RESULTS AND INTERPRETATIONS

This section highlights the results obtained in the aforementioned research addressing the research questions. The perceptions of the participants are presented in the form of results and interpretations. The part of the dissertation has been divided into six sections. This section has been divided according to the research questions to provide an understanding of the various aspects of childlessness.

The Sections

Section I: Importance of Parenthood
Section II: Experiences with Treatment Seeking
Section III: Coping with Childlessness: Exhibiting Control Over the Situation
Section IV: Perceptions of the Medical Practitioners
Section V: Involuntary Childlessness and the Intricacies of Gender
Section VI: Infertility, Reproduction and Gender: Few Case Profiles

The initial three sections represent the perspectives of the group regarding the importance of parenthood and a child, experiences of seeking treatment and coping behaviors. A brief overview of the perceptions of the medical practitioners (gynecologists and urologists) regarding the construct of involuntary childlessness in the middle/upper-middle class of the urban Indian society as well as their experiences with their patients has been given in section four. Section five enumerates the gender nuances that affect the individual ideologies on parenthood and the treatment seeking and coping mechanisms. Section six profiles gendered aspects of reproduction and infertility as emerging in the research through a few case briefs.

About the Participants

The socio demographic details of the group suggest the age of the treatment seeking participants to be in the range of 20 t0 49 years, education from higher secondary to post graduation, income ranging from 8,000 to above 25,000 per month, duration of marriage between one to fifteen years, representing the nuclear as well as joint families with most of the women not employed outside the home. The non treatment seeking group was also between 20 to 59 years of age, with all of them being in the 35 plus age range except for one woman who was 28 years, education from higher secondary to post graduation, income ranging from 8,000 to 25,000 and above per month, duration of marriage between 8 – 15 years and above, representing the nuclear as well as joint families and more number of women employed outside the home (refer Tables 2 & 3 for further details).

The tables given below highlight the socio-demographic details of the study participants

Table 2

Background Details of Treatment Seeking Group

Demographic Variables	Men	Women
	n=20	n=20
• Age group		
20-29	05	13
30-39	14	06
40-49	01	01
• Education		
Higher Secondary	04	-
Graduate	14	18
Postgraduate	02	02
• Income		
8,000-12,000	04	04
13,000-15,000	04	04
16,000-20,000	08	05
21,000-25,000	00	01
26,000 and above	04	06
• Family Type		
Joint	10	12
Nuclear	10	08
• Number of Years of Marriage		
1year-2years	-	01
2years-5 years	08	12
5years-10years	10	05
10years-15years	02	02
• Occupation		
Homemaker	-	15
Business	08	-
Service	12	04
Self Employed (Tuitions)	-	01

Table 3

Background Details of Non-Treatment Seeking Group

Demographic Variables	Men	Women
	n=5	n=10
• Age group		
20-29	-	01
30-39	02	04
40-49	01	03
50-59	02	02
• Education		
Higher Secondary	-	01
Graduate	03	06
Postgraduate	02	03
• Income		
8,000-12,000	02	02
13,000-15,000	-	02
16,000-20,000	01	02
21,000-25.000	01	01
26.000 and above	01	03
• Family Type		
Joint	-	03
Nuclear	05	07
• No. Years of Marriage		
8years	-	01
10years-15years	04	07
Above 15 years	01	02
• Occupation		
Homemaker	-	04
Business	02	01
Service	03	05

The medical practitioners interviewed during the process of the research were practicing gynecologists and urologists in the city of Baroda. They are involved in infertility treatment for more than five years. The group comprised 10 doctors, 7 gynecologists (5 women and 2 men) and 3 urologists (men).

Section I: Importance of Parenthood

In the Indian society the phase of attaining parenthood holds a significant position and it is considered as an inevitable stage following marriage. In India, the importance of children cannot be de-emphasized. Empirical findings also point to the social, economical, psychological and personal value of having children (Phoenix & Wollett, 1994). The event is attributed importance and is visualized as bestowing the couple as well as the family with joy and future happiness leading to '*moksha*' (salvation). Children are looked upon as the binding force that strengthen the marital and familial bonds, filling the void in marriage. Apart from this they are also a source of security for old age, which is reflected in the present study as well.

The participants in the study described parenthood in different words (see Tables 4 & 5). They indicated their feelings in terms of the self, the family as well as the society. They described it as a goal of marriage and family living; personal desires were cited and children were seen as bringing immense joy and happiness to the life of a married couple. A child brings along beautiful feelings for the parents; with a child life seems to be more meaningful, in the sense that one has a purpose to live for and earn for Every married couple desires to have a child of their own, a child through whom their unattained wishes will be fulfilled, a child who is a reflection of their joys and sorrows. The arrival of a child brings immense happiness to the married couple and importantly, it strengthens the marital bond. The family too shares the jubilation, with the child binding the family cohesively. Along with this there is the question of identity and status. The society bestows higher status on parents and the feeling expressed is that of easing social

pressure on attaining parenthood. What also emerged as determining factors for attaining parenthood were certain customs and beliefs prevalent in the society such as continuity of the family lineage.

Table 4

Importance of Parenthood

Category	Trt. Skg. Grp.[1]		Non-Trt. Skg. Grp.[2]		Total n	Illustrative Verbatim
	M[3]	W[4]	M	W		
	n= 20	n= 20	n= 5	n= 10		
Personal reasons						
Gives purpose to life	4	12	2	8	26	A child is important *Unse he to zindagi chalti hai, Unke siva to life hi nahin hota hai.* (There is no life without them)
Innate desire	4	6	1	1	12	
Support during old age	4	1	1	2	8	
Happiness	3	2	-	-	5	Arrival of a child is a joyous occasion.
Increases social network	-	-	1	1	2	We think that if we have children then we would have a wider circle than what we have.
Achievement of unfulfilled desires through children	1	-	-	-	1	I had a dream of going abroad to study, but unfortunately it did not happen. So I think when I have a child, I will educate him abroad. The things I could not do, I will do for him.

[1] Treatment seeking group = Trt.Skg.Grp.
[2] Non-treatment seeking group = Non-Trt.Skg Grp
[3] Men = M
[4] Women = W

Family and marital reasons						
Important for spouse	-	5	-	-	5	My husband says even if we have to spend lots of money a child is a must
A complete family	1	3	-	1	5	*Bachha hai to parivaar pura lagta ha.* (The child makes the family complete)
Strengthens marital bond	-	2	-	3	5	A child strengthens the relation between the husband and the wife, the life changes.

Note The total number of responses may not be equal to n because of either multiple responses given by the participants or no response

One does not find any stark differences between the two groups in terms of the importance of having a child, especially for women.

One woman participant felt that *"ma banavanu to mahatvanuj che ne"* (it is important to become a mother). While yet another woman felt that *"mara lagna ne char varsh thai gaya cheto have badak hoi to saru. Have khali lage che"* (its now four years since I got married, so I feel that now I should have a child to curb the feeling of emptiness).

This, denotes the ideology of parenthood, thus implying the impact of childlessness, discussed in the succeeding section. Whereas men in the non-treatment seeking group are found to use more of rationalizing statements when asked about parenthood and the importance of children for them (see Table 5). They give examples of children not caring for their elderly parents and the experience of loneliness when the daughter leaves the

Table 5

Importance of Parenthood: Illustrative Verbatim

Categories	Women		Men	
	Trt. Skg.Grp.	**Non-Trt. Skg.Grp**	**Trt. Skg.Grp.**	**Non-Trt. Skg.Grp**
Continuation of the family	If we don't have a child *pidhi aage kaise badhegi* (what about our family lineage) My husband says even if we have to spend lots of money a child is a must		I had a dream of going abroad to study but unfortunately it did not happen, I think when I have a child I will educate him abroad.	Suppose you have a daughter and she leaves you after 25 years The desire for a child is just a psychological blockage
Old age security		What about my future???		There are examples where children ditch their old invalid parents
Identity	Parents acquire an identity in the society *Tamaru naam vadhe* (glorifies your status)	It is generally the feeling that you are incomplete		Parenthood is to create his life so that he can represent to the world that I am so and so's son
Emotional investment	A child gives you the desire to live	When there is someone to call you '*mama*', you feel that the whole world is around you	When I come home I should have 2-3 faces to look at – happy faces	
Strengthening the marital bond	A child strengthens the relation between the husband and the wife, the life changes	A child helps bridge the gap between the husband and wife		
Rituals		In Hindu philosophy the son is important for performing the death rites and a daughter for *kanyadaan* (bride giving)		

parents after marriage. The idea of a child representing the parental identities is also recognized. This is more evident in the treatment seeking group.

The group also talks of the importance of having a child for the family. They describe this in terms of grand-parenting a child rather than the notions of continuing the family lineage for their parents.

Childlessness: A Void in Marriage

The importance of having children is indicated through expression of feelings that accompany the absence of children - depression and incompleteness (see Tables 6 & 7). Even men have reported feeling incomplete, and these are the men who have also reported being persistent with their treatment and changing a number of doctors for the same. A general "bad feeling" which participants were unable to translate in words, was reported.

Interestingly one working woman, whose husband had the problem, expressed being sarcastic with her husband during her moments of frustration. Men on the other hand do not reveal their feelings, but instead talk of their wives, feelings of depression, tension and her crying for the want of a child.

Here, the societal orientation to masculinity is seen where men are not allowed to verbalize their feelings, unlike women who may cry in front of strangers, and thus, relieve themselves. Men do not talk of frustration in their life at all. One of the men who

reported the problem of azoospermia shared that his wife would at times get angry with him (they are still undergoing treatment), and also justified her feelings of anger. In this case the woman is working, they are residing in a nuclear family and it was a late marriage, factors that are likely to enhance her bargaining power, in addition to the fact that there is male infertility.

In the non-treatment seeking group, acceptance of the state of childlessness was linked with their attribution of their state to destiny. Yet, a feeling of helplessness also came through, as expressed by men.

The women were more articulate in expressing their feelings when they talked of the psychological trauma and stress of not being able to conceive, and the feelings of depression during menstruation when they again faced failure, leading to long hours of isolation and crying. This, they reported, aggravated at a later age when after undergoing treatment for a long time they could not conceive, and their hopes started dwindling with their advancing age.

Women also talked about their feelings in the absence of a child. They report reviewing their status at times leading to negative thoughts of denial, loneliness and tension. At the level of the society one observes that the societal attitude is either of sympathizing with their state, making the person a target of gossip or calling 'her' names such as *vanjan* (infertile), indicating that usually women are targeted in the open. This has direct implications on the woman's reproductive capacity and "womanhood".

Table 6

Feelings Regarding Childlessness

Category	Trt. Skg. Grp.		Non-Trt. Skg. Grp.		Total n	Illustrative Verbatim
	M n=20	W n=20	M n=10	W n=5		
Feelings of Self						
Incompleteness	1	12	1	2	16	I am feeling as though I am missing something in my life.
Denial	-	5	-	-	5	Never harmed
Helplessness	-	-	3	-	3	
Acceptance of status	-	-	2	1	3	You have to accept certain facts of life. I have taken this for granted. I am practical
Feelings of Spouse						
Tension	1	-	-	-	1	For me it does not matter but I have seen her crying many times
Loneliness	1	-	1	-	2	She used to feel very upset and very lonely. While I was pre-occupied with my career
Optimism	2	-	-	-	2	She is very supportive she says *thai jase* (it will happen)
PMS (pre-menstrual symtoms)	2	-	-	-	2	She feels blue around her menstruation

Note: The total number of responses may not be equal to n because of either multiple responses given by the participants or no response.

Table 7

Feelings Regarding Involuntary Childlessness at Different Levels

Categories				
	Self	**Spousal**	**Family**	**Society**
Feel bad and incomplete	I am feeling as though I am missing something in my life		*Aaa loko kasu keta nathi*(They don't say anything) normally they do feel bad that we should conceive, they bless us but their attitude is not negative, why there is no child They tease me that when are you going to have one	Some people have come and told me that *aey to Vanjhan chhe* (She is barren) If a couple doesn't have any children they are boycotted by the society
• Tensed • Feel bad and cry • Feeling blue around menstruation • Feeling lonely	When I am all alone at home, I keep thinking about my state and cry	For me it does not matter but I have seen her crying many times		People say *ke itne saal ho gaye hai shaadi ko aur ahbi tak nahin hua* (You have been married for so long but still you haven't got a child) Finally, as usual in Indian culture *mein ladies ko he* they consider *na* (In Indian culture women are blamed)

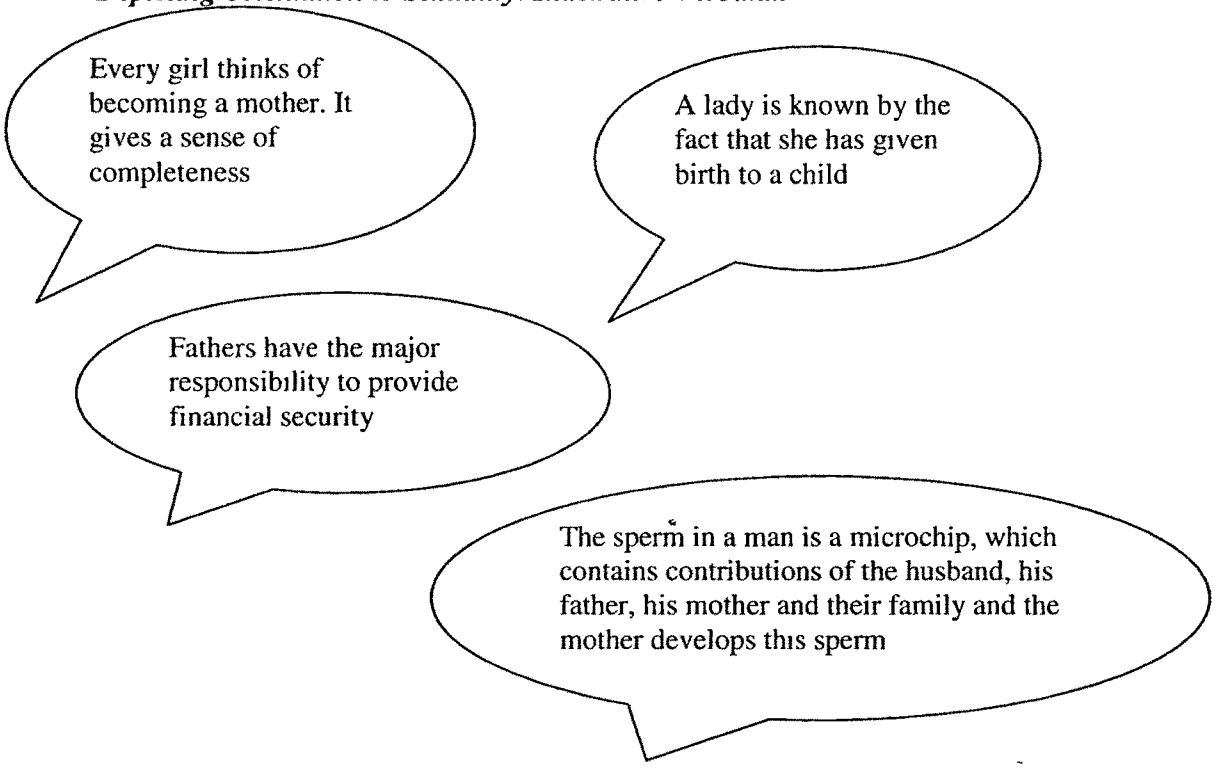
Denial/ Non-acceptance	I feel *mere saath he esa kyon hua, maine to kisika kuchh nahin bigada hai* (Why did this happen to me I have never harmed anyone)			Normal thing *nahin hai (it is not normal)* ... not having children, it is not acceptable in our society
Acceptance of the state	I myself have been my greatest support, i.e my confidence. I fall into depression sometimes but them I revive on my own, I manage on my own"	She is very supportive she says *'thai jase'* (we will have) My husband has supported me all through *Uska* support *jyada hai.* No body will bother as much as my husband does	*My family (natal) always supports me when I need them*	
Feeling of helplessness	From nature itself we are helpless			When you go somewhere then people gossip *Ene bechare ne koi chhokrru nathi* (poor thing they do not have a child)
Feel neglected	She used to feel very upset and very lonely. While I was pre-occupied with my career			

Motherhood and Fatherhood

The groups had varied ideas about motherhood. The women were of the opinion that marriage is a preceding step to attaining motherhood. The woman gains the meaning of her life and her identity on giving birth to a child Fatherhood is viewed more in terms of responsibility related to financial support and physical security. What becomes evident here is that for a woman her identity and her sense of life revolves around a child, whereas fatherhood is seen as something detached to the body and the meaning of self (see Figure 2). Yet when it concerns the identity of the child the man and his family come into the picture, as providing the material for the woman to regenerate a being characterizing the husband's family

Figure 2

Depicting Orientation to Sexuality: Illustrative Verbatim



Importance of Parenthood: Approaching the Medical System

Men as well as women reported the woman to be the first one to voice concern and raise the matter of taking treatment. Whereas the decision to actually initiate the treatment was made by both the wife as well as the husband. In joint families men report discussing the issue with the brother or the father before seeking treatment, whereas women from joint families reported that their marital as well as their natal family suggested that they seek treatment.

The participants have reported seeking medical help almost immediately after marriage. Most of the women who had menstrual irregularities before marriage reported approaching the doctor first, maybe because they expected problems in conceiving...menstruation is directly related to reproduction!

Women who have expressed intense desires of motherhood also expressed their wish to continue with the treatment despite the side effects and the frustration due to no results. At times they report feeling tired and wishing to discontinue the treatment, but the hope of conceiving does not allow them to do so, and they convince themselves by saying "few more months". There were women who were persuaded by the family to continue the treatment, yet there was a participant to whom the family suggested discontinuing with the treatment, but she did not agree. Surprisingly she reports of a child holding no importance for her, except for removing boredom out of her life, but the child as being important for the husband. Women who wish to continue with the treatment have also expressed spousal feelings related to the importance of a child for husband and the

family, and hence even for their sake they feel that they should continue with the treatment. A few women have even reported leaving their jobs in order to pursue the treatment.

> My husband says no matter how much we spend, even upto a lakh of rupees, its okay, but a child is a must, and is very needed.

Friends are said to be very supportive, influencing even their decisions regarding the treatment. They also play a role in enabling the couple to initiate treatment and/or even convince the spouse for visiting the doctor or continuing with the treatment.

'Self' within a Larger Context: Child a Must

Marriage connotes the beginning of one's reproductive life. It provides the individual with the opportunity to prove one's fertility/virility and thus continue the society.

The society confronts couples who are unable to fulfill their social responsibilities. They report being isolated during certain occasions like '*shrimant*' (baby shower) or social gatherings such as a child's birthday party. They even felt that they were being treated as deviants, digressing from the norm. Men on the other hand report their wives being subjected to societal queries. They report the society as interfering with their personal lives and especially expressed that they detest persons posing questions to their wives, as they feel that these happenings have a negative psychological effect. A few men though reported negative comments on their masculinity, which they found to be derogatory; these were men who had been diagnosed as having the problem.

"People say *ke itne saal ho gaye hai shaadi ko aur ahbi tak nahin hua*" (You have been married for so long but still you don't have a child")

Women too report isolating themselves and withdrawing from social gatherings because of this.

Family and Childlessness

Most of the participants reported that the family was supportive. Women reported the natal family to be very supportive at each stage of the treatment as well as later. They describe the family as encouraging, thus helping them to move ahead with the treatment (see Table 8). Yet another reason for terming the family as supportive is also because they do not inquire about details of the treatment.

- "My mother and father are my greatest support"
- "They are hoping for some positive result, it will be good they say"
- "My mother is our greatest support. She always supports her. She feels that she is like her own daughter"
- "My family does understand, we have told them that we are undergoing some treatment but nothing in detail, and they don't even ask".

A few women from joint families report a pressure from the relatives who may ask inquisitive questions about their motherhood and ask them to "hurry up". Their sexual lives, for example use of contraception, is discussed by their relatives. These women talk about identity as related to a child and a torturous life without a child

Table 8

Family Attitude Towards Childlessness

Categories	Trt. Skg. Grp.		Non-Trt. Skg. Grp.	
	M	W	M	W
	n=20	n=20	n=5	n=10
Family is supportive	6	13	3	2
Inquisitive	2	7	1	2
Not supportive	-	-	1	6

Note The total number of responses may not be equal to n because of either multiple responses given by the participants or no response

However, women and a few men from the non-treatment seeking group report isolation, neglect and rude behaviors by their family members, which in a few cases led them to establish nuclear households The importance of the support of the family is seen in the report of a woman describing how the family ostracized her and her husband, and favored her brother-in-law and his children. She reported intense feelings of loneliness and depression and long hours of crying in isolation at a secluded place - a temple. She even shared about her disrupted personal and social life because of the family's negative attitude towards them. Women have also described their families as aggravating conditions by blaming the woman for the problem, for not supporting her husband and for suggesting that they adopt much against his wishes Some families are hesitant to agree for adoption due to property matters and the feeling that the property should rightfully go to their biological grandsons from their other sons. Two men talked about how their family had created problems for their wives' which resulted into, her developing a negative self-concept

Marital Relationships

Marriage and parenthood are intricately linked. Children are thought to bind and strengthen the marital bond. Thus, the importance of a child for an individual is likely to influence one's perceptions and attitudes towards the marital relationship. The participants report minor conflicts between the couple, but they do not attribute the cause to childlessness. They describe it as part of their marital lives. A few women have shared that they verbally abuse their husbands, expressing their grief over not being able to conceive and facing social inquiries due to their husbands' infertility. There are men who report requesting their wives to disclose to the family that the problem lies with him (the husband), yet the wives do not, thereby bearing the brunt themselves Marital conflicts have been reported in instances where the husband has expressed intense desire for a child but the wife does not echo his sentiments and the age difference between the two is also greater.

"She used to always be tensed during intercourse she was more interested to conceive than to enjoy it or take it as a normal act"

"Sometimes we have some fights, mein *usko thoda suna bhi deti hoon ke tere kaaran mujhe bachha nahin ho raha hai mujhe. Mein usko esa pinch karke bolti hu ke kaise life ho gaya hai na?* (Sometimes I tell him that its because of you that I am not able to conceive. I tell him in a pinching way)"

"In fact we have come closer as we are working towards solving a common problem".

In one such instance, the wife reported the husband forcing her to undertake treatment which led to disputes. Women also report disputes over financial matters related to treatment. Men do not report any tensions or discords in their relationship because of childlessness, but they express their sexual lives being disturbed on account of coordinating it with the treatment procedures. They also sense their wives being sexually disturbed because of the concern over conception. A few men have also reported coming closer to each other because of this.

In the non-treatment seeking group, women report disturbances in the marital life during the phase of treatment due to non-compliance on part of the husband in situations where male infertility was the cause. Women also talk of discord due to lack of support from the husband for the treatment and also for not consenting to adoption.

Concluding Comments

A child holds importance everywhere, irrespective of the culture or society. In India, through the child a woman gets her identity and her sense of completeness, confirming the belief that a woman is incomplete without the child and that she does not have an identity of her own. The power, respect, and position that she gets in the family and also in the society depend upon her reproductive capacity.

The nuances of motherhood are imbibed into the girl child from a very young age, through the process of socialization. She is expected to take care of her younger siblings, along with the family, thereby making motherhood most important for her. However, if

she fails to bear a child then she faces the brunt, not only of the society, but also of the family members She is criticized, taunted and not allowed to attend any auspicious functions (Dube, 1998). For a man, a child is a proof of his virility and manhood. India being a patrilineal society, where men are the main actors in continuing the family lineage, male infertility can have serious repercussions on the man. The participants of this present research have echoed similar views. Men and women both felt that a child is necessary because it gives purpose to their lives by making it meaningful. The utmost significance of a child for one's sense of self, for smooth marital relationship and to enhance higher status in the family is evidenced in the finding that women from the non-treatment seeking group, who are in their mid forties and fifties, still hope for this miracle to occur. This feeling is shared by almost all women, irrespective of age, employment or education. The desire to be a mother is always within the woman; but stronger than her desires are the pressures on her to bear a child from society and family. In the Indian society, especially in the middle/upper middle class, women are generally dependent upon men for financial security, Hence the child is also wanted to achieve a sense of security for old age.

Childlessness has its impact on both men and women. Both feel bad about their childless state. Childlessness affects the woman more, leaving her with feelings of loneliness and insecurity, thus often pushing her towards depression. Although men feel upset about their state, they do not report or express their feelings much, as they are supposed to be the strong ones, and cultural norms do not allow them to express their emotions openly.

Since children are seen as the one who strengthen the bond between the husband and the wife, childlessness can have a huge impact on the marital relationship as well. However, factors, the extent of understanding between them, whether the woman is employed or not and also their personal views about the importance of a child, determines the nature and extent of impact.

Section II: Experiences with Treatment Seeking

Approaching Treatment: The Pathways

The participants have reported seeking medical help almost immediately after marriage, that is, few of them sought treatment within six months of their marriage; whereas there were also individuals who realized the need for medical help after nearly six years of their marriage.

Most of the women who had menstrual irregularities before marriage were the ones who sought help immediately. The couples who did not anticipate any such problems were the ones who waited for a longer duration before approaching a doctor

Most of them also reported seeking other forms of treatment such as Ayurveda and Homeopathy. At times these were simultaneous treatments, and at times if the doctor did not appreciate simultaneous treatments then they would skip from one to another. Religious and spiritual healing were also resorted to; these were reported as being practiced more by women than men.

The pathway of seeking treatment (see Figure 3) suggests that women were the first to approach the health system. The response of the health system was then to carry out physical examination, to rule out any physical conditions effecting conception, and then the treatment began. The treatment was more in terms of drug prescription, simultaneously suggesting sperm examination. The woman then regularly visited the doctor and the husband came into the picture only during certain procedures such as Intra Uterine Insemination (IUI). In the course of treatment the couple may decide to change the doctor for different reasons (see Table 15); to be confronted with similar procedures (Figure 4 gives an approximate idea about the elements of treatment).

Figure 3

Pathways of Seeking Treatment

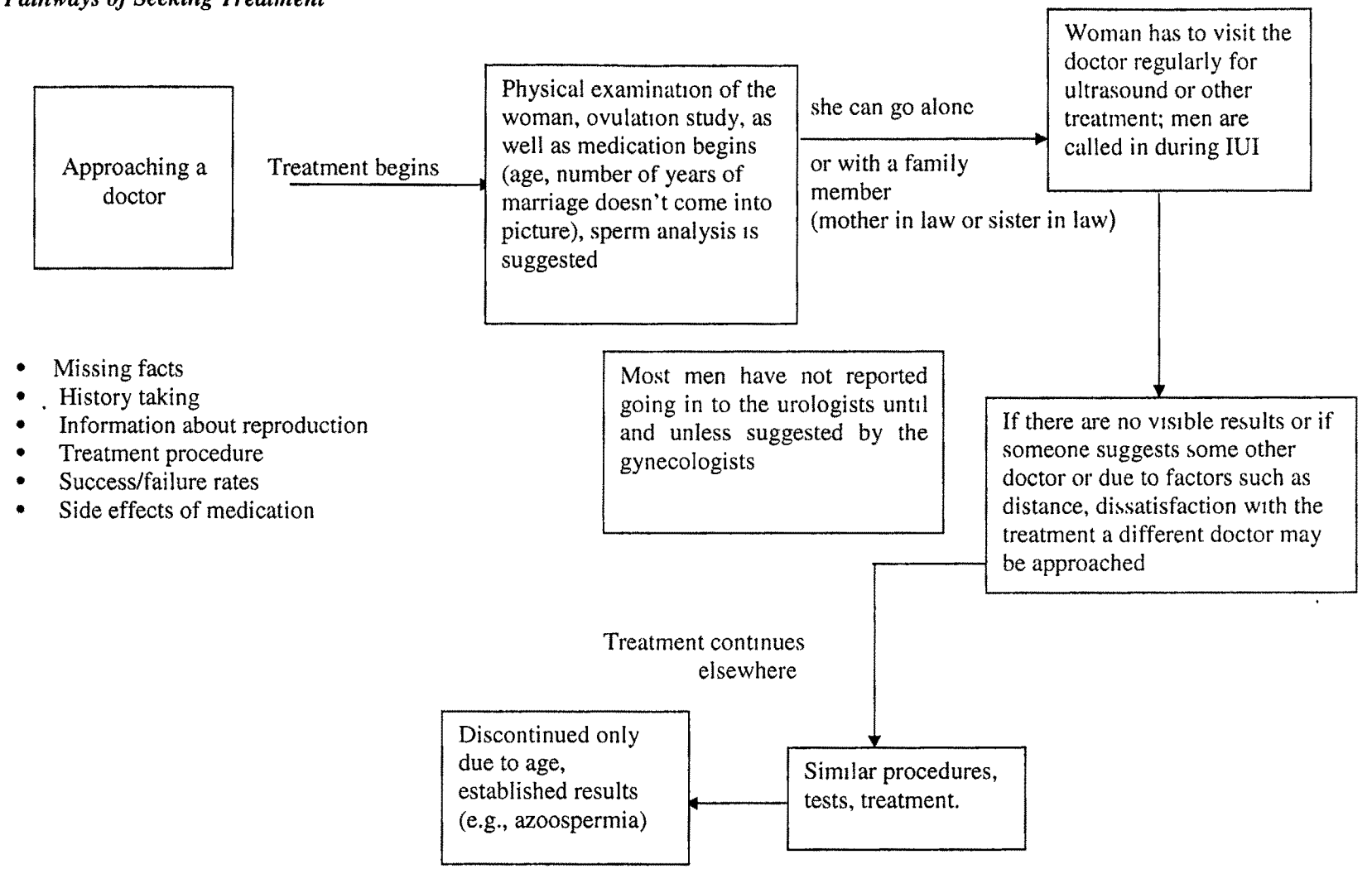
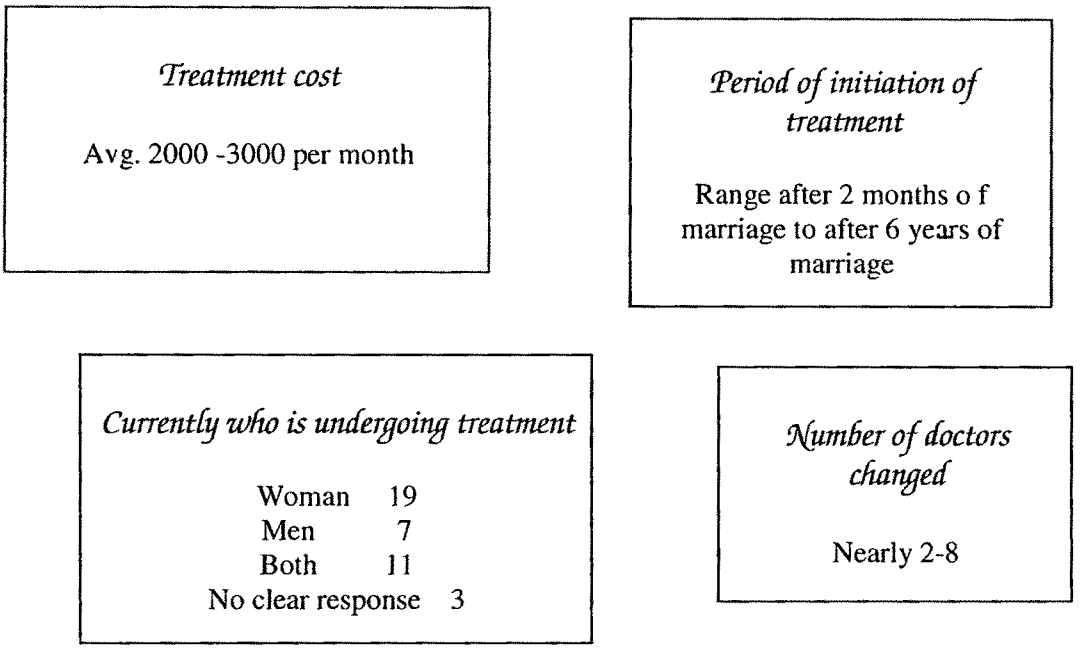


Figure 4

Elements of Treatment



Informed Choice: A Rhetoric Reality

Women from the treatment seeking group report not being informed about any kind of basics such as process of reproduction or infertility, types of treatment, success rates, cost or the duration (see Table 9). Most of them were prescribed medicines on their initial visit itself except for few women who report that their husbands' tests were done before beginning their treatment. This was a male gynecologist whom they were consulting, so probably it was easier to convince the husband to concede to get his tests done.

Table 9

Experiences with Treatment Seeking: Illustrative Verbatim

Category	Trt.Skg.Grp.		Non-Trt.Skg.Grp.	
	W	M	W	M
Lack of Communication	We changed 2-3 doctors, none of them used to spare time and tell us something. Only *yeh dawai lo, yeh tests karao* (take these medicines, get these tests done). They will keep dragging things. Even before looking into things they would diagnose and give medications.	Although there was some improvement he used to keep on giving me medicines, one after the other and he couldn't spare time felt very fed up. So I changed the doctors	Gradually I think we both were disgusted, same thing again and again, ultimately the tests are all the same	
Lack of information and time	My first doctor never informed us about the duration or cost or anything of that kind. She just said be patient	No, earlier doctors never used to give time and never used to explain certain facts.	I saw that she was very professional (sarcastic tone). They won't explain anything you don't even get time to talk to the doctor	
Building hopes		Everyone used to say that it will happen, it will happen, but nothing happened. I have changed almost 2-3 doctors. I spent only money. They did not tell me anything	Earlier the doctors had said that there is the possibility, then in the long run it was felt that its not possible	

Lack of professional attitude			I think most of the doctors go on trial-error basis`yeh nahin to yeh' (if not this then that) they never bother to take a deep history or anything	
Faith in the system	No doctor will give you time and no doctor will specify *ke itne* time me ho *jaiga* (duration of treatment) whatever they say we have to do accordingly.			
Following the procedure	He hasn't started the treatment yet. He has got my husband's reports done and they are normal.			
Selective information provision	All the other doctors informed us about the expenses and nothing else			
Distorting results				His success rate, he was saying was 90% and all, but overall throughout the world it is hardly 20-25%

History taking				They were more interested in knowing my sexual life Not the whole case history, what it was since my childhood like psychological effects on my system or my mind too, nobody ever asked

In terms of the time input on part of the doctors, women justify the doctors not being able to give them enough time saying that they cannot and that it is the patients' responsibility to comply and to be regular with the treatment. Men report being informed about a few aspects regarding the medication, but no other information.

The non-treatment seeking group has reported similar experiences with doctors saying that information was to be sought, which they gradually learnt through subsequent visits to different doctors. Most of them felt lost without proper knowledge and guidance.

> "*Par* (But) they should be more understanding and guidance should be given properly. But they never guide"

Apart from lack of time from the doctor, they even complained not being informed about certain facts; no detailed explanations were provided even during the treatment. There was a dearth of communication between the two, which in turn gave rise to doctor shopping. Lack of communication was also reported as a major problem, where certain details might not have been clarified. Thus information provision might have helped the participants make informed decisions about the line of treatment, as against their complain of doctors building false hopes, or duping them for money. This is evident in the succeeding section where doctors report a similar pattern of participants changing doctors frequently, thus hampering the treatment process and probably delaying conception.

> "But there we found that the doctor was after money than results, though she used to explain the problems, we left her."

There are participants who have reported the doctor being immensely sensitive and emotional with the needs of the clients They have reported a few doctors to be very organized and very understanding especially where providing information was concerned.

> "That lady's (doctor) approach is very professional (appreciated her procedures) and with professional she is emotional with patients also when somebody gets pregnant she becomes very happy and I have seen her face....."
>
> "He tells us about the treatment, the different types, what are the chances of conceiving , everything".

Importance of Parenthood and Feelings Regarding Childlessness: Continuing or Discontinuing the Treatment

The participants verbalized different feelings regarding the treatment related to either pursuing it or discontinuing with the same (see Table 10). Individuals for whom children were important for the self talked of continuing with the treatment despite certain problems. These problems mentioned were side effects, financial burden, stress due to the different procedures as well as the distance of the clinic. A few men from the treatment seeking group reported discontinuing with the treatment for a while due to financial reasons. Men from joint families described their expenses being covered from the family pool and thus they did not talk about finance as being a cause for the discontinuity in

treatment. It was more so because of unsuccessful treatment or because of shifting to some other doctor as per others' suggestions.

Men from the non-treatment seeking group talked about the costs but the major reason for discontinuing the treatment with a doctor was lack of results Women from the treatment seeking group report discontinuing the treatment because their husbands convinced them the need to save for the future or because of the side effects.

"I started getting a lot of acidity and thus, *kantadı ne* (got tired), I left it for 2 months".
" After taking the medicines they started showing side effects, she became fat"

One woman reported having discontinued with the allopathic treatment as she had started homeopathic treatment, where simultaneous treatments were discouraged. Women from the non-treatment seeking group report discontinuing with the treatment because of frustration due to continuous failure, along with side effects as well as a feeling that they had invested enough time and money in vain. Apparently they come to terms with their state of childlessness. A few men from both the groups also reported their concern about the side effects of the treatment experienced by their wives.

Table 10

Common Feelings Regarding Treatment

Illustrative Verbatim
Dissatisfaction towards doctor's approach (8)
" We must get proper result. For six-eight months, we have taken the prescribed medications and there is no result. Money is no constraint but if we spend money for some work then the work should be done"
Tensed and afraid (8)
"Tension is there. If some diagnosis is made then it is a different story, at least you come to know what the problem is."
High Cost (3)
"I liked the treatment but the thing is there will be 5 to 6 cycles of IUI and each cycle will cost Rs. 2000. Now I am with my family and so I can afford to spend. If I had lived separately it would have been difficult"
Accepting all the discomforts for the good results (3)
" My wife experiences some side effects but it is ok with us because the joy of getting the child is more than the pain"
Inconveniency in testing procedures (1)
"The people in the pathological laboratory were not co-operative, we have to run from one lab to another with the semen sample and they treated very badly"
Wondering why the treatment failed (1)
"We went to proper doctors took proper advise, proper guidance, proper treatments even then it has failed Why?"
Displaying faith in the system (1)
"I didn't feel as such. I can't say that there was this specific feeling but I felt that o.k. I'll go to the doctor and everything will be fine"

Note The numbers in the parentheses represent the frequency count of the responses in each category

One woman whose husband had oligospermia reported their decision to go in for donor sperm because the constant procedure of giving the semen for Intra Uterine Insemination (IUI) had become too frustrating for her husband. She also talked of how embarrassed he was to regularly ask for leave from his office or time off to come to the clinic.

In addition to this view, women have also mentioned that the treatment was often painful, boring and tedious, especially when it did not yield any results. In contrast to this, a few men have stated that although the treatment is expensive and painful, the spouse is willing to undergo it, as the joy of getting a child would compensate the pain and the cost of the treatment. Individuals from the treatment-seeking group are hopeful and express willingness to undergo the treatment, in spite of the stress and the pain involved.

"Some stress will be there. We have been seeking treatment for the last 10 years without any success".

Most women in the non-treatment seeking group report feeling frustrated and tired with the treatment whereas some male respondents found the treatment schedule to be hectic. The side effects reported by women are loss or gain in weight, changes in their personality, such as getting irritated with and angry over small matters, pre-menstrual cramps, dandruff and acidity. Women have also complained about their spouse not being co-operative about their treatment. This is because the responsibility of child bearing in our society is on the woman. Men are socialized to believe that nothing can be wrong with them and hence they may be resistant to seeking treatment for fear of being the one with the problem.

Causes of Infertility: Myths and Facts

The major cause of infertility among women in the present group was related to the ovulation problem Some women had problems with the size and weight of the ovaries. The other major causes reported were hormonal imbalance and tubal blockage, all of which are structural and functional problems related to the reproductive organs. Most of the men reported having low sperm count or varicocoele. The major cause was found to be related to their sperm count, which were either low or zero (see Table 11)

Table 11

Causes of Infertility

Sr. No.	Categories	Trt. Skg. Grp.		Non-Trt. Skg. Grp.		Total	Illustrative Verbatim
		M	**W**	**M**	**W**		
		n=20	**n=20**	**n=5**	**n=10**	**n=55**	
	Medically diagnosed causes						
1	Functional and structural problems.						I have a problem with my sperm count azoospermia *Mujhme bachha paida karne ki takat nahin hain*"("I don't have the capacity to father a child")
	• Problem with sperm count (low and zero count)	10	5	1	2	18	
	• Problem with the ovaries	3	6	-	1	10	
	• Hormonal imbalance	2	5	-	-	7	
	• Tubal blockage	-	-	-	3	3	The right side of the tube was open which was earlier blocked. when operation was done like laproscopy, then we came to know the problem. After the treatment the right side is open now the left was blocked

2	Unexplained infertility	2	-	2	2	6	There is no specific reason that *iske wajah se* pregnancy *nahin ho rahi hai*(for not conceiving)
3.	No responses	3	4	2	2	11	
	Self perceived causes						
1	Size of the penis	2	-	-	-	2	Personally during the intercourse I used to feel that my sperm used to spill outside, so I suspected that may be I had a problem in my size
2.	Electrocution leading to low sperm count	1	-	-	-	1	When I was 3to 4 years of age I got electrocuted probably this could have affected my sperm count or hormones
3	Chewing tobacco	1	-	-	-	1	About tobacco and, I take alcohol once or twice a month...
4	Alcohol consumption	1	-	-	1	2	
5	Nature of job	-	-	-	1	1	
6	Heredity	-	2	-	-	2	My sister also had her son after six years

Note. The total number of responses may not be equal to n because of either multiple responses given by the participants or no response

Apart from the causes diagnosed, the respondents also had their own assumptions regarding the causes that could have led to their problem. Some women attributed their problem to heredity. They believed that since their mother or sisters had faced a similar problem, it was expected that they would also face the same problem. Men have cited

more self-perceived causes than women

Treatment: A Financial Burden

Regarding the cost of treatment, women report that their husbands insisted on continuing with the treatment, whatever the costs, whereas men report the costs being their major concern. Men from the joint families have indicated getting financial support from the family, thereby easing their burden, whereas men from nuclear families with a higher income have referred to the treatment as disabling them from saving any money for the future. The financial situation has emerged as one of the main reasons to discontinue the treatment for a certain period. Regarding the cost of the treatment majority of the respondents, more men than women, have found the treatment expensive and few find it affordable (see Table 12).

> "What are 2 years –5 years, even for a life time if I have to spend I am ready."

Men also express their concerns over their wives' treatment, but those who feel that a child is important in terms of family continuity and old age security persuade their wives to continue the treatment, irrespective of any problems that she might experience or even financial problems. In cases of male infertility, wives were found to be supportive of the treatment and also persuade their husbands to continue with it. The non-treatment seeking group reports having spent nearly one lakh rupees (average) for the treatment. They have also visited different cities in search of infertility experts.

Table 12

Cost of the Treatment

Category	Trt. Skg. Grp.		Non-Trt. Skg. Grp.		Total
	M	W	M	W	
	n=20	n=20	n=5	n=10	
Expensive	9	3	3	5	17
Affordable	6	5	-	2	13
Manage with help	3	-	-	-	3
Cost not a major concern	2	12	2	3	19

Note. The total number of responses may not be equal to n because of either multiple responses given by the participants or no response.

Approach of Doctors: Doctor Shopping

Participants have drawn comparisons between doctors, and express that the doctor's attitude was the main reason for either continuing with the treatment or changing the doctors. Apart from the cost involved. The reasons also included discussing their history in front of others, not informing them about the problem, insensitive behaviors as well as for a second opinion. Few of them have also reported the doctor being very sensitive and caring, discussing each and every aspect of the problem and providing them with options. Most of the respondents from the treatment-seeking group have reported that their attitude towards the treatment depended more on the comfort level they shared with the doctor and the doctor's approach rather that the treatment itself (see Tables 13 & 14).

Table 13

Approach of Doctors

Categories	Illustrative Verbatim
Performs duties and is sensitive (gives treatment, answers queries, supportive)	He is very good even if we get three minutes with him he will explain to you whatever is required She answers all my queries
Insensitive and mechanical approach	She discussed our problems in front of other doctors and she was quite insulting.
Money minded	Doctors are only interested in money We found the Bombay *wala* doctor too professional just as he entered he is like *chalo* get ready to take an injection, 15000 was the cost of those injections
Misguiding	He had said that there was a fibrous tumor and so he asked us to get operated, and after the operation he just simply denied, saying that it was just to clean the uterus

The non-treatment seeking group felt that they needed more from the doctors in terms of guidance and support, and even suggest counselling as part of the treatment procedure.

> "They should understand the mentality of the patient. That's otherwise the treatment they give is the same everywhere. I mean to say the 'personal touch' ".

Women from non-treatment seeking group report the doctors interest dwindling after consecutive visits for a few months. They report the approach of doctors as becoming more mechanical with each passing day.

"But later on it becomes so mechanical like `*acchha aa gaye, chalo* injection de *do aur bahar niklo* '(so here you are, take this injection and goodbye!)"

"As it is one is apprehensive about getting it out in some place and over and above that they want you to rush with the sample to another lab"

Men from the treatment seeking group talk about their problems with the system. Due to non-availability of a laboratory in the vicinity of the clinic, they were made to run around with their semen samples (see Table 15-Table 16 highlights the reasons for discontinuing treatment by the non-treatment seeking).

Table 14

Number of Doctors Changed

Category	Trt. Skg. Grp.		Non-Trt. Skg. Grp.		Total
	M	W	M	W	
	n=20	n=20	n=5	n=10	
1-2 doctor	2	8			10
3-4 doctors	6	7	1	5	19
More than 5 doctors	2	4		4	10
Did not mention	-	-	1	-	1

Note The total number of responses may not be equal to n because of either multiple responses given by the participants or no response.

This aspect was cited as one of the main reasons for non-compliance along with commuting problems and sheer frustration due to lack of results and the stress of seeking treatment.

Table 15

Reasons for Changing Doctors

Categories	Experiences	Illustrative Verbatim
Doctor's attitude	• inadequate time • inadequate information • insensitive • expensive • not competent	Dissatisfaction was there because response *nahin dete thay.* (they did not respond well) We were not comfortable with the doctor. It was my 23rd day and ideally the injections have to begin from the 21st day, but the doctor didn't know that I myself am a doctor
Treatment related	• did not like the treatment • did not get expected results • treatment lasted very long • side effects of the treatment.	Because of my gynacs' treatment my weight started increasing My husband was not satisfied with the treatment
Practical problems	• commuting problem • transfer of husband	The doctor's clinic was quite far away from my residence so it was not feasible going and coming so we decided to discontinue the treatment.
Influence of other peoples opinion	• someone got quick results • suggested by a friend	Someone told that Dr. XYZ is good and my friend got results and so then we go there....
Second opinion		My doctor said that normally you can do it with one only (one fallopian tune and ovary) it does not make any difference but then we thought why not consult another doctor

Table 16

Reasons for Discontinuing the Treatment: Non-Treatment Seeking Group

Illustrative Verbatim	Present Situation	Illustrative Verbatim	Present Situation
Women		**Men**	
I realized his nature *ki whoh aisa hi hai, nahi jayenge akele, so I said adoption karo* to he did not disagree. I would be forcing him *ke tum treatment karao* and he would not go and then I would end up feeling upset. Now the chapter is totally closed for me. Now I don't want to do anything. We are utterly frustrated with the treatment.	Adopted a girl	We did not go for unnatural fertilization because I do not trust the Indian doctors and the Indian system. I did not discontinue the treatment, after 15 days of medication course was over the doctor himself told me to stop it.	Adopted a girl
We slowly decided not to do anything any more; we did a lot, tried a lot and are tired now by all ways – mentally, physically and financially. Its enough because we could see no results.	Discontinued treatment	When we thought of going for a test tube baby, till then my wife had undergone treatment for 3 years and was upset. So since last couple of years we have not gone to any gynac (age late thirties).	Looking for adoption agencies
Earlier the doctors had said that there is a possibility, then in the long run it was felt that it is not possible for us to have a child at the age of 46 so we discontinued the treatment.	Investing emotionally and financially in others' children	The doctor asked us to go for IVF but it would cost around Rs. 1 Lakh plus going to Bombay and all.	Investing emotionally and financially in brother's daughter

Treatment Seeking: Decision Making and Compliance

The treatment seeking usually began on the wives' behest or due to perceived pregnancy that is, when the wife missed her menstruation and suspected pregnancy. At times men report discussing the issue with family members One man reported discussing the matter with his father.

> "My father decides. Actually before starting the treatment I had a discussion with my father, he said that its ok to spend if it may yield some result."

A man also shared about telling his wife to seek treatment as per her wishes Here the stereotypical notion of reproduction being a woman's domain is reflected, where the wife is 'allowed' to seek treatment, implying not involving the husband in the reproductive concerns.

> "I have told her to go to any doctor, get herself checked, take any treatment whatever she wants to do, she can do"
>
> "My brother and I decide on financial matters"

Most of the participants report seeking treatment to be a joint decision. However, when it concerns to continuing or discontinuing with the treatment most of the participants report it to be the husband's decision and at times the family too is involved in financial decisions especially when the participants are from joint families.

Regarding compliance with treatment the women participants report themselves to be regular despite their frustration with constant visits and "pins pricking their bodies." When it comes to

"For me personally, it is not so important, we can carry on without a child for 2-4 years more. However because of the society, the condition of being childless pricks".

their husbands most of the women report having to coax and cajole their husbands into being compliant with their medication. Yet there are men who report being highly complaint with the treatment. These are usually men who have talked about the importance of a child in terms of the self or to attain a status in the society.

One female from the non-treatment seeking group reported her husband's frustration with the treatment and her own realization of his lack of inclination towards the treatment; and how finally she convinced him for adoption

- "I used to go to Bhuljinagar (pseudonym) then at night I used to come home. Sonography and ovulation studies all to be done would mean a week would pass by in all that there I felt mentally harassed "
- " Because I would be forcing him ki tum treatment karao (be regular with your treatment) and he will not go and I would feel very upset *ki mera hota to* (if it had been with me) I would haven taken one year leave and got myself treated."

Women from the non-treatment seeking group mention being drained not only physically but even mentally and financially because of lack of results, thus leading them to discontinue the treatment.

Assisted Reproductive Treatments vs. Adoption

The groups were open to the idea of adopting new reproductive technologies and few men even instilled their hope in these technologies. The technologies preferred were Intra Uterine Insemination and donor sperms.

Women who were employed were more open to alternatives such as adoption and donor sperm, whereas the other women preferred intra uterine insemination and adoption. Invitro fertilization was preferred by only those for whom finance was not a problem

Regarding Invitro fertilization (IVF) most of the participants were not ready to opt for it, because of the costs involved as well as the low success rates. The participants who had just begun their treatment had not given IVF any thought whereas those who had been undertaking treatment since a long time felt insecure in resorting to IVF due to the high costs involved per cycle as well as the lack of guarantee that it will yield results. One woman from the non-treatment seeking group reported her displeasure towards her husband for refusing IVF by explaining it as going against nature. She argued saying that even undergoing bypass surgeries was going against nature so why then resort to such means, "Also, there is evidence of IVF in the history of India, that is in the Mahabharata (Epic) when Queen Gandhari had 100 sons"; she says that for a

woman to bear 100 sons would take her so many years so obviously it had to be IVF! Most of the participants were open to the idea of adoption, but at a later stage in life.

Concluding Comments

The results give an idea of the importance of the health system and the role of the doctor in dealing with infertility. Infertility being a major social deterrent has certain psychogenic causes that may aggravate the medical condition. Even with the realization of the grave consequences of infertility for the psychogenic health of an individual, the health system plays a dormant role. Women share being examined or prescribed medicines on the very first visit, even before the examination of the husband, thereby reinforcing the widely prevalent notion that the problem has to be with the woman.

The experience of treatment seeking results in stress, which also emerges as a cause of infertility. Vyas et al (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. Maintaining appointments (waiting in long queues for hours together; (and this does not include government hospitals), being compliant with the treatment, eagerly awaiting the results...facing failure! and, the financial burden of treatment which adds to the worries of all, cause considerable stress. Unfortunately, as infertility is nowhere addressed as an issue at the policy level, insurance schemes do not cover expenses incurred on the treatment, thereby increasing the levels of stress.

The participants also report repetitive treatment procedures across the clinics They feel that continuing treatment at a place would definitely bring quicker results rather than moving in search of the right doctor, because every doctor requires that complete procedures are repeated. The previous reports are negated and it all begins from the scratch There is no internal network amongst the clinics that would save the clients the physical as well as the financial drains The need to inform the clients about the need to get fresh tests done is not considered as important The clients talk of it as a rehash and a money minting business for the doctors, which may not always be true. It shows a lack of communication and thus dearth of understanding between the doctors and the clients.

Considering the large population of India and the comparative number of doctors, one can imagine the lengthy queues and long waiting lists outside the clinics, and thus the question that within a limited time frame how can a doctor justify the treatment to each patient. Yet, the doctors' approach emerges as being quite casual and at times insensitive. The context and taboo around reproductive health matters do not permit the individual to discuss aspects of one's sexuality in the open, whereas doctors have been reported to discuss individual cases in front of other clients, which leads to "doctor shopping".

Section III: Coping with Childlessness: Exhibiting Control Over the Situation

In a context that reveres infertility and rewards virility, coping with childlessness takes variant forms. The importance of attaining parenthood and the aura surrounding the notions of masculinity and femininity presents difficult challenges in coping with the situation.

Understanding Coping Behaviors within a Context

Various primary and secondary control strategies identified by Weisz et al. (1984) (described in Table 17) are evident in the coping patterns of the participants. These categories have been used to classify the various coping mechanisms revealed by the participants in the present research. The content explaining these various categories is given in table 17 along with examples. Treatment seeking has emerged as a primary control strategy wherein one tries to change the existing realities Along with this, secondary control strategies are also observed among the group, especially in individuals who have been undergoing treatment for a longer duration of time, that is, for more than a year. Participants who have just begun with the treatment are seen as exhibiting only the primary control strategy. As one male participant reflected "now science has advanced so much and so has the scope". Maybe because when one goes to a doctor there is the hope of conceiving, which dwindles only with the duration of treatment and advancing age.

Table 17

Categories of Coping Strategies

Weisz, Rothbaum and Blackburn (1984)

Primary Control Strategies	Involves efforts to influence existing realities		e g., Seeking treatment
Secondary Control Strategies	Involves efforts to accommodate with the existing realities		
1	Predictive control	Accept the present state, anticipating future consequences; thus gaining control over its psychological impact	e g., discontinuing the treatment with a perspective to save for the future
2	Vicarious control	Associate with powerful others to enhance one's sense of power	e.g., becoming a part of religious groups
3	Illusory control	Align self with chance/fate	e.g., Relying on astrologers, getting horoscopes analyzed
4	Interpretive control	Attempt to control existing reality to derive a meaning from them	e g., Commenting on the state of older persons in the old age homes

Kumar (1986)

Transpersonal control or (Sentient control)	External locus of control, where actions and happenings are attributed to supernatural powers/cosmic order	e.g., Explaining their childless state as providence of destiny/'God'

In the Indian context an additional strategy that came through could be termed as transpersonal control. This has been suggested by Kumar (1986) where he talks of Indians as being fatalistic. They are more oriented towards the supernatural forces and though each individual might not have had an experience with the 'cosmic', yet their actions are likely to be influenced by the same.

What is more evident in this context is resorting to the supernatural forces in the hope of miraculous changes. The groups exhibit a reliance on behaviors such as observing fasts and vows and praying to gain control of the situation. This condition is different from transpersonal control where things are left to chance; there is more dependence on destiny and God. In this situation persons are seen as binding self as well as the God. Transference as a coping strategy is also evident. These findings, which are specific to the context in India, help us to add to the various categories for coping which are already suggested by Weisz et al. (1984), thus expanding our understanding of coping within a cultural context.

Table 18

Coping Behaviours Exhibited

Categories	Treatment seeking group		Non treatment seeking group		
	Women (n=20)	**Men (n=20)**	**Women (n=10)**	**Men (n=5)**	
Primary control	20	20	10	5	
Secondary control					
Predictive (be prepared for a childless future)	1	1	2	-	At times if someone tells me *tamare kon waparnar che* (who will spend what you earn) so I tell them *ke koi kamai ne aapnaar pan nathi* (there is even no one to earn for us), so I have to save for my future.
Vicarious (joining groups to empower self)	3	2	1	-	I am very sure something will happen. Its not over because I believe in our *'Swamiji'* (Saint). He has given *ashirwad* (blessings) that you will definitely have and it has happened to so many people.
Illusory (horoscope reading\astrology)	9	-	7	2	I showed my horoscope, everyone has said that *aapka hoga par late hoga(*you will have but later in life)

Interpretive (pitiable situation of people with children)	3	1	5	1	I think it is very difficult to tolerate once you have a child in your hand and then god takes it back. *Bhagwan e mane aa stage ma rakhi chhe to ema kaik saru hase that is why mane lage chhe ke je thay chhe te saara maate thay chhe* (I feel that as god has kept me in this stage so this must be for some good reason only, so whatever happens, happens for the best)
Transpersonal control (providence of destiny, leaving it to God)	8	3	5	1	I believe in destiny *Naseeb ma hase to thase* (if we are destined to have one child, we will)
Transference • Involved in work • Investing feelings in others' children • Investing feelings in pet dogs • Adoption	 3 - 6	 - - - 4	 1 4 3 7	 - 2 - 2	Earlier I had decided that I won't work but now I am looking for a job. I spend money for them (small children) like anything, when I see any child I don't hesitate to spend rupees. I told my wife that it would be our responsibility to educate our brother's daughter. "Mera Vatsalya to yeh pura karte hai"(They fulfill desires of motherhood) (referring to her pet dogs).
Binding the spiritual • Observing fasts, vows, donate money or goods • *Puja* (prayer) • Spouse does prayer	 8 8 -	 5 3 2	 3 5 -	 - - -	*Hamne mannat maangi thi hamari kul devi ki mandir mein* (We had vowed to go to the temple of our ancestral Goddess)
Self Isolation	-	-	1	1	

Note. The total number of responses may not be equal to n because of either multiple responses given by the participants or no response

he present study reveals that individuals adopt different strategies to cope with involuntary childlessness (see Table 18) These vary from observing fasts and vows to getting their oroscopes read. Surprisingly there are no major differences among the two groups, irrespective of the stage of marriage, duration of marriage and age. Women report performing *puja* (prayer), observing fasts and *badhas* (vows), visiting the temple and astrologers as well. Men too have adopted such strategies, albeit to a lesser extent than women, particularly those who have expressed intense desire to have a child for continuing the family lineage and for their own happiness. Few men attribute their state to destiny, expressing their faith in God as well as various religious leaders whom they follow. Men for whom astrologers have predicted a child do not follow any rituals, but they do report their wives following these rituals, doing *puja* (prayer) and keeping fasts. Few men mention the family observing rituals for them and some others have reported observing such rituals for the happiness of the family, even though they themselves do not believe in the same.

Men who have reported their wives' negative feelings towards the self regarding their state of childlessness have also described their wives' coping behaviors. They describe them as involving themselves in household chores, observing fasts and performing *pujas* (prayers). They also report convincing their wives to accept the state of childlessness by citing examples of people who may be in worse off conditions than their own, with children not taking care of their parents. One man reported purchasing a computer for his wife so that she could be engaged by playing games on it. Most of them felt that when women stay alone at home they keep thinking of their state and feel depressed.

Women who have expressed feelings of depression and crying over their state of childlessness are the ones who adopt strategies such as involving themselves in activities like doing household chores, observing fasts, performing *puja* (prayer), but among them a few women report not following any such rituals as their husbands do not believe in those. Their husbands pacify them by saying that if they are destined to have a child then they surely will have one, irrespective of observing any rituals. Women from nuclear families appear to be a little at ease; they perform *pujas* (prayers), believe in astrology, invest in others' children and yet have left their fate to destiny. Here one observes resorting to multiple coping mechanisms at the same time as well as over a period of time. Initially most of them resort to illusory control strategies, transference and binding the spiritual, and later on with passing time most of them adopt other strategies.

In the non-treatment seeking group, women who have expressed a strong desire to have a child, have revealed investing their feelings in pets. These were women whose husbands were not willing to adopt a child They reported their husbands being more inclined towards their families and investing in their brothers' children. One woman even reported minor clashes between her and her spouse because of this reason. Women also report praying to God in the hope of a miracle even at an advanced age. They engage in prayers and continue to visit astrologers in the hope that their husbands may agree to adoption One woman who is in her early forties also said, "I have hope because couple of years back I read in a newspaper that a lady of 63 gave birth to a baby girl in America." This shows how individuals do not loose their hope against all odds, especially their age.

One woman who was very clear that she was willing to stay with any of her nephews in her later life, added that when others say some derogatory things it does not hurt you as much as when your own children say those things to you, especially during old age. It shows a predictive control strategy involving mental preparation for an anticipated future life.

Men from the non-treatment seeking group use rationalizing attitudes more. They rationalize that they have extra time on hand, can go on a vacation any time of the year, and they also cite examples of children not taking care of their old parents They have also invested their feelings in their relatives' children and express a desire to provide for these children's higher education.

Religious Groups: Vicarious Coping

There are many religious groups that preach the essence of life. Individuals usually join these groups to make sense of their lives and to have a more meaningful attitude towards it. A few participants also talked of their orientation towards such groups. A man from the treatment seeking group specifically mentioned the influence of such a group on him. He mentioned that he was sure to have a child as he had immense faith in the `*Swamiji*' (Saint - religious leader). No other male participant referred to any such groups. Three women from both the groups talked about involving in such groups. One woman from the non-treatment seeking group talked of reading her *'Swaminiji's'* (female Saint – religious leader) books to derive solace, whereas a woman from the treatment seeking group reported following the group's preaching, with the hope of begetting a child.

Adoption as Coping Mechanism

ew women are open to adoption, but many have not even considered it as an option yet as they urture the feeling that they will surely have a child. Women for whom astrologers have redicted a child and those who have also conceived once, are not willing to opt for adoption, xcept those women who report their husbands feeling frustrated with the treatment. These are he women above 30 years of age.

> "Yes we are thinking about adoption, we will wait for another year and then we will adopt a baby. *Ab whoh jyada sahi lagta hai hame* (both of us now feel that it's a better option)"

Men too have expressed desire for adopting a child, but from within the family. Most, however, are hopeful that they will be able to have their own child, and they attribute it to the technological advances

From the non-treatment seeking group participants, one married couple has adopted a child, and one other married couple reported having initiated the process of adoption in their late thirties, so as to be able to adopt a younger child. One woman whose husband is not consenting to adoption reported visiting astrologers and *tantriks* (quacks) She also feels that the two of them are drifting apart and the husband is veering towards his own family. She attributes this to not having children who would bind them together. Most of the women have expressed preference for adoption, but either their husbands or their families are not in agreement with it.

Men are not in favor of adoption from outside the family, due to the concern about the child's family background. They reason that if there is a child in the family, then why adopt from outside? One man has reported a negative experience in relation to an earlier adoption in their family.

Adoption and the Family

The family plays an important role in decisions related to adoption. Most of the participants from the non-treatment seeking group reported their families as being against the idea of adoption. Two women share their experience of how they begged their husbands to agree but in vain, as the family was in support of the husband's decision, and probably influenced his decision.

- "My mother in law keeps fighting with me that if he does not wish to adopt I should not ask him to Why are you suppressing my feelings?"
- "My in-laws are adamant, they are saying *ke* (that) you don't have to, why you have to take anybody else's child"
- "We are ready, but his family lacks the moral support, love, care and if that is absent, I can't spoil another life."
- "My in laws say *ki* see what type of blood, what type of family that child comes from *jaisa khoon hota hai waisa to rehta hi hai insan* (heredity has its own share however you may bring up the child)."

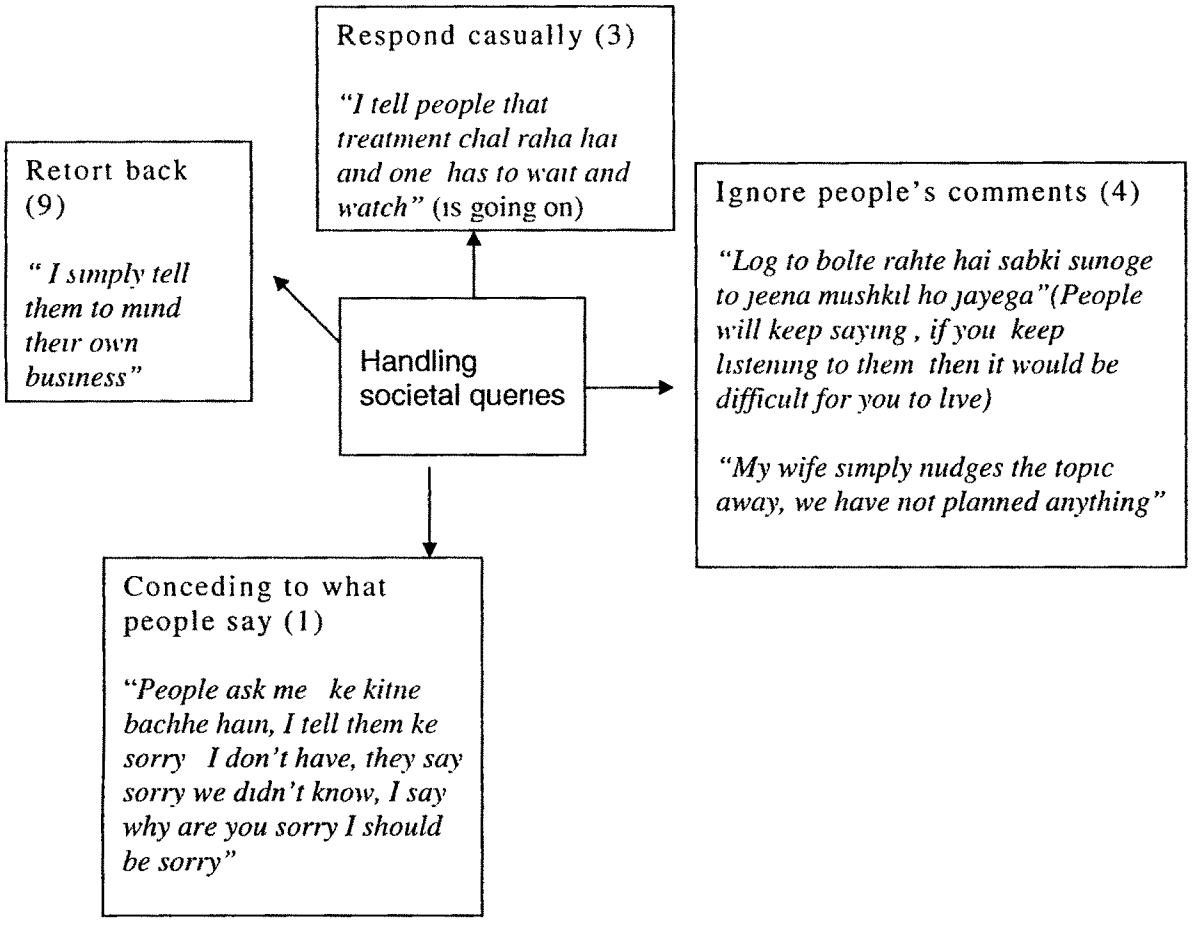
The family had its own convictions in denying adoption, either with concerns related to the background of the adopted child, or the property going to an `outsider', - not a descendent of their family lineage. Thus, there was more openness on part of the husbands to adopt from within the family. In the treatment seeking group as most of them have not yet thought of adoption they have not discussed it with their families. There were men who reported their wives crying and feeling more depressed because of queries related to adoption and the family's negative attitude towards them They would pacify their wives by asking them to learn to ignore such comments or talking about persons in worse off conditions

Coping with the Society: Handling Social Queries

Coping with childlessness seems to be a multi-oriented task. The participants report not only coping with the self and the family, but even coping with the external queries from the society. These behaviors are in terms of handling difficult situations when the self senses a feeling of attack on one's entity. The participants reveal being subjected to societal queries. Women were posed direct questions about their motherhood, almost not necessarily with a negative connotation. However there are women who report being called names - '*vanjan*' (infertile). Women who were employed and men who were diagnosed as having the problem, reported retorting to the intrusive questions by asking people to mind their own business or ignoring the comments. The others reported replying casually as to not having planned to begin their family as yet, or without any hesitation informing people about the treatment (see Figure 5).

Figure 5

Handling Societal Queries



Concluding Comments

Coping with infertility begins when couples actively start seeking treatment for infertility, which is a form of primary coping. Secondary coping strategies such as performing *puja* (prayer), visiting the astrologers, investing emotions in other children are also used simultaneously. Women in India have the responsibility for ensuring the family's happiness, so it is their duty to perform *puja* (prayer) and fasts. Indian men most often do not engage themselves in such

activities, except if the problem lies with them, or if the family insists. Women find it more difficult to accept and cope with their childless state. Men on the other hand, accept their state better than the women do. This can be explained by the fact that society more often questions the woman about children.

Adoption has emerged as a significant way of coping with infertility, which indicates increasing acceptance of it by the society. Such a trend enables the childless couples to cope better with their state. However, adoption is always seen as the last resort that the couple would opt for, after all other methods fail.

Section IV: Perceptions of the Medical Practitioners

The present section gives a brief overview of the perceptions of the medical practitioners (gynecologists and urologists) regarding the construct of involuntary childlessness in the middle/upper-middle class of the urban Indian society as well as their experiences with their patients. The group comprised 10 doctors, 7 gynecologists (5 women and 2 men) and 3 urologists (men).

Pathways of Treatment: A Contextual Perspective

The interviews with the gynecologists and urologists gave an idea of the pathway of providing treatment and the approaches used by the practitioners in providing medical help to the clients. The procedure began with history taking of the client, followed by physical examination of the woman. Semen analysis was simultaneously suggested. Thus, in the process if a problem was

found in the semen count, then the men were advised to visit a urologist. The urologists too mentioned that most of the infertility cases were referred by gynaecologists; hardly any couples approached them on their own One Urologist mentioned an incident of a male patient coming alone with such a concern, and candidly stating that the doctor should not force him to bring in his wife due to the sensitive nature of the issue, if he wants to get treated.

> "In England, we never used to examine the patient unless the spouse accompanies him. But here, in our private practice we can not refuse. If we say so the patients will go to another doctor."

All gynecologists follow similar pathways, except for some who report getting the semen analyzed first.

> "The first time I meet a couple, I examine the female partner for basic clinical checkup. In the second session I counsel the couple"

If in the process of treatment any psychogenic causes were identified, then the clients were referred to a psychiatrist.

Throughout the course of the treatment the doctors reported that the patients also opted for religious approaches such as visiting quacks, observing fasts, as well as alternative treatments such as ayurveda and homeopathy. These were not discouraged by the doctors as few of them felt that alternative treatments really helped.

"Ayurvedic medicines have good effects. They build up good quality sperms."

"If the husband is going in for ayurveda then I may opt for female allopathy. I don't prefer simultaneous treatments in husband or simultaneous treatment in wife."

However, simultaneous treatments were not preferred They felt that irrespective of the social class or education most of their patients followed these religious rituals that may at times hinder the process of treatment

"Certain patients are there who say *aa tran mahina ame treatment nathi karvana, karanke ame aa vastu mani che (*these three months we won't undergo any treatment because of some vows). They take a break for 3-6 months for all these things and I don't mind also because it is really disturbing."

The doctors reported another disturbing issue which is doctor shopping, "where patients move from one doctor to another for quicker results, and in the process hamper the line of treatment further delaying the results. In view of this the doctors refer to counseling as an important component of the treatment where in they make efforts to explain different aspects of infertility.

Approach to the Treatment: Doctor's Views about Infertility in the Contemporary Context

Most of the doctors felt that in our society women are blamed for infertility and sent in for treatment without establishing the actual cause of infertility. The woman's respect and status

within the family as well as the society depend on her attaining motherhood. This pressure is evident immediately after marriage when couples seek treatment within the first year of their marriage. The doctors thus have to begin the procedure in a systematic manner initiating with information provision on sex and sexuality. They observe that even educated clients do not have adequate knowledge regarding these aspects and at times even the pressure from the family to conceive drives them to the doctor too early, without tapping other sources.

> "In our country awareness abut reproductive organs and process of reproduction is not so clear and most of the women educated or not educated do not have enough knowledge about the usual menstruation cycle, physiology or reproduction and all"

The different approaches used by the doctors thus varied from history taking, to explaining about infertility, starting immediate treatment, making referrals, reassuring as well as counselling (see Table 19). The doctors' responses have revealed that in dealing with infertility, they have to begin "from the scratch", providing a detailed idea of the various investigations involved, and thus reassuring the clients to accept the medical line of treatment, which is spread over a long duration of time. The approaches used, apart from easing the process of investigations and treatment, were also to retain the clients.

> "without educating your patients, the call rate will go down"?

Table 19

Different Approaches to Treatment

Categories	Illustrative Verbatim
History taking	First time we take a detailed history, we do examination and we give a probable diagnosis
Making efforts to involve both the spouse	• I usually make it a point to call the husbands and get the history from the husband himself • She will say *'ben maro gharwalo nahi aave'* (madam, my husband won't come), we investigate her and ultimately when everything is right in her, we call the mother in law and explain it to her to get her son just once, and if he does not want to come to the hospital. you take this form, you go to the lab and just give us the report • We need to call them so often that if the husband is working, it is not possible and we don't blame him. First visit he is present and then whenever he is required he is there....then she will have to come alone
Explaining infertility	• We show them the different charts-what is the basic treatment required, where does the fault lie What is the ideal time for conception, what are the options open for you • Initially I explain to them about sex and then I tell them that step by step we will have to investigate if we don't get results • For patients coming just once, there is no point spending lot of time. So when I am confident that this patient is going to come to me for months together then we call these patients in a group for discussion
Removing misconceptions	There are wrong ideas about menstruation, many patients feel that if you do intercourse during that time then only you can conceive or then only you can have a male child
Starting immediate treatment	If a person gets married at the age of ..say the woman is already 35, we don't wait for three years
Deciding upon the time and mode of treatment	• I tell everything to my patient because they are mature enough to understand their problem. Once a patient understands his/her problem, then they are ready to accept the medical line of treatment • In cases of azoospermia, I just don't pass time by giving some medicine. I tell them very plainly that go to the gynecologist and go in for donor sperm
Reassuring	If morphology and motility is fine, then the low count in itself does not say that this is not going to work. Ultimately the pregnancy may take a little longer time also. We have to reassure them

Counseling	Infertility needs a lot of counseling, they should be listened to carefully, what their problems are, if we spend 5-10 minutes with them, give attention to their social problem, that helps a lot
Referrals	In case of psychogenic causes we refer them to psychiatrists

The doctors decided the time to begin the treatment considering aspects such as the age of the woman, and duration of marriage. There were cases where the husband was not ready to undergo investigations and the doctors had to "tactfully" use all the resources to convince the husband to get his semen analysis done. This most likely stems from the fear that the problem might lie with him, "See deep down they are scared that maybe the fault might come out with them and then ...."

At times, the doctors even need to state in a forthright manner that there are no chances of conception.

Causes of Infertility, Treatment and Alternatives

The causes of infertility as reported by the doctors range from the medical conditions to environmental, social and psychological causes. Among these, stress, dysfunctional errors and tobacco chewing/smoking have emerged as the major causes reported by the doctors (see Table 20).

Table 20

Causes of Infertility: Perspectives of Medical Practitioners

Sr. No.	Response	(n=10)	Illustrative Verbatim
1	Medical conditions • Specific dysfunctions (An-ovulation, tubal blockage, blockage of vas deferens, etc.) • Chronic illness • Mumps during childhood • Infections • Intake of other medicines • Congenital problems • Irregular menstruation • Obesity	 10 9 5 3 2 1 1 1	In childhood if they have had some major viral infections like mumps. It is known to destroy the functioning of the testes to produce sperms
2	Social causes • Smoking/chewing tobacco • Alcohol abuse • Tight clothing • Lack of knowledge about sexuality	 6 5 4 4	Things like addiction to tobacco and smoking may cause decreased sperm motility
3	Environmental causes • Professional hazards (e.g., working in the heat for long hours) • Environmental pollutants • Fibroestrogens in diet	 4 3 1	Nowadays even they say there are lot of fibro estrogens coming in the diet, estrogens that are derived from the plant, that is decreasing the count
4	Psychological causes • Stress	 8	Suppose female egg can survive for 24 hours. He is busy in his job he comes late and then he is not in a mood. He doesn't get erection. He doesn't have the desire. When he has the desire she is not ovulating
5	Unexplained infertility	2	If no such cause is there what can be pinpointed we say unexplained infertility

It was also felt that there is an increase in male infertility, the reason for which was attributed to changing lifestyles and professional hazards.

"Working in the atmosphere where they are exposed to high temperature and to certain medicines, the temperature in that part goes up and that has direct effect on the sperm production. "

The treatment provided too ranges in accordance with the problem faced and indicates the multiple roles that the doctor has to play (see Table 21). The doctors agree that the complete process of treatment too might lead to increased stress for the patients and thus effect the body's receptivity to the medicines. It may even affect the couples' marital life thus amplifying the condition.

"It is kind of technical rape, what happens is that the husband *ka count kum hai* (if the sperm count is less) you send the poor fellow to the laboratory. He is hardly about to ejaculate a few ml. The lab people take out the good sperm and they give that sample. Patient has to reach the doctor within a certain limit of time. "

"Sometimes what happens, all these processes of ovulation and sperm production and conception, all these are under direct effect of the mind. And if you are happy your body compliance is greater, receptivity of your body increases".

"It does, like lack of interest in sex comes up. Husbands start getting impotency after knowledge of infertility".

Table 21

Treatment for the Diagnosed Condition

Sr. No.	Responses	(n=10)	Illustrative Verbatim
1	Medical treatment • Artificial insemination • Operations to remove blockages • Stimulation for spermatogenesis	5 2 1	• They go for alternative therapies, artificial insemination very easily • We can give some pills to increase the count
2	Rectifying practices • Counseling (convincing husbands for investigations, helping them accept the reality, etc.) • Suggesting life style modification (e.g., lessening work load) • Providing knowledge about sexual intercourse	3 3 2	First of all if somebody is busy person running here and there after their business or any other such things, then he should have a change in his life style
3	Other alternatives • Donor sperms • Adoption • Surrogate motherhood	6 5 1	• She should adopt a child and that will save her money also. And once the child is there in the house the whole perception towards life will change • It is very difficult for oligospermia patients to get convinced for adoption as opposed to azoopermia

The most accepted alternative is artificial insemination and donor sperms, "the ladies today do go for artificial insemination, very few accept adoption because with artificial insemination the child at least belongs to one of them... ..their own child. So in this way it is much popular than adoption."

The success rate depends on the type of treatment opted for and the doctors too make a conscious effort to inform their clients about it, "yes I do always. When there is a vericocoele operation, I inform my patients that it's success rate is 60-70 percent, no treatment can give 100 percent result."

Thus, the procedure of treatment is an intensive process and varies from individual to individual. Again the treatment is not only limited to medicine prescription, but involves varied roles of the doctor, where they need to provide alternatives as well as help the patients rectify certain harmful practices and suggest modifications in their life styles.

The doctors report most of the patients as not being open to the idea of adoption. The major concern is whether they will be able to accept the child or not. Yet few doctors do report a changing trend among the educated class, for whom adoption has become a viable option. Artificial insemination with donor sperms is a highly accepted alternative as it assures them that the child belongs to at least one of them. And at the same time, the problem is not revealed to the society.

Role of the Doctor: Expectations vs. Compliance

The doctors visualize their role to be multifaceted. They have to deal with the clients at different levels keeping in mind the various factors such as their class structure, education and the actual problem. A female gynecologist reported having patients where the wives themselves do not want their husbands to be examined.

> "*Je karwanu hoi a mane karo, amne nahin*" (do whatever is required with me, do not involve him)

It was felt that it was because of the prevalent ideology that nothing could be wrong with the man Thus, their role as an educator comes to the fore, where they begin with the basics of explaining the complete reproductive system and its related functions along with information about the expenses involved, the time inputs and most important of all the need to have 'patience'. They feel that their role is not limited to prescribing medicines, but extends much beyond that to a guide, advisor and a counselor as well.

The doctors have also expressed concern about patients having unrealistic expectations from them. They have certain set ideas that when they are directed to a specialist, they will get results.

> "So first meeting they are anxious and at the same time they have full hopes that he is going to do something for us"
>
> "95 percent of the infertile couples change the doctors because they want quick results"
>
> "Insurance company is not covering infertility, so mainly the cost factor is there"

The doctors also shared that compliance to the treatment is generally not very high as at times the clients expect quick results, which are not possible in certain cases. It also depends on the patient's ability to spend, as there is no insurance coverage for infertility treatment. They also report that Trust Hospitals too do not have the facilities for advanced treatment in infertility due to lack of funds and so for infertility treatment the expenses do "burn a hole" in the clients' pockets.

Few doctors feel that if the patient is well informed about the various procedures of investigation and treatment during the initial visits then there is higher compliance. Though, on the whole compliance to the treatment is good because of the urge to have a child.

Overall the doctors do feel that they are playing an important role as individuals approach them with faith and hope to conceive. Therefore, they have expressed a need for networking with counselors.

> "Counseling makes a lot of difference. Doctor should have enough time to do See there should be special people trained to do counseling for infertile couples"

Attitudes of Patients Seeking Infertility Treatment

The doctors' experiences with their clients give an idea of the underlying attitudes and ideas regarding infertility. It is perceived that men usually hesitate to get investigations done due to the

fear that the problem might lie with them. Women are usually the first ones to approach the doctors, thereby reflecting the larger societal perception about women being responsible more for aspects related to reproduction, "woman comes first, naturally, sometimes there is a problem with the husband, but still the woman is always blamed."

The doctor feels that the family and the society play a major role in this relation (see Table 22 & Figure 6). Their expectations, at times, drive the couple to seek treatment much earlier then required. They have also pointed to the changing social context in terms of a more positive attitude towards infertility, "Time has changed, earlier the ladies used to be targeted by the family like '*banjan che*' (infertile), but now it is not there because of education But in the lower strata this thing might be there "

According to the doctors, the treatment is usually sought by both the husband and the wife together, and at times the woman might come with her mother-in-law or mother. "Generally the couple comes in and quite often they are accompanied by the husband's parents, sometimes even the girl's mom comes in, most of the times its the couple."

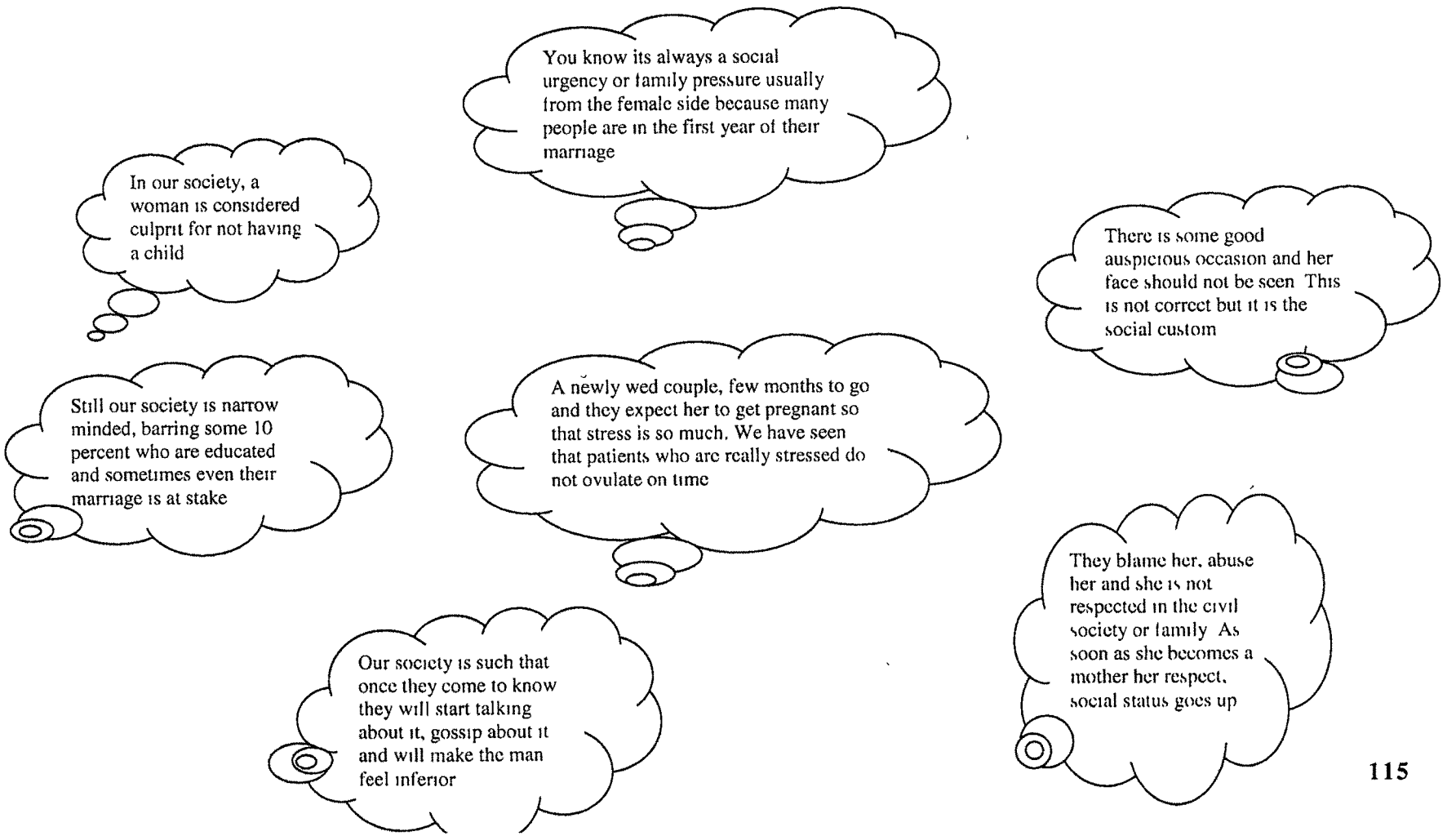
Table 22

Attitudes of Patients towards Infertility

Categories	Illustrative Verbatim
Non acceptance	• When such infertile couples come they are so anxious and tensed, they feel as though they are to be blamed. They still can't accept the fact. • They feel they have failed somewhere, humans can't accept failure, if they aren't getting child it means they are failures, especially educated couples.
Women are blamed	• Still in our society, male patients don't come for complete checkup sometimes, or they hide their things. Blame goes to women. • Male partner will not accept the responsibility for infertility very readily. They will find out one or the other excuse and will not go for proper investigation. • When men find out that they have problems, they are slightly more considerate towards their wives.
Expectations from doctors	Whenever they are directed to see a specialist, they have high hopes, so first meeting they are anxious but at the same time they have full hopes that he is going to do something for us
High costs/expenses	Actually men are more interested in adopting rather then spending a lot of money on IVF.
Fear of male infertility	Sometimes, the men are having the fear that if something is wrong with me, so what will I do and so I don't want to get investigated, don't tell me to come.
Urgency to conceive/determining social status	• The childless couple feels that they are socially incomplete, that is why they keep changing their doctors. • They just want to get pregnant, by hook or by crook. Sometimes, I feel the thought of becoming a parent is so much they are not even listening to what you are explaining.
Undermining psychological treatment	If I tell a patient that you have so and so problem of infertility, this is the treatment and I think you need to have one or two sessions of hypnosis before that, she will think I am a fool, '*isse to kuch nahi hone wala hai*' (she wont be able to do anything).
Accepting adoption	They try for some years, then they feel it too much, the pressures of the treatment, the pressures of the stigma, they go in for adoption, but still adoption is not that easily accepted.

Figure 6

Societal Attitudes towards Infertility



Self and Spousal Reactions Towards Infertility

It has been observed by the medical practitioners that if the problem lies with men, it is quite difficult for them to accept the fact, "I had a couple long time back, after breaking the news that the husband was azoospermic; he was so much broken that he had a nervous breakdown". Women too feel depressed, not only due to the state of infertility but even because of the various investigations which are invasive where women are concerned. "woman is disturbed, depressed and sometimes she is very anxious, because she wants to conceive and little bit worked up because she has to undergo so many investigations".

A few doctors felt that in cases of male infertility the wives become dominant and assertive, whereas a few others felt that wives accepted the fact and supported their husbands (see Table 23).

Table 23

Spousal Reaction to Male Infertility

Categories	**Illustrative Verbatim**
Support	They accept the fact and they support their husbands morally; if the wife has some problem the husband cannot accept it that fast. their ego comes in between, but usually ladies are good, they cope.
Dominate	Suppose the husband's sperm count is less, then really the wife dominates.... '*maru to badhu barabar che ne*?' (everything is fine with me?). The way she looks at her husband is really disturbing.
Hide male infertility	The woman is so docile that she doesn't say that fault is lying with her husband

Confidence from absolving self of blame	The lady suddenly becomes very dominant, she feels that there is nothing wrong with me, so she has an *'auzaar'* (a weapon) through which they fight with society, in-laws, family. But couples who really love each other they both feel unhappy and try to find a solution

Surprisingly none of the doctors mentioned about the husbands' reactions to their wives' infertility, maybe because male infertility is still not accepted that openly.

Table 24

Doctors' Perceptions of Men's Reactions to One's Own Infertility

Category	Illustrative Verbatim
Non Acceptance	• He certainly can't be at fault, the problem has to be with the wife • It may take a little longer time to accept that the problem is with him and not with her • I have seen patients who come and cry Their husbands, see even if the problem lies with the husband, the poor female is blamed, *'ke tereko baccha nahi hota hai'* (you are unable to conceive), I will divorce you
Physiological repercussions	Husbands start getting impotency after knowing of infertility
Psychological impact	• There is little depression, that is there in males • 95 percent do feel bad about it, they take it to their heart, then it is very difficult to counsel them • Males take it in a very bad way, many a times they don't show it, but it becomes a direct blow on their psyche
Feeling of insecurity	We are more sympathetic toward women, don't we have to see from the man's point of view also, which we don't probably he also must be having his own anguish. He behaves in this manner perhaps because of his own insecurities and fears. I think both must be suffering in their own ways

The doctors reported that when men were informed about the problem lying with them, the reactions displayed were of non-acceptance, feelings of insecurity, psychological conditions as well as certain physiological effects (see Table 24). None of the doctors mentioned about the women's reactions to their own infertility, except for

describing their problems and strains in undergoing the various procedures of treatment.

Concluding Comments

It can thus be concluded that the doctors try to use different approaches depending upon who the clients are. These approaches give a perspective of the rootedness of the problem of infertility in the socio-cultural context. The societal attitude towards infertility affects the individuals and their perceptions and attitudes towards infertility. Not surprisingly, the childless couples move from one doctor to another in search of a positive outcome.

Gender differences are evident in the fact that men refuse to undergo investigations whereas women are nowhere mentioned to even have a choice. They are usually the first among the couple to approach the doctor and also the first ones to be blamed for childlessness.

The investigator's observations during the data collection and follow-up visits to the doctors' clinics reveal that most of the doctors were hard pressed for time which leads to suggest the need for linkages with counselors and therapists. Infertility is not a recent issue but the very fact that there are a number of infertility clinics mushrooming all over the city give an idea of the increasing recognition of the problem and openness to seek treatment.

Section V: Involuntary Childlessness and the Intricacies of Gender

The previous sections focus on the differential responses given by women and men related to notions of parenthood and infertility. This section attempts to bring forth the nuances of gender at the level of the cultural norms and expectations, access to and control over resources and the bargaining positions of women and men in the urban middle class culture.

Gender analysis is a way of looking at issues related to the differences in the way women and men are perceived, the opportunities that they get and the behavioral expectations from them. It seeks to recognize the ways in which perceptions of gender roles and responsibilities, and availability of resources lead to inequities between women and men. These differences are context specific and their manifestations are guided by certain social divisions such as class and caste. Thus, gender related problems may not be experienced by all women and men in the same way (DFID, 1999).

The gender analysis Framework 1 given below describes the differential expectations from women and men with reference to infertility and its related aspects. It delineates how the gender norms, accessibility to resources and one's bargaining position translate into an individual's perception of parenthood and childlessness, the impact on the self and marital relationships, coping with infertility, treatment seeking behaviors and the way in which the health system deals with infertility. It is a general framework that may be applied to a similar group of individuals representing the urban middle/upper middle class culture. The framework 2 cites examples of gendered responses at the level of

the self and family, community and the health system.

Importance of Parenthood and Feelings of Childlessness: Impact on the Self

The importance of having children is indicated through the feelings that accompany the absence of children, feelings of depression and incompleteness. Men reported feeling incomplete, whereas women were more articulate in expressing their feelings when they talked of the psychological trauma and the stress of not being able to conceive, and the feelings of depression during menstruation when they again faced failure, leading to long hours of isolation and crying. This could be related to women being revered as the symbol of fertility and child bearing being considered their major role. Motherhood raises the status of a woman and provides her with higher status and enhanced power in the family. For men, it is of utmost importance to establish their virility through begetting a progeny, especially a male child, and continuing the family lineage. Similar responses are seen in the study where women stress on the importance of a child essentially for achieving a sense of completeness and to strengthen the marital and familial bonds These perceptions are reflected in women's concern to seek external help in the form of medical treatment, and tendency to hold self responsible, until and unless 'proven' otherwise in medical terms. Such a pattern reinforces the fact that any aspect related to the reproductive domain is associated with the woman and it is her status, which is at stake These ideas get challenged in the course of women's education and employment, most likely through exposure to information and knowledge about infertility. It is also seen that men 'let' the women take the blame. They report their embarrassment and hesitation in informing the family if the source of the problem is with them; the onus is on the

woman to inform the family Reproduction being the woman's domain, any problem with the man is not easily accepted and, in fact, it may have worse effects on the mental health of the family. This is seen in the report by a male respondent about the shock that the family underwent on knowing of his azoospermia. Men too perceive childlessness as a failure and a question to their manhood, but their feelings of insecurity are not as evident as those in women. This maybe because usually they are the ones who wield the financial control, and hence are likely to feel more secure at least about the material needs.

Men, on the other hand, did not reveal their feelings, but instead talked of feelings of depression and tension in their wives. Here, the socio-cultural orientation toward masculinity is seen. Men are not allowed to verbalize their feelings, unlike women, who may cry in front of strangers to relieve themselves. They did not even talk of frustration in their life. One of the men who reported the problem of azoospermia admitted that his wife would get angry with him at times (they were still undergoing treatment). Men, too, face verbal torture, but this may not be common. In the group not seeking treatment, acceptance of the state of childlessness was linked to attribution of their state to destiny. Yet, a feeling of helplessness also emerged, as expressed by men.

Childlessness: Impact on Self and Marital Life

Childlessness for a woman enforces negative feelings of insecurity and incompleteness. The fear of desertion by the husband and/or the conjugal family and subjection to physical and verbal abuse may also occur. In the present research, the women have indicated the husband and the family as their major support. In keeping with the

cultural expectations men have not articulated their feelings, except for feeling bad when they are diagnosed as having the problem. However, women as well as the doctors have reported men experiencing a major setback, feeling depressed and shocked when they experience infertility, especially if the source of the problem lies with them.

The self is a part of the society and one is affected by how the society views one's status; being childless in the Indian society is a deviation from the norm of fertility and womanhood, and often evokes ostracism and rebuke. Women have shared feelings of isolation in a few instances. At times, both women as well as men report self-imposed isolation, especially during family functions such as a baby shower, with the idea that they may not be accepted.

> In keeping with cultural expectations, men did not articulate many feelings. However women reported that men experienced a major set back and felt depressed and shocked on knowing about male infertility

Marriage and parenthood are intricately linked. Children are thought to bind and strengthen the marital bond. Thus, the importance of a child for an individual is likely to influence perceptions and attitudes towards the marital relationship.

Men have the option of remarriage and it could be countered only if the problem was with the man. Such instances were not revealed in this research because men and women who may have opted for remarriage were not a part of the participant groups.

However, there were instances where both women and men expressed that the woman's concern with conception and preoccupation with bearing a child affected their sexual life.

The couples reported minor conflicts between themselves, but many did not attribute the cause to childlessness. They described it as part of their marital lives. Two women, both employed, stated that they verbally abused their husbands to express their grief over not being able to conceive and over facing social inquiries due to their husbands' infertility. A large age difference between the two was an associated factor. In one such instance, a wife reported that the husband forced her to undertake treatment, which led to disputes.

Men did not report any tensions or discords in their relationship because of childlessness, but they expressed dissatisfaction with their sexual life, which was being disturbed on account of having to coordinate it with the treatment procedures. They also sensed that their wives were sexually disturbed because of the concern over conception.

In the group not seeking treatment, women reported disturbances in marital life during the phase of treatment, due to non-compliance on part of the husband in situations where male infertility was the cause The crevice widened with the duration of marriage, especially among couples where the wife could not convince the husband for adoption and the family's intervention was perceived to be against the woman. They described their families as exacerbating matters by blaming the woman for the problem and for not supporting her husband.

Treatment Seeking and the Health System

Treatment seeking is considered as the woman's responsibility and she is the one to approach the health system first. The decision to seek treatment is mutual. The initial visits are described to be with the spouse, the mother-in-law or sister-in-law, but the subsequent visits are usually by oneself. The women have expressed that having their own vehicles makes it easier for them to access health care. The husbands accompany only when needed or when they are able to take leave from their jobs Spousal consent for medical help, although important for women, is not so for men. Men approach urologists on their own, without knowledge of their wives.

Seeking Treatment (Women)
• Her responsibility
• First to approach the doctor
• Subsequent visits were made alone
• Spousal consent mandatory
• Men decide continuity of treatment

Culturally there are no restrictions on women's movement, and the health system too does not make it mandatory for them to bring their spouses, lest they "loose the patient". Contrarily, women are expected to bring their husbands.

No informed consent procedures were reported. Women share being examined or prescribed medicines on the very first visit, even before the examination of the husband. Although the women suffer from the pangs of treatment and side effects of medication, it is the men who mostly decide whether to continue or discontinue the treatment. In

the face of financial problems, men convince their wives to discontinue treatment and they are the ones who insist upon her undergoing treatment and tolerating the pain for the child. Yet in instances of male infertility, women report asking their husbands, rather pleading with them, to comply with the treatment.

Coping with Childlessness

Women are considered as the upholders of religious rituals and at the same time they are also held responsible for the family's happiness in terms of continuing the family lineage. It thus becomes their responsibility to observe rituals and fasts for attaining parenthood, irrespective of whom the problem lies with. Women resorted to praying and observing fasts even after discontinuing the treatment in the hope of a miracle, even at an advanced age. Men have reported investing their feelings in other children, but only those who are part of their own family. Women have expressed willingness to adoption from outside sources, but men were more inclined to adopt from within the family, except for those who have already had negative experiences with such family adoptions in the past. Men were also seen to assume rationalizing attitudes whereas women were more expressive of their feelings and talked of investing emotionally, even in their pet dogs.

Although the problem of infertility is experienced by the couple (and the family), the effects and experiences are largely gendered in nature. Women tend to bear the brunt more than men, at levels of the self, family, society as well as the health system. The bargaining position may be tilted in favor of the women when the 'fault'/'problem' lies with the husband, but only as far as the marital relationship is concerned. Little

change in their status is evident in other domains.

Concluding Comments

As this study showed, reproduction and related problems are essentially perceived as domains that belong solely to the woman. She was the one taken for the treatment either by her husband or by her mother-in-law, even if the husband had the problem. It was her responsibility to seek treatment The decision to begin the treatment though was termed mutual but at times also depended upon her husband and his family.

On the other hand, men would visit an urologist with or without the knowledge of the wife and family members, thereby reinforcing the notion that male infertility is even more of a concern in the Indian society. Men were not under pressure to seek treatment or continue with their treatment. Often their responsibility was restricted to accompanying their spouses and providing them with the finances for the treatment. Most of the time men decided which doctor to consult, how much money to spend on the treatment and when to discontinue the treatment. However, if the woman was employed, she played a role in such decisions.

Thus, gender plays a significant role in determining the impact of infertility and childlessness within a cultural context. A woman by virtue of her gender is susceptible to societal and familial pressures and is not devoid of internal desires of attaining motherhood and thereby a sense of completeness. Men on the other hand do share similar grief on being childless, but are less vulnerable to external ostracism. The

reproductive domain is the woman's responsibility and so male infertility is a concept yet to be 'accepted', making it all the more important to research male infertility and its psychosocial implications.

Gender Analysis Framework 1

Basic Framework Detailing how Gender Impinges upon Involuntary Childlessness in a Given Culture

Domains Issues	**Importance of parenthood (motherhood/fatherhood)**		**Perception of childlessness**		**Impact on self and marital relationships**	
	Woman	Man	Woman	Man	Woman	Man
Gender norms and roles	• Purpose for life • Marital happiness • Feeling of being Complete • Support during old age • Is important to husband • Identity & status associated with fertility	• Old age security • Brings happiness • Continuing family lineage • Prove Virility • Role of the provider	• Held responsible for childlessness (holds self responsible, too) • mother hood: akin womanhood	• Threat on family continuity • Question on masculinity fatherhood.	• Depression • Feelings of incompleteness • Fear of desertion • Engage in sexual relations for a child (as part of treatment) • Marital discord	• Hesitation in informing family in case of self infertility • Come closer to spouse • Question on manhood • Option open for remarriage
Access to and control over resources				• Can seek alternatives in the form of treatment • Has		

				financial control		
Bargaining position	Achievement of motherhood : Status increases on reproducing a progeny, especially a male child		• Information on infertility • Employment status (type) • Family attitude	• Information on infertility • Education (type)	• Problem lies with husband or both : increases bargaining position • Education • Employment status • Family type	• Problem with self (man) : lowers bargaining position

Framework I (cont..)

Domains **Issues**	**Coping with childlessness/infertility**		**Treatment seeking**		**Attitude of the health system**	
	Woman	Man	Woman	Man	Woman	Man
Gender norms and roles	• Responsibility for upholding cultural and religious practices (e.g., observing fasts) • Face family/societal queries • Can share problems with other • Scope for investing feelings in other children • Seek support (family/friends) • Take up outside activities	• Cannot express emotions • Stays outside home for most of the time	• First to seek treatment • First to be sent for treatment • Should and can take a leave from job or discontinue (because of perceived role of supplementing family income) • Mandatory to seek spousal consent	• Being the breadwinner cannot take leave from the job • Is not expected to cooperate for treatment • Does not need to seek spousal consent for treatment	• Mandatory to bring in husband; if he is willing • More focus on women for treatment	• Can come in alone (wife may not even be called) • Sperm analysis comes in as the 2nd step the first being, the woman undergoing diagnostic tests • Discussions and explanations in detail

Access to and control over resources		Wields the power of decision making regarding treatment	Access decreases due to restriction on movement	No restriction on movement		Better services : Informed choice
Bargaining position	• Problem is with the husband • Conceived at least once • Increases with employment	Increases with financial control	• Employment (type) • Sources of information • Family type and attitude	• Increases with financial support from the family • Employment (type)	Increases with information, type of employment and socio economic class	Increases with information, type of employment and socio economic class

Gender Analysis Framework 2

Gender Issues and Concerns: A few Examples

	Self		Family /Society		Health system	
	Woman	Man	Woman	Man	Woman	Men
How do gender norms impinge upon infertility/childlessness	E.g., A lady is known by the fact that she has given birth to a child and presented the world with new hopes E.g., In the beginning we did not know that he had the problem; so from within I was feeling guilty, that I am not able to have a child. For my husband it was a jolt, he went into depression for a day	E.g., How do I tell my family that I have the problem, I told my wife to disclose but she doesn't E.g, she gets allergic reactions to the treatment sometimes. But when all compare the sorrow of being childless to the joy of having one, the treatment seems tolerable	E.g., As usual Indian culture main ladies *ko hi* they consider na... Everyone started like you know, check up *karwa lo*	E.g., Once when me and my daughter (adopted) were going out, my neighbors said, she looks just like her father E.g., My friends make fun of me because I was very romantic when I was in college		
How do gender roles affect treatment seeking	E.g., He never took it seriously, and then I realized that for him having a child is not his priority, otherwise he would have gone out of his way for the	E.g., I work outstation and so I leave the house at 8 'o clock in the morning and return at around 7-8 p.m. So its very tiring to accompany my wife to the doctor			E.g., Whatever I ask, the doctor answers my queries	E.g., they expect you to give a sample at their lab. But for me

	treatment	E.g., *Usko kya hai usko to chahiye hi chahiye* (what about her she simply wants a child) E.g., I have told her to go to any doctor, get herself checked, take any treatment whatever she wants to do, she can do				it just doesn't happen, so I always collect the sample at home before taking it to the lab for testing
How does environment influence infertility	E.g., I have my own vehicle so I can easily come and go for my own treatment	E.g., Excess of drinking, smoking and improper diet might have lead to my lesser sperm count				
How does access to and control over resources /information influence treatment and coping	E.g., My husband is very nice. He is always afraid that something might happen to me. So he said that you wait so I stopped the treatment for 8 months	E.g., I am not earning much, but I don't dare to ask for financial help from my father; my wife provides me with the finances for the treatment right now E.g., for a wife husband is the only source of support, the society is irrelevant			E.g., It was my 23rd day and ideally the injections have to begin from the 21st day, but the doctor did not know that I myself am a doctor	
How do bargaining positions of men and women influence coping	E.g., I used to scold him.. *ke mere ko label lag raha hai ki..*(I am being labeled), she is				E.g., everyone is against me, even my doctor says that if your	

	not able to have, and I am not telling anybody, I am being nice to you E g., I did conceive one. Its not that I did not conceive at all, I missed it				husband doesn't want to adopt, then why should you?	

Section VI: Infertility, Reproduction and Gender: Few Case Profiles

This section presents case profiles highlighting the experiences of infertility at the level of the self, the family and the society.

Case Profile 1

Mrs Meghani is a 37 year old woman married for 12 years. She holds a post graduate degree and works in a reputed organization. She had a love marriage against the wishes of her in-laws. She reminisces her part recalling the excitement on learning about her pregnancy after 2 years of marriage, and the immediate shattering of dreams on loosing the child as well. Being young rebuilt their hopes of having a child in the near future. The quest began when even after 2 years of the incident there were no signs of pregnancy. She visited doctors, got her sonography and Hysterosalpingography (HSG) for the treatment, got herself examined, and underwent ovulations studies and then the doctor suggested HSG to check the passage of her fallopian tubes and everything seemed to be normal. It was then suggested that the husband should get a sperm test done which revealed that the case was one of azoospermia

Mrs Meghani talks of the dreadful life that she led during the initial phase of the treatment when the cause was not determined. Her husband was very supportive and made things easy for her. Yet, her inner self made her feel guilty: she was guilty of not reproducing, she was guilty of depriving her husband from the joys of having a child Like most other women. She felt relieved on finding that the problem was not with her. She also blames the society for being prejudiced against women, and forcing them

to be the first ones to approach the doctor. No one had thought that there could be a problem with her husband, not even she herself. During the initial period it was not revealed to the society, neither the family, who kept blaming her.

Case profile 2

Mr. Sharma is a 28 year old man. He has a marketing job and spends most of his time on the motorbike. His education is Higher Secondary schooling. He talks of his first visit to the doctor, even before completing 2 years of their marriage. He says that his major concern was the size of his penis which made him feel impotent and less masculine after marriage. He visited a urologist who assured him that size is not related to fertility. He then, along with his wife came to the gynecologist who examined his wife and asked him to get a sperm test done. The test revealed oligospermia. He adds that the doctor advised him to discontinue smoking and alcohol consumption and to wear loose clothing. He was also prescribed medicines which he is regularly consuming.

His problems begin with finance. His earnings go to the family pool and the treatment being costly he needed to ask for extra money. Hence the parents had to be informed about the treatment. Yet they did not disclose whom the cause lay with. He says I have told her to tell my mom, it will be very embarrassing for me to tell them. "And she simply does not relent, she says forget it, I will take the blame on myself".

He sounded quite upset when he talked of his friends who teased him, with words that had direct implications on his masculinity He says during his college days he was

appreciated by his friends for his `manhood', which for him was his physique and his ability to woo girls. But after marriage they laugh at him, teasing him for not being able to father a child.

Case Profile 3

Mr. Makrani is a 29 year old man working with a Multi National Company. He has a post graduate degree and is married for the last 5 years. They never used any contraceptives as they were almost ready to parent a child. His wife missed a menstrual cycle and got a pregnancy test done But the test showed negative results. They again tried for almost a year and then became impatient and contacted a doctor. The doctor educated them about the reproductive system and simultaneously some medication was also prescribed for his wife whose ovulation studies were conducted. After nearly 4-5 months, the doctor suggested a sperm test, which revealed oligospermia. At the same time his wife underwent HSG and it was found that she had a blocked tube. The tube passage was then cleared via a small operation. He too underwent an operation for varicocoeles. By that time he received his transfer orders and so he had to move to another city. He went there alone and his wife continued with the treatment in his home town. The doctors had begun intra uterine insemination. He would be called to the clinic once in a while for sperm insertion. He says it was too uncomfortable; he could not masturbate at his home and booking hotel rooms every time was not easy. Again "when it's a joint family you really can't maintain the intercourse timings, what do you tell the family?"

He feels that what they needed was not medication but a stress free life. He was living in a new city all alone His job stressed him physically, his eating habits had changed, he was mentally tired living alone. But none of the doctors referred to such factors!!