The socio-cultural context of coping with infertility: a case study from three Asian countries

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【Introduction/ purpose of this article】

The fact that people are unable to have children does not necessarily mean that they will take Assisted Reproductive Technology, ART, a fertility treatment based on Western medicine. Dealing with infertility in people raises the socio-cultural context.

From the attitudes toward coping with infertility, especially third party reproduction, and adoption, this article consider whether or not people will use ART for what logic and with whose gamete.

【Survey】

We conducted a reproduction survey in 14 countries in East, Southeast and South Asia in 2017-2019. We selected two urban and non-urban areas in each country, and interviewed at least five professionals in obstetrics and gynecology and midwifery, and at least ten women whose younger child is under 10 years old in each country. The number of interviews was 275. This article will discuss the part on "dealing with infertility" in Vietnam, Myanmar and the Philippines, where the author was in charge.

This study has been reviewed and approved by the Research Ethics Committee of Shizuoka University (registration number 17-4 and 17-38).

【the Issues】

Despite environmental factors, such as differences in healthcare systems and resources, and the cost of ART, attitudes toward ART are a product of such as social norm on parent-child relationship, perception of biological substance, and attitude toward technology. "It is better for a married couple to have a child than to have no children. It is better for a wife to give birth to a child of blood connection, then if it is economically feasible, it is better to have a child on an in vitro fertilization, IVF. Thus conjugal IVF> gamete donated IVF > Adopted child" is not always the order.

For example, the background of the answer in Myanmar, "I don't need to deal with infertility. I can take care of children of my siblings" is the structure of extended family, a child is not belonging of their biological parents.

One answered in Myanmar they adopted children like a boarding house by fortune-telling, it has been shown that biological substances are not dominant in the extended family situation.

On the other hand, since not having a child is a problem not only for the married couple but also for the whole kinship, some respondents in Viet Num think it is better to use gamete donation or surrogacy. They said that it was a pleasure to be able to benefit from technology and get a baby in a medical facility without sexual relationship with someone other than their spouse. There, technology is recognized as a desirable alternative to custom that people should have children even if they have sexual relations with other people.

This article presents three issues concerning on coping with infertility derived from the interviews:

enhancement, technology, and maintaining a “blood connection” using technology.

【3 focal points】

①Enhancement

Enhancement is the improvement, augmentation, extension, or expansion of something by artificial means, such as bulking up or rising up. There is something that was originally there and then augmented.

②Control

Control refers to the alteration of the original direction by artificial means, termination, interruption, modification, treatment, manipulation such as induced abortion. Concepts in opposition to control are inviolability.

③Maintaining a “blood connection” using technology

Maintaining “blood connection” through the use of technology involves how enhancement and controlling technology relates or does not relate to the cultural value of “blood connection”.

【Background of Viet Nam】

First of all, let me give you a brief background on Vietnam. About 86% of the people are Kinh, and the remaining proportion consists of 53 ethnic minorities. The official language is Vietnamese, and religions include Mahayana Buddhism, Catholicism, and Cao Dai.

As for medical care and insurance, Vietnam has a large proportion of people who have health insurance. The system reduces the paying one’s medical expense rate for those in the district where they are registered residents and even more so for those in hospitals where they are registered. There is a hierarchy of medical and health care systems: government hospitals, public hospitals, provincial hospitals, county hospitals under provinces, district hospitals, and health centers. In urban areas, some doctors in many private hospitals and clinics open private practices in the evenings.

IVF, egg donation, and IVF surrogacy were successfully implemented in 1998, 2000, and 2001, respectively, in Vietnam. In urban areas, many hospitals offer intrauterine insemination (IUI) and IVF. According to the obstetrician-gynecologist interviews in this study, IVF is expensive relative to the cost of living.

With regard to third-party reproduction, the 2003 law on ART made egg and sperm donation possible only if the donation was free of charge. A law allowing altruistic surrogacy, no-compensation surrogacy between relatives was passed in 2014 and has been in place since 2015.

Regarding abortion and prenatal testing, abortion is available. Both family planning and abortion are widespread, partly because population policy (birth policy) restricts births to one or two children. Prenatal testing, including NIPT, noninvasive prenatal genetic testing, maternal serum marker testing, and ultrasound, is widespread in urban areas.

With regard to adoption, the Adoption Act and the fee rules came into force in 2011 and 2017, respectively. Meanwhile, according to international child welfare agencies, the accuracy of domestic adoptions has not improved and child welfare is not progressing due to the large number of international adoptions by Western welfare organizations（ISS, 2009）.

①Enhancement

Let's consider enhancement first.

The interviewees in Vietnam are not much resistant to technological and pharmaceutical enhancements, such as IVF and modern methods of contraception. Fertility treatment is common and preferred.

Urban women said that they would not hesitate to treat their infertility if they were infertile, and in fact, several of the interviewees have experienced IVF and IUI. However, some non-urban women's responses did not indicate that fertility treatment is the best option for a couple to have a child.

> "Some people can't have children; some people adopt, and some people don't do anything about it. If this happened to me, I would do fertility treatments."
> "If I can't have a child, I'll just go with it."

> "If you have more than one male sibling, when he grows up, he will be asked to take care of an elderly relative who has no children. This elderly person can build a house for that child when he marries. Then, he will take over the house and property while taking care of the elderly relative."
> "When you can't have a child, you get a relative's child. I'd rather have a relative's child than a stranger's."

In other words, it is permissible to treat infertility, adopt a child from a non-relative, adopt from a relative, or cross-subsidize (not have a child).

②Control

The second point of contention is control.

Respondents in this survey are not much resistant to the use of technology to control reproduction, including induced abortion, prenatal testing, and abortion based on the results of prenatal testing.

Urban health care providers responded that double and triple testing, he maternal serum screening (MSS) test, is routine; almost all pregnant women undergo NIPTs, Non-Invasive Prenatal Genetic Testing, and take amniocentesis tests when necessary. "Most do not give birth if they find out the fetus has Down's syndrome." "They feel sorry for both parents and their children if they have the disorder."

Most women in non-urban areas are in favor of having an abortion if a prenatal test reveals a fetus disability. However, some said they would not have an abortion because "even if the child has Down's syndrome, it's still their child." Those who are taking care of disabled siblings said that it is not difficult to take care of a sibling because family members, neighbors, and relatives would take care of them if they experienced trouble.

All in all, the experience of prenatal testing varies from routine prenatal genetic testing to ultrasound alone, but abortion in the presence of a disability is generally permissible. In other words, controlling whether to have or not have a baby is generally accepted.

③Using technology to maintain the "blood connection"

About using technology to maintain the "blood connection", sperm and egg donation is perceived as a preferable method to adoption, as "you can have a blood connection with one of the couple," and "you can give birth to a child." Adoption is perceived as "not being sure that you can love a child that is not your own," among others. Surrogacy is also allowed on the grounds that the couple could have a biological child.

During sperm donation procedures, an obstetrician and gynecologist would often have a patient's siblings

donate sperm to the hospital's bank due to a shortage of donors. However, at his own discretion, he has transplanted into patients the sperm donated by their siblings without telling the patients. He replied, "because the children of the siblings would not marry each other, the likelihood of the children becoming inbred will be minimized."

A woman who had twins through IVF said, "I didn't want to give the remaining embryos to a third party because, if I did, there would be a risk of the third-party child marrying my own child." This suggests a link between the perception of genetic linkage and the avoidance of incestuous marriages.

Furthermore, the interviewees talked about the desirability of technology replacing conventions. For example, in case of a gamete donation in a hospital, a child could be born to one of the couples related by blood without the couple having intercourse with someone outside of marriage.

【Background of Myanmar】

Next, let's move on to Myanmar.

Seventy percent of the people are Burmese, but there are many ethnic minorities. According to the Myanmar Embassy, there are eight tribes and 135 ethnic groups. The official language is Burmese, and 90% the population are Theravada Buddhists and others are Christianity and Islam.

Regarding medical care and insurance, as in Vietnam, there are private hospitals and clinics in large cities in Myanmar, but there are not so many in rural areas. There are public primary (health centers), secondary, and tertiary care. The health insurance coverage rate is not high, but medical examinations at public hospitals are free of charge, which reduces the burden of medical costs within the general budget.

In terms of fertility treatment, the first successful IVF and intracytoplasmic sperm injection (ICSI) in Myanmar were performed in 2007 and 2008, respectively. According to an obstetrician-gynecologist interview conducted in 2018 for this study, IUI is performed in seven facilities in City A, a major metropolitan area, and two facilities (government and private hospitals) started IVF and ICSI in 2016. Wealthy people travel to neighboring countries, such as Thailand, to undergo IVF, but it is very expensive. There is no law or implementation of third-party reproduction. Abortion is banned, and prenatal testing is performed by ultrasound.

The current law for Myanmar's adoption system is the Kittima Adoption Act of 1941. Each township has social workers who are responsible for the protection of children in the area. The 211 youth development centers run by volunteer organizations provide financial support for the care of orphans and destitute families. Street children and victims of abuse are being dealt with closely in partnership with international organizations and NGOs.

【3 focal points in Myanmar】

①Enhancement

About the three issues, first on enhancement, an obstetrician and gynecologist responded, "You can't have an abortion in Myanmar, so we do family planning. It's better for your health. The pill and injections are used, and condoms are used by intellectuals."

> "Buddhism does not oppose family planning, and Myanmar is not masculine, so we don't encounter any resistance. Muslims are not against family planning either. They believe that, the more families,

the better. Most of the time, it's the women who decide to get an IUD in, all by themselves."

②Control

In terms of control, obstetricians responded, "Buddhist doctors do not want to perform abortions." Moreover, "99% of people don't want to have an abortion because they are Buddhist. Once, a pregnant woman was dying of cancer. They had many meetings with obstetricians, pediatricians, medical lawyers, and pregnant women. She did not want to have an abortion or have a C-section in the middle of her pregnancy. I told them all the risks, even if the fetus was not viable. However, she refused to have an abortion or a C-section, and I couldn't force them to have a C-section."

"There is no need for screening for Down's syndrome because abortion is not available."
One women said, "A child with a disability is thought of as a poor child and is pitied and given priority over other children. Women are not to be blamed." "We will do good things for them so that they won't have a disability in their next life, and the parents will pray for them." "If a child has a disability and their parents die first, the relatives will take care of the child."

What we can see from these is the idea that pregnancy (child in the belly) cannot be controlled in the form of interruptions. If a disabled child is born, it will be favored specifically for reincarnation. An unborn child is considered inviolable because it is a gift from Buddha.

③Using Technology to Maintain the "Blood Connection"

Let's move on to the discussion points. An urban obstetrician and gynecologist responded that she would like to introduce equipment, have medical personnel trained, and make IVF available within Myanmar.

"For infertility, I recommend IUI first, then IVF, and finally adoption."

The other OBGY doctor answered "If you want to have a child, you can adopt. They'll adopt a relative's child because they value blood ties." The other OBGY doctor answered, "If you don't feel that the child is yours, don't go to an overseas sperm or egg bank and don't adopt."

A woman responded, "There are people who have trouble with infertility, but they don't do IVF, get divorced, or adopt children. They take care of their nephews and nieces, and that's all that matters."
According to another woman, "My sister and her husband have no children. They are raising my child, and my child calls my sister and her husband mother and father. I am the mother in the family register, and he/she knows that I gave birth to him/her."

"My mother, my maternal grandparents, my mother's three sisters (two of whom have no children), my mother's sister's children, and my sister and her husband (who have no children) live with us. Our children are cared for by our family as well. I and my sister have been living with our cousins (my mother's sister's daughters) since birth, and the four of us call each other sisters."

"A fortune teller told me that I should adopt two children born on Sundays because I, my husband, and my child, who is 5 years old, were all born on Saturdays. Then we invited siblings, a 15-year-old high school student and a 10-year-old elementary school student, who cannot go to school in this town because their county is very far, to live in our house. I'll keep their identification from their parents and

let them decide whether they want to stay in our house or go back to their parents in the future."

The other respondent answered, "I'm against sperm and egg donation because they're not related by blood, and the child's personality is similar to someone else's."

Sperm and egg donation is also spoken of as a way of "not having blood ties" and not wanting to do it because "it's not my husband's child." "If you can't think of it as yours, you shouldn't do it."

As stated above, in the first place, there are methods of communal parenting, such as having relatives involved in raising the child or keeping him/her as a foster child. One of these methods seems adoption as a legal procedure to become a foster parent when the child is young. Some respondents said that children of relatives are "related by blood" (and therefore better than children born from gamete donation), suggesting that a "blood tie" is not strictly considered to be that between a pair of parents and a child.

【Background of the Philippines】

Next, I will report on the third country, the Philippines. In terms of ethnicity, the Philippines is predominantly of Malay descent. Others are of Chinese and Spanish descent, and some are mixed blood and ethnic minorities. The main ethnic group is the Tagalogs, and 24.4% of the population speak Tagalog as their mother tongue. It is the only Christian country in the ASEAN. Moreover, 83% of the population are Catholic, 10% are other Christians, and 5% are Muslims. In Mindanao, however, Muslims make up more than 20% of the population.

In terms of health care and insurance, there are a variety of hospitals in the cities, including public hospitals, government specialty hospitals, private hospitals, and university hospitals, with different services and costs. Doctors typically work in multiple hospitals or have their own clinics within these hospitals. In rural areas, state and town hospitals and health centers are the medical resources. Health insurance coverage is high, and birth costs and family planning are often covered by health insurance and public services. In rural areas, primary care (health, family planning, and primary care) is often assigned to health centers, while medical care, including births and related tests, is offered by public hospitals.

In terms of fertility treatments, IVF and other fertility treatments are performed despite the opposition of Catholics. According to the interviews conducted by the reporter, IVF and gamete and embryo freezing are banned in Catholic hospitals.

For third-party reproduction, there is no law on reproductive technologies. Third-party reproduction is not widespread, but there are reports that they are being implemented in some clinics.

Abortion is banned. However, abortion pills are reportedly sold in the marketplace and underground, and dangerous black-market abortions are performed. There are no laws or guidelines on prenatal testing. Prenatal genetic testing is not common.

Adoption, foster care, and legal guardianship systems are in place, and institutional protection is run by an NGO.

【3 focal points in Philippines】

①Enhancement

Let me now consider three issues suggested by the interviewees.

As for enhancement, the government and the administration have in recent years shifted to public funding of family planning while taking into account Catholics.

A non-urban expert responded as follows. “Women think that the church says you can’t do family planning but won’t help you if you’re poor and have a lot of children. Thus, these women think they’ll do their own family planning.”

A midwife at a health center said, “The Department of Health recommends spacing for mothers. Two counseling sessions for couples are included in the state program, and singles are given family planning guidance with their mothers before they give birth. They are given a choice of methods within 45 days of delivery.”

②Control

Regarding control, there is a considerable need for pain control in labor; epidural anesthesia is common in urban areas.

Abortion is prohibited. The physician respondents said that medical resources are used to deliver and keep the fetus alive, even if they are seen urgently for bleeding due to an herbal abortion; C-sections are performed even in the middle of pregnancy. If the mother’s life is in danger, the entire uterine may be removed. A pregnant woman contracted an infectious disease, and the doctor advised her to have an abortion, but she delivered the baby. Pregnant women perceive their unborn children as “gifts from God”.

They do not perform PGT-M (PGD) for ethical reasons. There is no prenatal testing in anticipation of abortion. Ultrasonography and Assessment of Fetal Activity based on Fetal Biophysical Profile scoring are widely used. In urban areas, fetal surgery is also performed. They do not perform fetal reduction.

③The use of technology to maintain “blood ties”

Regarding the use of technology to maintain “blood ties”, urban health care providers said that gamete donation is better than “having extramarital sex in order to have children.” “It’s better to be a half-blood connection.”

Some urban women said that gamete donation is not a problem because it is not unfaithful, while others said gamete donation reminds her of extramarital intercourse of having a child with someone else.”

Caring for children of relatives seems to be familiar and common. For example, a couple’s children and grandchildren are being raised together in an extended family. In environments where there are children in the family, it is not a particular problem if a couple has no children due to infertility.

Adoption also seems to be familiar and common. For example, an interviewee who gave up her second child because of doctor’s stop in view of risks to her body was advised by her husband to adopt a child.

The frequent response was that adoption is better than egg donation because the couple can have a child of their own. There is a lore that adopting or caring for a child will make a woman pregnant. It may be a superstition, but doctors say that adopting a child is better than having a child because it improves a mother’s hormonal status and allows her to have a child. This is different from the logic that egg donation is better than adoption because of blood ties.

The orientation to wanting to have one’s own child even if the husband’s sperm count is low is not due to the logic of wanting to have a child genetically linked by one’s own eggs. Rather, it is the logic that the child you give birth to is your child and birth is superior to genetic linkage. This logic relativizes the premise of using technology to maintain “blood ties”.

【Discussion】

①The issue of attitude towards enhancement, control and technology

These are the three countries' interviews, which the author have reviewed from three points of discussion. Although this is a short report, several points can be suggested.

The first point is the issue of attitude towards enhancement, control and technology.

In a society where technology allows for abortion, prenatal testing, and abortion based on test results, it is also acceptable for intervention in the process of conception, and gamete donation and surrogacy are legal. In countries where abortion is not allowed, there is reluctance or lack of laws on gamete donation and surrogacy. Nonetheless, they are not necessarily reluctant to do prenatal testing. In some countries, resources are being devoted to testing to save or prepare fetuses or newborns and to improve their prognoses.

②The interpretation and attitudes of blood relations

The second suggestion is the interpretation and attitudes of blood relations, i.e., ideas about gamete donation and pregnancy.

The term "blood ties" is heard in every country and region, but what it is intended to do is different. Gamete donation is preferred to adoption because it leaves a "blood connection" between the child and one of the couple. However, it is considered undesirable by some because, given that the child is not related by blood to one of the couple, it is similar to extramarital intercourse. The logic is that caring for a child is better than gamete donation because caring for a child would result in a biological child, as caring for an adopted child would result in pregnancy. Raising children as individuals like their parents might indicate that "blood ties" are not limited to ties between couples and their children but extend to kinship groups.

In addition, it is good to study the relationship between religious and worldviews, and parent and child views (i.e., gifts or deposits from God and Buddha, reincarnation).

③The principle of parent–child and family structures

Finally, it is the principle of parent–child and family structures—the norms and institutions about how parents, children, and families should be and the norms and logic of society regarding which children to raise, which children not to raise, and who should raise children.

In the target countries, there was a normative response that children should be born to the couple and that infertility treatment should be provided as much as possible. Nevertheless, some of the respondents said they do not have to deal with infertility. There are also relatives—extended family or not—who could play a nurturing role by caring for their nephews and nieces in the same way their parents would.

In some societies, there are no abortions, and adoptions are popular. In others, there are few adoptable children because children are either raised by their parents or already adopted /fostered by others. (they are regarded as children of their adoptive parents from infancy and in terms of legal status — similar to the adoptive parents' biological children). Sometimes, adopting the child of a relative is preferred. In other cases, it is done through administrative procedures or by interacting with a third party who would give a child up for adoption.

In addition to fertility treatments, third-party reproduction, foster care systems, and adoption, this study includes questionnaires on contraception, family planning, prenatal testing, disability, induced abortion, handling aborted fetuses and placentae, coping with the pain of labor, deciding who to breastfeed (other than one's own child), and how to give breastmilk, among others. We believe that it is necessary to study

the total view of the body, technology, disability, and life and death.

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Reference

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