Psychosocial Implications of Involuntary Childlessness in the Indian Cultural Context

Summary

submitted to
The Maharaja Sayajirao University of Baroda

in partial
fulfillment of the degree of
Doctor of Philosophy
Human Development and Family Studies

Bhamini Mehta
Researcher
Dept. of HDFS
Faculty of Home Science
The Maharaja Sayajirao
University of Baroda
Gujarat, India

Dr. Shagufa Kapadia
Research Guide
I/C Head, Dept. of HDFS
Faculty of Home Science
The Maharaja Sayajirao
University of Baroda
Gujarat, India

September 2005

INTRODUCTION AND REVIEW OF LITERATURE

The present research was conducted to understand an issue, which has come to the fore in scientific research quite recently. Although the issue may seem to be a relatively recent concern, it has been referred to even in the ancient scriptures; infertility, the issue has always been recognized and condemned. The recent times have witnessed certain similar episodes of women becoming 'sacrificial goats' of involuntary childlessness, without the cause of infertility being established. Such a context makes it all the more important to tap the intervening variables that dictate the course of thinking and determine the cultural ideologies. Thus, the present research aimed at understanding the experiences of involuntary childlessness among the middle/upper middle-income groups, residing in the urban locality of Baroda city.

Infertility: Demography and Etiology

Infertility, as we term it, is a product of the biological and environmental factors. The revised definition of infertility given by the WHO cited in UNFPA (2002), describes primary infertility as the percentage of never pregnant women exposed to the probability of pregnancy for at least two years without conceiving, and secondary infertility as one where a couple has previously conceived, but is unable to conceive subsequently despite cohabitation and exposure to pregnancy for a period of two or more years.

Worldwide, 5 to 10 percent of couples are presently effected by infertility (Singh, Dhaliwal & Kaur, 1996). Infertility experienced by couples at some point of time is reported to be between 8 to 12 percent around the world, effecting nearly 50 to 80 million people and the prevalence is cited to be about 5

percent due to anatomical, genetic, endocrinological and immunological problems (Daar & Merali, 2001). India accounts for nearly 5 to 10 million of infertile couples, and these number are constantly rising at the rate of 5 percent every two years (Nagaraj, 2000).

Coping with Infertility

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

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

Treatment Seeking: Exhausting the Self and thy Resources

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

Infertility: A Cultural Perspective

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

(Mattingly & Garro, 2000). Therefore the distinction between personal desire and social expectation is vague.

Childlessness: Enmeshed Identity and the Self

The role of a perpetrator of the human race, a role which forms a major dimension of the process of enculturation since childhood, determines the self, especially in relation to marriage. The conceptualization of self in the process of formation of identity is enmeshed with the biological givens inherited through centuries, and also the social and cultural influences that form the roots of an individual. The ideology of certain cultures emphasizes motherhood as an important and desirable part of a woman's identity, fostering privileges and reverences on her thereafter (Dube, 1998). Inability to attain this status, which is reinforced as an ultimate goal of marriage, thus has serious implications for the self. The classical psychoanalytic assumptions too, link adult female identity to motherhood, invariably classifying all women without children as different (Izzard & Barden, 2001)

Infertility: A Gendered Notion

In India, women are symbolized as the image of procreation. Motherhood is considered as a source of power for women that determines the strength of her marital bond (Gupta, 2000), and infertility is viewed as a deviance from the cultural norms and renders the woman helpless; it also provides ground for divorce, negotiable with woman's education and class structures or the husband taking in other wives. Similar practices are also reported in other cultures (Mariano, 2000; Sayeed, 2000; Skramstad, 2000).

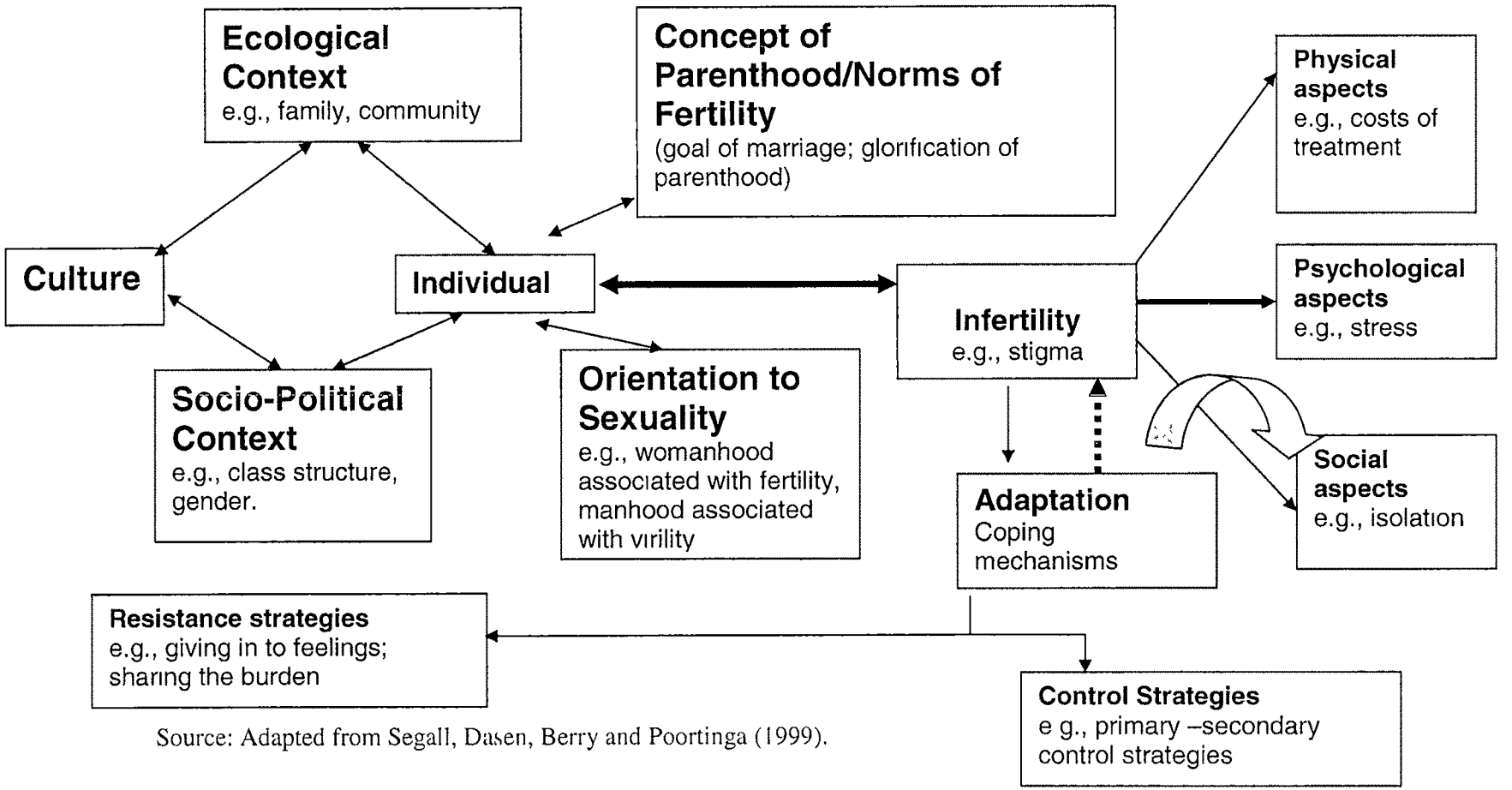
The Theoretical Framework

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

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

Figure 1.

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



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

The Conceptual Framework Guiding the Present Study

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

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

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

Research Questions

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

Objectives

1 To assess the cultural and gender construction of motherhood and fatherhood as perceived by couples experiencing childlessness.

2. To find out gender differences in the perception of childlessness, the problems faced and coping behaviors for the same.

3 To obtain the perceptions of childless couples seeking medical help and the health providers regarding the role of the health system in dealing with couples experiencing involuntary childlessness.

Definition of Terms

Psychosocial problems: Psychosocial problems imply the experiences of the childless individuals as a result of the prevailing ideology of infertility in the Indian society, as well as their own understanding of the societal perceptions of infertility.

Health system: The private clinics in urban areas that provide treatment for infertility.

- Involuntary childlessness: It is a condition experienced by individuals due to either self or spousal infertility.
- Childless individual. An individual experiencing childlessness due to self or spousal infertility.

RESEARCH DESIGN AND METHODOLOGY

The design of the study was essentially descriptive with an ethnographic approach. The ethnographic approach was adopted to capture the cultural realities bearing on involuntary childlessness as construed by the participants. It was felt that the qualitative nature of the research would help cull out the nuances of infertility in terms of the lived experiences of individuals. The effort has thus been to retain verbatim responses of the participants wherever possible.

Study Area

The focal group of the study comprised individuals from the urban middle/upper-middle social class of Vadodara, a cosmopolitan city in the state of Gujarat, with a population of 1.5 million. The city has significant cultural variation and people of different religions have settled here. It is difficult to define the middle/upper-middle class, as it constitutes a large part of the population with a range of incomes.

Methodology

The participant groups comprised individuals from the middle/upper-middle income group experiencing involuntary childlessness. Men and women (not necessarily husband and wife) who were childless either due to self or spousal infertility formed the two groups. There were 40 individuals, 20 women and 20 men seeking treatment for infertility and 15 individuals, 10 women and 5 men who had sought treatment earlier and had currently discontinued with it, not intending to revive the process. Ten medical practitioners too were interviewed (7 gynaecologists and 3 urologists).

The study participants were selected on the bases of specific criteria mainly in order to maintain the homogeneity of the group. Individuals having a family income of at least Rs. 8000 per month and education up to standard 12 were included. The participants from the group seeking treatment had been married for at least one year, whereas the group not seeking treatment would have been married for at least eight years, to ensure that they had sought treatment at some point of time, either for their own or for their spouse's infertility.

The medical practitioners interviewed were practicing gynecologists and urologists in the city of Baroda involved in infertility treatment for more than five years.

Method of Data Collection

In-depth individual interviews were used for data collection to elicit a holistic perspective of the perceptions and experiences related to infertility and childlessness.

The following were the main domains included in the interview schedule for the interviews with individuals experiencing involuntary childlessness:

- Meaning of parenthood.
- Meaning of infertility.
- Treatment-seeking behaviour.
- Coping behaviour.

The interview schedule for the interviews for gynecologists and urologists were based on the following aspects:

- Perception of involuntary childlessness (Perceptions of themselves as individuals who are part of the context and as health providers/doctors; referring to their experiences with their patients).
- Explanations for involuntary childlessness.
- Psychosocial implications of involuntary childlessness and coping behaviors.
- Role of the new reproductive technologies.
- Role of the health system.

The schedules were prepared in English and then translated into Hindi and Gujarati, to be used according to the convenience of the participants. However, most of the participants preferred to respond in English.

Ethical considerations

The ethical considerations were refined and finalised in consultation with the team of gender experts. Informed consent was obtained from voluntary participants. Care was taken to respect and protect their autonomy, rights and dignity throughout the process of the research. All information and records provided by the participants were kept confidential by assigning codes.

Conduct of the Study

Group seeking treatment: The first group of individuals who were childless was selected through practising gynaecologists. A few gynaecologists were approached and oriented with the research.

Their help was requested in seeking consent from their clients who were willing to participate in the study.

Group not seeking treatment: The second group of individuals who were childless was identified by the snowball method. They were verbally briefed about the study, as well as given a handout describing the nature of the study. They were assured of complete confidentiality. Written consent was obtained from each individual.

Renowned gynecologists and urologists involved in infertility treatment were approached to seek their consent to participate in the research.

The interviews were then carried out as per the convenience of the participants, either at the clinics or at their homes. The duration of each interview was approximately half an hour to one hour. The majority of the interviews with the treatment seeking group were clinic based.

Data Analysis

The data were analysed qualitatively. Frequencies were calculated for the socio-demographic variables and a few other domains where this was deemed necessary. A gender analysis framework (adapted from the gender analysis framework of the Department of International Development, Liverpool (1999)) was applied to obtain an account of how gender impinges on the arena of infertility and childlessness.

RESULTS AND DISCUSSIONS

Background Details

The socio-demographic details of the group seeking medical treatment, put the age of the treatment-seeking participants in the range of 20 to 49 years, education from higher secondary to post-graduation, income ranging from Rs. 8000 to above Rs. 25,000 per month, duration of marriage ranging from 1 to 15 years, representing nuclear as well as joint families, and with most of the women not employed outside the home.

The group not seeking treatment was also between 20 and 59 years of age, with all of them in the 35-plus age range (except for one woman), education from higher secondary to post graduation, income ranging from Rs 8,000 to Rs. 25,000 and above per month, duration of marriage between 8 to 15 years and above, representing nuclear as well as joint families, and many of the women employed outside the home.

Importance of Parenthood and Childlessness

"I am feeling as though I am missing something in my life."

The importance of having children is indicated through the feelings that accompany the absence of children, feelings of depression and incompleteness. Men report 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, they reported, got aggravated at a later age when, after undergoing treatment for a long time,

they still could not conceive, and their hopes started dwindling. This could be related to women being revered as the symbol of fertility and child bearing being considered their major role.

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 men stress upon the importance of having a child for continuing one's lineage and fulfillment of desires that one could not attain for the self. Women's responses focus on 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 a 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. 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. 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 respondent report by a male respondent about the shock that the family underwent on knowing of his azoospermia, despite having two grandsons from their second son. 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 may be because usually they are the ones who wield the financial control, and hence feel more secure at least about the material needs.

Women from joint families reported pressure from relatives who asked inquisitive questions about motherhood and asked them to "hurry up." Details of their sexual lives and use of contraception also got discussed by relatives. These ideas get challenged in the course of women's education and employment, most likely through exposure to information and knowledge about infertility. Employed women were more open to alternatives such as adoption and donor sperm, whereas unemployed women preferred intra-uterine insemination, and either adoption or in-vitro fertilization, especially those for whom finance was not a problem.

Childlessness: Impact on Self and Marital Life

Childlessness for a woman reinforced negative feelings of insecurity and incompleteness; women reported feeling depressed and crying. Fear of desertion by the husband and/or the conjugal family, and subjection to physical and verbal abuse, may also have been present. In this research, the women said the husband and the family were their major support. In keeping with cultural expectations, men did not articulate many feelings, except for feeling bad when they were diagnosed with a problem. However, women reported that men experienced a major setback, and felt depressed and shocked, when they experienced infertility, especially if the source of the problem was with them.

Being childless in Indian society is a deviation from the norm of fertility and womanhood, and it often evokes ostracism and rebuke. Women reported feelings of isolation in a few instances. At times, both women and men reported self-imposed isolation, especially during family functions such as baby showers, with the idea that they may not be accepted.

Treatment Seeking Behaviors

Women who expressed an intense desire for motherhood also expressed their wish to continue with the treatment despite the side effects and the frustration due to no evident results. The side effects reported were 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. At times they reported feeling tired and wishing to discontinue the treatment, but the hope of conceiving persisted, and they convinced themselves by saying "a few more months."

Some women were persuaded by their family to continue with the treatment. One participant's family suggested discontinuing the treatment (she did not agree). Surprisingly, she spoke of a child holding no importance for her, except for removing the boredom from her life, but felt the child was important for her husband. Women who wished to continue the treatment also expressed feelings related to the importance of a child for their husbands and the family. Two women even reported leaving their jobs in order to pursue the treatment.

Seeking Treatment and the Health System

Seeking treatment was considered the woman's responsibility, and she was the one to first approach the health system. The decision to seek treatment was mutual. The spouse, the mother-in-law or sister-in-law accompanied the woman on initial visits, but subsequent visits were usually only by the woman. The women said that having their own vehicle made it easier for them to access health care. The husbands accompanied them only when needed, or when they were able to take leave from their jobs.

No informed consent procedures were reported. Women reported being examined, or prescribed medicines on the first visit, even before the examination of the husband, thereby reinforcing the prevalent notion that the problem has to be with the woman. The health system, too, is not devoid of gender bias, and, in fact, reinforces the larger societal ideology.

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) 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. 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.

The present study reveals that individuals adopt different strategies to cope with involuntary childlessness. These vary from observing fasts and vows to getting their horoscopes 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 *bhadhas* (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.

Perceptions of the Medical Practitioners

The interviews with the gynecologist 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.

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. Her 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 about 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 menstrual 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 counseling. 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

them 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 hold back the clients, like a gynecologist said, "Without educating your patients, the call rate will go down"?

DISCUSSION AND CONCLUSIONS

The present study was an attempt to understand childlessness as a social issue in a cultural context where parenthood is revered. The main domains of the research included the importance of parenthood, treatment seeking, coping behaviors and role of the health system, from 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). Thus, one's culture and personality are inextricably intertwined efforts to decontextualize behaviors are thus futile (Lonner & Adamopoulos, 1980). The framework 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.

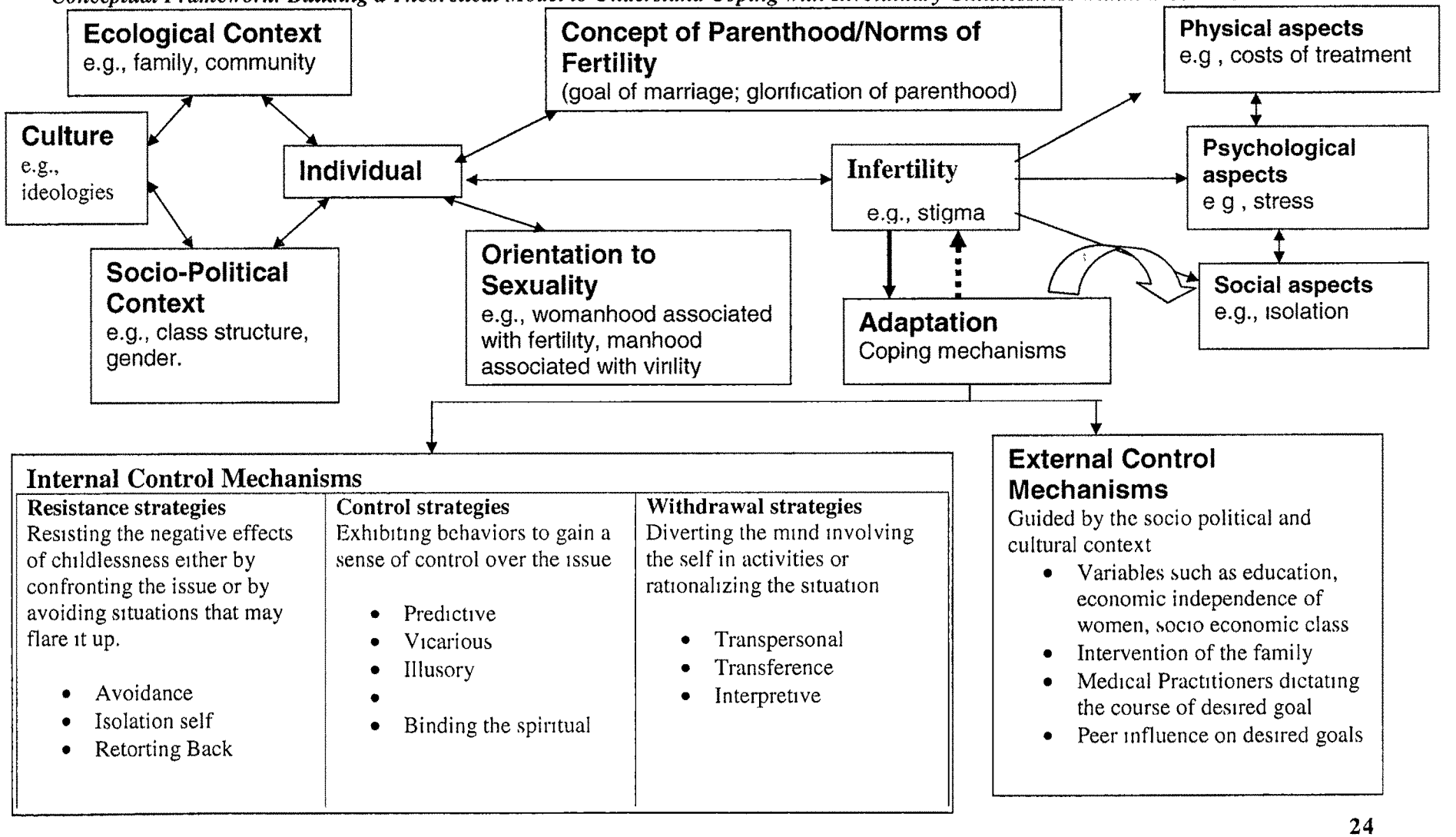
The results reveal the importance of the societal ideology in determining the behaviors related to infertility and childlessness At the same time it also highlights the role of the family, the society and the socio-political context in the perception of infertility and the coping mechanisms adopted. The study unearths multiple coping strategies resorted to in the urban middle class context. These different forms of coping lend itself to develop a model of coping to help understand human behavior 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. 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 are in turn 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. The external control variables identified are the family, the health system as well as women's employment.

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. Again 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).

Figure 2

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



REFERENCES

Daar, A S., & Merali, Z (2001, September). *Infertility and social suffering: The case of ART in developing countries.* Report of a meeting on Medical, Ethical and Social Aspects of Assisted Reproduction, WHO Headquarter, Geneva, Switzerland Retrieved August 20, 2005 from http.//www. who.int/reproductive-health/infertilityreport-content htm

Davis, D. C , & Dearman, C. C. (1991) Coping strategies of infertile women. *JOGGN, Clinical Studies, 20* (3), 221-228.

Department for International Development (DFID). (1999). *Guidelines for analysis of gender and health.* UK: Liverpool School of Tropical Medicine.

Dube, L (1998). On the construction of gender. Hindu girls in patrilineal India. In K Chanana (Ed.), *Socialization, education and women: Explorations in gender identity* New Delhi: Orient Longman.

Gupta, J A. (2000). *New reproductive technologies: Women's health and autonomy, Indo-Dutch studies on development activities.* New Delhi: Sage

Izzard, S., & Barden, N. (2001). *Rethinking gender and therapy. The changing identities of women* Philadelphia: Open University

Kumar, K. S. (1986) Are Indians trans-personal in locus of control belief? *Indian Journal of Behaviour, 10* (4), 25-31.

Lonner, W.J., & Adamopoulos, J. (1980). Culture as antecedent to behavior In J. W. Berry, Y. H. Poortinga & J. Pandey (Eds.), *Handbook of cross cultural psychology: Vol 1 Theory and method* (2nd ed , pp.43-84). Boston: Allyn and Bacon.

Mariano, E. (2000) Conceptions about woman's childlessness and land's infertility in a Rhonga community in the South of Mozambique. In F.V. Balen, T. Gerrits & M Inhorn (Eds.), *Social science research on childlessness in a global perspective.* Proceedings of the conference 8-11 November 1999 Amsterdam, The Netherlands (pp.136–139) Amsterdam: University of Amsterdam.

Mattingly, C & Garro, L C. (Eds.). (2000) *Narratives and the Cultural construction of Illness and Healing.* London. University of California Press

Mulgaonkar, V B (2001) Childless couples in the slums of Mumbai: An interdisciplinary study. *Asia-Pacific Population Journal, 16* (2), 141-160

Nagaraj, A (2000) *For a large number of childless couples, life begins in a petri dish.* Indian Express, p _.

Sayeed, U. (2000, March) *Consequences of childlessness for women in Andhra Pradesh: Special reference to marital stability* Paper presented at the Workshop on Reproductive Health in India· New Evidence and issues, Pune, India

Sayeed, U (1999) Childlessness in Andhra Pradesh, India: Treatment-seeking and consequences. *Reproductive Health Matters, 7* (13), 54-64.

Segall, M.H., Dasen, P R , Berry, J.W , & Poortinga, Y.H (1999) *Human behavior in global perspective* Boston. Allyn and Bacon.

Singh, A., Dhaliwal, L.K., & Kaur, A. (1996). Infertility in a primary health centre of North India: A follow-up study. *The Journal of Family Welfare, 42* (1), 51-57.

Skramstad, H (2000). Are foster children a solution for infertile Ghanian women? In F.V. Balan, T. Gerrits, & M. Inhorn (Eds.), *Social science research on childlessness in a global perspective*

(pp.15-27). Amsterdam · University of Amsterdam

UNFPA. (2002) *Prevention and management of infertility in primary health care settings. An information booklet for policy planners, programme managers and service providers in health systems* India· UNFPA

Uzzell, D. (1995) Ethnographic and action research In G.M. Breakwell, S. Hammond & C. Fife-Schaw (Eds), *Research methods in psychology* (pp 302-313) New Delhi· Sage.

Vyas, R., Advanikar, G., Hathi, L., Vyas, B , & Parikh, R (2002) Psychodynamics of unexplained reproductive failure. *Journal of Obstetrics and Gynecology of India, 52* (2), 35-38

Weisz, J.R., Rothbaum, F.M , &Blackburn, T.C (1984) Standing out and standing in: The psychology of control in America and Japan. *American Psychologist*, 955-969.