Infertility among Indian Women: Emerging Evidence and Need for Policy Measures

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Background

The problem of infertility has not given its due attention in India because it is not a life-threatening condition. Infertility is a life crisis with invisible losses, and its consequences are manifold. WHO (1991) defines infertility as failure to conceive despite two years of cohabitation and exposure to pregnancy. If the couple has never conceived despite cohabitation and exposure to pregnancy (not contracepting) for a period of two years, it is called primary infertility; primary infertility is also referred to as primary sterility. If a couple fails to conceive following a previous pregnancy, despite cohabitation and exposure to pregnancy (in the absence of contraception, breastfeeding or postpartum amenorrhea) for a period of two years, it is secondary infertility; this is also known as secondary sterility.

Infertility affects a relatively large number of couples at some point in their reproductive lives - globally, between 50 and 80 million couples (WHO, 1994). Moreover, in pronatalist cultures such as those of India, and South Asia more generally, the consequences of infertility for women can be devastating. One estimate of overall primary and secondary infertility in South Asia drawn on the basis of women at the end of their reproductive careers (aged 45-49) suggests a rate in the range of 10 percent: 8 percent in India, 10 percent in Pakistan, 11 percent in Sri Lanka, 12 percent in Nepal and 15 percent in Bangladesh. (Jejeebhoy, 1998).

Childlessness and infertility are no longer private sorrows. These are rising in cities dramatically. Based on the census reports of India 2001, 1991, 1981 researchers show that childlessness in India has risen by 50 per cent since 1981. It is not because couples are choosing not to have children but primarily due to growing infertility. Around 95 percent of couples desire to have children at some point of time in their lives. Therefore, even in urban Indian context, childlessness is not due to women opting to remain single or childless by choice. Marital childlessness rate (number of ever-married women aged 15-44 with no children ever by total population of ever-married women in the same age group) has gone up from 11 to 16 per cent, 'permanent childlessness' has zoomed from 3.89 to 7.47 per cent. The

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number of married/separated 35 to 49-year-old women, who never had a child, increased from 4 to 6 per cent between 1981-2001. The incidences of infertility are increasing day by day, it may be due to many reasons, as sexually transmitted infections, coping with stress, the way of living, job pressure, postponing parenthood, galloping urbanization, Obesity etc. "Infertility will become more common in future generations with more couples needing help to have a baby," warns the influential *British Medical Journal* "If there are about 300 million couples in the fertile age group of 18 to 44 years, 10 per cent, or 30 million couples, are infertile," says Dr Hrishikesh Pai of Mumbai, vice-president of the India Society of Assisted Reproduction. The couples these days are so proactive that they go to infertility specialists rather than family physicians or gynaecologists. A new term on the ground of infertility is 'voluntary infertility' a typical urban Indian syndrome. Women are educated, independent, career-minded, and defer marriage or childbearing till they can afford all the good things in life. Ninety percent of a woman's eggs degrade at the end of her 37th year, by the time she decides to have a baby, her 'biological clock' often slows down. She then requires the help of an ART (assisted reproductive technique) specialist to conceive. Deoki Nandan, the director of National Institute of Health and Family Welfare (NIFHW), puts it succinctly: "Now people are not trying till their 30s and even 40s, and because a woman's age brings down fecundity, we are getting a higher incidence of couples struggling for parenthood. That's the most discernable change in urban India."

Though the International Conference on Population and Development (ICPD) Programme of Action states that reproductive health services should include the prevention and appropriate treatment of infertility (United Nations, 1994), there is inadequate focus on infertility in India's reproductive health programme. Traditionally, childless women in India experience stigma and isolation. Infertility can threaten a woman's identity, status and economic security and consequently, be a major source of anxiety leading to lowered self-esteem and a sense of powerlessness. Couples seek varied traditional methods and religious practices, including visits to temples, abstaining from visiting a place where a woman has delivered a child, observing *tantric* rites, wearing charms, participating in rituals and visiting astrologers. There is certainly anecdotal evidence that many childless couples turn to traditional healers or quacks. Stigmatizing beliefs, limited male participation, cost, indifferent quality of care, and lack of services in the public sector are major barriers to prompt and appropriate treatment seeking. A childless woman is stigmatized not just in the home but also beyond it. She is not allowed to participate in various auspicious ceremonies, particularly those involving childbirth and naming.

Review of literature:

The study by Ulla Larsen (1996) examines the trends and variations in childlessness, subfertility, and infertility in Tanzania using data from the 1973 National Demographic Survey and the 1991-92 Demographic and Health Survey. Between the surveys, the proportion of women older than 30 who were childless were found to have declined more than 60 percent, and the proportion with an open birth interval extending for longer than five years was reduced by 40 to 50 percent in each standard five-year age group from 20 to 39. Within Tanzania, both childlessness and infertility are higher among urban than among rural residents. Evidence suggests that the decline in impaired fertility has been followed by an increase in the total fertility.

A study conducted, particularly for women, among a predominantly Muslim population in urban slums of Dhaka in Bangladesh (Papreen et. al., 2000) explores the perceived causes of infertility, treatment-seeking for infertility and the consequences of childlessness. The leading causes of infertility were perceived to be evil spirits and physiological defects in women and psychosexual problems and physiological defects in men. Herbalists and traditional healers were considered the leading treatment option for women, while for men it was remarriage, followed by herbalists and traditional healers. Childlessness was found to result in perceived role failure, with social and emotional consequences for both men and women, and often resulted in social stigmatisation of the couple, particularly of the woman. Infertility places women at risk of social and familial displacement, and women clearly bear the greatest burden of infertility.

The rate of childlessness was five percent among the currently married women aged 20 years or more who had been married for at least three years, according to a study conducted in Ranga Reddy district in Andhra Pradesh in 1998. A large majority sought allopathic treatment first, and tried other sorts of treatment, prayer, rituals and traditional treatments when allopathic treatment did not work or cost too much. For a minority of women, there was a risk of divorce and husbands marrying a second wife to have children. Two-thirds of the women experienced violence from their husbands, 13 percent thought this was partly due to their childlessness. There is a clear need for infertility investigation and treatment to be included in the reproductive health programme in India, and for health workers to be trained to provide information, care and referrals (Unisa S., 1999).

The 1981 Census data were analyzed to show the pattern of childlessness among ever-married women in India. Around 18.5 percent of the ever-married women in India were reported to be childless. Large percentage of childless women were concentratedin the younger age groups, but the percentage drops rapidly and stabilizes at a lower level above age 35. Rural and urban areas show similar age patterns, with rural areas having a slightly higher percentage at the beginning of the childbearing period (Vemuri and Manohar, 1986).

Infertility diagnosis and treatment services are very scarce in Andhra Pradesh. It was found that one quarter of childless couples had not sought any treatment for their infertility. The majority of the couples were illiterate and had a low standard of living. Many of them lack knowledge about the opportunities for diagnosis and treatment of infertility. A great need exists for more effective information and educational campaigns about infertility that reaches to the grass-roots level (Unisa S., 2001).

Need for the study:

The problem of infertility is a rising issue in India and it needs to be uncovered. Little is known about the extent of childlessness and treatment (fertility) seeking behavior of childless women. We do not have any reliable source to know the extent of infertility in India. This study is an attempt to gain knowledge regarding the extent of infertility and the treatment seeking behavior among married women in India, using the recently available nation-wide survey data. It was the first time when such a macro-level survey was done in India on ever married women and direct information regarding infertility was gained from these women.
The ramshackle condition of the infertile women is the issue of great concern. The woman who is infertile is considered as a curse to the society as well as the family. There is a lack of information about the role of modern private health services in fertility treatments and the treatment seeking behaviour of the infertile couples.

Objectives of the study:

1) To examine the extent of childlessness and infertility among married women in India.
2) To examine the treatment seeking behavior among the infertile married women/couples.
3) To suggest policy measures to address issues related to infertility treatment.

Data and Methods:

There is very little evidence on the levels or patterns of infertility in India, and in South Asia more generally, and the little that is available is not necessarily reliable, and comes largely from measures of childlessness drawn from censuses and surveys, using varying reference periods. The recent NFHS (2005-06), for example, estimates childlessness as 2.4 percent of currently married women over 40 in India. The 1981 census of India estimates infertility to be in the range of 4-6 percent. Census asks indirect questions on infertility. If a woman is childless she is considered as infertile, even if it is voluntary infertility.

Data for the present study is the just released District Level Household and Facility Survey (DLHS-3) conducted by the International Institute for Population Sciences, Mumbai. It is one of the largest ever demographic and health surveys carried out in India with a sample size of over 700, 000 households covering 601 districts of the country. The data regarding infertility and childlessness was collected from married women of 15-49 years. Nearly 6,38,809 ever married women were interviewed in DLHS-3 which was carried out in 2007-08. This is first time in India such a large scale survey has covered the information on infertility.

Married women were asked direct questions regarding infertility for the first time in this survey. Ever married women were asked question regarding the problem in getting pregnant and to get a clear picture regarding the form of infertility i.e. primary and secondary infertility they were asked the reason for the same as to when did they face the problem, 'at the first conception', 'after a live or still birth', 'after an induced abortion', after a spontaneous abortion', 'after a pelvic surgery' or 'after some other health problem'. The information regarding the treatment seeking behavior is also available which includes which type of treatment did they seek and what was the result of the treatment.

In this paper, an attempt has been made to analyze the extent of infertility and the treatment seeking behavior among married women. The independent variables considered in the analysis are age groups (15-49), type of locality (rural and urban), religion (Hindu, Muslim, Christian and Others), caste (Scheduled Caste, Scheduled Tribe, Other Backward Classes and Others), education of the respondent and her husband (Non-literate, Less than 5 years, 5-9 years, and 10 years or above), wealth index, marital duration and the age at consummation of marriage. Bi-variate and multivariate techniques have been used in the present analysis.

Results and Discussions:

Table 1 presents the percent of ever married women who ever had infertility problem by their background characteristics. Around eight percent of ever married women aged 15-49 reported infertility related problems. Among them, majorities (6.3 percent) are primarily infertile and two percent women are secondarily infertile. The problem of infertility is more among the women aged more than 25 years, residing in rural areas, whose age at consummation of marriage is less than 18 years, whose marital duration is more than five years, those who are less educated and those who belong to the lowest wealth category. Similar pattern was observed in case of primary infertility. The problem of infertility was found more among women in the north and eastern states of India, particularly West Bengal, Bihar, Uttar Pradesh and Haryana.

Table 2 depicts the percentage of women who ever had infertility problem. In DLHS-3 the question was asked to the ever married women regarding their problem in conceiving. Majority of women (76 percent) had the problem in the first conception, 11.6 percent women faced the problem after live/still birth, whereas, 7.7 percent and 3.6 percent of women had the problem after induced/spontaneous abortion and other incidents like pelvic surgery etc. respectively. The infertility problem in the first conception and after live/still birth was more among women belonging to rural areas, those having age at consummation of marriage below 18 years, non-literate and women belonging to better-off families, whereas the percentage of women having the problem after induced/spontaneous abortion was more in urban areas, women having age at consummation of marriage more than 18 years, more educated women and women belonging to the richest households.

Table 3 shows the extent of childlessness and infertility of currently married women by selected background characteristics. Among the women in the age group 20-49, three percent women are childless and two percent women without child have reported infertility problem in India. Childlessness is more among women in urban areas, more educated and women belonging to poorest wealth quintile.

Table 4 shows the treatment seeking behavior among women regarding infertility. Overall, 82 percent of women suffering from primary infertility went for treatment and 65 percent of them went for allopathic treatment. Among those women suffering from secondary infertility, 75 percent went for treatment and among them 64 percent went for allopathic treatment. More women in urban areas, those who have more years of schooling, belong to better off families, those having 5-14 years of marital duration and those whose age at consummation of marriage is more than 18 years have sought treatment than their counterparts. Majority of women in the age group 25-39 went for treatment. Some of the women also sought treatment from traditional healers/ religious or faith healing, mostly from rural areas.

Table 5 presents the results of binary logistic regression analysis on the treatment seeking behavior of the infertile women by various background characteristics. As compared to the reference category i.e. age group 20-24, women of the age group 25-29 are more likely to seek treatment regarding infertility. The women whose marital duration is five years or more are more likely to seek treatment as compared to those who have less than four years of marital duration. As compared to non-literates, couples having more than 5 years of schooling are more likely to seek treatment. As the economic status increases, the treatment seeking behavior among women also improves.

Policy Implications:

In general, infertility has emerged as a serious health problem in India. The mushrooming of "infertility clinics" is a good indication of people looking for solutions, though expensive. The public health care system in India largely ignored this problem so far. With increasing incidences of infertility and modern treatment facilities, more attention is needed to address this emerging health problem. Government also needs to act to effectively regulate the functioning of "infertility clinics", run by both qualified and unqualified practitioners.

Infertility in developing countries is widespread. Programs should focus on reducing STDs, postpartum and post-abortion complications, and the endemic diseases that cause infertility rather than on offering high-technology treatments to infertile couples. Yet, couples suffering the personal disappointment and social stigma of infertility cannot be ignored.

There are no special government interventions or programmes to treat the infertile couples in India. The subject of infertility is generally neglected. The studies on the type of treatment sought by infertile women are sporadic. Evidences show that couples got to traditional healers or religious places for treatment. However, substantial developments in reproductive technologies have occurred. The number of private hospital specialists in these techniques has increased and infertile couples may be going to these as their first choice rather than to traditional or religious healers. As the present study also shows that the majority of infertile couple prefer to go for allopathic treatment as compared to traditional.

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Table: 1Percentage of ever married women who ever had infertility problem by background characteristics

Background Characteristics	Who ever had infertility problem	Primary infertility	Secondary infertility	Total women**[1]
Age group				
15-19	5.3	4.3	1.0	34,953
20-24	7.7	6.0	1.7	1,09,034
25-29	8.3	6.1	2.2	1,25,851
30-34	8.6	6.4	2.2	1,14,229
35-39	8.6	6.5	2.1	1,07,342
40-44	8.6	6.7	1.9	83,640
45-49	8.6	6.9	1.7	63,760
Residence				
Rural	8.4	6.4	2.0	4,99,486
Urban	8.0	5.9	2.1	1,39,323
Age at consummation of marriage				
Below 18 years	9.1	7.2	1.9	3,19,369
18 years & above	7.4	5.5	1.9	3,19,438
Marital duration				
0-4	5.9	4.6	1.3	1,07,983
5-9	8.9	6.6	2.3	1,13,908
10-14	8.8	6.4	2.4	1,11,974
15+	8.6	6.7	1.9	3,04,900
Education				
Non-literate[a]	9.0	7.0	2.0	2,97,453
Less than 5 years	8.9	6.8	2.1	53,160
5-9 years	7.9	5.9	2.0	1,75,965
10 or more years	6.8	4.9	1.9	1,12,231
Husband's education				
Non-literate[a]	8.8	6.8	2.0	1,63,519
Less than 5 years	9.0	6.9	2.1	56,256
5-9 years	8.3	6.4	1.9	2,11,972
10 or more years	7.6	5.7	1.9	2,07,062
Religion				
Hindu	8.5	6.5	2.0	4,93,521
Muslim	8.3	6.4	1.9	73,683
Christian	5.7	3.6	2.1	33,599
Sikh	8.9	7.0	1.9	17,107
Buddhist/Neo-Buddhist	6.3	4.3	2.0	8,917
Jain	6.8	5.2	1.6	1,308
No religion	4.5	3.9	0.6	689
Others	6.3	4.3	2.0	9,985
Castes/Tribes				
Scheduled castes	8.9	6.9	2.0	1,12,209
Scheduled Tribes	6.6	4.6	2.0	1,11,489
Other Backward Classes	8.7	6.8	1.9	2,47,735
Others	8.2	6.2	2.0	1,55,360
Wealth index				
Lowest	9.2	7.2	2.0	1,08,010
Second	8.8	6.9	1.9	1,20,217
Middle	8.1	6.2	1.9	1,31,404
Fourth	8.0	6.1	1.9	1,38,080
Highest	7.6	5.6	2.0	1,40,969
India	8.2	6.3	1.9	6,38,809

Source: DLHS-3 (2007-08)

** Unweighted cases

[a] Literate but did not attend school, are also included.

[1] Excluded women got married but *Gauna* not performed.

Table:2 Percentage of women who ever had infertility problem by background characteristics

Background Characteristics	In the first conception	After live/still birth	After induced/spontaneous abortion	Other incidents [1]	Number of women having infertility problem
Age group					
15-19	80.4	3.2	10.9	4.6	1,872
20-24	78.1	8.1	9.3	3.9	8,563
25-29	73.9	12.3	8.7	4.0	10,538
30-34	73.6	13.8	8.1	3.4	9,958
35-39	75.4	13.1	7.0	3.4	9,265
40-44	78.2	12.0	5.8	3.0	7,299
45-49	79.8	10.7	5.3	3.1	5,572
Residence					
Rural	77.0	11.8	6.6	3.5	42,133
Urban	74.3	11.1	10.1	3.6	10,934
Age at consummation of marriage					
Below 18 years	78.3	11.7	6.2	3.0	29,420
18 years & above	73.8	11.4	9.4	4.2	23,646
Marital duration					
0-4	78.5	4.4	11.2	5.0	6,339
5-9	74.3	10.9	9.5	4.2	10,229
10-14	72.3	14.3	8.6	3.7	9,963
15+	77.8	12.5	5.7	2.9	26,533
Education					
Non-literate[a]	78.1	12.5	5.4	3.1	26,908
Less than 5 years	76.5	10.9	7.1	4.2	4,734
5-9 years	75.2	10.7	9.0	4.0	13,818
10 or more years	72.2	10.7	12.1	3.8	7,607
Husband's education					
Non-literate[a]	77.6	12.9	5.3	3.3	14,461
Less than 5 years	76.7	11.3	6.9	4.1	5,107
5-9 years	76.4	11.3	7.6	3.7	17,678
10 or more years	74.7	10.8	9.9	3.5	15,821
Religion					
Hindu	76.7	11.1	7.6	3.6	42,111
Muslim	77.5	11.5	7.3	2.8	6,198
Christian	62.9	19.3	9.1	6.3	1,882
Sikh	78.3	11.9	9.0	0.5	1,546
Buddhist/Neo-Buddhist	68.8	13.3	8.9	5.0	556
Jain	76.6	11.3	7.2	3.8	92
No religion	86.6	6.8	6.5	0.0	30
Others	68.5	15.6	10.1	3.9	652
Castes/Tribes					
Scheduled castes	77.5	11.1	7.4	3.1	10,096
Scheduled Tribes	69.6	16.2	6.6	5.8	7,453
Other Backward Classes	78.0	10.7	7.4	3.0	21,722
Others	76.0	10.8	8.8	3.4	12,843
Wealth index					
Lowest	78.1	13.0	5.1	3.2	10,073
Second	78.3	11.6	5.8	3.6	10,641
Middle	76.1	11.7	6.9	4.0	10,661
Fourth	75.9	10.5	8.5	3.9	10,975
Highest	73.8	11.4	10.6	3.1	10,704
India	76.2	11.6	7.7	3.6	53,067

[a] Literate but did not attend school, are also included.
[1] Includes problems after pelvic surgery and other incidents.

Table:3 Childlessness and Infertility among currently married women according to their background characteristics

Background Characteristics	20-49 aged women		Number of women**
	Percentage childless	Infertility[1]	
Residence			
Rural	3.0	2.1	3,87,907
Urban	2.8	2.2	107,100
Age at consummation of marriage			
Below 18 years	2.6	1.8	2,68,184
18 years & above	3.2	2.4	2,26,823
Marital duration			
5-9	6.2	3.8	1,07,325
10-14	3.0	2.3	1,07,427
15+	1.6	1.4	2,80,255
Education			
Non-literate[a]	2.9	2.1	2,49,437
Less than 5 years	2.7	1.9	42,200
5-9 years	3.0	2.1	1,27,637
10 or more years	3.1	2.1	75,733
Husband's education			
Non-literate[a]	2.9	2.1	1,32,300
Less than 5 years	2.8	2.1	46,784
5-9 years	3.0	2.2	1,63,056
10 or more years	2.9	2.0	1,52,867
Religion			
Hindu	3.0	2.1	3,84,743
Muslim	2.6	2.1	56,104
Christian	2.5	1.8	24,943
Sikh	2.0	1.6	13,270
Buddhist/Neo-Buddhist	2.3	1.7	6,653
Jain	3.0	2.6	1,084
No religion	3.0	2.0	539
Others	4.4	2.9	7,671
Castes/Tribes			
Scheduled castes	2.9	2.1	86,216
Scheduled Tribes	3.3	2.2	85,007
Other Backward Classes	3.1	2.2	1,93,680
Others	2.5	1.9	1,21,077
Wealth index			
Lowest	3.6	2.5	85,819
Second	3.2	2.2	94,074
Middle	2.8	2.0	1,01,615
Fourth	2.7	2.0	1,04,907
Highest	2.6	2.0	1,08,503
India	**2.9**	**2.1**	**4,95,007**

** Unweighted cases.

[a]Literate but did not attend school, are also included.

[1]Women with no living children are reported problem in conceiving (involuntary infertility).

Table:4 Treatment seeking behavior for infertility among currently married women by background characteristics

Background Characteristics	For primary infertility		For secondary infertility	
	% of women sought treatment	% of women taken allopathic treatment	% of women sought treatment	% of women taken allopathic treatment
Age group				
15-19	63.5	48.5	65.5	55.0
20-24	78.5	64.0	72.5	62.4
25-29	85.8	71.2	75.5	64.9
30-34	85.0	68.5	77.1	65.4
35-39	83.0	66.1	76.8	66.1
40-44	81.3	61.9	75.3	62.7
45-49	78.1	58.3	74.3	60.1
Residence				
Rural	79.7	60.3	71.9	58.3
Urban	86.5	76.2	81.9	74.9
Age at consummation of marriage				
Below 18 years	80.1	60.4	72.2	58.6
18 years & above	83.7	70.7	78.1	68.9
Marital duration				
0-4	73.8	62.4	73.0	64.3
5-9	83.5	69.5	75.4	65.4
10-14	85.9	71.0	76.4	66.7
15+	81.5	62.0	75.1	61.8
Education				
Non-literate[a]	77.7	55.7	69.3	53.7
Less than 5 years	81.1	61.0	70.7	56.7
5-9 years	84.4	72.4	78.7	69.8
10 or more years	89.8	83.8	85.7	81.4
Husband's education				
Non-literate[a]	75.4	51.8	67.0	49.9
Less than 5 years	77.8	54.5	71.3	56.6
5-9 years	82.3	66.3	75.3	63.6
10 or more years	87.5	77.8	82.0	75.9
Religion				
Hindu	80.8	64.1	74.6	63.2
Muslim	85.5	67.9	82.0	69.7
Christian	81.1	69.6	67.0	58.6
Sikh	95.8	83.0	92.0	81.9
Buddhist/Neo-Buddhist	72.4	60.6	67.0	58.0
Jain	89.8	82.7	(90.0)	(90.0)
No religion	69.3	46.7	*	*
Others	73.5	43.7	60.1	39.7
Castes/Tribes				
Scheduled castes	79.3	60.4	71.2	59.1
Scheduled Tribes	71.0	45.4	63.1	45.9
Other Backward Classes	83.0	68.1	76.9	67.0
Others	86.3	73.3	83.3	74.6
Wealth index				
Lowest	73.3	46.5	60.2	40.3
Second	77.3	55.6	67.9	52.6
Middle	79.6	61.5	73.6	61.4
Fourth	84.0	70.8	78.2	69.1
Highest	90.7	83.2	86.8	81.2
India	**81.7**	**65.1**	**75.3**	**63.9**

*Percentage not shown, based on less than 10 unweighted cases.
( ) Based on 10-24 unweighted cases.
[a]Literate but did not attend school, are also included.

Table:5 Results of odds ratio on treatment seeking behavior among infertile women

Background Characteristics	Exp (B)
Age group	
20-24 ®	
25-29	1.13**
30-34	0.98
35-39	0.86**
40-44	0.76***
45-49	0.64***
Residence	
Rural ®	
Urban	0.95
Age at consummation of marriage	
Below 18 years ®	
18 years & above	1.02
Marital duration	
0-4 ®	
5-9	1.61***
10-14	1.90***
15+	2.07***
Education	
Non-literate[a]®	
Less than 5 years	1.07
5-9 years	1.18***
10 or more years	1.40***
Husband's education	
Non-literate[a]®	
Less than 5 years	1.10**
5-9 years	1.24***
10 or more years	1.34***
Religion	
Hindu ®	
Muslim	1.33***
Christian	0.99
Others	1.44***
Castes/Tribes	
Scheduled caste ®	
Scheduled Tribes	0.66***
Other Backward Classes	1.13***
Others	1.16
Wealth index	
Lowest ®	
Second	1.17***
Middle	1.24***
Fourth	1.49***
Highest	2.30***

Significance level: *** p<0.001, ** p<0.05
®: Reference category