



# Why Men are Missing from Fertility Debates



Rahul Hajare\*

Department of Health Research, Ministry of Health and Family Welfare, India

Submission: September 26, 2018; Published: October 23, 2018

\*Corresponding author: Rahul Hajare, Department Indian Council of Medical Research, Department of Health Research, Ministry of Health and Family Welfare, New Delhi, India, Tel: 9921707584; Email: [rahulhajare@rediffmail.com](mailto:rahulhajare@rediffmail.com)

## Abstract

Perfect couple can accept women performing more educated than men. Wrinkles disparities usually focus on either the rational choice model or the analysis of demographic trends in a society. The rational choice model suggests that people look for partners who can provide for them in their long term, as men traditionally earn more as they get older, women will therefore prefer older men. This factor is diminishing as more women enter the labor force. The demographic trends are concerned with the gender ratio in the society, the marriage squeeze, and migration patterns. Another explanation concerns cultural values the higher the value placed in having children, the higher the age gap will be.

**Keywords:** Men; Wrinkles disparities; Polygyny; Demographic; Health Surveys

## Introduction

Men's exclusion from the reproductive debate contributes to gender inequalities, a study has revealed. Discussions about fertility mostly focus on women, keeping the men out of the debate. And when they are included, it is only married and heterosexual men who make it to the studies and data recovery. According to the researcher, it is vital to explore the gender issue in fertility research [1-5]. Their study focused on the Demographic and Health Surveys (DHS), which have been widely-used in low and middle-income countries over the past several decades to understand demographic processes and family building. The study finds these important data engage in unintentional, yet highly consequential practices of designing the surveys differently for men versus women, producing gender inequalities. "First, we wanted to know, across time and place, were men included in the surveys at all? Then, if men were included, which men were included? And how did choices about which men to include lined up to choices about which women to include?" The study then focused on the kind of questions the men were asked and how those questions shaped the survey and the conclusion drawn from it.

The researcher identified two processes through which surveys had the potential to render male infertility invisible. Firstly, identifying who to survey in an exclusionary way and secondly, asking survey questions in a way that selects out some groups/issues. By compiling information about survey samples in the DHS and combining this with a qualitative examination of survey design, they identified areas of men's invisibility across time and place. While the inclusion of men in DHS samples had increased over time, some men (e.g. single, divorced and transgender) remained missing in many survey settings.

Researcher from India was problematic from a reproductive justice perspective. Survey results, which both reflected and contributed to men's invisibility, were widely used as an evidence base for family and population policies. Men's invisibility from data and research, therefore, has the potential to make them invisible in policy discussions about family building too.

Reproductive health services are typically only made available to those whose reproductive health needs are recognized. Men's exclusion from the reproductive debate, the authors argue, contributes to gender inequalities in who is supported in the family building within families and societies. "The good news is, the availability of data for men has increased over time, although men in some regions are comparatively neglected," "For example, relative to the availability of surveys for women, there are fewer data available for men in Latin America, North Africa, and parts of South Asia than for sub-Saharan Africa [6,7]."

Even where men were surveyed, the way questions were asked limited our ability to understand some family building processes -- for example, infertility in the context of polygyny. She also pointed out that there are some negative consequences to being left out of data for men. For example, support for difficulties conceiving is available only to those whose needs are recognized. "In short, this is an issue that impacts men and women alike. It both reflects and creates a specific notion of who should take responsibility for family building and there's great potential for both men and women to be disadvantaged in this process," However, there can also be some benefits to invisibility. Where reproduction is not seen as men's domain, the blame for reproductive failure tends to fall on women's shoulders [8,9].

### Acknowledgment

This study has been guided by under supervision and guidance of Renowned Laboratory Scientist Respected Dr. Ramesh Paranjape' Retd. Director and Scientist 'G' National AIDS Research Institute India. I express my sincere gratitude towards Respected Sir' for motivation and being great knowledge source for this research.

### References

1. Rahul H (2018) "Two Trajectories" A Promise of Reform and Ashaaram Pattern. Degenerative Intellect Dev Disabil 1(3).
2. Rahul H (2018) No Fact Check, Pharmaceutical Institutions from Reputed Pune University and Socially Situated and Socially Constituted Agency. Orthop & Spo Med Op Acc J 1(3).
3. Rahul H (2018) Indian Women, Trauma and Hydroxyl Drugs Dependency: Connections and Disconnections in Heart Disease for Women. Int J Curr Innov Adv Res 1(2): 1-2.
4. Hajare R (2018) In Vitro, Widowed and Curse Words form Principal During Unplanned Meeting of the College in Private Pharmaceutical Institutions in Pune University India: An Attractive Study. J Nat Ayurvedic Med 2(6): 000143.
5. Rahul Hajare (2018) Gender and Teaching Strategies on Pharmaceutical Chemistry Students B Pharm Second Year Pune University Syllabus' Achievement in Organic Compounds Nomenclature. SF Pharma J 1: 2.
6. Rahul Hajare (2018) Route Evaluation of Domestic Violence and Epileptic Seizure ("Fit") Experience Among Recently Married Women Residing in Slums Communities' Pharmaceutical Institutions in Pune District, India. Chronicles of Pharmaceutical Science 9(5): 702-704.
7. (2018) Extra-Marital Affair Can Lead Trauma and Connections in Higher Risk for Heart Disease in Indian Women. Drug Des Int Prop Int J 2(1).
8. Rahul H (2018) Co- Relation of Domestic Violence and Epileptic Seizure ("Fit") Experience Among Recently Married Women Residing in Slums Communities' Pharmaceutical Institutions in Pune District, India. Glob J Intellect Dev Disabil 4(5).
9. Rahul H (2018) Classical Approach to Management of Menopause: Extended Scientific Literature. Adv Res Gastroentero Hepatol 8(4).



This work is licensed under Creative Commons Attribution 4.0 License  
DOI: [10.19080/ARGH.2018.11.555814](https://doi.org/10.19080/ARGH.2018.11.555814)

#### Your next submission with JuniperPublishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats  
( Pdf, E-pub, Full Text, audio)
- Unceasing customer service

#### Track the below URL for one-step submission

<https://juniperpublishers.com/online-submission.php>