

Indian Women's Perspectives on Reproduction and Childlessness: Narrative Analysis

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Abstract

The present study attempted to explore the perspectives of Indian women on reproduction and childlessness. 250 women were requested to enlighten by their views about reproduction and infertility, using an open ended interview which had four questions. The narrative analysis revealed social, religious and medical issues influences their views regarding conception and childlessness. Results suggested that having a baby is essential and valuable for women as they are symbols of motherhood. Baby brings honor and esteem for females in the eyes of in-laws. Most of the women followed religious activities as well as medical treatment for conception and to overcome infertility.

Keywords: Reproduction, Childlessness, Infertility, Religious view

Introduction

Reproduction is the human ability to impregnate a female and/or conceive a baby through heterosexual intercourse. The majority of adult males and females engaging in regular unprotected intercourse will achieve pregnancy if they are fertile. Infertility or childlessness on other hand, is a disorder of the reproductive system that affects the body's ability to perform basic function of impregnation and/or conceiving children. The interrelationship of psychology and physiology is perhaps greater in reproduction than in any other area. Psychological attitudes or states are frequently considered the source of problems as well as product of them, especially when no clear cause can be identified. Being unable to conceive does not often result in physical pain but has painful social and psychological consequences (Lober, 1997). Having children is a natural part of the reproductive cycle. The WHO (World Health Organization (1991) defines "*infertility as the inability to conceive (organic or functional) a pregnancy after two years of regular sexual intercourse without contraception, or inability to carry a pregnancy to live birth.*"

Childlessness is characterized as woman having no live birth or no living children at the end of her reproductive life span (WHO, 1991). Childlessness is a product of the complex interaction of biological, environmental and cultural factors, which needs to be understood at the local community level and for the planning to deliver reproductive health care services to address the problems (Unisa, 1999).

Childlessness has major psychological and social implications for couples and especially for women in settings where children are highly valued (Van Balen & Bos, 2001). Involuntary childlessness may be caused by infertility, pregnancy loss, stillbirth or child death (Van Balen, 2000).

The meaning and reaction to childlessness is mediated by socio-cultural factors, which vary widely among societies. The perception of people regarding childlessness especially in a woman, whose primary function is regarded as childbearing and whose economic and social status is often centered on her ability to have children, is repeatedly insulting and judgmental. Whatever the cause of infertility but due to existing social and gender norms, it is the woman who is often blamed if a couple is childless. A woman may suffer any or combination of the followings as a result of being childless- distress, depression, lowered self esteem, social stigma, isolation, economic deprivation, physical violence, threats from husband and husband's family, rejection, abandonment and divorce (McQuillan et al, 2003; Unisa, 1999; Pearce, 1999).

In India infertility and childlessness is culturally considered as significant problems which have both social and religious repercussion. In Hinduism, religious texts like "Vedas" and "Upanishads", epic poems such as "Ramayana" and "Mahabharata" and social commentaries such as Kautilaya's "Arthashastra" have persuaded to have children, because childlessness is a curse according to these sources. Hindu believes that a child especially a male child is needed to secure their rebirth. Only a male child can perform rituals related to death. For many people not having children means not achieving peace in life. Thus, they seek to find alternative ways of having children that can meet the culturally accepted notion of being one's own ("apne") and offspring ("aulad") exemplified in Hindi / Urdu languages. The acceptance of alternative strategies for family formation fundamentally depends upon cultural norms for establishing legitimate kinship ties, and thereby, the ability of being fertile.

When defined as a medical condition rooted in the individual's biological body, infertility is not a life threatening disorder. However, it is a condition that threatens social relations, social status and family honor. The ability to have children is perceived to be a woman's most unique and important role as well as her obligation to society (Izubara, 2000). For young brides in the patriarchal kinship system found throughout most of the north India, this threat is particularly acute, because women attain recognition as adults and status within their marital households primarily by producing healthy children – especially sons (Bumiller, 1991). Women who do not fulfill these expectations face social difficulties, potentially including divorce or dowry threats directed towards the wife's natal household (Unisa, 1999; Patel 1994).

In developing countries like India other countries of the sub continent, having children may be the key to women achieving adult status and gaining acceptance in the community (Hollos, 2003). Women and men with fertility problems may resist labeling themselves infertile (Feldman – Svallsberg, 2002). The social construction of infertility is striking than for other illness conditions because (i) no matter how medical practitioners may define infertility, couples do not define themselves as infertile or present themselves for treatment unless they embrace parenthood as a desired social role (ii) while the biomedical model treats medical conditions as a phenomenon affecting the individual, infertility is often seen as a condition that affects a couple regardless of which partner may have a functional impairment (iii) the presence of infertility is signaled, not by the presence of pathological symptoms but by the absence of a desired state. It is called non-event transition (Koropatnick et al, 1993) (iv) in the case of infertility the possible alternatives of the treatment exist include self – definition as voluntarily childfree, adoption, fostering or changing partners.

Therefore, infertility is best understood as a socially constructed process whereby individuals come to define their inability to have children as a problem, to define the nature of that problem and to construct an appropriate course of action.

In India as in much of the rest of Asia, childless women are socially stigmatized and face grave personal and social consequences. Childlessness of women may be influenced by factors such as cultural background, educational level and socio- economic status. As a matter of fact, infertility research has been neglected in India both as a health problem and as a subject of psychological research. Therefore, the major objective of the study is to explore the women's perspective on reproduction and childlessness in contemporary Indian society.

Methodology

Sample: The sample consisted of 250 married women aged between 20 to 45 years. Out of them 200 have infertility problems and having no child. The rest 50 women were mothers of their own biological child/children. The average years of marriage were 15 years.

Material: An open ended interview was conducted with the following questions in focus-

- 1) After marriage baby's birth is how much important and why?
- 2) Does, childlessness or not having child is a disease?
- 3) According to you what causes are responsible for your infertility?
- 4) What have you did so for conceiving a baby?

Procedure: The rationale behind this work was to discover the married women's views on reproduction and childlessness. In order to fulfill the purpose of the study, the researchers had made cordial atmosphere and explained the purpose of the research. The interview had been taken with women who had given consent for the same. The data was collected individually and it took around 35-40 minutes with each of the participants. The participants were Hindi speaking; therefore, the language of interview was Hindi. After completion of data collection the responses were analyzed with content analysis method.

Results

Major themes came out from narrations of the women for the question "After marriage baby's birth is how much important and why?" are-

- 1) **Family Perspective:** For most of the participants having a baby is very crucial for personal and family obligations. An infant play a pivotal role in strengthening bond and relation between husband and wife. Family formation and couples' bonding were the main concerns of the respondents. The two subthemes of family perspective emerged are- Family formation and Bonding between couples.
 - a) **Family formation:** For many women their families were imperfect without kids. Most of the participants stated that offspring was the essential part of the family and their marriage was meaningless without them (*Buchha isliye jaroori hai kyuki uske bina parivar adhoora rahta hai. Shadi ka to koi matlab hi nahi rah jata hai*).
 - b) **Bonding between couples:** According to some women baby plays significant role in making excellent attachment between spouses. An urban woman uttered that after marriage having baby not only makes the relations between husband and wife more passionate but also prevent them to be bored by each other (*Buchha aane ke baad pati-patni ke sambandho me aur pragadta aa jati hai .Shadi ke baad baby bahut jaroori hai nahi to dono ek doosre se bore ho jate hai*).
- 2) **Social Perspective:** In Indian context, after marriage conception and birth of a new one is the principle target for the couples especially for women. Infertile women face a lot of problems in society. Social norms, formation and expansion of own family, prestige in in-laws' house and motherhood/womanhood were main subthemes came out from the narrations-
 - a) **Social norms:** Many women experienced that birth of baby gives a respectable position in society. Childless women bear many taunts and hostile behavior from others. A woman reported sadly that baby is very important for reputation and equality within family and in society. She avoids social functions because people ignore her (*Shadi ke baad buchha hona isliye jaroori hai kyu ki wahi apko ijjat dilate hai. Mere buchha nhi hai isliye mai kisi ke ghar jana pasand nhi karti, sab mujhe ignore karte hai. samaj me barabri ke liye buchha jaroori hai*).
 - b) **Formation and expansion of own family:** A number of women accepted that having children is crucial need after marriage. Procreation is required for expansion of family and only a child represents next generation of the family. A woman told that having baby is essential because only he (a male baby) can continue the name of the family in future (*Vansh – vridhhi ke liye santan hona bahut jaroori hai, buchha hi khandan ke naam ko aage le jata hai*). This narration signifies the son preference and importance of son or the prestige associated with the mother of a male child in society.

- c) **Getting Prestige in in-laws' house:** Responses of the participants also showed that child gives most women a respect and honor in the eyes of in-laws and establish them in that family. Many contributors accepted that by producing healthy child especially a boy, they attain admiration and status in in-laws house (*Buchha isliye jaroori hai kyu ki uske aane ke baad hi sasural me prasansa hoti hai aur- samman badhta hai aur agar wo ladka hai to aur bhi auchha hai.*)
- d) **For motherhood/womanhood:** Many participants stated that motherhood is the most unique feeling for a woman which also symbolizes womanhood. Various partakers emphasized that offspring is extremely essential for their womanhood. Without child their life is of inferior quality because they are missing the most valuable happiness of the world. Women believed that for the feeling of womanhood own biological baby is very important. The feeling of being mother is very charming and jovial (*Naritva ke ehsas ke liye buchhe ka janm lena bahut jaroori hai.ek maa banne ka khubsoorat ehsas bhut sukhad hota hai*). Another woman said that a married woman's life is nothing without being a mother. Only after having a baby a female can realize the sentiments of a mother (*Bina maa bane aurat ke jeevan me kuch nhi rah jata. Baby aane ka baad hi ek aurat ek maa ki bhawnao ko samajh pati hai*).
- 3) **Religious Perspective:** The importance of having own baby is emphasized in religious texts, repeatedly. Such religious views are engrained in the psyche of many of these women right from their childhood. Several participants expressed that for performing funeral, cremation and death related rituals, baby especially a son is imperative. If they will not have a baby of their own, their soul will be unsaturated (*Marne ke baad mukhagni dene ke liye aur us se sambandhit kayi aur rasm ko poora karne ke liye buchha jaroori hai Agar buchha nahi hoga to aatma tript nahi hogi*).

In the next stage of analysis the two questions i.e. "According to you what causes are responsible for your infertility?" and "Does, childlessness or not having child a disease?" were analyzed together as these questions were interrelated. The themes like medical perspective, religious perspective and past births come into sight as central causes for childlessness.

- 1) **Medical Perspective:** After marriage childbearing is considered an essential duty in woman's life by which women's worth is measured. Many women reported that they are unable to conceive because of some medical reasons. A woman having some pregnancy related difficulties said that her uterus is very down from the exact position that is why she faced miscarriages (*Mere body me kuch problem hai,mera uterus neeche hai jis karan baar-baar miscarriage ho jata hai*). A woman told that there is a blockage in her fallopian tube .It is a complication and she is undergoing treatment but there is no result (*Meri tube band hai is karan buchha nahi ho raha hai. ye bhi ek bimari hi hai bahut dino se dava karwa rahi hu par kuch fayada nhi hua*).
- 2) **Religious Perspective:** Several respondents attributed the cause of their infertility to God. Women believed that if God will bless only then they will be able to enjoy the pleasure of motherhood. Some respondents revealed that they do not have any fertility related medical complications; hence their infertility is only God's will. A woman uttered that medical report of couple was normal but she had still not conceived. May be divinity do not want to give them the pleasure of having a baby (*Meri aur mere pati ki sabhi reports normal hai par shayad bhagwan hi nhi chahte ki hume shantan sukh mile*). Another woman mentioned that God is supreme. Only He is capable to provide the pleasure of having a baby (*Ishwar ki marji ke age koi dava kaam nhi karti. Wo chahega tabhi aulad ka sukh mil sakta hai nahi to kitna bhi treatment kara lo kuch nahi ho sakta*).
- 3) **Related to past births/destiny /Karma:** Few women accepted that their childlessness is the result of their past birth. Whatever they had done in their past births is reflecting in the present time. Women acknowledged that they may had done something wrong in past, so they are going through it (*Santan hona ya na hona poorav janm ka fal hai.shayad kuch bure karm kiye honge tabhi buchhe ka such nahi mil raha hai*). A rural woman said with grief that may be God is angry with her and punishing her because she has done something erroneous in the past life (*pata nhi kyu bhagwan naraj hai shyad poorav janm me koi galti ho gayi hogi jiska fal ab bhugatna pad raha hai*)

Both Religious and medical views along with religious activities and rituals were the foremost themes came in to view in response to the question "what have you did so for conceiving a baby?"-

- 1) **Religious view:** Many women stated that they had visited a number of religious places and performed many rituals for baby. They were involved in religious activities for having a baby (*mandir, masjid, gurudwara sab jagah jakar mannat mangi, vansh gopal ki pothi padhaya par parinam wahi raha*).

Another women said that she had done several religious convictions and many other rituals told by others, now everything is in God's hand (*Pandit ji ke kahe anusar saat dino (seven days) tak pooja karaye. Iske alawa bhi jisne jo upay bataya wo bhi kiya. Ab upar wale ki marji ki wo kya chahta hai*). The women had performed religious duties as per their own religion as well as stated in other religions also. For example a Hindu women was performing "Yagna", going and offerings to temples and pilgrimages, and also going to places of faith of other religions and traditional healers as persuaded by friends or known to of other religion.

- 2) **Medical treatment along with religious activity:** Most of the infertile women were trying both medical treatment as well as religious actions. They showed their faith in infertility related medical treatments on the one hand and practice of a number of religious activities on the other. A woman stated that she had completed all the examinations related to infertility and she is continuing treatment; along with it she is also doing worships and giving to poor and needy to seek good fortune (*Buchha na hone se sambandhit jitney test the sab kara chuki hu. Abhi bhi ilaaj chal hi raha hai sath hi sath pooja –path, daan –dakshina sab jari hi hai.umeed hai hume bhi santan prapti ho jaye*). A woman also reported that she has full faith in God. She had done whatever she could do and now hoping for the best(*Bhagwaan par poora bharosa hai. ilaaj ke sath-sath dava bhi kara hi rhi hu. Apne bas me jitna tha sab kar liya, ab upar wala jane*).

Outcomes from narrations suggested that women have recognized childbirth as the essential episode of life. Reproduction is requisite due to some psychological, social and religious reasons. Some perceived their infertility due to medical reasons while others' attributed it to destiny or doctrine of "Karma" (deeds of past life).

Discussion

The findings of the present study are significant in many respects. The purpose of this paper was to throw light on the Indian women's view on reproduction and infertility. Narrations suggested that after marriage having baby is an important need of women because baby is the cause of prestige and honor for them and directly related to their womanhood. The childless women try many religious rituals as well as medical techniques for a baby.

Certain events in life are fairly predictable and occur at about the same time and in the same order for most people (White & Klein, 2008). These events include marriage and childbirth but the same is not true for many people. In Indian context, childbirth is presumed to be essential after marriage and childlessness/infertility is like a curse.

Findings of the study revealed that for most of the women procreation was the vital requirement after marriage. It is necessary for creating a suitable family. A desire and need for social security, power and perpetuity are often cited reasons for having a family in developing countries. In countries with no social security system available from the state/governance, many families depend on children for economic survival and childless couples risk severe economic deprivation and social isolation without children to assist them in old age (Daar & Merali, 2001).

Some of the participants accepted that baby increases emotional attachment between couples. The birth of a baby is considered normative in the development of a marriage (Raphael- Leff, 1993). It can be both a source of stress and an event to test the family's coping strategies (Miller & Sollie, 1980). At the same time, the baby can provide a sense of fulfillment, new meaning in life, and can strengthen the bond between husband and wife, thus contributing to a sense of family cohesiveness (Miller & Sollie, 1980). Becoming a parent is irrevocable (Cowen & Cowen, 1992). Many respondents expressed that their family would be incomplete without offspring. A marriage without children is equivalent to no marriage at all for them.

Despite the fact that over population is major problem in India, having children is firmly necessary for every married woman because infertility is the stigma of barrenness and the absence of the pleasures of motherhood. On some occasions the very presence of an infertile woman is considered inauspicious, which add to the stigma of infertility. Study focused that every couple wished for their own kid after marriage due to social model. A childless woman stigmatized not just in the home but also beyond her immediate household. She is not allowed to participate in various auspicious ceremonies, particularly those involving childbirth and naming. Friday O Konofua (2002) conducted a study at Bhiwandi in Mumbai and found that infertile women are called Bhanj or Waanj (barren) and there is a superstition that if such women touches a new born baby, the baby will die. Similarly, in Andhra Pradesh (a state in South India) it was found that such childless women received taunts and hostile behavior from others, many women shun social functions. They feel isolated and ashamed (Unisa, 1999). Vayena and associates (2001-02) reported that infertile women in developing countries may suffer life threatening physical or psychological violence when having children is a woman's only chance to improve her status in her society or family.

For most of the participants baby's birth was important for acquiring status and reputation in husband's family. The birth of children gives a woman the right of share in her husband's property and wealth (Sundby & Jacobus, 2001) . Many women reported that baby increases prestige in in-laws. If they were unable to give birth, they were largely blamed for infertility. The negative consequences for them can range from denial of food and healthcare, to being thrown out of the house so that a man can take second, presumably more fertile wife (Singh, Dhaliwal & Kaur, 1997).

In Indian society a baby is of great significance. Analysis suggested that many women showed that having a baby have religious implications. Child, especially a male child is compulsory for performing death rituals. It is strongly believed that sons are essential to continue the family name by maintaining the patrimonial line. Sons bring moksha (liberation from the cycle of birth and rebirth; ultimate salvation) to deceased parents. Sons light the funeral pyre; take their parents' ashes to the holy river Ganga for "moksha" (locally called "gati"; actually short form of the Hindi word "sadgati") (liberation of soul). Sons organize mortuary feasts upon their old parents' death. Feeding people on such an occasion brings religious merit both to the deceased and to the host of the mortuary feast, besides enhancing the status of the household (Patel, 1994). Infertility is seen to disrupt not only this life, but the extended life of a couple's ancestors. There is existing essential ethical principle which requires people to extend the life of their ancestors and make their family line run continuously from generation to generation through the production of children. A person is understood to exist only through interdependent relationships with their family and community; having no children breaks this chain and negatively affects the infertile couple as well as their ancestors and community (Qui, 2001).

Infertility has a wide range of causes stemming from three general sources: Physiological dysfunction, preventable causes and unexplained issues. Narrations suggested that many women professed their childlessness due to some physiological causes. Physiological causes of female infertility include: tubal blockage, abnormal ovulation, congenital malformation, and endometriosis (Daar & Merali, 2001). Infertility in women is due to three primary biological causes. First, the women may not be producing and releasing mature eggs due to hormonal problems or ovarian cysts. Second, scarring or adhesions may interfere with the fallopian tubes being able to properly transport the egg from the ovary to the womb. Third structural abnormalities or hormonal problems may result in the fertilized egg being unable to properly implant in the uterine lining(William et. al, 1992).

Actions performed in previous birth were also viewed as sources of childlessness by many partakers. They said that their infertility was the result of some awful commotions of past birth. People love their children dearly. They believe that their children are gifts from God and products of their previous *Karma* (deeds). Many presume that their children were related to them in their past lives or were their close friends. According to Manu, a man recreates himself through his own children. Indian culture firmly believes in rebirth. They view their own life from a wider perspective that encompasses not just this life but many other lives that preceded it as well as succeed it.

Children and motherhood are important in India for socio-cultural reasons and continuity of marriage (Berer, 1999; Unisa, 1999). So, every couple desires to reproduce a baby. Findings brought to light that most of the respondents followed medical treatment to achieve a baby. Women used allopathic medication for infertility' which includes several physical examinations, frequent review of basal body temperature and intercourse record, laboratory tests, radiology tests, surgery and trials of medical treatment(Eupnu,1995). For women, evaluation should include examination of the cervical, uterine, tubal, peritoneal, ovarian and immunology functioning. It could be time consuming and physically as well as emotionally invasive.

Several women reported that they were performing rituals and religious activities as stated in their religion to overcome infertility. Many of them travelled different pilgrimages related to their religion or of other community also. Giwa- Osagie (2001) found in a study that medical treatment for infertility is often delayed or precluded in favor of traditional and religious treatments because evil forces are often thought to be the cause of infertility. If a woman were unable to conceive within two years of marriage, she would be forced to frequent visit their parental house for religious and cultural reasons, hence, marital duration of two years is considered here to give sufficient exposure time of 24 months for conception (WHO, 2001).

Findings also revealed that Infertility among women is associated with a large number of psychological problems. The women suffering from infertility show severe psychological distress.

Many females showed anger, frustration, anxiety and tension in their responses. Zahid (2004) reported that the infertile women exhibited significantly higher level of psychopathology in the form of tension, hostility, anxiety, depression self-blame, and suicidal ideation. It clearly suggests childlessness results in social stigmatization for infertile women and places them at risk of serious social and emotional consequences. Anxiety has also been shown to be significantly higher in infertile couples when compared to the general population (Anderson, Grigsby, & Freedland, 2002). Hence, social norms concerning marriage and family organization influence perceptions of childlessness to a large degree (van Balen & Inhorn, 2002).

Conclusion

Based on the present findings it can be concluded that after marriage child birth is uppermost obligation of an Indian couple. Childlessness has major religious and social implications especially for women because fertility is highly valued in India. Because of social norms an infertile female have lesser status and prestige in the community than their peers with children and they may not be allowed to contribute in societal discussion. For attending the auspicious occasions and customs motherhood is of great importance. Moreover, there are firm believes that if a couple do not their own baby then who will perform the funeral rituals and give salvation. Almost all of the infertile participants were trying to have a baby with the help of allopathic treatment along with carrying out religious practices. Infertility has also affected women's subjective well-being and quality of life. They perceived larger gap between expectations and achievement, low feelings of belongingness, low concern for primary group, deficient in social contacts.

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