

Chapter 14

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How to use this chapter:

This chapter is about people who have difficulty having children. Before reading it you may first want to read Chapter 4, “Our Reproductive Bodies” (see page 42), which talks about how someone becomes pregnant.

This chapter talks about infertility and miscarriage, and shares stories of people who have experienced infertility. You may find these descriptions upsetting or difficult to read. Please read with care and refer to the resources on infertility for more information and support (see page 563).

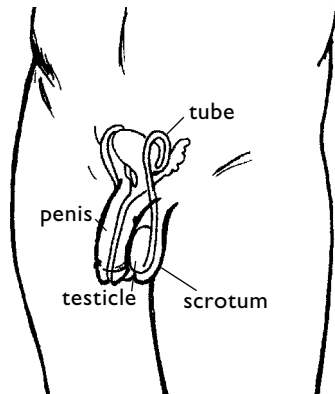
What Is Infertility?

► *Untreated sexually transmitted infections (STIs) are a common cause of infertility.*

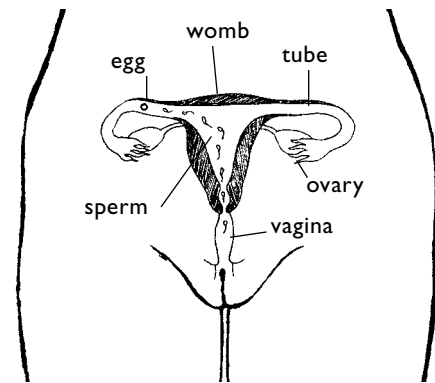
Infertility includes being unable to become pregnant and being unable to make another person pregnant. We say a couple is infertile when they cannot get pregnant after having unprotected penis-in-vagina sex several times a week for a year. A person can also be considered infertile if they have a medical condition that affects their ability to get pregnant or cause a pregnancy.

Infertility has many causes. Sometimes it is possible to find the cause and treat it, but not always. The cause may be in one partner or both, and sometimes both partners seem healthy and no doctor or test can find out why they cannot get pregnant.

All these reproductive parts need to work, and work together, for pregnancy to happen.



Sperm are produced in the testicles and inserted in a partner's vagina during penis-in-vagina sex.



Sperm deposited in the vagina swim through the womb and one sperm joins with an egg in the tube.

What Causes Infertility?

Problems with sperm, the testicles, or the penis can all lead to infertility. These problems can have a variety of causes.

1. **Few sperm are produced, or the sperm produced cannot fertilize an egg,** possibly because of:
 - genetic or developmental problems.
 - smoking tobacco, drinking a lot of alcohol, or using drugs (see page 232).
 - exposure to toxic chemicals (see page 232).
 - malnutrition or diabetes.
2. **The testicles are damaged or work differently,** possibly because of:
 - illnesses like tuberculosis, mumps, or untreated STIs.
 - physical injuries.
 - a condition called varicocele that reduces blood flow to a testicle.
 - changes in hormones, which affect sperm production.

3. The penis cannot deliver sperm to the vagina, possibly because of:

- conditions that make ejaculation difficult or impossible, such as diabetes or spinal cord injury, or a penis that doesn't get hard during sex.
- an STI that damaged the tubes that carry the semen and sperm.

Problems with the egg, the womb, or the tubes can all lead to infertility. These problems can have a variety of causes.

1. An egg is not produced, or an egg produced cannot develop into a fetus after fertilization, possibly because of:

- genetic problems.
- having very low or very high body fat, which affects the hormones that control ovulation.
- smoking tobacco, drinking a lot of alcohol, or using drugs (see page 232).
- exposure to toxic chemicals (see page 232).

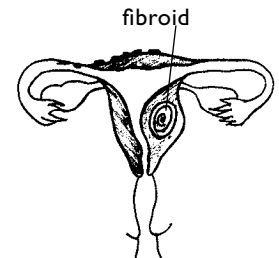
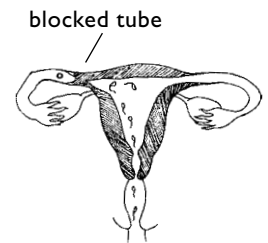
2. The womb is damaged or works differently, possibly because of:

- growths in the womb (like *fibroids*) that prevent pregnancy.
- scarring from an untreated STI, an infection after birth, or an unsafe abortion, which blocks sperm from reaching the egg or prevents a fertilized egg from attaching to the womb.
- differences in womb shape.
- changes in hormones that affect the womb's lining.

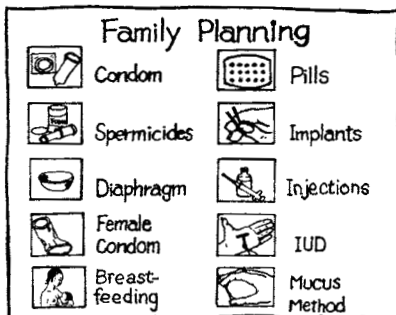
3. The tubes stop sperm from reaching an egg, possibly because of:

- illnesses like tuberculosis or untreated STIs that damage the tubes and block the sperm.

► **Infertility caused by infection can be prevented.** For more information, see page 276.



Family Planning Is Safe

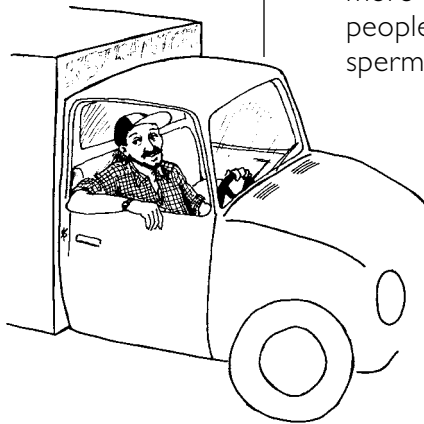
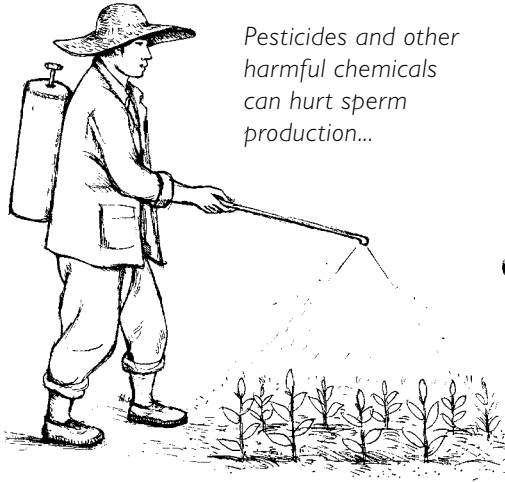


Family planning is sometimes blamed for infertility. But no family planning methods (other than sterilization) cause infertility except in very rare cases when an IUD has not been put in correctly and causes an infection in the womb or tubes. For more information, see Chapter 13, “Family Planning,” page 197.

Dangers at Work or Home that Can Hurt Fertility

These dangers can hurt fertility in many ways—from the making of sperm and eggs to the birth of a healthy baby:

- **Contaminated air, food, or water** caused by dangerous pesticides or toxic chemicals used in factories and farms.



- **Smoking or chewing tobacco or drinking alcohol.** People who smoke or chew tobacco or drink a lot of alcohol are more likely to have infertility. These substances may cause people to take longer to become pregnant, make fewer sperm, or make sperm that are less able to fertilize an egg.

- **High temperatures.** When testicles get too warm they can stop making sperm. For example, this can happen if a person wears tight clothes that press the testicles against the body, takes hot baths, or works near hot things such as boilers, furnaces, or the hot engine of a long-distance truck—especially driving for many hours without a break. Once the testicles cool, they can make sperm again.

- **Body fat.** People with either very low or very high body fat are more likely to have infertility, especially people who can become pregnant, because body fat can affect the menstrual cycle.

- **Medicines.** Some medicines make it more difficult to get pregnant or cause a pregnancy. If you or your partner are trying to get pregnant, talk with your health worker about what medicines are OK for you to take.

Working in hot places, like near the hot engine of a truck for many hours, can kill sperm and cause temporary infertility.

If you or your partner think you have a fertility problem:

- 1. Try to have sex during your fertile time.** A person who can become pregnant usually releases only one egg each menstrual cycle. The time around this release is your fertile time—the only time during your cycle when you can get pregnant. This fertile time starts 5 days before an egg is released and lasts about 6 days. It is difficult to know exactly when the egg has been released, so if you have sex 2 or 3 times each week after your period ends, you will likely have sex during your fertile time.

Your body has several signs that tell you when you are in your fertile time. The easiest signs to check are changes in the *mucus* in your vagina.

What to Do for Infertility

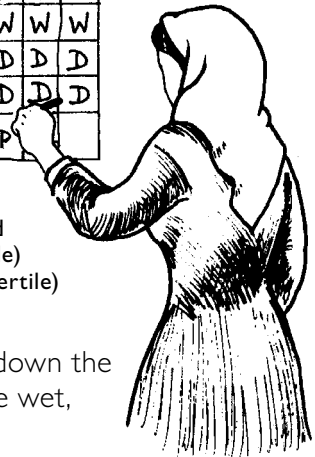
Checking your mucus

During your fertile time, the mucus in your *cervix* is more slippery, which makes it easier for sperm to get into the womb. This mucus looks clear and wet, like raw egg white, and can be stretched between your fingers. Later in your menstrual cycle, you may have sticky or dry mucus. This kind of mucus stops the sperm from getting into the womb.

See page 219 to learn how to check your mucus. Write down the changes every day on a chart. During the week that you see wet, shiny, clear mucus, try to have sex every 1 or 2 days.

	P	P	P	P	P	D
D	D	D	D	W	W	W
W	W	W	D	D	D	D
D	D	D	D	D	D	D
P	P	P	P	P		

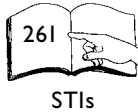
P = menstrual period
 W = wet days (fertile)
 D = dry days (not fertile)



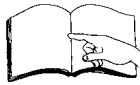
- 2. Avoid things that might make it harder for the sperm to get to the egg.**

- Do not douche or wash inside your vagina, which may wash out helpful mucus. Douching also creates a higher risk for infections that can damage your reproductive parts and make it difficult to become pregnant.
- Because heat on the testicles prevents sperm production, partners who want to cause pregnancy should avoid taking hot baths.
- Some lubricants may stop sperm from reaching the egg. If you use a lubricant during sex, use mineral oil, canola oil, or a lubricant whose label says it does not prevent sperm movement.

► Try not to worry if you do not get pregnant right away. Many couples get pregnant within a year if they continue to have sex regularly, especially during the fertile time.



STIs



staying healthy, 149
eating for good
health, 165

Repeated Miscarriage



infection in the womb,
274
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3. Treat any health problems. Both you and your partner should have medical exams and be checked and treated for STIs and other illnesses. If either of you has an STI, both of you must be treated. Be sure to finish all the medicines you are given.

4. Practice good health habits.

- Eat nutritious food.
- Avoid smoking or chewing tobacco, using drugs, and drinking alcohol.
- Avoid drinks with caffeine like coffee, black tea, and colas.
- Get plenty of rest and regular physical activity.

5. See a health worker if you are not pregnant after one year.

Some simple, low-cost tests may be able to tell you what the problem is. For example, the health worker may look at your partner's sperm under a *microscope* to see how many there are, how they move, and their shape. The health worker may do a *pelvic exam* to check your vagina, womb, and tubes for infection or growths, or may teach you how to tell when an egg is released by taking your *temperature* every morning.



Remember, these tests can only tell you what the problem is—they will not solve it. Even expensive medicines and operations often cannot cure infertility.

For many people, the problem is not getting pregnant but staying pregnant. Miscarriage—when a pregnancy ends early by itself—is common. Any person may have 1 or 2 miscarriages before they carry a pregnancy to birth.

After 3 or more miscarriages in a row, see a health worker. It may be impossible to know why they happened, but one of these problems might be the cause:

- genetic problems in the egg or sperm that cause unhealthy early development of the baby.
- conditions that make it difficult or impossible for the womb to support a pregnancy, such as changes in the menstrual cycle, growths in the womb, and differences in womb shape.
- illnesses like diabetes and polycystic ovary syndrome (PCOS), which can affect your hormones and interfere with pregnancy.
- toxic chemicals in your water, workplace, or community.

The warning signs of miscarriage are:

- brown, red, or pink blood from your vagina.
- pains or *cramping*, which can be mild to severe.

What to do:

Once a miscarriage starts, there is nothing that can be done to stop it. It is safe to wait for the pregnancy tissue to pass on its own if you have been pregnant for 13 weeks or less. You may have strong bleeding and cramping for several weeks. Rest as much as possible and use a pain medicine. If bleeding and cramping continue for more than 4 weeks, if bleeding becomes heavy or pain becomes severe, or if you have signs of infection (see pages 255 to 256), go to a hospital immediately.

A clinic or hospital may have medicines or procedures to remove the miscarriage. This is safer for people who have been pregnant for more than 13 weeks. These medicines and procedures are the same as those used for abortion with pills or by suction. For more information, see page 244.

IMPORTANT *If you are in the first 3 months of pregnancy and have severe and increasing pain, feel faint, and have bleeding, you could have a pregnancy in the tube. Go to a hospital immediately.*

Before you try to get pregnant again:

- Follow the guidelines on page 234 about treating health problems and practicing good health habits. It is especially important to avoid caffeine, to stop smoking or chewing tobacco, and to stop drinking alcohol or using drugs.
- If your miscarriages always happen after you have been pregnant for 3 months, it may be that the opening to your womb is weakened. This can be treated by sewing the *cervix* closed temporarily. The stitches will be removed before labor begins. Make sure the doctor has experience with this treatment.

Losing a pregnancy is common. If it happens to you, it does not mean you cannot have a healthy pregnancy in the future.



► No one knows why most miscarriages happen. Do not blame yourself.



Living with Infertility



helping relationships,
support groups

Infertility can make someone feel sad, worried, lonely, frustrated, or angry.

When this happens, it is important to know you are not alone. Try to talk with people who love and care about you. You may also be able to find other couples with the same problem and learn to help each other.

The stories below describe some ways that people have coped with infertility:

I understand how you feel. I also have been unable to have a child.



Adopting a child: Lina's story

Lina was 25 years old and had been married 3 times. She was very unhappy because each of her husbands divorced her when she did not become pregnant. People in the village gossiped about her and blamed her, saying that she must have used some magic to avoid pregnancy before she was married, and it must have been so strong it made her infertile.

Her sisters all had children, and sometimes Lina cared for them. Her older sister had *tuberculosis (TB)* and she was very ill when she gave birth to twins. Lina asked if she might adopt one of the twins and her sister agreed. Lina went to the health center and asked the health worker to help her find a way to feed the baby. The health worker taught Lina how to feed the baby from a cup and arranged to have the baby breastfed during the day by a woman in the village with another baby. At night Lina fed her baby from a cup, with breast milk that another sister gave her each evening.



Lina's friends and neighbors were not sure that her baby would be healthy. But when they saw the baby grow strong, they were pleased and proud of Lina. In fact, Lina came to be seen as an expert in raising adopted babies. When a woman in the village died in childbirth, Lina adopted her baby as well.

Lina's children have grown up now, and people often say how tall and strong they are. They credit this to Lina's loving care.

— **Bundoora, Australia**

Building a life without children: Sara and Tito's story

Sara and Tito tried for many years to have children, but they were not able to. At first they were sad, because families in their community were expected to have as many children as they could. Then they realized it was up to them to stop thinking that their lives were not complete without children. They decided to start a business and travel from town to town, market to market, selling pots and pans and other goods. With children, it would have been very difficult for them to travel in this way.



Now Sara and Tito are older. They care for each other, and share many laughs and many friends. They are not grandparents like their neighbors, but they have many interesting stories to tell. They are respected by everyone in the community.

— Lima, Peru

To help someone with infertility problems:

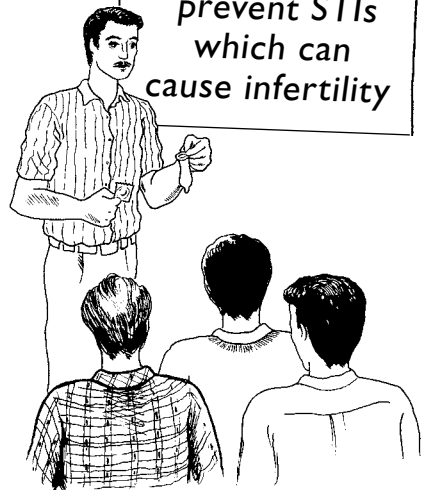
- be kind and sympathetic. These are difficult problems, and people need support and understanding. Do not blame or judge people who cannot have children.
- ask people how they want to be supported. Some may want to talk about their experiences and feelings, or what to do. Others may not. Follow their lead.
- do not give un-asked for advice. Do not tell them to “relax and it will happen” or “enjoy their time without children.” This can make someone feel worse and lead them to reject support.

Health workers can also:

- provide information on ways to adopt children.
- teach young people about STIs and how to prevent them.
- make sure your local health center can diagnose and treat STIs, and takes seriously complaints of pelvic pain from women and others who can become pregnant. Too often these people are sent home without treatment after being told there is nothing wrong.
- teach people the signs of STIs and why fast and complete treatment is important, for them as well as any sexual partners.

Working for Change

Condoms help prevent STIs which can cause infertility



There are many causes of infertility, but STIs are the easiest to prevent.