Social Sciences
2026, Vol. 15, No. 6, pp. 327–334
https://doi.org/10.11648/j.ss.20261506.13

SciencePG
Science Publishing Group

Research Article

A Sociological Analysis of Infertility and Its Implications: with Special Reference to India

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Abstract

Infertility is a global Reproductive Health issue that has socio-economic implications on both the individual and society. The prevalence rate of infertility has been reported as 3.5% to 16.7% in more developed nations and from 6.9% to 9.3% in less-developed ones. Worldwide, 8–10% of couples are suffering from infertility every year and 25% are in India. Primary or secondary Infertility may be caused by a number of factors in either male or female reproductive systems. Indian Council of Medical Research says that, the prevalence of male infertility is around 10-15%, among women, it is 13.4% in 1015-2019. WHO estimated prevalence of primary infertility among women is 11.8%. 40% of infertility cases were related to men, out of every 100 couples, 10-15 of them will be facing difficulties due to male infertility. Various studies have been evidenced the remarkable rise in the infertility rate. NFHS survey, 2019–21 assessed the prevalence of primary infertility at both national and state levels in India with 3.9% to 16.8%, higher in urban areas. In this backdrop, the study aimed to comprehend the infertility scenario in the world and in India. It explores the determinants, causes, challenges and its implications based on systematic standard survey data from a Sociological Perspective. The study on infertility is important for health-care providers and policymakers to design and implement policies related to prevention. Diagnosis and treatment. The impact of infertility on the woman's life in India is also substantial. Due to socio-cultural factors, they suffer from social stigma of being infertile. It has an impact on their families and communities. Equitable access to fertility care is also a challenge for poor, un-educated and marginalized groups. Fertility care is not prioritized in national health coverage. The study suggests to improve the current reproductive health programmes.

Keywords

Reproductive Health, Primary and Secondary Infertility, Social Stigma, Sociological Perspective

1. Introduction

Issues related to Reproduction, pregnancy and childbirth are still a challenge in many countries. People still face difficulties in making decisions about the reproductive health. Infertility is a global Reproductive Health issue that has socio-economic implications on individuals and society.

When a couple has regular, unprotected sexual encounters yet unable to conceive, they are said to be infertile. It may be a Primary infertility which refers to a couple's inability to conceive after a year of regular, unprotected sexual intercourse. Couples who have been able to get pregnant at least once refers to Secondary infertility.

One in every fifteen Indian couples are with infertility. It has negative effects on the couples and their family also socially, financially and emotionally also. Access to fertility care

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Received: 17 September 2026; **Accepted:** 5 October 2026; **Published:** 9 November 2026

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is a challenge for poor, un-educated and marginalized groups in a country like India. Because Fertility care is not prioritized in national health policy. This paper comprehends the global prevalence of infertility in the world and in India particularly.

2. Objectives of the Study

1) To assess and analyze the Prevalence of Infertility in the world and in India
2) To understand the determinants, causes and challenges of Infertility
3) To discuss the socio-economic and psychological implications on both the individual and society
4) to suggests the interventions for prevention. diagnosis and treatment for Infertility

3. Importance of the Study

Demographic data on differential fertility, mortality and migration have been important factors in shaping the social structure. It is a subject of sociological meta-analyses, with an emphasis on strategies to promote reproductive health and development of a country.

Infertility is a global reproductive issue that affects both males and females, but it is rarely discussed in public, often overlooked and neglected in the health sector. The study on infertility is important for health-care providers and policy-makers to prepare and implement policies to prevent. Diagnose and to treat. Studies on infertility are crucial because, they help to understand the causes, improve diagnostic methods, develop effective treatments, and reduce the social, cultural and psychological impact on individuals and couples and Family.

4. Methodology

Primary infertility is a global reproductive issue that has socio-economic and health implications on both the individual and society. In this context, the present paper aimed to analyze the infertility scenario in the world and in India in a sociological perspective on the basis of various studies conducted and survey data of World Health Organization (WHO), National Family Health Survey (NFHS), Center for Disease Control (CDC), Indian Council of Medical Research (ICMR) and various National and International survey data base. It explores the determinants, causes, challenges and its implications.

5. Prevalence of Infertility in World

Infertility affects individuals and couples across the world. The prevalence rate of infertility has been reported as 3.5% to 16.7% in more developed nations and from 6.9% to 9.3% in less-developed ones. Globally in 2021, it is estimated that, 55000818 cases of male infertility and 110089459 cases of female infertility among the individuals aged 15-49 years. [1]

According to “WHO 2023 and 1990–2021” one in six people globally affected by infertility. Worldwide approximately 8%–10% of couples are suffering from infertility every year and 25% are in India. The report says that, certain regions have higher prevalence [2].

1) *South Asian region* including countries like India, Bangladesh, and Pakistan, have the highest infertility rates estimated (1 in 4 couples affected).
2) *Saharan Africa* region, *North Africa and the Middle East*, face significant challenges in addressing infertility due to lack of medical services and cultural stigma and untreated sexually transmitted infections.
3) *In Central and Eastern Europe*: regions including Russia, Ukraine, and Belarus, have reported elevated infertility rates, potentially linked to environmental factors and lifestyle choices.
4) The prevalence rate of infertility has been reported to elevate from 3.5% to 16.7% in more developed nations and from 6.9% to 9.3% in less-developed ones
5) In U.S. infertility rate is 1.84, (central intelligence agency 2024) [3]

So far, the male infertility has not given more attention compared to female infertility. “The Global Burden of Disease (GBD) from 1990 to 2019” assessed the trends of diseases burden of male infertility in global, regional and national. [4] It has shown a steady increase evidenced by the raise in Age-Standardized Prevalence Rate ASPR and Age-Standardized Years of Life Lost Rate ASYR, particularly in the High-middle and Middle SDI regions. Notably, male infertility in these regions far exceeds the global average. Since 2010, there has been a notable upward trend in the male infertility.

Among 204 countries and territories China evidenced the highest prevalence of male infertility, 14,577,432.6 (7,416,528.3–24,752,355.6), followed by India with 11,392,467.2 (6,258,342–184,672,22) and Indonesia with 2,873,683.7 (1,563,954.3–4,590,378.2). Male infertility has increased with a growth rate of 76.9%.

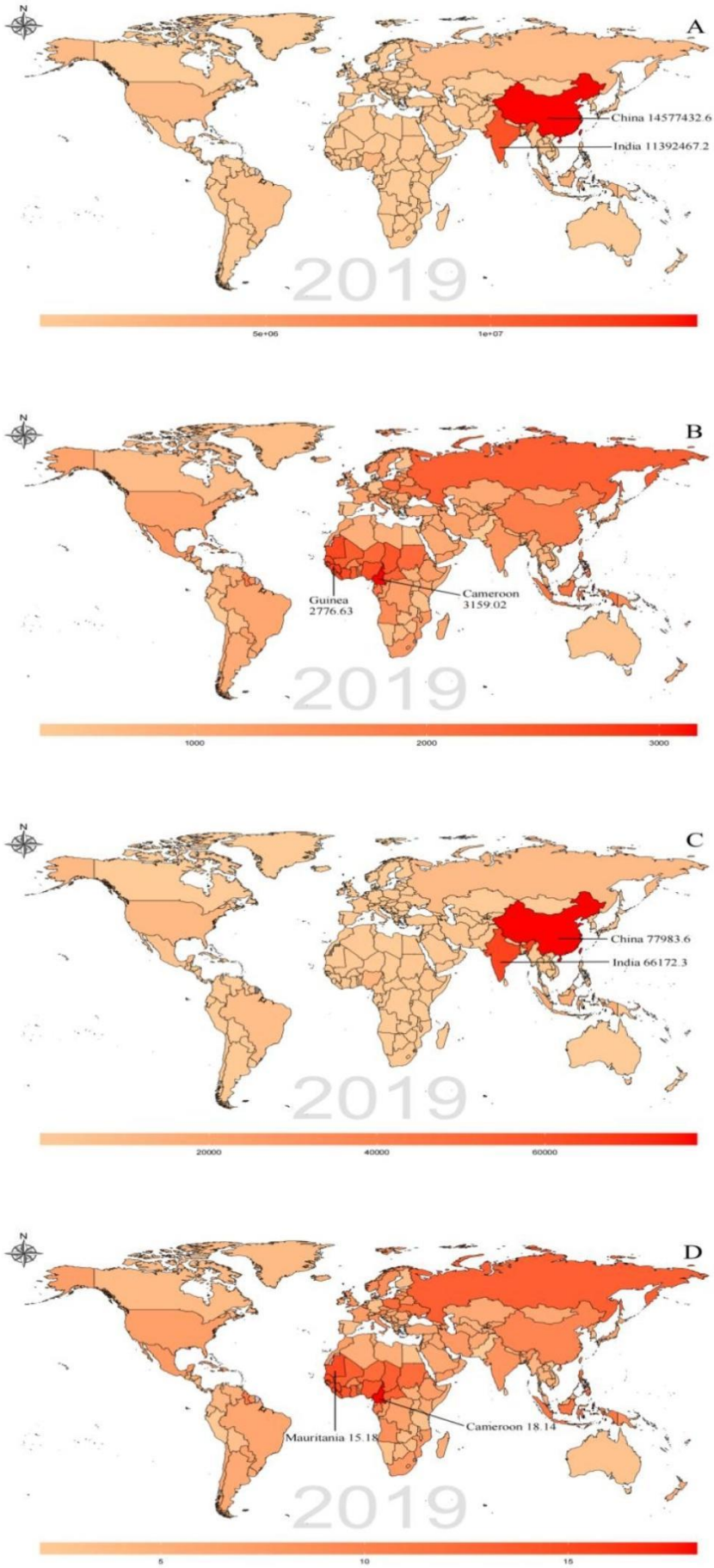


Figure 1. *Prevalence of Infertility in the world.*

6. Discussion

It was found (2017) that. The prevalence of infertility in India was high (45%), influenced by culture and societal attitude towards childlessness. people believed that infertility was a curse of God and always target women for infertility. Men were not considered responsible for the inability. In the above picture it can be observed the China has highest infertility, followed by India. It could be attributed to their large populations and demographic factors such as delayed childbearing, urbanization, Modernization and changes in lifestyle. Factors like pollution, Cultural Stigma, occupational hazards, and access to reproductive healthcare services also contribute to increase in infertility rate.

Africa, Central and Eastern Europe had the highest infertility rates with male infertility accounting for about 43%.

6.1. The Infertility Scenario in India

The UN demographic report United Nations population fund UNFPA for 2025 says that India's total fertility rate (TFR) has decline to 1.9 falling below the replacement level of 2.1. [5]

As per WHO estimation the prevalence of primary infertility among women is 11.8% at the reproductive age group. It was reported that 40% of infertility cases were related to men, it is gradually on the rise that is 15-20 Million (25%). [6]

Among all women, 13.4% of Women of ages 15-49 and 15.4% of women had impaired fecundity (2015-19). That is, out of every 100 couples trying to conceive, 10-15 of them will be facing difficulties due to male infertility. [7]

According to a study by the Indian Council of Medical Research, the prevalence of male infertility in India is around 10-15%. Of these couples, about one-third are due to male factor infertility. [8]

6.2. Regional Variations in Infertility

The NFHS-5 2019–21, reported significant regional differences in the prevalence of low ovarian reserve and sperm count across various states in India. Low Ovarian Reserve. 29.3% of women aged 25-49. It is assessed that, 15% of couples have male infertility. it Contributes 40-50% of all infertility cases. Median Sperm Count is 40 million per milliliter of semen, it is lower than WHO reference range.

1) North-eastern states of India had the highest prevalence of low ovarian reserve, while the southern states had the lowest
2) North Indian men have lower sperm counts and motility compared to men from other regions.
3) The high levels of air and water pollution in North Indian cities like Delhi and Punjab may contribute to infertility issues.
4) South Indian women are more likely to experience infertility
5) The traditional South Indian diet, which is high in rice and low in protein, may contribute to infertility.
6) East Indian states like West Bengal and Odisha have higher rates of infertility due to infectious diseases like tuberculosis and malaria.
7) The rural and tribal areas of East India often have limited access to healthcare facilities, making it difficult to seek treatment for infertility.
8) West Indian states like Maharashtra and Gujarat have higher rates of infertility due to lifestyle factors like stress, obesity, and smoking.
9) Northeast Indian states like Assam and Meghalaya have higher rates of infertility due to genetic factors like chromosomal abnormalities.

Although biological factors are considered to be the primary cause, factors like social, economic, health, Diet, and lifestyle factors also have an adverse effect on a couple's ability to reproduce.

Table 1. *Infertility in India.*

infertile women	**Marriage duration ≥1 year**		**Marriage duration ≥2 years**		**Marriage duration ≥3 years**		**Marriage duration ≥4 ≥5years**		**Marriage duration ≥5 years**	
Married women	N	n (prevalence) *	N	n (prevalence) *	N	n (prevalence) *	N	n (prevalence) *	N	n (prevalence) *
India	491484	21089 (42.9)	473697	14530 (30.7)	454714	10958 (24.1)	436803	9044 (20.7)	419293	7853 (18.7)
Jammu And Kashmir	13439	518 (38.5)	12841	283 (22)	12279	191 (15.6)	11778	164 (13.9)	11287	141 (12.5)
Himachal Pradesh	7446	226 (30.4)	7202	150 (20.8)	6926	118 (17)	6659	106 (15.9)	6446	95 (14.7)

infertile women	Marriage duration ≥1 year		Marriage duration ≥2 years		Marriage duration ≥3 years		Marriage duration ≥4 ≥5years		Marriage duration ≥5 years	
Punjab	14694	503 (34.2)	14163	331 (23.4)	13635	255 (18.7)	13143	207 (15.7)	12604	178 (14.1)
Chandigarh	478	18 (37.7)	462	11 (23.8)	454	8 (17.6)	438	6 (13.7)	424	5 (11.8)
Uttarakhand	8969	254 (28.3)	8626	155 (18)	8282	106 (12.8)	7958	84 (10.6)	7682	74 (9.6)
Haryana	15113	470 (31.1)	14556	291 (20)	13959	203 (14.5)	13413	152 (11.3)	12861	136 (10.6)
NCT Of Delhi	7121	241 (33.8)	6873	168 (24.4)	6604	135 (20.4)	6336	107 (16.9)	6097	90 (14.8)
Rajasthan	28432	1411 (49.6)	27367	943 (34.5)	26197	680 (26)	25088	521 (20.8)	23997	443 (18.5)
Uttar Pradesh	60519	2478 (40.9)	58197	1708 (29.3)	55724	1245 (22.3)	53332	991 (18.6)	51093	852 (16.7)
Bihar	30393	1381 (45.4)	29196	836 (28.6)	27948	593 (21.2)	26779	449 (16.8)	25599	380 (14.8)
Sikkim	2084	79 (37.9)	2025	58 (28.6)	1957	43 (22)	1884	36 (19.1)	1802	30 (16.6)
Arunachal Pradesh	12943	495 (38.2)	12417	316 (25.4)	11898	218 (18.3)	11485	166 (14.5)	11049	147 (13.3)
Nagaland	5435	187 (34.4)	5179	132 (25.5)	4953	105 (21.2)	4729	93 (19.7)	4493	82 (18.3)
Manipur	5041	151 (30)	4850	116 (23.9)	4643	92 (19.8)	4412	77 (17.5)	4192	68 (16.2)
Mizoram	4070	185 (45.5)	3909	132 (33.8)	3773	109 (28.9)	3655	98 (26.8)	3517	91 (25.9)
Tripura	5594	180 (32.2)	5392	114 (21.1)	5172	79 (15.3)	4954	65 (13.1)	4746	55 (11.6)
Meghalaya	7640	192 (25.1)	7342	106 (14.4)	7078	80 (11.3)	6795	67 (9.9)	6466	63 (9.7)
Assam	24700	1071 (43.4)	23773	705 (29.7)	22731	485 (21.3)	21737	403 (18.5)	20803	341 (16.4)
West Bengal	15877	590 (37.2)	15304	396 (25.9)	14703	300 (20.4)	14129	255 (18)	13576	223 (16.4)
Jharkhand	18757	825 (44)	18091	598 (33.1)	17304	441 (25.5)	16567	365 (22)	15911	324 (20.4)
Odisha	19397	770 (39.7)	18713	573 (30.6)	18005	470 (26.1)	17286	404 (23.4)	16570	356 (21.5)
Chhattisgarh	18237	1028 (56.4)	17545	788 (44.9)	16836	637 (37.8)	16136	558 (34.6)	15486	489 (31.6)
Madhya Pradesh	33766	1425 (42.2)	32588	958 (29.4)	31187	711 (22.8)	29955	569 (19)	28833	490 (17)
Gujarat	23400	1226 (52.4)	22638	884 (39)	21853	667 (30.5)	21031	545 (25.9)	20216	465 (23)
Dadra & Nagar Haveli	1737	85 (48.9)	1671	60 (35.9)	1592	42 (26.4)	1527	32 (21)	1455	28 (19.2)
Maharashtra	24292	1112 (45.8)	23434	723 (30.9)	22577	545 (24.1)	21826	447 (20.5)	20987	376 (17.9)
Andhra Pradesh	8020	362 (45.1)	7767	271 (34.9)	7522	227 (30.2)	7300	198 (27.1)	7054	172 (24.4)
Karnataka	21081	1088 (51.6)	20408	830 (40.7)	19644	662 (33.7)	18893	566 (30)	18172	502 (27.6)
Goa	1228	89 (72.5)	1179	76 (64.5)	1111	64 (57.6)	1069	57 (53.3)	1033	51 (49.4)
Lakshadweep	790	77 (97.5)	754	56 (74.3)	712	39 (54.8)	683	33 (48.3)	656	31 (47.3)
Kerala	7861	368 (46.8)	7638	273 (35.7)	7387	213 (28.8)	7161	180 (25.1)	6927	156 (22.5)
Tamil Nadu	17938	778 (43.4)	17300	583 (33.7)	16614	479 (28.8)	15966	420 (26.3)	15361	381 (24.8)
Puducherry	2410	109 (45.2)	2338	86 (36.8)	2265	67 (29.6)	2188	56 (25.6)	2120	53 (25)
Andaman and Nicobar	1623	90 (55.5)	1564	68 (43.5)	1508	52 (34.5)	1469	46 (31.3)	1401	35 (25)

infertile women	Marriage duration ≥1 year		Marriage duration ≥2 years		Marriage duration ≥3 years		Marriage duration ≥4 ≥5years		Marriage duration ≥5 years	
Island										
Telangana	19708	971 (49.3)	19110	725 (37.9)	18459	584 (31.6)	17857	510 (28.6)	17245	443 (25.7)
Ladakh	1340	56 (41.8)	1285	27 (21)	1222	13 (10.6)	1185	11 (9.3)	1132	7 (6.2)

* Prevalence calculated as per thousand population National Family Health Survey - NFHS-5, 2019–21, [9, 10]

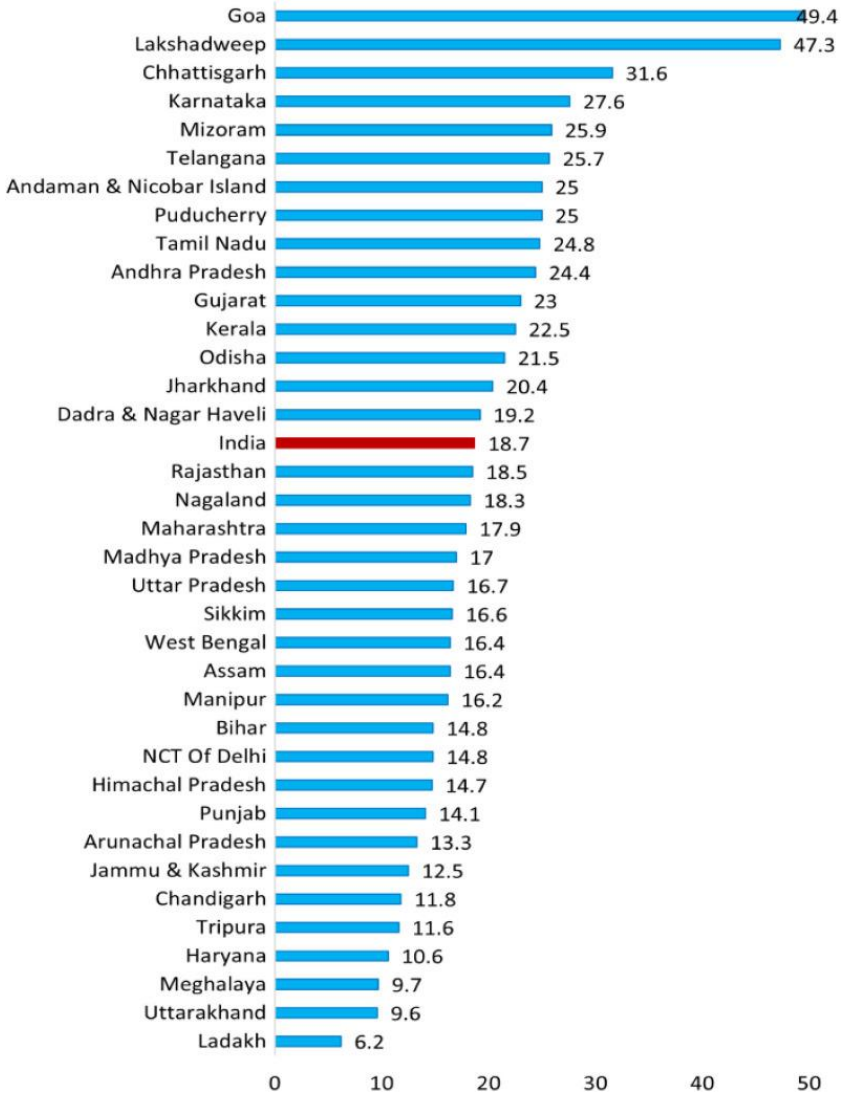


Figure 2. *State-wise prevalence of infertility (per thousand women) in India during 2019–20.*

6.3. Determinants/Causes of Infertility in India

There are various causes contributing to infertility. In males low or poor sperm quality and motility, Varicocele. Hormonal Imbalance make it difficult to fertile.

Polycystic Ovary Syndrome (PCOS), Hormonal disorder, Endometriosis Tubal Damage or Blockage. Ovulation Disorders. Uterine Fibroids affect ovulation to conceive among females. Lifestyle and Environmental Factors (20-30% of cases) such as Stress, Obesity. Smoking, Alcohol Consumption, Environmental Toxins affect reproductive health. Even the genetic disorders, infections and diabetes thyroid disorders also affect the reproductive health, slightly over half of all infertility cases are a result of female conditions, while sperm disorder or unknown factors are associated with the rest of the causes. [12]

Looking about the consequences of infertility, it can have significant social, emotional, and economic impacts on individuals, families, and communities in India:

6.4. The Impact of Infertility on Society (Socio-Cultural Consequences)

Due to infertility, Individuals and couples are pressurized by the family members, relatives, friends and neighbors.

They face social stigma, social isolation and emotional distress, can lead to marital dissatisfaction, further to divorce.

Infertility can lead to concerns about family lineage and the continuation of the family Descent. The childlessness is always associated with social status particularly in rural areas where childbearing is highly valued. As a consequence, it can increase tensions and conflicts in family.

6.5. Impact on Physical and Mental Health

Infertility can lead to Physical Health like obesity, and other diseases

The impact of infertility on mental health always overlooked and ignored. individuals and the couples feel it as failure in their life and ashamed of their inability.

Depression, stress, emotional strain and Anxiety, Loss of Self-Esteem are common due to loss of the reproductive potential. In such conditions only few will get mental support by the family members and health professionals. It leads to decreased intimacy and even marital conflict, sometimes it can also strengthen bonds in couples through shared experiences and support.

6.6. Economic Impact

Infertility treatment is expensive, can lead to Loss of Productivity due to emotional distress. It has an adverse impact on the career of individuals

6.7. The Impact of Infertility on Women

Until recent days, the societal attitude of infertility is often labelled as a ‘women’s issue’. Infertility in men is not considered and acceptable easily. In case of women Infertility can significantly impact the physical, mental health and social health. They can face risks like early onset osteopenia, increased mortality heart disease, PCOS, obesity and metabolic syndrome. There is a high social value for childbearing hence, women feel more stigma and socially pressured in the family and society.

Women always experience more pressure on them than their partners which can lead to emotional stress, social stigma low self-esteem due to gender inequality. However, in India, male infertility is largely an ignored phenomenon and women are subjected to a lot of social stigma for being unable to bear children. The need of the hour is, therefore, to give equal importance to male infertility and create awareness about the condition. Emotions like disappointment, guilt, shame, self-blame, anger, bitterness, discomfort, and resentment are very common reaction patterns observed in infertile couples.[13]

7. Addressing the Challenges of Infertile

An increase in infertility rates can negatively affect development by impacting population dynamics, economic growth, and social well-being, leading to an aging population, reduced workforce, and increased healthcare costs.

Diagnosis and treatment of infertility is not prioritized in reproductive health strategies and our development policies. The necessary Infrastructure for the treatment is not fissile. The cost of the treatment, and medicines are not affordable in our country.

It is necessary to prioritize efforts to improve fertility and reproductive health of the citizens of the country. Government policies could reduce inequities in accessing safe and effective fertility care. Health policies need to recognize infertility as a disease that can be prevented. Treatment and promotion of healthy lifestyle can reduce complications in the reproductive health, particularly in rural areas. it is essential to ensure fertility policy is monitored, and the quality of services is improved. Supporting services and counseling can help in this regard.

However, window of opportunity is provided within the Indian Public Health Standards, 2022 provisions for counselling of couples with infertility at the Primary Health Centre (PHC) and Urban PHC (as an essential service).

Despite these provisions, we hypothesize that a lack of standardized operating protocols for healthcare providers within the public health system impedes the effective linkage of involuntarily childless couples to appropriate infertility treatment. This necessitates the establishment of effective health care system with an aim to have a dedicated and streamlined referral pathway to improve access to care for infertility services. [14]

According to the *Infertility Awareness Report 2024* [11] education and awareness-raising interventions to address understanding of the prevalence and determinants of fertility and infertility is essential. Medical treatments like In Vitro Fertilization IVF, IUI, ICSI and Hormonal Treatments. Consumption of balanced and healthy diet, Healthy lifestyle regular exercises can reduce the risks of infertility. Though assisted reproduction technologies (ART) are available still it is not become popular. People are not ready to go with this technology due to socio cultural, and conservative mind set.

8. Conclusion

Globally, approximately 1 in 6 adults experience infertility,

highlighting a significant reproductive health issue with societal and health consequences, requiring increased access to affordable, high-quality fertility care. By addressing the complex issues surrounding infertility in India, we can work towards improving reproductive health outcomes, reducing stigma, and enhancing overall well-being for individuals and families affected by infertility. In developing countries like India, women suffering from disappointments, and the social stigma of being infertile cannot be overlooked.

9. Recommendation

The data on infertility underscore the need for interventions and policy initiatives to confront the infertility challenge in the country. Recognizing the substantial burden and regional disparities is of paramount importance for policymakers and healthcare providers as they work towards developing and implementing effective strategies for both prevention and treatment. By shedding light on the global infertility rate and its implications, we can foster a more supportive environment for those affected by this condition. The impact of infertility on the woman's life is also substantial. Therefore, infertility can definitely be considered an important public health issue with wide social implications.

Abbreviations

WHO	World Health Organization
NFHS	National Family Health Survey
CDC	Center for Disease Control
GBD	Global Burden of Disease
ICMR	Indian Council of Medical Research
ASPR	Age-Standardized Prevalence Rate
ASYR	Age-Standardized Years of Life Lost Rate
TFR	Total Fertility Rate
ART	Assisted Reproduction Technologies
IVF	In Vitro Fertilization,
IUI	Intrauterine Insemination
ICSI	Intracytoplasmic Sperm Injection
UNPF	United Nations Population Fund

Author Contributions

Chandrika Kathalagere Basavalingappa: Conceptualization, Data curation, Formal Analysis, Validation, Writing – original draft & Writing–review & editing

Conflicts of Interest

The author declares no conflicts of interest.

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