DISCUSSION AND CONCLUSIONS

The present study was an attempt to understand childlessness as a social issue in a cultural context where parenthood is highly revered. The main domains of the research included the importance of parenthood, treatment seeking, coping behaviors and role of the health system; from a gender perspective.

The research was formulated based on the current understanding of infertility as revealed by the available literature and the conceptual framework of the study. The basic tenet of the framework focuses on human behaviors. It reflects that innate biological givens explain little about human behaviors; behaviors are a complex interaction of the inherited potentials and experience (Segall et al., 1999). One's culture and personality are inextricably intertwined, and efforts to decontextualize behaviors are thus futile (Lonner & Adamopoulos, 1980) The conceptual framework derived from this perspective addresses the issue of childlessness as a manifest condition in the self, which is a result of the individual psychological status, the environmental conditions and the societal ideologies.

The results reveal the importance of the societal ideology in determining the views and behaviors related to infertility and childlessness. It highlights the role of the family, the society and the socio-political context in the perception of infertility and the coping mechanisms adopted. The study unearths multiple coping strategies used in the urban middle class context. These different forms of coping lend themselves to develop a

model of coping used in specific situations The findings enable us to establish linkages between culture and the behavioral variables, especially in understanding the strategies adopted for coping. There are basically two types of control mechanisms that have been identified here These are internal and external control mechanisms The internal control mechanisms are the strategies used at the level of the 'self' to either gain a sense of control over the situation, or to develop means of redefining one's 'identity'. These in turn are further classified in three different categories which are resistance strategies used to deal with situations of direct confrontation, control strategies used to exhibit power over the state, and withdrawal strategies used to divert the 'self' from uncomfortable thoughts.

Researches in India have shown similar behaviors in dealing with Childlessness. Mulgaonkar's (2001) study in a slum community of Mumbai found the childless individuals to attribute their state to destiny and "God's will", indicating transpersonal control and Riessman (2000) found resistant strategies in selective disclosure of the condition being used by women in her research in Kerala. She further unfolds resistance as a result of social class, life course and gender, reflecting upon the importance of "educational and occupational leverage" (p 120) for women while constructing an identity around the stigmatizing condition. These coincide with the external control mechanisms identified in the research. The bargaining positions of women increase with economic employment and exposure. Education does not seem to make much difference to the perception of the issue and coping. This is reflected in the interviews with the doctors, who report their patients not possessing adequate knowledge related to the

basics of sexuality and reproduction.

However, women's education and employment add to their bargaining powers in negotiating with the self as well as the family and the society. The intervention of the family, peers and the medical practitioners in dealing with infertility is indicated in the responses of the participants. At times, these are transformed into internal control mechanisms.

The family emerges as an important factor guiding behaviors that may affect coping, positively as well as negatively. The involvement of the family is evident when individuals report not accepting adoption as an alternative because of the family's resistance. The role of the health system is revealed when medical practitioners are reported to intervene in matters of adoption against the wishes of the woman. At the same time, a man justifying his wife's sarcastic comments to him as the cause of her childlessness throws light on the impact of employment of women which may enable them to exhibit greater control over the situation because of economic security. Such a pattern is not displayed by women who are not working outside the home.

Infertility is a derogatory condition effecting an individual, physically, mentally as well as socially. The aura around parenthood and continuity of the family lineage is guided by the ideas of '*moksha*' (salvation) in the Hindu philosophy increases the significance of the condition for the self and the family. The patriarchal structure of the society and the idea that reproduction is woman's domain, makes the woman more vulnerable to

'self blame'. She is the one rebuked by the family, and ostracized by the society.

The results in the present research reveal the woman to be in a vulnerable position with implications on her 'identity'. The complete process of seeking treatment and coping with childlessness emerges as a quest to make sense of the 'self'. The treatment seeking process is a reflection of the understanding of childlessness as a concept revolving around the motherhood mandate thus, forcing the woman to be the first one to seek professional advice. The treatment process is focused on women, targeting her to be the potential cause of infertility.

The process of seeking treatment too involves entangled procedures. These effects are countered by higher mobility of women, especially in Baroda city where the research has been conducted, as most of the women have access to two wheeler vehicles. At the same time the approach of seeking treatment emerges as a mystified phenomenon. There is a huge crevice between the client and the health system, with no interpersonal communication. What is evident is a power relationship, with the client at the receiving end. Clients do not have much information regarding treatment for infertility; also infertility as a subject discourages social discussions. On the other hand, the medical practitioners report following systematic treatment procedures, which is evident in some of the verbatim comments of the participants in reference to the doctors being sensitive and empathetic to the clients' needs. At the same time, there are also reports of doctors following the required line of treatment and providing all the necessary information to the clients. Yet, a need to strengthen the health system emerges, to deliver quality care

and to build a partnership between the client and the provider; ensuring a sensitive approach, informed decision making, and a more 'aware' client.

A context where getting a few minutes to talk to a doctor makes one honor the doctor with the label of a 'good' doctor highlights the flaws in the system, as well as the lack of awareness among the masses about their right to claim quality services

Counseling is an area, which is not well accepted in India, maybe because of the social support systems in the form of the family, friends and others. Doctors report providing counseling to their clients, but given their constraints, would not it be advisable to build linkages with services that provide counseling, with trained counselors in the area of infertility? This would probably help resolve quite a few cases.

The research also draws attention to the dearth of facilities for treatment of infertility and the negligence of the policy makers towards infertility as a psychological and social issue hampering individual development. Thus, the need to address infertility as a public health concern is suggested.

The study accounts for the problems faced by men, especially in an arena which is established as the woman's domain. Their roles ascribed by the society are associated with masculinity, and child bearing has implications on these. Men's problems get highlighted in the fact that the health systems are not 'pro' men. Their discomfort and apprehensions in seeking treatment reveal the deep-rooted ideologies of a context

where male infertility is not 'comprehended'. Experiences of men suggest childlessness to be equally malignant and impacts their concept of 'virility'. The notions of masculinity demand progeny because of the patrilineal structure of the society. This is revealed in the research when men experience feelings of depression and shock on learning about their infertile condition and the non-acceptance of the problem by the family. They do not articulate their tensions, and instead focus on the problems faced by their wives. The cultural ideology of manhood and the orientation to sexuality specifies acceptable gender norms for each sex Thus men are not allowed to discuss their fertility, yet they are not apprehensive in talking about their sexual lives.

The gravity of the issue gets highlighted in the middle/upper-middle income groups of the society, yet one notices positive trends of acceptance and tolerance. The research did not have the opportunity to understand the experiences of individuals who might have faced marital disruptions, yet the interviews with the non-treatment seeking group tell us something about viable coping strategies. The ideology of "compulsory motherhood" (p.129) emerges as strongly imbibed within women. However, they do find ways to resist these stigmatizing conditions by adopting viable mechanisms in congruence with the cultural notions of gender (Riessman, 2000).

The temporal factors too contribute as explanatory variables (Uzzell, 1995). The contemporary times have visualized more tolerance and acceptance of the issue of childlessness amongst the educated sections of the society. At the same time, doctors report a rise in male infertility, which is attributed to stressful situations and

hazardous work conditions, aggravated due to a change in the life style and dependence on harmful consumables (Vyas et al., 2000), which leads one to think whether this is the reason for increasing acceptability in the families!!

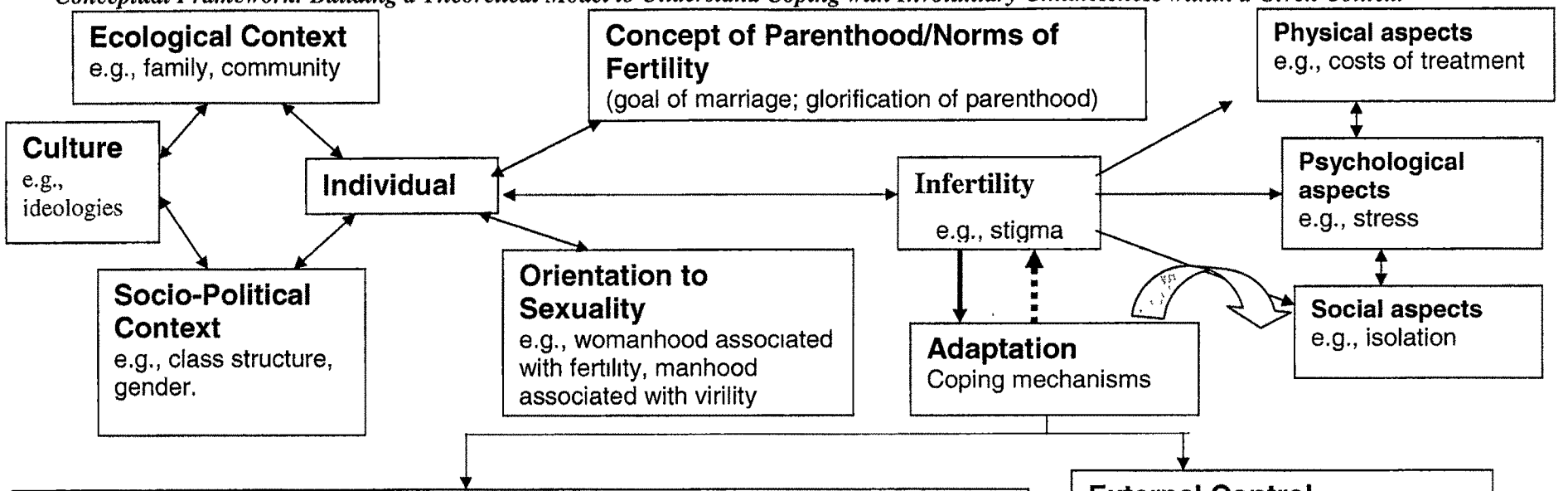
The study thus enables the conclusion that in the contemporary urban middle upper-middle income groups infertility has gained due recognition as a psychological and social deterrent and even though women by virtue of their gender bear greater societal brunt, men too are stigmatized for being childless. The euphoria of masculinity involves virility and the inability to father a child has negative repercussions on men, as well (Gujarappa et al., 2002).

The research shows that in the middle/upper-middle income groups women are not in a very vulnerable position. They experience grief and moments of depression for being childless, but they eventually find ways and means to cope with it. The husband and family are reported to be their major support. The husbands emerge to be empathetic towards their wives' problems especially with the treatment procedures. One also observes that the onus of treatment is on the woman. It is driven by the notions of parenthood and one's orientation to sexuality that equates women with reproduction. The process of treatment in due course becomes more of a family affair.

Involuntary childlessness is thus a condition where both the women as well as the men are effected equally, though the impact and the coping strategies adopted may differ; the ways of expressing these depend more or less on the culture.

Figure 7

Conceptual Framework: Building a Theoretical Model to Understand Coping with Involuntary Childlessness within a Given Context



Internal Control Mechanisms

Resistance strategies	**Control strategies**	**Withdrawal strategies**
Resisting the negative effects of childlessness either by confronting the issue or by avoiding situations that may flare it up. • Avoidance • Isolation self • Retorting Back	Exhibiting behaviors to gain a sense of control over the issue • Predictive • Vicarious • Illusory • Binding the spiritual	Diverting the mind involving the self in activities or rationalizing the situation • Transpersonal • Transference • Interpretive

External Control Mechanisms

Guided by the socio political and cultural context

- Variables such as education, economic independence of women, socio economic class
- Intervention of the family
- Medical Practitioners dictating the course of desired goal
- Peer influence on desired goals