

INFERTILITY - A CONCEPTUAL, SOCIO-CULTURAL AND PSYCHO-SOCIAL PERSPECTIVE

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ABSTRACT

Planning a family is a very important aspect for couples in India. It can result in great happiness and also great disappointment. Being knowledgeable and informed about their fertility can assist couples to plan their family together. Women often know childbirth as their personality stabilizer. Also, women consider her as complete only if she is fertile and have children. She knows her biological, psychological and social success in function to her ability to breed children largely and feel adequate. Having a baby is always a joyful experience for almost every couple. But if a couple is not able to conceive even after all the efforts, it affects them socially as well psychologically. A couple's relationship often suffers because of fertility problems and many report that the loss of spontaneity linked to intercourse timed to facilitate conception can have a considerable negative impact on desire and sexual function. Despite infertility being a relatively common problem, people affected by it often believe it to be rare and find themselves feeling isolated from family and friends. Infertility is a medical condition with psychological consequences rather than as a socially constructed reality. More studies now place infertility within larger social contexts and social scientific frameworks although clinical emphases persist. Present research paper focuses on the various dimensions/aspects of infertility & its implications on the couples.

KEYWORDS: Fertility, Infertility, Conceptual Perspective, Psycho-Social Perspective, Socio-Cultural Perspective

INTRODUCTION

It is widely acknowledged that age at marriage has a significant influence on fertility, particularly in countries where childbearing occurs within marriage. Much of the world is pervaded by strong cultural beliefs that children increase the well-being of parents and especially women and these beliefs have bolstered norms about the desirability of having children. Infertility is considered as a major life span crisis because becoming a parent is generally evaluated as a desirable social role and an important stage of personality development. While a deeply private, often hidden, experience, fertility is intrinsically linked with our social identity. Parenthood is perceived in most cultures as a central developmental milestone towards adulthood (Baor and Blickstein, 2005).

Infertility is a global public health concern and affects approximately a tenth of couples worldwide. Infertility is a medical and social condition that can cause considerable social, emotional and psychological distress among Indian couples. Female infertility is stigmatized in western as well as non-western cultures (Family Health International, 2003). The notion of child-bearing being a hallmark of womanhood, the high premium placed on children by extended families as well as difficulties in the procedure for legal or permanent adoption make stigmatizing attitudes experienced by infertile women particularly severe in non-western cultures. Furthermore, aside from the stereotype that infertility is solely

considered 'a woman's problem,' they also experience physical and psychological abuse. Infertility can be a stressful experience that affects several aspects of a couple's life, their religious faith, self esteem, occupation, relationship with partner, family and friends being notable examples. Common psychological symptoms reported among infertile women include depression, anxiety, and suicidal ideation (Fido A., 2004). Infertility and its treatment can have a considerable impact on a person's quality of life and infertility problems can be among the most upsetting experiences in people's lives (Fekkes et al., 2003). In fact, infertility has been ranked as one of the great stressors in life, comparable to divorce and death in the family (Holter et al., 2006).

The number of couples seeking treatment for infertility in the recent years has dramatically increased due to factors such as delayed marriages, postponement of having children, long and hectic working hours, obesity, frequency of intercourse, busy and stressful lifestyles, smoking, tobacco consumption, lack of meditation and yoga, desire for a male child, sexual attitudes and taboos, induced abortion, hormonal imbalance, working women, development of newer and more successful techniques such as Assisted Reproductive Technologies and also increasing awareness of such available services. Infertility is a significant issue for women and couples and affecting more than 80 million people worldwide (Daar AS, Merali Z (2002). Keeping in view the increase in the rate of infertility worldwide, it is must to understand the conceptual, socio-cultural and psycho-social perspective of infertility.

CONCEPTUAL PERSPECTIVE OF INFERTILITY

Fertility is the natural capability to produce offspring. Human fertility depends on factors of nutrition, sexual behavior, culture, instinct, endocrinology, timing, economics, way of life and emotions. Before understanding the socio-cultural and psychosocial aspects/ implications of infertility, it is important to understand the various terminologies related to infertility and its dimensions.

According to a clinical definition of the International committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO), Infertility is considered as "a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse" (ICMART and WHO, 2009). A lack of fertility is infertility while a lack of fecundity would be called sterility. It is important when discussing infertility to distinguish and define terminology. Sub fertility refers not only to the ability to become pregnant but also to inability to maintain a pregnancy or to carry a pregnancy to a live birth. "Sterility" means that conception is not biologically possible. In a man, this occurs when the testes no longer produce sperm. In a woman, sterility occurs when the ovaries no longer have eggs.

Infertility can be classified as either "primary" or "secondary". Primary infertility occurs when there have been no successful pregnancies, whereas secondary infertility occurs after there has already been a pregnancy and the couple is unable to conceive after one year (Zwick, 2003).) "Fecundity" is another term used that describes the probability of conception occurring in a given period of time, usually one month (Burns & Covington, 1999). Being a parent is a normative assumption of adult life in any society. Most couples who experience infertility consider it a major crisis. From the beginning of time, the command "Be fruitful and multiply" remains a permanent truth for most societies (Lee & Kuo, 2000). Men and women have hormonal cycles which determine both when a woman can achieve pregnancy and when a man is most virile. The female cycle is approximately twenty-eight days long but can deviate greatly from this "norm". The male cycle is also variable. Men can ejaculate and produce sperm at any time of the month, but their sperm quality dips

occasionally, which scientists guess is in relation to their internal cycle.

Cause of infertility can be because of numerous factors and to point an exact cause is very difficult. When causes of infertility are discussed, four terms are used to describe etiology: female-factor infertility, which refers to infertility problems solely associated with the female; male-factor infertility, which refers to infertility problems solely associated with the male; mixed-factor infertility, which refers to infertility problems associated with both the male and female; and unknown, also called as unexplained or idiopathic infertility, which refers to a variety of unidentified causes for fertility problems. However, regardless of whether it is mainly the male factor, female factor, both male and female factor or unexplained infertility, the kind of treatment that the couple has to undergo can affect all facets of the couple's life thereby hindering their current and future goals of their life.

SOCIO-CULTURAL CONTEXT AND CONSEQUENCES

Conceptions of womanhood and motherhood are based on the assumption that motherhood is essential to women and that motherhood must be based on biological or genetic links. The desire to be a mother is uniformly described as natural, psychologically fulfilling and praiseworthy and so compelling that to have children is to be born again. According to Waldner (2000), a woman's identity is closely tied to her ability to reproduce. Infertility therefore interferes with a positive definition of self, creating a more negative view of her body. Because women equate fertility with nurturing, infertility interferes with her ability to express her culturally defined primary role. Even though in our culture "more options are becoming available for women, motherhood is still the primary defining role for women in our society. For women immersed in this cultural belief system, infertility is no longer a medical diagnosis, but a definition of themselves. Thus, the most debilitating effect of infertility is that it strikes at the very core of the female identity.

Since a woman is defined by her fertility, she internalizes the motherhood role to the extent that if she is infertile, she feels worthless. Then she proceeds to do all she can to reverse the situation. Infertility is a major problem in the context of important domains of social life such as kinship, inheritance, marriage and divorce patterns. It is a threat to a woman's identity, status and economic insecurity, to a man's procreativity and to lineage, familial and community continuity.

There are many reasons for the importance given to biological children in Indian society. It is assumed that the desire to have children is normal and parenthood is part of the natural order of things. Some childless women might not be that enthusiastic about motherhood but want a child to satisfy their in-laws or husband or experience pregnancy, childbirth or parenthood. Some are under external pressures to have children (as in India). For some, it makes them feel part of daily life and for some couples; a child is like an achievement. It is important for women because for them, there is a link between femininity and fertility. Motherhood also gives women a female adult identity and a reputation of a responsible human being. Children provide emotional satisfaction, make life interesting and provide a reason for living. People also want children because it is almost like a biological need, as they want to see a part of themselves in their child. Some want to be able to spend the wealth they have acquired or achieved on someone and a biological offspring is the best person to spend it on. Having a child for some couples affirms their love for each other as a child is seen as a binding factor. A child is also looked upon as someone who helps an urban middle-class housewife spend her time, since the child occupies her and gives her status in society; she also has something to talk about with other women. A poor woman has children for economic reasons too. The more children she has, the more earnings there are for the family as a whole. So, children are precious resources for her, as she usually cannot send them to school (Widge, 2005).

According to Das Gupta, Chen and Krishnan (1995) children in Indian society are looked at as a source of labour, income, happiness and security in old age. The perceptions of women's roles and attitudes may be shifting, especially in the upper and middle classes, but procreation still remains an important factor in the socioeconomic well-being of most Indian women. The Indian tradition demands that all marriages must result in children, preferably male ones. In the patrilineal Indian society there is a strong desire for a son to continue the family line and perform religious rituals for the salvation of departed souls.

Jindal and Gupta (1989), through their study reiterated that in India the social pressure to become parents is even more because of the joint family system and the influence of elders. If the couple is infertile, there is loss of status and prestige. It is a matter of serious concern if a woman does not bear a child for 4–5 years. Barrenness is held as a curse. Besides being inauspicious for auspicious occasions, she is insulted and is under constant pressure and faces innuendoes during quarrels and disputes. Rarely is male fertility questioned whereas her fecundity is doubted.

The women who were interviewed for the study conducted by Widge (2000) felt that motherhood is still the most important goal for a woman. The blood-bond between mother and child overtakes the one with the husband. Maternal instinct in most cases in the study was perceived to be an individual urge. The woman is usually blamed for childlessness while men hesitate to even get tested.

According to Iyengar and Iyengar (1999), one of the social consequences of infertility in the study they conducted in Southern Rajasthan is the practice of nata (by which a person can take on a new spouse) that is prevalent in this area. About 20% of childless women were affected by this practice.

Unisa (1999) feels that childless women are kept purposely from celebrations of newborn children and celebrations of first pregnancies, as their presence is considered inauspicious. Many people expressed the opinion that a childless couple should also not bless a newly married couple as that might result in the newly married couple's childlessness. After a few years of marriage, a childless woman avoids ceremonies. Some of them were called godralu (a Telugu term with a negative connotation meaning a woman without eggs). Actual and anticipated rude comments at social functions forced many women in this study into becoming social recluses. Unisa pointed out that the women themselves had low self-esteem as a result of these negative social attitudes. Among infertile couples, a woman has to face more sociocultural problems as compare to husband.

PSYCHO-SOCIAL CONSEQUENCES OF INFERTILITY

Earlier it was assumed that that psychological problems lead to infertility but researches over a time has proved that vice-versa is true. For many women, conception becomes a preoccupation resulting in anxiety, despair, depression and various other psychological problems. This adds to the problems that already exist. They feel sad, disappointed and exhausted by the intensity of their emotions because this problem has taken over their lives (Widge, 2000; Gupta, 2000). Some women who are infertile feel constantly preoccupied with their body, waiting for a sign of something going wrong or right. There is anxiety with the onset of menstruation and it is viewed not as a sign of femininity, but as a failure. There is concern whether the pregnancy will continue or not, or preoccupation with the cause of infertility or with unexplained infertility. In-depth interviews conducted with infertile women undergoing treatment have revealed that they express disappointment at failing expectations and that treatments allow hope but also defer final acceptance of infertility. Since

this experience damages self-esteem it might have repercussions on other relationships of the woman. In India, women often complain of being ridiculed by their in-laws for not being able to conceive. They feel rejected by their partners because they are made to feel incomplete and the threat of someone else coming on the scene looms large (Widge, 2000).

One of the few psychosocial studies of infertile couples in India revealed that infertility is a life crisis and a stressful experience with invisible losses, especially for women (Desai et.al, 1992). They experience marital and psychological instability and stress and strain, including deterioration in the quality of life. The crisis is long lasting and not much is known about the strategies adopted by infertile couples to cope with their childlessness. Studies revealed that the problem of infertility results in the alterations in sexual response (reduction of sexual happiness), which also has implications for the marital relationship. In India, infertile females are blamed for infertility by their spouses or other family members and also, in some cases women take blame of infertility on themselves.

Also, in Indian society, it was found that relatives shows more sympathetic attitude towards men than women. More wives than husbands reported insensitive behavior from their neighbors and friends towards their childlessness. Wives received threats of divorce and women were considered inauspicious for religious and ceremonial rites and were socially ostracized. Women suffered this indignity more than men. Women felt hopelessness and despair, resulting in suicidal tendencies five times more than men. Many felt a tremendous sense of guilt, blame and loss of self-esteem.

Mulgaonkar (2001) also focused on the psychosocial consequences for women and her study revealed that women felt depressed and grieved, had lack of hope, loss of relationships with friends and relatives, doubts about their bodily functions and sexual competence, loss of health due to the specific treatment, feelings of jealousy, anger, guilt, lack of social security and support, fear of extinction of family lineage, addiction to bad habits as an effect of childlessness. Infertile couples had sexual problems as a result of their childlessness and were unhappy about their sexual lives. The women coped with infertility by involving themselves in religious practices such as praying and visiting religious places, by caring for others in the family, fostering relatives' children and some by being involved in social organizations. Some women also expressed the positive freeing aspects of childlessness.

There is a great social stigma attached to childless women in Indian society, regardless of the medical cause. Women face the blame for it and also personal and social consequences such as personal grief, frustration, economic deprivation, ostracism, violence and marital disruption including divorce. Hence, social norms concerning marriage and family organization influence perceptions of childlessness to a large degree.

CONCLUSIONS

Living a life with infertility can be a painful and isolating way for men and women to live. The findings of the study conclude that it is must for Indian couples to have a child after marriage. In India, a woman has to face many social and psychological problems as compare to men in Indian society. There is a greater need for family members and society at large to understand that infertility is not only female problem perhaps male members can be equally responsible for it. The journey of infertility treatment can bring about ample amount of psychological distress within the individual, the partner and the society at large. The vicious cycle of hope and despair whilst taking the treatment can bring about elevated levels of stress and anxiety in the patient and can affect their quality of life. In most of the cases, infertility also disrupts marital life of the couples. 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. Counseling, psychosocial support of family members whilst undertaking the treatment especially for failed treatment can benefit the patient greatly.

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