s roles, particularly through societal pressures around motherhood. This institution reinforces the belief that a woman’s worth is tied to her ability to conceive, heightening the stigma and emotional toll for women facing infertility. Family reactions to infertility reveal these dynamics: while 48% of women reported supportive responses, 36% faced upset reactions, and 16% experienced anger or even violence, especially from mothers-in-law. Despite the broader family responses, the highest support came from husbands (56%), indicating that while patriarchal norms may stigmatize infertility, spousal support can provide a buffer against these pressures. Reactions and actions from friends and family have a significant impact on the lives of infertile couples. Families who make needless interventions or exhibit certain characteristics, such as sympathy, irritate couples, particularly women, disturb their composure, and frequently cause their marriages to become unstable.

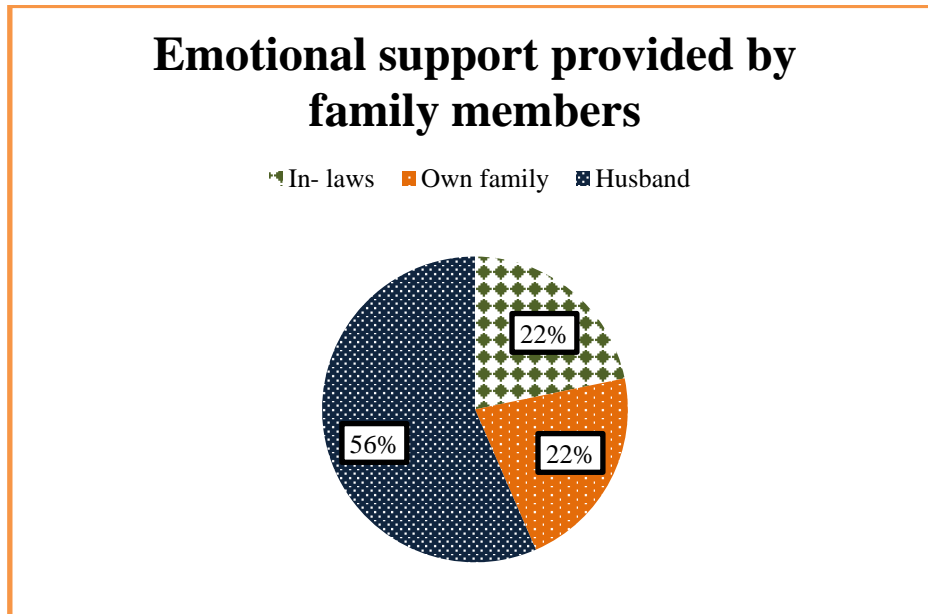
**Fig 4.6 Reaction of family members**



Source: Compiled through field survey

Goffman's (1963) stigma theory, particularly the concept of *spoiled identity*, provides insight into how infertility can lead individuals to feel marked as *other*, fearing judgment or pity due to societal expectations. As evident from the Fig 4.7, respondents received maximum emotional support from their husbands (56%), while 22% of them shared of receiving emotional support from their in-laws and 22% from their own family members.

**Fig 4.7: Emotional support provided by family members**



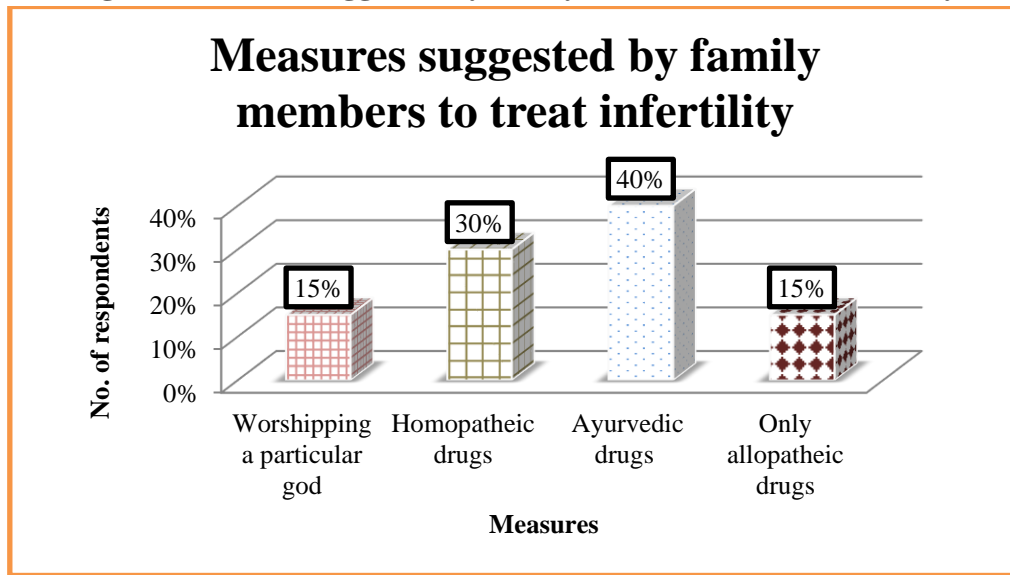
*Source: Compiled through field survey*

Interview of participants emphasized on the importance of mutual understanding, emotional support, compassion, encouragement, and respect between spouses during infertility treatment. Having a fully supportive partner fosters reassurance, self-confidence, and a sense of security amidst the challenges.

#### **4.4 Role of family in determining the health seeking behaviour of women**

The most striking finding remained the reliance of respondents on alternative medicines for the treatment of infertility as suggested by the immediate family members. 30 % respondents admitted of consuming homeopathic drugs and 40% shared of relying on Ayurvedic drugs. The significant dependence on traditional medicine and religious rituals emphasizes the role of culture and family in health decisions. 15% of respondents mentioned they practice worshipping a particular god as part of their infertility treatment, suggesting that religious or spiritual beliefs are integrated into the treatment process, possibly as a form of hope, comfort, or perceived divine intervention as underscored by Katole & Saoji (2019) and Srishti (2023). Additionally, 15% of respondents only relied on allopathic drugs recommended by the fertility specialists.

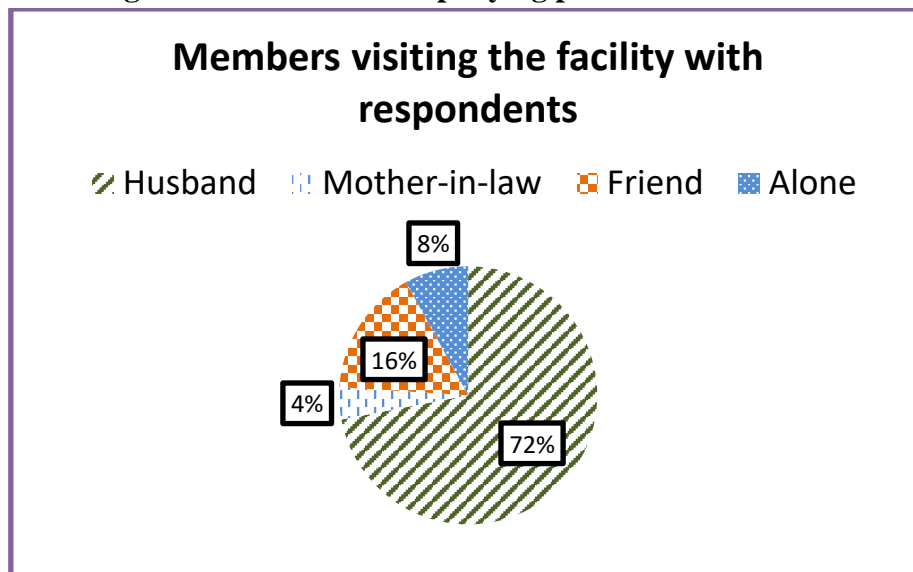
**Fig 4.9 Measures suggested by family members to treat infertility**



Source: Compiled through field survey

It was also visible that family members were very particular about accompanying patients to the IVF facility. Fig 4.10 illustrates that 72% women were accompanied by their husbands and 16% with their friends demonstrating that for some women, close friends are crucial sources of emotional support and can create a sense of solidarity. 16% with their mother in laws suggesting that the mother-in-law’s role in a woman’s fertility journey is crucial and MIL plays an important role in reproductive decision making. 8% came there alone, since they came from a nearby town all by themselves, and lacked any familial support.

**Fig 4.10 Members accompanying patients in the clinics**



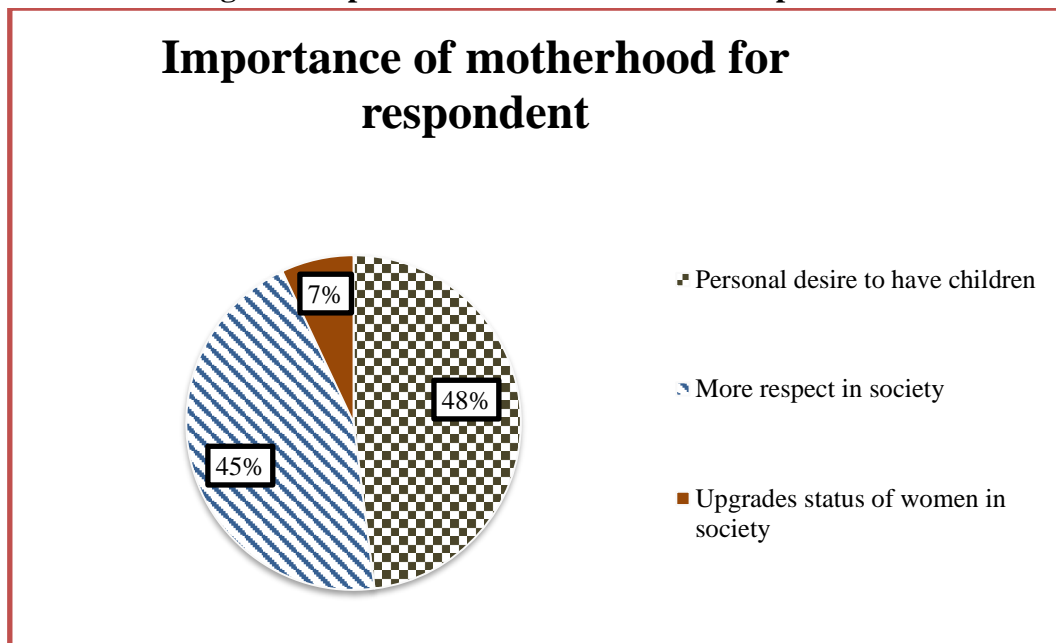
Source: Compiled through field survey

#### 4.5 Importance of motherhood

When there’s a failure in attempt it is psychologically and emotionally exhausting (72%), which is one

of the challenge in treatment process both for the respondents and doctors along with other challenge of facing financial burden. These challenges were faced by respondents as well as the doctors. Bourdieu's (1990) concept of *habitus* helps to explain how deeply ingrained social norms shape perceptions and behaviors around fertility, particularly in societies where childbearing are closely linked to social status. The burden is more so for women in a patriarchal society like India. Women have to bear the weight of social expectations and face stigma. The findings show that 48% respondents have had a personal desire to attain motherhood, while 45% wanted to attain motherhood in order to earn respect in their family. Seven percent considered that motherhood upgrades their status in society. This desire underscores how cultural norms around fertility continue to shape personal aspirations and silence, reinforcing *habitus* as a key influence on responses to infertility.

**Fig 4.11 Importance of motherhood for respondent**



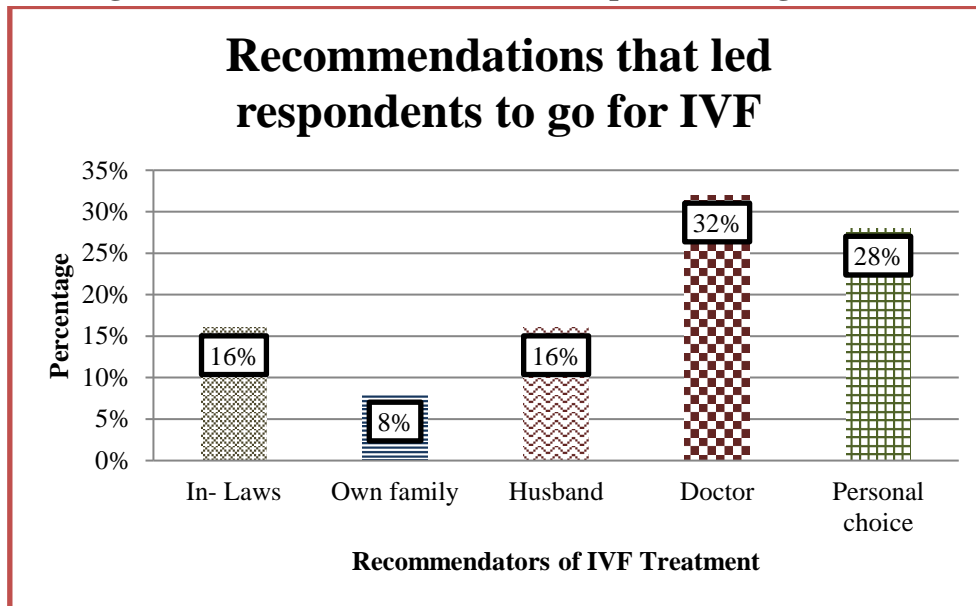
*Source: Compiled through field survey*

To fulfill this desire the doctors provided every possible service at their clinics from diagnostic tests to support services like counselling, financial assistance and so on. Other services like egg freezing, surrogacy etc. were also provided but most of the patients were found to opt for conventional and natural IVF.

#### 4.6 Experiences regarding IVF

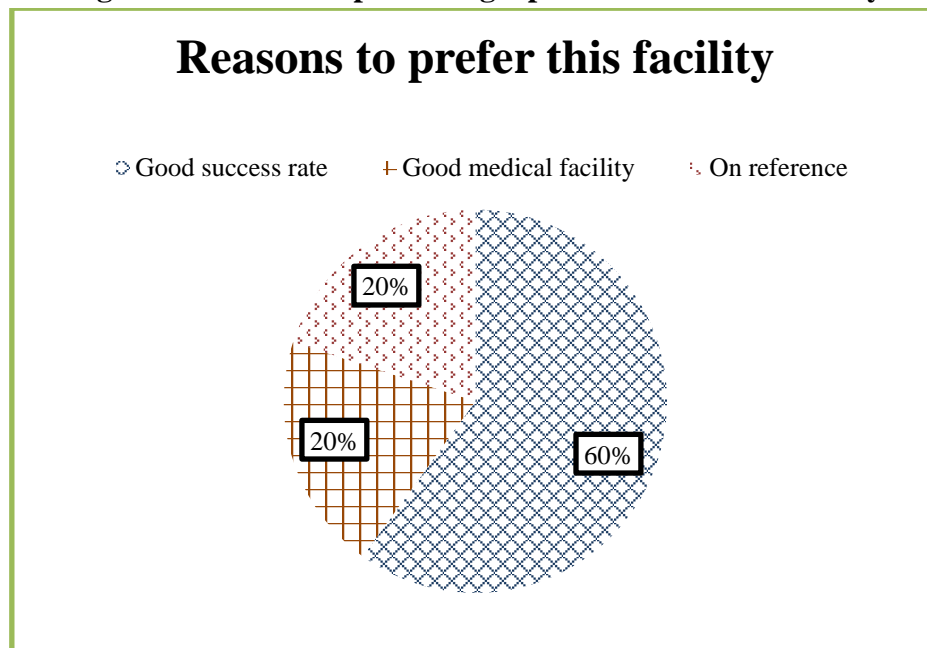
IVF & IUI treatment has been more effective and widely available among other ARTs, 32% of couples were referred by the doctors for this treatment. 10 patients visited the clinics everyday with their treatment ranging between one month to two years and undergoing 2<sup>nd</sup> or 3<sup>rd</sup> cycle of IVF. Average failures of attempts were in range of one to three with some severe cases of five to seven also. 60% of women chose the medical facility based on good success rate and the rest (40%) on reference and for good medical facility.

**Fig 4.12 Recommendations that led respondents to go for IVF**



Source: Compiled through field survey

**Fig 4.13 Reasons for preferring a particular medical facility**



Source: Compiled through field survey

**Embryo transfer and insurance schemes**

The day of Embryo Transfer (ET) is a pivotal moment in the IVF process, it’s a last step of IVF treatment often marked by a complex mix of hope, anxiety, and emotional vulnerability. For many patients, it represents the culmination of weeks of physical preparation, medical procedures, and emotional investment. As per women, on ET day, the embryologists and doctors are present during the transfer. There is always a chance it wouldn’t work, but it’s the duty of the doctor to assure that patients remain positive throughout the process and the fifteen crucial days before the pregnancy test.

Respondents were also asked whether there is a provision of insurance for the couples coming from financially weak backgrounds. Though some of the schemes like IVF Suraksha Scheme by Craft hospital, one health by Magma, HDI insurance, Bhartiya Mahila Bank and New India Insurance etc. provide financial benefits for IVF but due to lack of awareness couples could not take these benefits. Same was reported by respondents as well. All respondents denied of having any awareness regarding the insurance schemes available.

Hence, the evidence suggests that access to IVF remains a complex issue, as there is no universal mandate for insurance coverage while some insurance companies offer limited benefits, a significant gap in awareness leaves couples uncertain about their options. This lack of clarity often deepens the emotional and financial struggles of those navigating infertility.

## 5. Conclusion

In summary, this analysis of the effects of infertility on women in Haryana has illuminated four important dimensions: i. respondent's socio demographic profiles; ii. respondent's health profiles; iii. respondent's perspectives regarding their families; and iv. respondent's treatment experiences and personal experiences with infertility and IVF. The cultural lens indicates that conceptions of motherhood and women's status significantly influence the experience of infertility in Haryana, influencing the narratives surrounding fertility and family life. The results indicate that insufficient research has been done on the availability and use of ART services in the state's rural and urban areas, and more studies are required to determine the efficaciousness and success rates of different ART procedures in India. The impact of lifestyle factors like stress and nutrition on infertility in Haryana was not well studied. Our research underscores the significance of context-specific strategies that consider cultural, social, and emotional factors when addressing infertility globally, as our understanding of these diverse characteristics grows.

Notwithstanding the advancements in ART, there are still a number of knowledge and research gaps about infertility in India. Further research is required to evaluate the cost-effectiveness and success rates of different ART techniques, as well as the long-term psychological and social effects of infertility on women. The study also highlights the need for additional research on the impact of lifestyle factors, including stress and diet, on infertility in the Indian context. It is imperative that the problem of infertility be addressed, not just for the benefit of individuals and couples but also for the larger social and demographic ramifications. It will be essential to address the social stigma and gender-based discrimination related to infertility, as well as to make ART more accessible and affordable, in order to lessen the impact of this global health crisis.

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