INTRODUCTION AND REVIEW OF LITERATURE

The Prelude

The present research was conducted to understand an issue which has come to the fore in scientific research quite recently Although the issue of infertility may seem to be a relatively recent concern, it has been referred to even in the ancient scriptures The concept of the earth signifying the womb, and the seed the sperm has contextualized infertility in the gendered notions of reproduction and child bearing, especially with women bearing the societal brunt of being childless. The recent times have witnessed certain similar episodes of women becoming 'sacrificial goats' of involuntary childlessness, without the cause of infertility being established Such a context makes it all the more important to tap the intervening variables that dictate the course of thinking and determine the cultural ideologies. Thus, the present research aimed at understanding the experiences of involuntary childlessness among the middle-upper middle-income groups, residing in the urban locality of Baroda city

Review of Literature

Infertility in the face of the motherhood mandate, and the importance accorded to attaining progeny highlights the issue of being childless. Shrouded with silence many would not talk about infertility; it is considered a reproductive health matter associated with women only. The fact is that infertility has become more of a psychosocial and financial problem, and its medical aspects do not hold as much significance as they should.

Though infertility is not rare in India, there is little social research on infertility (Sayeed 1999, Riessman 2000). Since the Indian Government is concerned about overpopulation, the reproductive issues and the situation of individual women remain largely hidden Yet the researches on childlessness and infertility could inform population policy by demonstrating the strength of the motherhood mandate and the stigma faced by those who cannot conceive. Societal perceptions of infertility differ across various sections of the society, but what is prevalent across the boundaries is that the childless couples become a 'target'. The society's expectation of attaining parenthood after marriage thus fosters the feeling of incompleteness in childless couples. Thus, the experience of infertility has significant consequences on the marital life of the couple as well, often disrupting the bond of marriage. Childlessness is not an individual problem, but needs to be perceived as situated within the arena of the marital relationship.

The present study is thus about the experiences and the consequences of childlessness or infertility in women and men The study is also an effort to reveal the societal and familial beliefs about infertility and childlessness. In addition to this, the study scales the societal attitude towards infertile women and men. Further the research throws light on the health services and reproductive technologies available to the childless couples and their experiences related to the same.

Infertility: Demography and Etiology

Infertility, as we term it, is a product of the biological and environmental factors The revised definition of infertility given by the WHO cited in UNFPA (2002), describes

primary infertility as the percentage of never pregnant women exposed to the possibility of pregnancy for at least two years without conceiving, and secondary infertility as one where a couple has previously conceived, but is unable to conceive subsequently, despite cohabitation and exposure to pregnancy for a period of two or more years.

Worldwide, 5 to 10 percent of couples are presently affected by infertility (Singh, Dhaliwal & Kaur, 1996). Infertility experienced by couples at some point of time is reported to be between 8 to 12 percent around the world, effecting nearly 50 to 80 million people and the prevalence is cited to be about 5 percent due to anatomical, genetic, endocrinological and immunological problems (Daar & Merali, 2001.) India accounts for nearly 5 to 10 million of infertile couples, and this number are constantly rising at the rate of 5 percent every two years (Nagaraj, 2000)

Doctors cite the rate of infertility by sex to be around 40 percent due to male factors, 40 percent due to female factors and 20 percent due to both (Khan, Kumar, Patel, Sikri & George, 1998). This implies that where infertility is concerned, there is no discrepancy in its prevalence rate in terms of sex differences

Causal Factors: The Root Cause

Infertility is a medical condition with an etiology leading from simple dysfunctional errors to certain complicated causes, which may not be determined by the medical science and are thus termed as idiopathic or unexplained infertility Again there are a number of causes identified that are different in women and men.

In women the cause of infertility may be related to either the vagina such as vaginismus where the vaginal muscles prevent the insertion of penis, cervix where the cervical secretions may prevent entry of spermatozoa either by forming antibodies or due to the nature of the secretions, certain uterine factors such as fibroids, endometritis, asherman's syndrome, where the uterine walls stick together and uterine malformations. There may even be tubal blockages due to Pelvic Inflammatory Diseases (PID) or any other infections or damaged tubes, annovulation, ovarian failure, polycystic ovary syndromes or hypogonadotrophic hypogonadism that is lack of production of either gonadotrophin releasing hormone or follicle stimulating and luteinizing hormone Weight loss, strenuous exercise, hyperlactinaemia or endometriosis are also cited as the probable causes (Meniru, 2001).

In men the causes vary from an alteration in one or more semen parameters, either spermatozoa is absent in the semen (azoospermia), or they are not motile, or the concentration of spermatozoa is less than 20 million/ml of the ejaculate (oligospermia) and similar other conditions; impotence or ejaculatory failure; premature ejaculation, extravaginal ejaculation; immunological causes such as antibodies that destroy the sperms; iatrogenic cause, that is drug usage for any other medical condition that may effect production of spermatozoa; congenital abnormalities; systemic cause that is due to diabetes and other diseases that effect the function of the nerves in the body may cause impotence or no ejaculation or retrograde ejaculation where the bladder sphincters are closed at the time of ejaculation thereby preventing semen from passing backwards into

the bladder, acquired testicular damage that is infection in the testes due to mumps or any other infections such as gonorrhea, varicocoele, a condition in which the veins that drain the testes become dilated and engorged with blood due to poor flow of blood away from the testes; male accessory gland infection; endocrine cause and obstructive azoospermia (Meniru, 2001).

Infertility may result from hormonal, mechanical or psychological problems (Srinivasan, 1992). One of the most common causes of infertility is sexually transmitted infections (STI) (Jeejeebhoy, 1995) and pelvic inflammatory diseases (PID). Apart from these, exposure to radiation and unhygienic obstetric practices are also known causes of infertility (UNFPA, 2002). Some social causes such as women's poor health and nutrition status, which can lead to repeated miscarriages and fetal wastage, are also cited (Jeejeebhoy, 1995) Inhorn (2005) draws attention to certain social causes of infertility in parts of the developing world; tubal infertility due to sexually transmitted, postpartum, post-abortive, and iatrogenic infections, which are considered as the primary form of preventable infertility in the world today. This implies that some aspects of infertility can be combated through behavioral changes. The WHO multicentric study (cited in UNFPA, 2002), traced prior infection in 64 percent of female patients experiencing infertility in Africa and 28-35 percent in other areas of the world Infections caused due to sexually transmitted bacteria like chlamydia trachomatis and neisseria gonorrhea may lead to tubal obstruction or pelvic adhesions involving the fallopian tubes and ovaries. In cases of infection, where there is no tubal obstruction, the passage of the fertilized ovum from the tube to the uterine cavity may get hampered, resulting in implantation of the ovum in the

tube, causing a life threatening condition known as ectopic pregnancy (UNDP, UNFPA & WHO, 1993).

There are other external factors that may affect fertility like drug abuse, especially smoking In men excessive smoking may lead to a drop in the sperm count and in women it may reduce the chances of embryo implant (Hindu, 1999). Vyas, Advanikar, Hathi, Vyas and Parikh (2002) in their study of 454 couples with unexplained reproductive failure, conducted in a clinical setting reported psychodynamic stressors as playing a significant role in causing unexplained reproductive failure, thus highlighting the psychological causes effecting infertility. The increasing competition for survival has resulted in a stressful life for a majority of the individuals in the contemporary society and thus the related health issues

Coping with Infertility

The coping mechanisms used by individuals, specially the behaviours and strategies adopted by individuals to cope with the situation and their feelings of control or lack of it in relation to the same, are important issues in the experience of infertility. Coping is determined by a number of factors, which are contextually embedded. In cultures where women own the sole responsibility of reproduction, coping is observed to be pursued more by observing religious rituals by women.

These differences in treatment meted out to men and women are the consequences of the perceived causes. It is believed that the major cause of infertility in women is

supernatural, that is, struck by evil spirits, and for men the perceived causes are medical, therefore women are sent to the '*fakirs*' or religious healers while men receive medical treatment This is true in many cultures like the Ghanaian migrants in Amsterdam (Yebei, 2000), Hmong women in Australia (Liamputtong, 2000), and among Indian urban slums in Mumbai (Mulgaonkar, 2001) In Mulgaonkar's (2001) study, out of the 225 childless couples interviewed, 13 chose religious treatment as a first option, while even though 207 couples preferred allopathic treatment as their first choice, religious treatments were simultaneously pursued Studies on perceptions about causes of infertility revealed that most respondents in Australia reported causes from the supernatural domain – a consequence of wrong doings or because of one's bad behavior or supernatural misfortune, and none of the causes related to anatomical and physiological defects were mentioned. Hence couples having physiological causes seldom visited the hospitals and spent huge amounts seeking cures from a variety of sources, including quacks, indigenous healers, and faith healing (Liamputtong, 2000). In Yoruba of South Western Nigeria this practice is true regardless of their level of education or occupational status (Pearce, 1999) Attribution of causes to external factors absolves an individual from self-guilt and societal ostracism Women are usually the ones blamed for childlessness and research shows that usually women seek help from faith healers and spiritual healers At the same time, men are reported to access health facilities, because of greater mobility and control over resources. Coping also differs with the availability and accessibility to health services.

Studies related to infertility have revealed that the strategies used for coping vary from seeking information about others with a similar problem, depending on one's family for support and receiving comfort from existing children to viewing the situation as God's will (Davis & Dearman, 1991) The perceived causes for infertility are at times more super natural than somatic in origin. Again according to Weisz (1983), when people are unable to alter the existing realities, they apply secondary control, which provides satisfying means of coping with undesirable, unchangeable aspects of life situations. Studies have shown evidence of the expression of secondary control in Eastern cultures (Weisz, Rothbaum & Blackburn, 1984), thus allowing for consideration of the cultural context. They have identified two different strategies that people seem to follow to gain or enhance feelings of control in a given context, which are the primary and secondary control strategies. Primary control involves efforts to gain control by influencing existing realities for example, deciding to seek treatment. Whereas in secondary control individuals make efforts to alter and align themselves with existing realities leaving them unchanged but exerting control over their personal and psychological impact.

Four forms of secondary control are stated.

- Predictive control, which includes attempts to anticipate events so as to control their impact on self For example, accept the status and anticipate consequences.
- Vicarious control in which one associates with significant others so as to participate psychologically in the control they exert. For example, associating with powerful others to gain control over the situation.

- Illusory control, involves aligning oneself with chance and thereby accepting one's fate For example, visiting astrologers, getting horoscopes analyzed.
- Interpretive control, in which individuals attempt to construe existing realities so as to derive a sense of meaning from them. For example, reviewing situation of individuals who have faced negative experiences with their own children

Gender differences also exist in the manner of coping with infertility Riessman (2000) has identified several resistance strategies adopted by women such as "taking a stand in an interaction, holding one's ground by refusing to internalize a deviant label, purposefully electing to sidestep a confrontation, and finally, rejecting motherhood altogether. Davis and Dearman (1991) in their research with women have documented six strategies used for coping with infertility. These include staying busy, regaining control by setting a time limit on their treatment, intentionally initiating behaviors that made them feel that they were being the best; looking for hidden meaning, feeling that it was God's will, giving in to feelings by crying and sharing the burden with their husbands and women who had experienced infertility previously and also by sharing their experiences with caring individuals.

Coping also depends upon the amount an individual invests in terms of time, effort and money in the 'fertility' work and also on the perceived internal and external pressure to conceive. This draws focus on the individual trait which enable or unable them to cope.

Treatment Seeking: Exhausting the Self and Thy Resources

Treatment seeking may also be understood as a coping mechanism, where the individual is at the first stage of reconciliation, that is, acceptance The realization for the need of medical intervention is what is termed by Weisz et al. (1984) as primary control where an individual tries to control the situation by changing the existing reality.

Gupta (2000) talks of the concept of motherhood and the power relations between women and men. It is opined that feminists feel that this concept is the key phenomenon that creates as well as maintains gender inequality and the powerlessness of women. Women's reproductive capacities were thus regulated in order to control inheritance in the male line. She also talks about De Beauvoir's ideas who made the "feminist claim that the desire to bring a child into the world is always produced within a field of social constraints" (p.81) Mulgaonkar's study in the urban slums of Mumbai, India (2001) found that for majority of the women (201 out of 225 women) the decision to seek treatment was their own, though it was added that family pressure and anxiety of the family members, as well as feelings of dissociation with peers was a motivating factor in making this decision. Sayeed (1999) also reported similar findings in her study in which couples stated external pressure as well as own impatience to have children as motivating forces to seek treatment In addition to this a woman's desire for having children is often termed as a determinant of her relationship with her partner. It is considered that having children shows the couple's commitment towards each other disregarding individual desires for having children (Woollett, 1994). Whereas Berer (1999) feels that the internal

pressure to have children keeps a person motivated to sustain one's efforts and it is not necessarily the social pressure, even though it may exist.

The type of treatment preferred is varied. It may range from allopathic, homeopathic, ayurvedic to some kind of religious and spiritual healing. In Sayeed's study 73 percent of the women and in Mulgaonkar's (2001) study in an urban slum setting of Mumbai city, 207 out of 225 childless couples chose allopathic treatment as their first choice. Other forms of treatment such as religious treatment and ayurvedic and homeopathic treatments follow subsequently. Allopathic treatment is the form of treatment that is predominantly preferred. However, it may be given to childless couples without proper examination or even before dealing with the simpler causes of infertility, which, in fact, may be the actual cause (Srinivasan, 1992). Mulgaonkar (2001) revealed that only 11 percent of the childless couples had received any information on the basic knowledge of reproductive anatomy, physiology, manner of occurrence of conception and timing of coitus or advice on behavioral practices from doctors.

Treatment, as a coping strategy also depends largely on the social class and geographical location, which determines access to resources and opportunities for treatment (Riessman, 2000). As discussed earlier, perceived causes also determine the kind of treatment sought.

major issue relates to the quality of the treatment and determining success rates Inhorn (2005) talks of a transnational movement, especially from countries where any kind of donations, sperm or oocyte are considered as violating the sanctity of marriage to other countries where assisted reproductive technologies are accessible Couples seeking these technologies, which may be against their national ideologies often seek treatment outside the nation, in secrecy.

Assisted Reproductive Technology: Ethical and Religious Concerns

Assisted Reproductive Technologies (ART) have always been an issue of debate by the religious bodies In India it has still not been addressed by the religious bodies as such, probably due to the lack of public recognition of infertility as a problem. However, one does find mention of assisted reproduction in the Epic based on Hindu mythology, 'Mahabharata'. Although the world over treatments like surrogacy, freezing, sex selection. and similar procedures have raised ethical and legal issues, the Christian spokesmen especially accrue ART as unethical and a problematic method. Christianity values fecundity within marriage and stresses the importance of conjugal love ordained towards begetting children. Children are considered the supreme gift of marriage and the church encourages every marriage to be open to the transmission of life. However, it is expected that each individual should have her/his rights from the moment of conception itself The human embryo is considered to have its own ethical and juridical rights in view of its status of an unborn baby. Artificial methods of procreation where the rights of human embryos are violated are rejected. The church considers techniques such as donation of sperm or ovum and surrogate uterus as immoral, it infringes the child's right

to be born of a father and mother known to her/him (Secretariat for Pro-Life Activities, 1987)

In Egypt, a predominantly Muslim country, the Grand Sheikh of Egypt's famed religious university, Al Azhar, issued the first *fatwa* (religious proclamation) on medically assisted reproduction on March 23, 1980 The other *fatwas* issued later on stressed on the basic tenets of the earlier *fatwa*, permitting IVF as far as the transplantation is between the married couple and no third party is involved in terms of donation or surrogacy These religious proclamations thus dictate the status of individuals in the sense that these *fatwas* clearly spell out which individuals undergoing reproductive therapies have the right to claim the status of parenthood (Inhorn, 2000, 2005).

The Legal Perspective

Infertility a persistent and constantly increasing problem in the recent times has yet not been duly recognized. The rising rates of physical and psychological conditions due to stressful situations and a competitive life have also been found to commence infertility However, in the developed parts of the world, support for infertility treatment is provided by the governments in the form of financial reimbursement or by providing a number of free Invitro-fertilization (IVF) treatments, as well. In Norway there are facilities and insurance schemes that pay for three IVF treatments per couple, thus facilitating treatment (Gerrits, 2002). Again when one reviews the population situation in these countries, where the growth rate has almost stabilized one may relate these forms of

support to the larger macro level issues However, these forms have their own clause that may not favor certain groups

Surrogacy is another option for childless couples, which involves a number of legal issues. Commercial surrogacy is not encouraged in many countries. Altruistic arrangements though are encouraged between close family, friends or relatives (Chug & Chakravorthy, 2001)

In India the National Guidelines for the Accreditation, Supervision and Regulation of the Assisted Reproductive Techniques (ART) state that ART clinics shall play no role in commercial surrogacy arrangements. Though it is liberal with regard to payments made to the surrogates and has a clause where liability is imposed on the infertile couples to bear the medical expenses of pregnancy It also prohibits close members of the infertile couple from acting as surrogates, as this could possibility lead to emotionally exploitative situations.

The law also deals with the issue that relates to parental rights It addresses the issue regarding who should be the legal mother of the child-the surrogate, the genetic mother or the commissioning parents.

Infertility: A Cultural Perspective

The value of children in terms of both socio-psychological (continuing family lineage, enriching familial and marital bonds, instinctive desire to have children) and economic dimensions (support in old age) cannot be overstated. Bearing and rearing children serves critical cultural functions in hierarchical societies and confers power on women, which is otherwise not available to her However very often the desire to have children is veiled with discourses such as "It is natural for every woman to bear a child" (Mattingly & Garro, 2000). Therefore distinction between personal desire and social expectation is vague

Childlessness: Enmeshed Identity and the Self

The role of a perpetrator of the human race, a role which forms a major dimension of the process of enculturation since childhood, determines the self, especially in relation to marriage. The conceptualization of self in the process of formation of identity is enmeshed with the biological givens inherited through centuries, and also the social and cultural influences that form the roots of an individual. The ideology of certain cultures emphasizes motherhood as an important and desirable part of a woman's identity, fostering privileges and reverences on her thereafter. Inability to attain this status, which is reinforced as an ultimate goal of marriage, thus has serious implications for the self. The classical psychoanalytic assumptions too, link adult female identity to motherhood, invariably classifying all women without children as different. In a study by Alexander et al (cited in Izzard & Barden, 2001) it was found that women without children were

marginalized and made to feel different and incomplete, when faced with the cultural notions of self and gender. Social pressure for having children is manifest in most of the cultures. For instance, in Central Africa infertile women experience social ostracism even when the incidences of secondary infertility for women are higher than primary infertility (Pearce, 1999). The identity of Thai women depends largely on their ability to have children The women are said to experience stress, low self-esteem, and are worried and sad due to a feeling of incompleteness on facing infertility This feeling is further fostered by societal blame and certain acceptable activities for men such as having minor wives or visiting prostitutes for pleasure (Boonmongkon, 2000) Similarly in Egypt infertile women, irrespective of their backgrounds face stigmatization, ostracism as well as marital dissolution. The Islamic personal status laws, in Egypt considers a wife's barrenness to be a ground for divorce, and though the same is true for male infertility, women would not opt for it due to social reasons (Inhorn, 2000).

Significance of Parenthood in India

In most cultures marriage is associated with two aspects - one is the cordial relation between the husband and the wife, and the second is the blessing of children. The rites and rituals of marriage and some of the customs are also geared towards the fulfillment of these two tasks. In India, from childhood itself the nuances of motherhood are imbibed into the personality of a girl child. The reproductive role of women is highly recognized and the onset of puberty is greatly rejoiced, accompanied by celebrations that declare her fertility and mark her capability for future motherhood (Dube, 1998)

Importantly, a woman's status is determined by whether or not she fulfils her roles and responsibilities towards the family and the society, through her significant role of procreation. Even the unborn child in the womb of the mother plays a role in acquiring a higher status and acceptance of the woman in the community. It bestows a positive identity on her and she is recognized as fully adult and complete in the true sense on attaining motherhood (Vaithilingam & Murugesan, 2002; Jung, 1989). She undergoes a feeling of abundant cultural reverence, removal of all the restrictions, gestures of affection by the in-laws and relatives, and a sense of personal growth It often solidifies the marital bond and accords the woman with a position of considerable power (Riessman, 2000). The roots of such behavior lie in the religious tradition that indicates the birth of a child, especially a male, as the essential step towards the family's salvation. There are religious texts that enforce this feeling by describing the varied sufferings of childless souls after death (Kakar, 1978). As such, motherhood and womanhood are terms used simultaneously.

In case a woman is unable to conceive, she is stigmatized and rebuked by the family and the society. The woman may be ill treated or burdened with domestic chores in the family (Nene, Coyaji, Rao & Apte, 2002). On one hand, when these women are already feeling sad and threatened, the society inflicts multiple psychological tortures on them by labeling them as "incomplete" or "worthless". The plight of a childless woman is sad; she always lives in peril of being deserted or divorced The incidence of physical violence experienced by childless women is high. Singh et al (1996) in their study of 129 childless couples seeking treatment from a primary health center in Raipur, Ambala

district, Haryana found that violence was manifested in physical forms such as physical assault and frequent quarrels; psychological forms such as taunting by husband; and threat of second marriage by the husband. The woman might even force her husband for a re-marriage, just for the sake of an heir. Sayeed (2000) found that amongst childless couples with a low standard of living, the incidence of second marriages was high. She also reflects that educational attainment was found to be an important measure of marital stability. Literate women had higher conjugal harmony as compared to these who were non-literate. Apart from this, there have also been cases of severe isolation and stigmatization of these women. In a community-based study of 332 women in the Ranga Reddy district of Andhra Pradesh, Sayeed (1999) found that the childless women were purposely kept away from certain ceremonies. These women hid their face from the world and refrained from any social activities.

In patriarchal societies, contemplating the idea of infertility in men is rare. However, even men are pressurized to prove their virility The father's blood not only contributes to the shaping of the child, but also gives the child a name, lineage and clan (Dube, 1986) Men too experience negative consequences of infertility, especially in the context of inter-spousal relationships Bharadwaj (2000) highlights the distinction between "stigma" and "blame". He says that women may be primarily blamed for not having children, but stigma essentially "penetrates and attaches itself to a married body" (p.75). In Nene's (2002) research at the KEM hospital, Pune, 40 couples from middle class families experiencing infertility were studied, wherein 12 men reported humiliating comments, use of sarcastic language, constant arguments and compensatory demands from their

wives Papreen et al. (2000) in their study in Bangladesh reported that infertility in men was attributed more to physical, physiological and psychosexual disorders such as loss of semen, small penis, excessive masturbation and nocturnal emissions, whereas more of supernatural causes were associated with infertility in women.

Thus, in a culture where so much importance is accorded to parenthood and virility, one can imagine the boundless problems that infertility is likely to entail for both women as well as men. The patriarchal structure of the society manifests gender discrimination in different forms effecting women and men in different ways.

Infertility: A Gendered Notion

In India, women are symbolized as the image of procreation Motherhood is considered as a source of power for women that determines the strength of her marital bond (Gupta, 2000), and infertility is viewed as a deviance from the cultural norms and renders the woman helpless, it also provides ground for divorce, negotiable with woman's education and class structures or the husband taking in other wives. Similar practices are also reported in other cultures (Mariano, 2000; Sayeed, 2000; Skramstad, 2000). A study in Mozambique also revealed that childless persons suffer more from community's ideology regarding childlessness rather than the childless state per se (Mariano, 2000). Hence one needs to understand childlessness not only in terms of reproductive health in a physical sense, but more so as a social concern. Thus, "reproductive impairment is a medically diagnosed physiological characteristic of individuals whereas the socially constructed

phenomenon of infertility involves a complex set of beliefs and values within a specific social structure" (Griel cited in Pearce, 1999, p.70).

In most societies that are patriarchal, the woman is almost always the one who is blamed for infertility in a couple (Lwanga cited in Odegaard, Folkvord, Sundby, Mbizvo & Jacobus, 2002). Researches related to infertility in men are few and affiliated to determining the medical and etiological factors associated with male fertility rather than psychological implications Although infertility is mainly perceived to be associated with females, Gujjarappa, Apte, Garde and Nene (2002) reveal in their study on male perspective on infertility, that all men were aware that there could be 'defects' in men as well. Despite this awareness, men were reluctant to seek treatment, as they feared disgrace in the society. At times clandestine arrangements may be made to hide male infertility and to avoid dire consequences for the family's lineage (Pearce, 1999). They reported that infertile men had no worth (*Tuchha*) in the society and were referred to as '*Namard*', which means 'lacking in masculinity'. Similarly Papreen et al. (2000) found in their research among the urban slum population in Bangladesh that men were targets of societal ostracism on revelation of male infertility They were not preferred for employment, have a lower status and cannot hold important positions in the community.

One way of coping for men is to transfer the blame on the woman. Also the society makes it easier for men, as women usually hold themselves responsible for childlessness (Khan et al, 1998). Papreen et al (2000) in their study in the urban slums of Dhaka found

that the women held themselves responsible for not having children and continued visiting faith healers, even on receiving medical evidence of their husband's infertility

The Theoretical Framework

Culture is an important factor in determining the developmental outcomes for an individual. The values, beliefs, attitudes and the daily life practices are all based on the cultural orientation of the individual and the patterns followed through ages. Thus, culture has been assigned a prominent role as an antecedent to behavior. Importantly, culture and personality are inextricably intertwined (Lonner & Adamopoulos, 1996).

The eco-cultural framework proposed by Segall, Dasen, Berry and Poortinga (1999) is useful to understand psychological phenomena as adaptation to specific cultural and ecological contexts. It postulates certain probabilistic relationships between the ecological and the socio cultural settings and a person's behavior. This relationship is highly complex and interactive.

The framework suggests certain variables that help transmit the biological and cultural influences from the context to the individual. The context encompasses the sociopolitical as well as the ecological systems. The ecological context constitutes climatic and other natural factors. It is the context is the setting in which the human being and the physical environment interact This physical environment constitutes the family, community and the market, which in turn influence individual behaviors. The sociopolitical context includes distribution of wealth and power. The social and the political contexts are

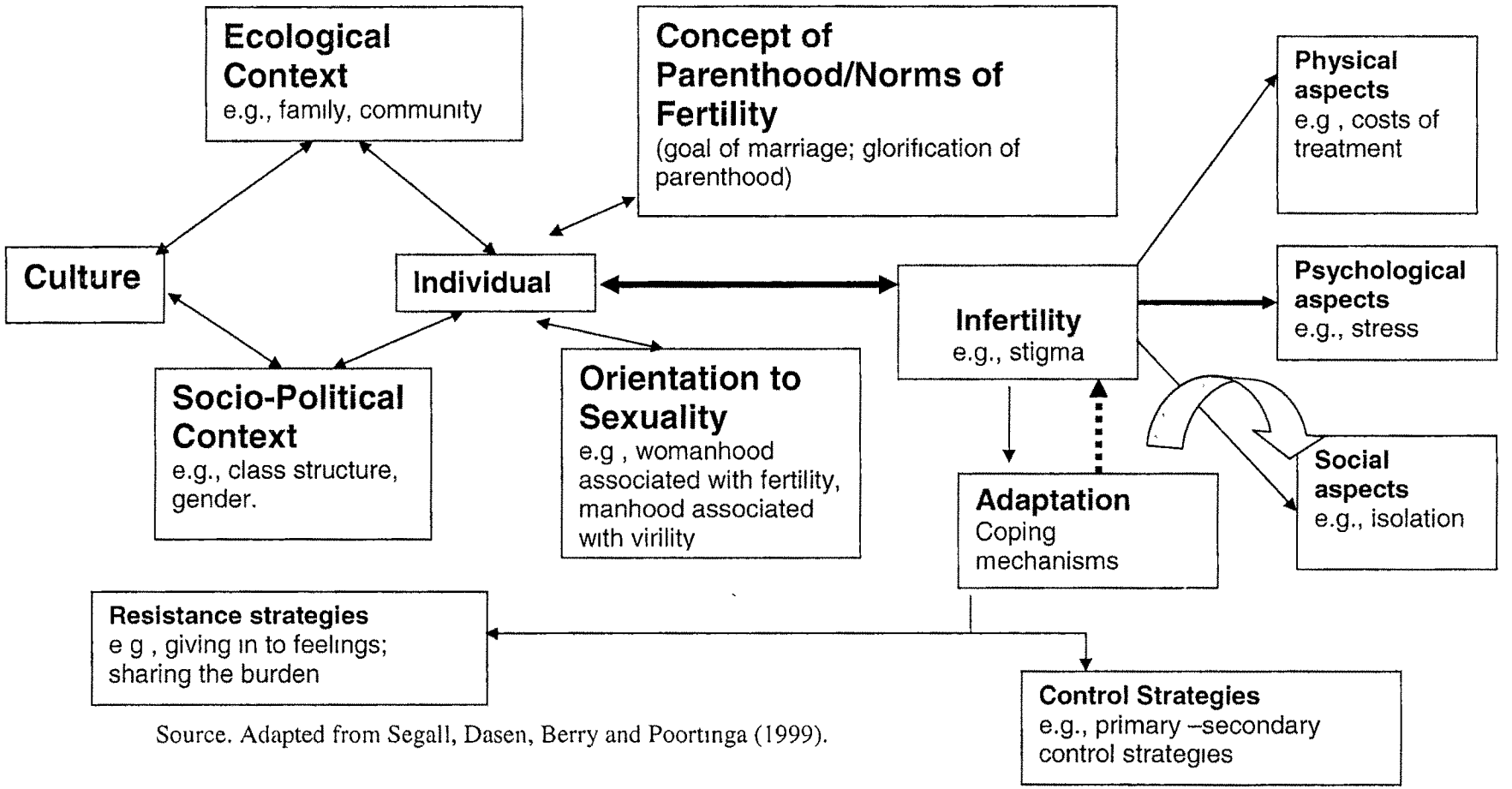
influential variables that determine the process of socialization that an individual undergoes throughout one's life. Culture determines the content of socialization and the extent of its adaptation.

Culture is seen as a process of adaptation to the ecological and the socio-historical conditions. It is considered synonymous to the context and the processes, and is also termed to be dynamic.

The framework represents reciprocal relations between the individual and the context. It suggests discovering the degree and modes of influence of the contexts on human behaviors and at the same time study how human behaviors shape the context – 'culture'. It helps us to conclude that in different cultures there are specific individual characteristics which reflect the cultural ideology, and which in turn has an influence on individual actions in terms of perceiving a particular issue and adopting mechanisms to deal with the same.

Figure 1.

Conceptual Framework Enumerating Psychosocial Outcomes of Infertility in the Indian Cultural Context



Source. Adapted from Segall, Dasen, Berry and Poortinga (1999).

The Conceptual Framework Guiding the Present Study

The issue of infertility and its cultural construction can be further understood through the concept mapping exercise that has been carried out in the process of developing the conceptual framework of the present research.

A concept mapping exercise is a method that integrates qualitative and quantitative methodologies and provides an opportunity to develop an understanding of a concept as perceived by a group of people representing a specific culture (Kimmel & Crawford, 1999). This exercise was carried out to determine the understanding of infertility as perceived by a cultural group. Informal couple interviews were carried out with five couples from middle-upper middle class families with the objective to understand involuntary childlessness from the perspective of the society. Following the interviews, a group exercise was planned wherein the group categorized the various responses into clusters, naming each cluster as per their understanding of the response (see Annexure I for the highlights of the results of the exercise).

The exercise on concept mapping served the purposes of

- enhancing understanding of the phenomenon of childlessness from the perspective of middle-upper middle class of the society, and
- providing inputs in revising the interview guidelines for the present study.

The conceptual framework representing the group ideas and the existent ideology in the middle/upper-middle-class society regarding involuntary childlessness is given in figure 1 The framework has been adapted from the theoretical framework for cross-cultural psychology proposed by Segall et al (1999).

A person born in a specific culture is oriented to the patterns and practices, the ideals, beliefs and values of the culture The normative standards of the society associate the stage of marriage with building one's own family and the society glorifies the event of parenthood, conferring higher status on individuals attaining it The family orients the individual to the life stages and the expectations of the society and also the family manifests the norms of human sexuality in terms of procreation as a mandatory phenomenon "within marriage". The framework describes the individual psyche as a product of the societal standards and the family's orientation to sexuality In lieu of this, the episode of being childless, which contradicts the societal norm, is disregarded, and results in physical, psychological and social stress for the individual. The impact of this on the individual can be determined by the coping strategies adopted.

Infertility is a significant area of study in the contemporary situation because of the rising rates of couples experiencing involuntary childlessness Research focusing on the social consequences of infertility, especially in a country like India becomes mandatory due to the psychosocial repercussions affecting ones' identity and the social status.

A gendered perspective will highlight the cultural motherhood mandate enforcing a woman to establish her fertility. The episode of childlessness becomes more of a personal tragedy for a woman, reducing her status to one of a social outcast. It creates a sense of embarrassment, frustration and a feeling of personal failure for an individual. The familial and societal pressures have direct implications for the physical and psychological

health of a person Whence the woman is stigmatized and blamed for reproductive failure the man may be constantly instigated to bring about a solution to the "problem", thus, affecting his psychological status too.

Treatment seeking is the primary strategy used to gain a sense of control of the situation Aspiring couples opt for treatment, which, though a boon, has its own disadvantages.

Based on the above framework, the proposed research aimed to study the perceptions of couples experiencing the problem of involuntary childlessness, their ideas about construction of parenthood, and the consequences of being childless. The study adopted an ethnographic approach, and in-depth interviews were the main method of data collection.

Research Questions

1. What is the cultural concept of parenthood; motherhood and fatherhood?
2. What are the psychosocial problems experienced by women and men facing childlessness?
3. What are the coping strategies used by women and men in dealing with childlessness?
4. What are the treatment seeking experiences of women and men?
5. What is the perceived role of the health system in dealing with infertility?

Objectives

1. To assess the cultural and gender construction of motherhood and fatherhood as perceived by couples experiencing childlessness.
2. To find out gender differences in the perception of childlessness, the problems faced and coping behaviors for the same
3. To obtain the perceptions of childless couples seeking medical help and the health providers regarding the role of the health system in dealing with couples experiencing involuntary childlessness

Definition of Terms

- Psychosocial problems: Psychosocial problems imply the social and psychological experiences of the childless individuals as a result of the prevailing ideology of infertility in the Indian society, as well as their own understanding of the societal perceptions of infertility.
- Health system: The private clinics in urban areas that provide treatment for infertility.
- Involuntary Childlessness: It is a condition experienced by individuals due to either self or spousal infertility
- Childless individual. An individual experiencing childlessness due to self or spousal infertility