

Chapter 5

Recommendations and conclusions

Objective 1:

- **To find out the socio-economic profile of women with infertility.**

- 36 percent of the urban respondents got married when they are between 32 - 34 years whereas from the rural sector and 30 percent of respondents got married at the age group 25 - 29 years. Age group is higher in urban study area due to which there is a noticeable decline in the fertility rate starting at age 34. And declines about 10% per month. It is advised that a woman seeking pregnancy after 35 years should consult fertility specialist after 6 months of actively trying to become pregnant. There is a pregnancy risk for women from 35 years and above. It is evident that the miscarriage rates and genetic abnormality in pregnancy.
- The age of the husband of the respondent at their marriage is about 34 -39 years from both urban and rural study area. It is evident that there is not much age difference between couples from the respondent of urban area as husband and wife both belong to almost same age. This shows that couple can able to understand the infertility issue and can take decisions on mutual interactions. It is evident that there is huge age difference between couples from the respondent of rural area due to which women cannot take any decision. She is been suppressed due to age gap between couples. She is not given any opportunity to talk not her opinion is considered.
- 31 percent of the urban respondents have higher educational status. Most of them are professionals, whereas 29 percent of the rural respondents are illiterate. Due to education women can collect information, has ability to think and take decision. Rural women fail to take any decision and are not aware of their condition due to illiteracy. It is recommended that government to take up a scheme on free and compulsory education all citizen till 12th standard.

- Majority of the respondent from both urban and rural study area belong to Hinduism. 71 percent respondents from urban study area and 47 percent of the respondent from the rural area belong to Hindu religion, 60 percent of the urban respondent belong to forward caste 31 percent of the rural respondents belongs to forward community.
- 65 percent of the respondents at urban study area are employed, whereas 40 of the rural respondents are wage workers and around 32 percent are unemployed. It is evident that due to employment at urban study area infertile women can opt for different treatment. They are economically sound compared to rural respondents. As most of them are either unemployed or daily wage workers they are not economically good to take decisions on treatments.
- Both respondent of urban and rural study area belongs to nuclear family type. 55 percent of the respondent from urban area and 67 percent of the rural area belong to the nuclear family. It is advised that women can take up joint family in such conditions so that she gets support from her family members in overcoming infertility issue.
- Majority of the urban respondents are married and only 3 percent of them are divorced legally from urban study area. Whereas 72 percent of the respondents are married and 27 percent of the respondent a deceased from rural study area. It is evident that there is no legal separation in rural study area due to illiteracy, unemployment and huge age gap between couples of rural area women cannot take any decisions or raise voice against any injustice happening to her.
- 77 percent of urban respondent are financially sound with an income of more than INR 10,000/- per month whereas 52 percent of the respondent from the rural study area is below INR 5000/- monthly income. It is evident that the rural respondents are not economically doing good.
- From the statistics it is observed that the rural respondents are utilizing the maximum benefits given by the government. The benefits are inclusive of LPG, Electricity, Drainage system and drinking water. Rural respondents are not using Drainage system

though they use electricity. They do not use UPS at their house. It is evident that the rural respondent is economically poor compared to urban respondents. They are not utilizing the benefits given by government due to which their hygienic condition is also poor, they are not using drainage system though the government is provided. It is advised that there is a need for sensitizing these rural people on health and hygiene.

It is concluded that urban respondents are more stable in socio economic condition compared to rural women. It is recommended that government to provide free education to all scheme till 12th grade at rural areas. NGO's can give training on art and handicraft products and entrepreneurs. Local banks can lend loan facilities for small scale industries so that the rural women can become socially and economically stable.

Objective 2:

- **To study the effect of infertility on marital life of women with infertility**
- From urban study area, around 53 percent of the respondent are of age group between 21 to 25 years during their marriage whereas from the rural study area around 50 percent of the respondents got married below their age group of 20 years. It is evident that in rural area women got married below 20 years during which they are not mentally prepared for their marriage. There is **Lack of understanding** between couples. Girls marrying at an early age will create a lot of understanding issues between husband and wife. Understanding between couples can be developed only when the girl and boy are matured enough to understand each other very well.
- From the urban study area around 47 percent of the respondents been infertile since 2 to 5 years of their married life and around 36 percent been infertile between 6 to 9 years of their married life whereas in rural study area around 20 percent of the respondents been infertile between 2 to 5 years of their married life and around 52 percent of the respondent are infertile since 6 to 9 years. It is evident that majority of the respondents are infertile since 6 to 9 years of their married life, in Urban study area it is because of stressed lifestyle and Obesity where as in rural study area the younger girls do not know what to do or what to

avoid due to lack of education and early marriage. Lack of improper diet and malnutrition may also lead infertility.

- From both urban and rural study area most of the respondent strongly support caste system. It is evident that the respondent from both urban and rural area supports caste system. Caste is a model of Hindu stratification. In Indian patriarchal system caste and class of society women have becoming the victims.
- From both urban and rural study area respondent agrees that there is a need for equal status of women in the society. It is evident that women lack decision making power, lack of education and right to decide gender preferences in patriarchal society. There is a need for **gender sensitization** and **gender equality** in India.
- Both urban and rural respondent does not agree for inter religious marriage. It is understood there is a cultural diversity prevailing in our society. Caste and Religion are integral part of Indian society. Though India has progressed significantly in technology but shows receptiveness in terms of inter-caste marriages. Inter caste and inter religion marriage still not embraced very well by people. There is a need to alter the mindset of family elders and encourage inter caste marriage.
- Both urban and rural women are against dowry system in India. It is evident that the respondent does not want a dowry system prevalent in the society, but even today we can see dowry death and dowry harassment cases. There is a strong recommendation to the government that any case related to dowry system and dowry harassment should be strictly considered and punished. Indian society should encourage inter caste and inter religion marriage system. This kind of marriage system helps youth to select their partner on wide range. The role of voluntary organizations in abolition of dowry system is needed. They should make propaganda against the evils of dowry. NGO's and voluntary organizations should help the dowry harassment victims to get justice. These organizations should create an aware to younger generation through social media, TV shows, advertisement so that victims can appeal them for their help to get justice.

- Around 63% of the respondent from the urban area say that they don't have any maternal harmony due to their infertility whereas in rural around 51% of the respondent says that there is lack of maternal harmony due to their infertility it is because there is a huge age gap between the couples that may lead maternal disharmony. Many of the wedding relations get destroyed due to a lack of compatibility. People marrying at a young age do not even know their partner's properly. society have pushed them to live together which decreases their mental compatibility. Hence getting married at right age is needed.
- Around 76 percent of the urban respondents does not accept that they have lost interest in their sexual life due to infertility whereas around 47 percent of the respondent from the rural area agrees that they lost interest in sexual life due to the infertility problem. It is because there is lack of education between couples at the rural area. Around 81percent of the women or the respondent of the urban area says that there is no threat for divorce in their family due to infertility whereas in rural study area around 63 percent of the respondent agrees that they have a threat for divorce in their family. This is mainly because of poor economic status in rural sector. It is recommended that government or an NGO to start up some schemes to educate, provide some vocational training, and there is a need of good education in rural areas so that women can raise their voice when there is a question of divorce in their family. In urban study area around 53 percent of the respondent says that the couple have come closer due to infertility whereas 63 percent from the rural study area say that they have departed due to infertility.
- From the study it is observed that, Rural women got married at early age. Women who marry at a young age has to face the problem of lack of education or incomplete education. Education has become a basic necessity of life. Children, especially Girls, should be given proper education rather than getting them married at their early age and facing the complications of marriage.

The marriage should be at the ideal age. It should be neither too early not to late. An individual in 20s is an ideal age for marriage for both boy and girl. At this age an individual gets settled in their profession after completing their education, career become important part of their life. This is the

age when an individual is measured enough to understand and take responsibilities of a married life. This is a good age to start a new life. The age of parent and children also matter in maintaining a smooth friendly bond between them. Each individual is unique, and we cannot have a strict rules to fix an age of marriage, but a very early marriage can lead to a drastic impact on the couple throughout their life. Early married couple like this standard with incomplete education, lack of financial stability, dependency. At the same time late marriage creates a huge gap at the older age when a person or an individual becomes capable to meet the requirement of children. Late marriage women face a problem in taking the decision for having a child soon after marriage. Having a child becomes a major discussion in delayed marriages. There are chances of genetic problems in the children who are born for a parent crossed their biological time of conception. The ideal time for consumption is between 20s to 30s years of age.

Objective 3:

- **To trace out the social situation of Women with Infertility.**
 - The urban respondent agrees that the religion helps them to be a good human being and they have a very good cordial relationship with their religious community. The urban respondent accept that the society is supportive towards their infertility issue and the society will not blame the women for their infertility and says that their society does not isolate them from the social functions but agrees that there are some negative comments from the society and her surroundings pities her for her infertility issue.
 - The urban respondent agrees that the major burden must be borne by women on infertility issues and the women's prestige and status in the family is dependent on their fertility. They disagreed that childlessness may lead to loss of status in their family. Women from urban sector agrees that they must face social consequences like sympathy and fear of separation from the family. Though most of the urban respondent disagrees that there is a domestic violence in her family due to her infertility, around 62 percent of them somewhat agrees that they are facing domestic violence in their family.
 - The respondent agrees that the childlessness is because of their obesity, and the obesity is due to their lifestyle and their stressful profession. There is a social pressure for the couple

to have a child which worries them more. The respondent believed that there is a traditional and psychological suffering because of this childlessness and to somewhat disharmony in their marital life though the urban respondent does not believe in superstitious and divine interference to overcome their infertility. 46 percent of them somewhat agrees that the divine interference is needed to overcome their infertility. It is also observed that few of the respondents have spent money on performing poojas and pilgrimages to find a solution for their infertility issue.

- The urban respondent does not agree that women lags power in equality and there is a misconception about infertility. Urban respondent has frequently switched over to different health providers because there is an immediate need for a child in their family. They agree that there is a family pressure and social pressure for them to get conceived. Urban respondent agrees that they need a proper counselling for them to address their fertility issues and to give more information and knowledge about ART treatment.
- The respondent from the rural study area agrees that their religion helps them to make them a good human being and they are very cordial with their religion. They disagree that the society in which they are living is not very supportive, also most of the rural respondent agrees that their society blames women for their infertility issue and the society isolates them because of childlessness with more negative comments and society pities her.
- The rural respondent agrees that women must bear major burden of infertility in society and agrees that the prestige and the status of a women in their family is related to their fertility and childlessness leads loss of status in the society. They express their emotional distress and social consequences like jealousy and marital disruption due to their infertility. They agree that their childlessness maybe because of obesity and BMI, also there is a pressure from her in laws and family for her to get conceived. Most of the rural women has huge psychological sufferings due to childlessness and this is an increased disharmony within their marriage and there is a threat of divorce and most of them are separated due to infertility. Maximum number of rural respondents has been using superstitious and divine interference to overcome infertility. In the study, there was incidents that they had been to

lot of pilgrimages and performed poojas to overcome their infertility. They also agreed that women lack power in equality among the society. The rural respondent lacks medical facility which has been provided by the government and they have no idea about health care provider. They lack information about the medical treatment which is available in our country. There is no counselling and knowledge about an alternative treatment and the respondent has left with lack of proper communication and information about ART treatment.

- Infertility not only affects the couple, but it affects an individual society and hence the burden is on the family. The findings of the present study reveal that the infertile respondents at the urban area and rural area both have negative feelings and they find low self-esteem and less social support.

Though the urban respondent does not find any problem in the society because of their childlessness, still feels uncomfortable because of negative comments from the society and feels that the society pities her for her childlessness issue. Infertility is not only a medical problem, but it affects couple alone and infertility is highly influenced by the social and psychological condition. The infertility matter is not openly discussed in the society and its stigma is high. There is no proper knowledge about infertility and assisted reproductive technologies. It is highly recommended that infertility has become a serious health problem in India which needs a high consideration. Field studies should be encouraged to know the burden of infertility and its consequences especially in rural study area. There is a need for health education to all the girls and women in rural sector. A health education as an integral part of infertility management and Reproductive Health Programme should be conducted in rural areas and there is a need for female education as the literacy rate is low in the study area.

Yoga and meditation classes to be made mandatory at schools and colleges. Yoga and meditation should become a part of their curriculum. This is one of the way individual can able to balance stress level. The ratio of stress, frustration, anxiety, depression comes down.

Counselling helps the infertile women to overcome the psychological and negative feelings towards infertility. A frequent counselling brings confidence in women and it may help in overcoming the stigma. It is recommended that a government should have some scheme so that a woman will get a good support from the society to overcome their fertility issue. The fertility specialist should give a proper information and knowledge about how to overcome infertility issue. Adoption should be encouraged in the society legally so that every woman enjoys motherhood.

Objective 4:

- **To know the cause of infertility affecting the quality of life of women with infertility.**
 - Both rural and urban respondents reveal that the major cause of infertility is female cause, however, the male cause is not being outspoken to the researcher openly. Around 7 percent of the rural respondent agreed that the cause of infertility in their family is because of her spouse and around 8 percent of the rural respondent agreed that the infertility is because of male in the family. Women need empowerment to voice out their problems and realities.
 - The major reason for female infertility is ovulation and ovarian problem which is followed by tubal problem for both urban and rural women.
 - The cause of male infertility is majorly because of lack of sperm production and blockage of sperm transportation.
 - Both urban and rural respondent does not have any schemes from the government nor have any health insurance which covers infertility treatment to overcome their infertility issue. It has been observed that infertility treatment or ART treatment is being more expensive which they are not able to bear the expenses due to financial constraints at both urban and rural areas. It is recommended that health insurance provider to include infertility treatment also. Infertility also to be considered as disease.

- The quality of life of urban respondents are better compared to rural respondents, urban respondents enjoy the entertainments like cinema, television, outing, and time with their family, however, rural respondent spends little time on the entertainment such as cinemas, television, outing and stage play. Concept of women being inside four walls still exists in rural areas. Women needs financial security and education to enjoy quality of life.
- Housing and Finance needs have become more important to both urban and rural respondents. NGO's can play a vital role in providing women a small-scale entrepreneurship.
- Both urban and rural respondents claim that their family has a bad habit of smoking and drinking which may be one of the reasons for low sperm count and impotency. It is recommended that the quality of life is very much important to overcome the cause of infertility if an individual is financially sound then they can take up fertility treatment to overcome the infertility issue.

A childless woman must face personal and psychosocial problems. There is a need for systematic and continuous assessment of infertile women to overcome the stress and general well-being. This will also help the fertility specialist to plan and prepare some specific interventions of treatment to meet the needs of an infertile women in achieving her fertility dream. Most of the time, the fertility specialist must focus upon the treatment options but fails to take a major role in providing a proper counselling on providing emotional support to an infertile woman in understanding her psychosocial problem. It is also necessary that the family of an infertile couple need to be counselling along with the infertile women so that she gets full support from her family during the phase of treatment.

In present study it is understood that, there is a higher level of stress in elderly infertile women. Stress reduction strategies must be inculcated towards treating infertile women who are suffering from in fertility issues for a long duration. Are women suffering from irregular menstrual cycles and undergoing long investigation and treatment procedures faces high level of stress which can

be reduced by repeated counselling sessions. An infertile woman often gets depressed, feel frustrated and loses hope due to repeated investigation, lengthy treatment procedure and failures of outcomes because of this she may exhibit irregularities in treatment seeking behavior and it is recommended that the fertility specialist or a counselor to counsel and encourage and guide her to explore and utilize all the options recommended to get conceived.

Regular counselling by a counselor can help them throw away the negative emotion and replace it with positive emotions. This will also promote their relationship within the family and in the society instead of keeping themselves isolated from social occasions. Regular family counselling can be conducted with her husband and other members in the family so that she gets positive support from all the members in the family which reduces her stress and promote positive mental health. This strategy is very much needed for an infertile woman to overcome fertility issues during her treatment period.

Objective 5:

- **To explore the situations of infertile women to develop social culture which aids in relieving the stress of infertile women and improve assisted reproductive treatment.**
 - The rural respondent has chosen private hospitals and fertility centers for their fertility treatment whereas the rural respondents are not taking any treatment or a few of them are taking treatment at government hospitals or home medicine. There is no role of fertility specialist to help these women at rural study areas.
 - Though majority of the urban respondent does not believe in superstition for their infertility issue, however, around 80 percent of the rural respondent believe in superstition to overcome their fertility issue. Though the menstrual cycle of both urban and rural respondents is regular, and 100 percent of both urban and rural sample respondents have primary infertility.

- Urban respondent has no marital disputes between the couples whereas rural respondent faces marital disputes between couples for their childlessness. Both urban and rural respondent's family does not have any illness for the cause of infertility.
- Urban and rural respondents accept that infertility is a common problem in the society. However, urban respondent does not agree that infertility is just a women problem whereas rural respondent agrees that infertility is only a woman's problem.
- In rural area the increased risk of infertility among women is majorly because of stress level at their family and workplace followed by obesity and lifestyle and late marriages, however, in rural areas the increasing risk of infertility among women is majorly because of bad habit in the family followed by obesity.
- The respondent at urban study area is aware of Assisted Reproductive Technologies and their procedure, whereas the rural respondents are not aware of ART and their treatments.
- In urban area respondents feels that the successful rate of ART treatment is between 35 to 37 years.
- In urban area the respondents have taken treatment with ART however in rural area majority of the respondent have not taken any ART treatment.
- In urban area the treatment been received from ART are ovulation induction followed by IUI donors.
- In urban area hormonal study and follicular study are the major studies that the respondents have undergone in both urban and rural area.
- Saving marital relationship, to gain social status and prestige, and to make family complete are the major priorities at the urban study area for the respondents longing

for motherhood, however, making a family complete and need for support at their older age becomes priority for the respondents at rural study area.

- Late marriage, late working hours, night shifts are the major lifestyle concerns from the urban respondents for their infertility issues, however, late working hours is the major concern for the rural respondents towards their fertility issues.
- In urban study area the reason for infertility among the respondents is majorly because of side effects of using contraceptives followed by late marriages, however, the major reason for infertility at rural area is because of alcohol and tobacco consumption in the family and the respondent believes that it is a curse of God as the reason of infertility in rural area.
- In urban study area majority of the respondents prefers medication and ART followed by surgery, however, the rural respondents are not able to take any preference of treatment to overcome their fertility issue.

It is recommended that an infertile woman need motivation to seek ART treatment at the earlier age because fertility potential decline with the age. Women living in nuclear families can explain the need to have a supporting people in her home to help her avoiding previous domestic work during her ovulation time and treatment. It is also recommended that the fertility specialist and her team to render a culturally sensitive care. If they develop an understanding about infertile women's family, her culture and religion which eases the counseling and the treatment can be viewed in context of her religion and cultural group.

It is recommended that the fertility specialist to explain an infertile woman about the phases of menstrual cycle, signs of ovulation and plans about their physical relationship and sexual intercourse during the period of ovulation. There is a need on creating an awareness regarding obesity, maintaining body mass index (BMI) within the normal limits and pros and consequences of being obese, high body mass index and anovulation. A pre-marital counselling to be done, on explained to a woman about her body and fertility period, diet, exercises in her married life. As most of the women undergo fertility treatment in order to overcome them infertility issue it is a

need to explain the various investigation, treatment, procedures and preparations, proper explanation of cost involved, time taken to conceive through ART procedure and social strength.

Conclusion:

To conclude it seemed to be important that there is a need for gender sensitization on infertility and the ways to overcome the gender issues. It is also considered as essential to empower those rural and urban women with infertility for the upliftment of their life through proper guidance and counseling. Provided, encouraging those women with infertility to seek medical help in order to overcome infertility issues. Recommendations may be placed to Government and NGOs to come forward to render or extend financial assistance to enable them to lead a meaningful life. Over a period of years, Assisted Reproductive Technology (ART) has turned out to be the boon for those deprived of progeny. ART has grown exponentially in the last few years and is now more and more available to infertile couples in both developed and developing countries. The most common form of ART (Assisted Reproductive Technology) is In Vitro Fertilization. It has brought smile to millions of those failing to conceive naturally.

Sex and Relationship education (SRE) at school:

Sex and relationship education (SRE) should become statutory at school level to ensure all children and teenagers to have a good knowledge on infertility. The SRE must include education to children in understanding reproductive cycle, decline of fertility with age, genetic disorders and other complications on late born children, lifestyle factors and right age of marriage. Children must be educated to understand their bodies and receive accurate information about fertility and should have reproductive choices. Teachers to be well trained so that a right information is given to children.

Fertility education initiatives:

Fertility education initiatives at rural areas is a must to ensure all women and men can make their reproductive choices. There is a need for sexual and reproductive healthcare centers, teenage pregnancy knowledge, sex education form and sexpressions to increase fertility awareness among

people, especially in rural areas. Rural women and men can able to make their choices about their reproductive lives.

Adoption:

Adoption is a sacred act performed by the human beings. Merriam dictionary defines adoption as to take voluntarily a child of some parents as one's own child with all formalities done as per Legal Laws. According to Indian legal law adoption is between the party willing for adopting a child which is a subject matter of personal law in which Hindu, Buddhist or Sikh by religion can make a legal adoption. There is no separate law for Muslim, Christian religion so they have to approach court under the guardians and wards Act, 1890 for legal adoption. Adoption in India is a lengthy procedure. Earlier, parents who wished to adopt could go to a nearby agency and get registered. This agency would match the preferences of the parents with the children available for adoption. Now, there is a software provided by central adoption resource authority (CARA) in which all the details can be uploaded to match the preference across the country. This has eased out the adoption tedious process. Since India has over population problem, there are many unwanted children. Adoption by parents gives a good and quality life to these unwanted children. Adoption prevents female foeticide and infanticide which is a major problem in India. An adopted child gets a good and standard life. Hence it is recommended there need to be a proper counsel to be done by the health care specialist at PHC and other fertility center to go for adoption and also help them in the process of adoption to ease out their complications due to infertility issues.

Surrogacy:

Commercial surrogacy has been legal in India since 2002, India has become a favorite country for those wanting to have a surrogate child. The cheap availability of the surrogacy service is available in Indian commercial surrogacy. It is recommended that the government bodies, NGO's to give a proper insight on such services to infertile couple. Surrogacy is one of the fastest growing modern Assisted Reproductive Technology (ART). It is also called as "Womb Renting Business". It can also lead a good economic condition to a woman from poor socio-economic class of society. There is a need of information transfer towards rural areas so that the couples can utilize surrogacy service and over come infertility issues.

Yoga and Meditation:

Yoga and meditation can be made compulsory at curriculum, so that everyone knows the benefits of yoga and use it daily. Yoga reduces stress level. In this study the potential cause of infertility is stress. Stress is because of financial worries, work load and busy personal wellbeing. Feeling stress and anxious reduces fertility. Yoga strengthens endocrine system which is responsible for hormone balance. Doing Yoga regularly will increase blood flow to reproductive organs. Yoga nourishes endometrial lining of uterus. It increases the chance of fertilization and implantation. Yoga encourages positive mind set and removes anxiety and negativity in mind. Yoga increases libido, it keeps the body to stay calm and reduces the impact of stress on fertility levels.

Preach and practice Gender Equality:

Awareness to be created among individual on gender preferences. In India the preference for son over daughter is deep rooted in socio economic and religious reasons. women feel low value in society for girl child due to non-bread winner in their family. Old age securities, low financial status, property inheritance, dowry system and religious duties contributes the need of son over daughters. In modern India, Girl child can take care of family and she is equivalent to any male in the society.

To create idealism in Youth:

Youths and present generation are the only ray of hope to combat effectively on caste system, early marriage, low status of women and dowry system. Youngsters must be inspired to take initiatives in abolition of dowry system, encourage marriage at right age, basic education to all, reject dowry in society. Youth must be given a value and moral based education. This kind of value based education broaden their minds and widen their outlook towards society. Women must be inspired to take initiative in good education to perpetuate the gender inequality. They should take a pledge to maintain equilibrium in genders.

Health Insurance Facilities:

The stigma attached to infertility can be removed if health insurance covers cashless facility for the treatment. At the end of the day having a baby should become a individual's choice, not a financial constrain. Banks should give insurance coverage not only for maternity expenses but also include infertility treatments for all the women having accounts in the bank. Cashless pre and post infertility treatment will bring ray of hopes to all the women having financial problems. Like any other diseases or injury, infertility treatment also be covered under health insurance policies. Having a motherhood is a right of a women not luxury. Insurance coverage for infertility treatment should not have a painful experience as it is not easy for middle class Indian family to afford the expenses of infertility treatment by all their own.

Suggestions:

- Couples are counseled to send lots of fertility prayers for healing and guidance.
- It is important to contact the healthcare provider if anyone experience the issue of infertility.
- They also should be referred to a counselor or therapist in order to become aware of all costs, risks, procedure and benefits and decide consciously and choose the best method. Also, the counselor should be aware of the whole process of ART and have the ability of convincing them if they refuse to do that due to traditional thinking.
- Some of the women were from rural areas with low literacy, so they had less information about ART than educated people. In this case, the role of broadcasting is more prominent. Street play, skits and social media to be used in Education, counseling, communication, information and awareness to the infertile women, her families and communities on the aspects of infertility management.
- To introduce Low cost IVF (LCIVF) which is accessible to rural areas also.
- It is Also important to sensitize the para medical staffs and consultants on the psycho social issues of infertility.

- Prevention is better than curing; there need to be a focus on primary health care centers (PHC) at rural areas on prevention of infertility by implementing some programmes on early diagnosis, treatment on reproductive infections and on infertility.
- NGO's and government can take a partnership in helping the rural infertile women on the cost of ART process.
- Adoption to be encouraged through proper counseling and referrals.
- Surrogacy can be a second option. Women and her family can be given full information and communication about surrogacy.

The study highlighted that there is a need for education communication information and counselling to the infertile women, families, communities on the causes of infertility and reason for infertility, treatment and psychosocial problems and prevention of infertility. There is a need for gender sensitization through infertility specialist and paramedical personnel and multidisciplinary approach towards psychosocial aspects of infertility. Government and some public sectors are to be encouraged to give a cost-effective treatment for infertility and consideration of rural areas for an economic infertility treatment. There should be a policy which strengthens the reproductive health and fertility health legally to emphasize the services of infertile women.