CHAPTER IV

ANALYSIS AND INTERPRETATION

This chapter deals with the analysis of data collected from infertile women undergoing assisted reproductive technique treatment in an attempt to understand the lived in experiences with infertility.

Analysis is method of organizing data in such a way that research questions can be answered. It is the statistical procedure, which enables the researcher to reduce, summarize, organize, evaluate, interpret and communicate the findings.\(^{121}\).

Data were collected from 22 childless women attending OPD of selected IVF (In Vitro Fertilization) clinic. The aim of the study was to understand the phenomenon of infertility as experienced by childless women.

Analysis of data is presented below in two sections. Section I presents the personal variables of participants along with brief biodata and section II describes theme wise presentation of experiences of the participants.

SECTION I

This section comprises of personal variables of participants including age, educational status, occupation, place of living, monthly income, years of marriage, length of time trying to conceive, religion, type of family, use of contraceptive, type of infertility, cause of infertility and ART treatment undergone as shown in table 4.1.

It also contains biographs of participants reflecting impact of infertility on life and provides an insight into persona of participants and their outlook towards life.
Table 4.1
Personal Variables of Childless Women under Study

<table>
<thead>
<tr>
<th>No</th>
<th>Age (yrs)</th>
<th>Education</th>
<th>Occupation</th>
<th>Place of Living</th>
<th>Monthly income</th>
<th>Length of time trying to conceive</th>
<th>Religion</th>
<th>Type of family</th>
<th>Cause of infertility</th>
<th>Type of infertility</th>
<th>ART Treatment</th>
<th>Use of contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>24</td>
<td>MA, BEd</td>
<td>Teacher</td>
<td>Rural</td>
<td>&gt;20,000/-</td>
<td>04</td>
<td>3 yrs 9 months</td>
<td>H</td>
<td>J</td>
<td>Male</td>
<td>Primary</td>
<td>9 IUI+ 1 IVF</td>
</tr>
<tr>
<td>P2</td>
<td>24</td>
<td>M.Sc</td>
<td>Housewife</td>
<td>Rural</td>
<td>15,000/-</td>
<td>06</td>
<td>5 yrs 9 months</td>
<td>H</td>
<td>J</td>
<td>Unknown</td>
<td>Secondary</td>
<td>6 IUI+ 1 IVF</td>
</tr>
<tr>
<td>P3</td>
<td>38</td>
<td>9th</td>
<td>Housewife</td>
<td>Rural</td>
<td>6000/-</td>
<td>18</td>
<td>17 yrs</td>
<td>H</td>
<td>N</td>
<td>Female (tubal blockage)</td>
<td>Primary</td>
<td>9 IUI</td>
</tr>
<tr>
<td>P4</td>
<td>24</td>
<td>MA</td>
<td>Housewife</td>
<td>Semi urban</td>
<td>30-40,000/-</td>
<td>03</td>
<td>2 yrs 6 month</td>
<td>H</td>
<td>J</td>
<td>Unknown</td>
<td>Secondary</td>
<td>Ovarian stimulation</td>
</tr>
<tr>
<td>P5</td>
<td>30</td>
<td>10+2</td>
<td>Housewife</td>
<td>Rural</td>
<td>20-30,000/-</td>
<td>09</td>
<td>8 yrs</td>
<td>H</td>
<td>J</td>
<td>Female (tubal blockage)</td>
<td>Primary</td>
<td>2 IUI</td>
</tr>
<tr>
<td>P6</td>
<td>35</td>
<td>10+2</td>
<td>Housewife</td>
<td>Rural</td>
<td>20,000/-</td>
<td>14</td>
<td>14 yrs</td>
<td>H</td>
<td>J</td>
<td>Female</td>
<td>Primary</td>
<td>Ovarian stimulation No</td>
</tr>
<tr>
<td>P7</td>
<td>26</td>
<td>8th</td>
<td>Housewife</td>
<td>Rural</td>
<td>5000/-</td>
<td>05</td>
<td>3 yrs</td>
<td>H</td>
<td>J</td>
<td>Unknown</td>
<td>Secondary (ectopic)</td>
<td>Ovarian stimulation Yes</td>
</tr>
<tr>
<td>P</td>
<td>26</td>
<td>B.FeD</td>
<td>House Wife</td>
<td>Urban</td>
<td>15,000/-</td>
<td>03</td>
<td>2 yrs 6 months</td>
<td>H</td>
<td>J</td>
<td>Unknown</td>
<td>Primary</td>
<td>Ovarian stimulation</td>
</tr>
<tr>
<td>-----</td>
<td>-----</td>
<td>-------</td>
<td>------------</td>
<td>-------</td>
<td>----------</td>
<td>-----</td>
<td>----------------</td>
<td>----</td>
<td>-----</td>
<td>---------</td>
<td>---------</td>
<td>---------------------</td>
</tr>
<tr>
<td>P9</td>
<td>23</td>
<td>10th</td>
<td>House Wife</td>
<td>Rural</td>
<td>10,000/-</td>
<td>04</td>
<td>4 yrs</td>
<td>H</td>
<td>J</td>
<td>Female (uterine problem)</td>
<td>Primary</td>
<td>IVF</td>
</tr>
<tr>
<td>P10</td>
<td>27</td>
<td>B.A</td>
<td>House Wife</td>
<td>Urban</td>
<td>35000/-</td>
<td>06</td>
<td>6 yrs</td>
<td>H</td>
<td>J</td>
<td>Female (hypothyroidism)</td>
<td>Primary</td>
<td>1 IUI</td>
</tr>
<tr>
<td>P11</td>
<td>30</td>
<td>Illiterate</td>
<td>House Wife</td>
<td>Urban</td>
<td>5-6,000/-</td>
<td>10</td>
<td>9 yrs 6 months</td>
<td>H</td>
<td>N</td>
<td>Female</td>
<td>Primary</td>
<td>IUI</td>
</tr>
<tr>
<td>P12</td>
<td>33</td>
<td>B.A</td>
<td>House wife</td>
<td>Urban</td>
<td>15,000/-</td>
<td>14</td>
<td>13 yrs</td>
<td>H</td>
<td>J</td>
<td>Female (genital tuberculosis and blocked tubes)</td>
<td>Primary</td>
<td>1 IVF</td>
</tr>
<tr>
<td>P13</td>
<td>31</td>
<td>10+2</td>
<td>House Wife</td>
<td>Urban</td>
<td>5,000/-</td>
<td>03</td>
<td>03 yrs</td>
<td>H</td>
<td>J</td>
<td>Female (Partial blocked tubes)</td>
<td>Primary</td>
<td>3 IUI</td>
</tr>
<tr>
<td>P14</td>
<td>32</td>
<td>MA</td>
<td>Counsellor</td>
<td>Urban</td>
<td>30,000/-</td>
<td>05</td>
<td>05 yrs</td>
<td>H</td>
<td>N</td>
<td>Female (PCOD)</td>
<td>Primary</td>
<td>2 IUI</td>
</tr>
<tr>
<td>P15</td>
<td>34</td>
<td>M.Sc,</td>
<td>Teacher</td>
<td>Urban</td>
<td>60,000/-</td>
<td>08</td>
<td>5 yrs</td>
<td>H</td>
<td>J</td>
<td>Female</td>
<td>Secondary</td>
<td>4 IUI</td>
</tr>
<tr>
<td>No.</td>
<td>Age</td>
<td>Education</td>
<td>Occupation</td>
<td>Residential Area</td>
<td>Income</td>
<td>Duration</td>
<td>Education Level</td>
<td>Gender</td>
<td>Diagnosis</td>
<td>Previous Treatment</td>
<td>Treatment Method</td>
<td>Outcome</td>
</tr>
<tr>
<td>-----</td>
<td>------</td>
<td>-----------</td>
<td>------------</td>
<td>-----------------</td>
<td>--------</td>
<td>----------</td>
<td>----------------</td>
<td>--------</td>
<td>------------</td>
<td>-------------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>P16</td>
<td>28</td>
<td>B.A, MEd</td>
<td>Housewife</td>
<td>Urban</td>
<td>35,000/-</td>
<td>3 yrs 6 months</td>
<td>H N Female (menstrual irregularities)</td>
<td>Primary</td>
<td>2 IUI</td>
<td>Yes (barrier method)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P17</td>
<td>40</td>
<td>illiterate</td>
<td>Housewife</td>
<td>Rural</td>
<td>10,000/-</td>
<td>24 yrs</td>
<td>H N Unknown</td>
<td>Primary</td>
<td>1 IVF</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P18</td>
<td>34</td>
<td>10th</td>
<td>Housewife</td>
<td>Semi-urban</td>
<td>12,000/-</td>
<td>14 yrs</td>
<td>H J Male</td>
<td>Primary</td>
<td>9 AI</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P19</td>
<td>31</td>
<td>7th</td>
<td>Housewife</td>
<td>Rural</td>
<td>2-3,000/-</td>
<td>12 yrs</td>
<td>H N Female</td>
<td>Primary</td>
<td>Ovarian stimulation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P20</td>
<td>26</td>
<td>B.Tech</td>
<td>Housewife</td>
<td>Urban</td>
<td>30,000/-</td>
<td>1 yrs 9 months</td>
<td>H N Unknown</td>
<td>Primary</td>
<td>3 IUI</td>
<td>Yes (contraceptive Pills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P21</td>
<td>34</td>
<td>10th</td>
<td>Housewife</td>
<td>Rural</td>
<td>10,000/-</td>
<td>12 yrs 6 months</td>
<td>H J Female (tubal blockage)</td>
<td>Primary</td>
<td>Ovarian stimulation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P22</td>
<td>23</td>
<td>5th</td>
<td>Housewife</td>
<td>Urban</td>
<td>7-8,000/-</td>
<td>3 yrs 6 months</td>
<td>H J Female (tubal Blockage)</td>
<td>Primary</td>
<td>Ovarian stimulation</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- H – Hindu, J- Joint family, N- Nuclear family
Data presented in table 4.1 shows that the mean age of women was 29.68 yrs (range 23-40 yrs). Educational status ranged from being nonliterate to postgraduate with two participants being non literate and six had master’s degree. Maximum number of participants (19) were housewives where as two of them were teachers by profession and one was a counselor. Equal number of participants (10) were residing in urban and rural area where as two were in semi urban area. Monthly family income for the participants ranged from Rs 2,000/- to Rs 60,000/-. Mean duration of marriage of participants was 8.4 yrs (range 3-24 yrs) and the mean duration for trying for conceive was 7.92 yrs (1yrs 9 months–24 yrs). All the participants (22) practiced Hinduism. Most of the women (15) were living in joint family where as seven lived in nuclear family. The cause of infertility was unknown for six participants where as 14 were diagnosed with female cause of infertility and two with male cause. Identified female causes of infertility were tubal blockage (06), uterine problem (02), hypothyroidism (01), genital tuberculosis (01), PCOD (01) and hormonal problems (03). Where as among male cause (02) azoospermia was reported among both. Most of the women (19) were suffering from primary infertility where as three were diagnosed with secondary infertility. With regard to use of ART, nine of the women had undergone IUI, seven had ovarian stimulation for the preparation of IUI, three had IVF and two had IVF as well as IUI whereas one had undergone artificial insemination. Most of the women (17) had not used any contraception method. Among the five women those reported use of contraceptive methods, two used pills where as three used barrier method.

BIOGRAPHS OF PARTICIPANTS

PARTICIPANT P1
Participant P1 is 24 yrs old, married for 4 yrs and lives in joint family in a rural area along with six other members of her in-laws family including her parent in-laws. She never used any contraceptive and started trying for conception after 3-4 months of her marriage. P1 is well educated with MA, B.Ed worked earlier but left job due to treatment. The cause of infertility in her case is male infertility as her husband is azoospermic. She has not disclosed the main cause of infertility, as this is considered a very sensitive issue in society and males cannot tolerate the stigma associated with
male infertility. In family, only her mother-in-law is aware of the cause of infertility and the family is very supportive. In the society, she takes the blame of infertility and had lied to her relatives that she conceived once and had abortion to escape probing and blaming. With strong faith in God she has consulted astrologers and pundits (faith healers) while seeking medical help for infertility. P1 feels her marital relations have grown strong due to the trauma of infertility but they (couple) do not discuss about infertility at all. She believes that she has matured and became emotionally strong during the journey, have to face financial burden of treatment and takes help from own father and elder sister. She has undergone 9 IUIs and one failed IVF. She is now preparing herself for 2nd IVF at the earliest. According to her, life is nothing without child and everyone should have at least one child. She expressed feeling of jealousy towards her friends who has children and feels that she is left behind.

PARTICIPANT P2

P2 is a 24 yrs old, educated, married woman who lives with her spouse and father in law in a village. She completed her studies after marriage and started working but left the job midway. P2 started trying for conception under social influence and still deals with social pressure such as taunting from neighbors and relatives on daily basis. She has tried all kinds of treatment modalities ranging from diet changes, yoga, ayurvedic, traditional and medical. P2 conceived once with the help of IUI four yrs back but had miscarriage. She still feels resentful about her loss and blames her anger and few things which one of her relatives said about her pregnancy. After miscarriage, she had six IUIs and one IVF in hope to become pregnant again. P2 attempts to find out the reason of her infertility as earlier she was able to conceive with IUI only, but later could not conceive even with IVF.

P2 is strong believer of God and have taken solace in Him for mental strength via reading spiritual books but does not believe in tantra mantra (black magic). She believes in destiny and deeds and tries not to hurt anyone. She tries to control her anger and think positively. Under the constant stress of infertility, she forgets things and believe that she is not able to do anything without errors these days. She feels very bad when other women in neighborhood enquire or taunt her about infertility. P2 expressed her lack of interest in things now and loss of confidence. She thinks that if she is not able to have a child, all her qualities are overshadowed irrespective of how
talented she might be. P2 has complete support of her husband and thanks God for such a nice life partner. Now she is desperate for a child and ready for 2nd IVF as soon as her doctor suggests so.

**PARTICIPANT P3**

P3 has been struggling with infertility since last 17 yrs and has been trying to conceive since she married. P3 has tried all types of treatments including alopathy, ayurvedic, conventional, religious and tantra mantra (black magic) for infertility but could not conceive and hence feels very broken. She considers IVF as her last hope which she could not get done earlier due to financial constraint. P3 finds it hard to recall the number of modalities she had tried over the past years and sometimes everything used to go parallel but many a times she left the treatment in between as there was no relief and she was fearful of the side effects of medicines. Her sister-in-law also had infertility problem but was able to conceive after eight yrs of marriage. She and her sister-in-law took treatment for infertility from the same clinic, her sister-in-law was able to conceive while P3 could not. P3 is unable to rationalize this and blames her destiny and karma for it. P3 is consistently stressed out and feels that nothing was left in life. P3 often cries alone and pray to God to bless her too. She is distressed by her menstrual cycle which reminds her of her inadequacy.

P3’s husband has been supportive throughout, though he is also disheartened now and has lost faith. Presently, she is trying for IVF under family persuasion though he has never shared his suffering with her. P3 has even offered her husband to remarry so that he can father children. But he obviously refused it. P3 verbalized that over the years, infertility has tested her courage, strength and interest in life. P3 is very depressed and feels she is just passing her time here. She is concerned and fearful of what would happen if she was not able to conceive after spending so much of money on IVF? She has complete lack of knowledge regarding the IVF procedure. P3 has never thought of adoption as there is nobody in family whom they can adopt and cannot take a child from outside as he/she will not be their “ownblood”.

**PARTICIPANT P4**

P4 is 24 yrs old, married for three yrs and lives in joint family at a semi urban area. The couple initially used condoms as method of contraception for six months and then
tried to conceive. After a year of marriage, her mother-in-law persuaded her to seek medical help from a local doctor who gave her some injections and she was able to conceive in that cycle. But later on, when she was at her parent’s house, she had antepartum haemorrhage and lost that child. Till date, she is unable to come out of that loss and feels guilty about it. Her mother-in-law humiliated her and her family for the loss and the expenditure incurred. Since her miscarriage, P4 has not been home and feels bad about it. She feels pressurized for conception as every now and then people taunt her that other women of her age have more children now.

P4 feels that infertility has changed her life and she is not able to enjoy life as she is spending all her time and energy to have a baby. Earlier she used to be happy but now she remains always angry, frustrated and snaps at everyone. P4 also feels guilty, as she is not able to help with the house hold chores as she has to take precautions due to treatment and mother-in-law has to hire a maid for it. P4 is satisfied with her marital relations as her husband supports her. P4 wants to experience motherhood and prays to God every month to give a break in her monthly cycle. On seeing her tense all the times, her husband is open to adoption, however she is unsure. She cries alone and blames her destiny for her troubles.

**PARTICIPANT P5**

Participant P5 is a 30 yrs old woman married for 9 yrs and lives in joint family along with her in-laws. P5 is unhappy as her family is very conservative while she has a scientific outlook towards infertility, thus leading to a constant rift between her and her mother-in-law. In the initial stages of her infertility, her mother-in-law took her to traditional healers, tantriks and temples etc. to which she obeyed because, as a daughter-in-law she was expected to do that. P5 is under constant social pressure to conceive and has now started getting suggestions for her husband’s remarriage. She is under constant fear and obeys every command of her husband, as she feels that he may change over time, though he supports her now and refuses to remarry.

P5 is very frustrated and agitated with constant social probing. She is angry why people take so much interest in her life? She feels people make her realize her inadequacy and she feels jealous, lagging behind other women of her age. For P5, the day of visit to IVF clinic itself is a major stress. P5 feels life is on hold without child
and is aimless. She is open to adoption but does not have support of either her husband or the family. Her husband has lots of misconception and myths about ART which she tries to sort out through TV programmes and after consulting doctors. P5 tries to rationalize her disease (infertility) and is keen to get medical help.

PARTICIPANT P6
Participant P6 is a 35 yrs old housewife who lives in rural area in a joint family. She has been married for 14 years now. P6 vividly remembers minute details of her journey of infertility. P6 had septate uterus and got operated for the same. Even though her sister experienced menstrual irregularities, she went on to become a mother of two children, P6 never thought her menstrual irregularities would result in infertility. In her attempt to achieve fertility, P6 tried all kind of treatment modalities ranging from traditional, spiritual and medical assistance from different places. She and her husband, have been on their toes since the time she started trying for conception. P6 shared that they have never been to any place for recreation and have always moved out of house just for treatment.

P6 is a strong believer of God and thinks she is more content and hopeful that since the time she has turned spiritual. She is a transformed soul and has taken solace in spirituality and gained peace of mind. Now, P6 has left everything in God’s hand and is preparing for her 1st IVF as this was considered as the last resort. She is anxious about the results of IVF and is somewhat ready for more than one IVF. P6 keeps talking to other women in the clinic and society to explore their experiences and seeks help regarding the treatment. P6 has complete support of her family but feels guilty, has a low self esteem and thinks she has been standing at same place for the last 14 yrs while others have moved on far ahead of her. P6 has good marital relations but regrets of her inability to give desired happiness to her husband who has never said anything to her. She feels that she does not have any right on him and have stopped asking or sharing her desires with him out of her guilt. P6 was very hopeful that God will bless her one day and she is not comfortable with adoption as she might not be able to shower love over an adopted child though she has nurtured children of her brother-in-law and loves them alot.

PARTICIPANT P7
Participant P7, 26 yrs old has been married for 5 yrs. She had rupture of ectopic
pregnancy after a year of her marriage resulting in removal of fallopian tube. P7 belongs to low socioeconomic status family and lives in a joint family. After taking a break from treatment for a year due to ectopic she has been trying to conceive since last three yrs. Now for IVF, she is taking financial help from her own family. P7 has full faith in doctors and has not sought help from any quack or tantric (black magic performer) though people taunt her about seeking help from the tantric. P7 feels socially pressurized and does not talk to anyone about her feeling as people gossip behind her back.

P7 blames her destiny and God for her condition but again prays to God to bless her too. P7 has full support of her family and husband. Her husband accompanies her to infertility clinic every time. P7 cries alone often and starts chanting mantras to release her tension. She blames herself and feels less than others. She feels she has changed over time and is now less interested in life or talking to anyone. As per P7, an infertile female has no value in society and there is no life without child. P7 expresses complete lack of knowledge regarding IVF procedure and is fearful for the same.

**PARTICIPANT P8**

Participant P8 is a 26 yrs old, married for 3 yrs and living in an urban area in a joint family. P8 has been trying to conceive since last 2½ yrs and has been to astrologer for consultation while seeking medical help and taking traditional medicine. P8 wants to have a baby as soon as possible by any means in order to avoid social dejection which she fears most. P8 had knowledge regarding IVF and was ready for the same though infertility specialist has not suggested for the same. P8 have full support of her husband and family but hesitates to share her feelings with her husband due to his anger even though theirs had been love marriage. P8 regrets leaving her profession of fashion designer as her husband didn’t allow her to pursue it owing to treatment reasons. P8 verbalizes her inability to concentrate and does not feel like pursuing her profession due to constant stress of infertility.

Since last 2 months, P8 was under impression that she has conceived as a result of some traditional medicine that caused menstrual irregularities, which she assumed as sign of pregnancy. She expressed her anger, hopelessness and despair when bleeding occurred and ultrasound confirmed that there was no pregnancy. P8 considers herself as an introvert and does not share her feelings with anyone as she does not want
anybody else to be troubled. P8 often cry alone behind closed doors to relieve her stress. She has strong faith in God and seeks His blessings. P8 strongly believes that infertility is a punishment of her deeds which she might have done in her previous birth as in this life she has never hurt anyone or never did anything wrong for which God may punish her. P8 gets disheartened seeing children of others and wishes to have her own.

PARTICIPANT P9
P9 is in her early 30s and lives with her joint family in a rural area. P9 was a divorcee and is remarried now. She feels very desperate and sad seeing other’s children and wants to have her own as soon as possible. Main reason of seeking ART is giving happiness to her husband who loves her a lot and is ready to do anything for her and, also to escape from the taunts of her mother-in-law. P9 has experienced changes in herself in terms of maturity and understanding the importance of having a child in their life. As per P9, all the happiness in life is attached to children and once she has a child, she will get her life back.

P9 does not believe in conventional treatment as she understands there is some problem with her uterus which only doctors can rectify. Whenever her mother-in-law forces her to seek conventional treatment, P9 leaves things on her husband who also does not believe in conventional treatment and refuses to undergo any conventional treatment suggested by his mother. P9 is open to adoption but her husband is not ready. She has not disclosed type of infertility treatment to anybody in family as this is not considered good among the village folks. Child conceived with IUI or IVF is not taken as one’s own child. P9 believes in God and is getting ready for IVF in this cycle.

PARTICIPANT P10
P10 is 27 yrs old and has been married since 06 yrs. P10 has lived in London for 4 yrs and returned to India few months back. While in London, P10 never felt the need to conceive. After returning to India, under social pressure and seeing other women of her age, she feels the need of having a child. P10 is a known case of hypothyroidism and has been on medicines. She has menstrual irregularities and weight gain. While in London, she sought medical assistance for menstrual irregularities and was suggested to undergo hystreosalpingogram, to which her mother-in-law refused. So she didn’t
get it. P10 feels that so far she has everything in her life and has never asked God for anything else, but now she has started asking for a baby in her prayers. Now she feels socially pressurized due to repeated queries from people. P10 finds ART treatment very difficult and bears the pain of injections regularly. P10 expressed her desire to discontinue treatment due to the pain it caused, but was unable to do so. As the treatment was going on, P10 didn’t resume work after returning from London, though she used to work there.

P10 has full family support and wants to experience motherhood. She does not have any financial constraints and has not tried any other treatment modality (ayurveda, unani, religious or tantra mantra). P10 is open to adoption but husband wants first to try for their own child. P10 has knowledge regarding surrogacy and has given a thought to it. Her husband supports her completely and she is content with her marital relations.

PARTICIPANT P11

P11 is a migrant from Rajasthan and belongs to low socioeconomic status. She lives in Haryana in a rented house with her husband who is a laborer. P11 is 30 yrs old and has been married since 10 yrs. P11 is frequently disheartened after spending hard earned money on treatment, yet could not conceive. She has been to a tantric (black magic performer) and an astrologer for help but that too didn’t give any result. P11 expressed constant stress due to infertility and feels bad when somebody asks about her pregnancy. Back home, her mother-in-law and neighbours taunt her for her inability to have a baby and have suggested her husband to remarry. Her sister-in-law also had infertility problem but conceived after treatment from a doctor. P11 could not afford it.

P11 is a victim of physical abuse by her husband due to her infertility. He hits her after drinking or when somebody delivers in neighborhood and constantly taunts her about the expenditure on treatment. P11 blames her destiny for her sufferings and has accepted her fate as diagnosed female factor of infertility. She tries to rationalize actions of her husband with his frustration. Owing to distorted marital relation she has offered her husband to remarry to which he has refused. P11 considered IVF as her last chance since her husband cannot afford the costly treatment due to his debt. P11 is open to adoption but her husband has refused and there is nobody in family whom
they can adopt. Her sister-in-law demoralizes her during quarrel regarding infertility and calls her greedy and jealous of her kids. P11 is looking forward to have successful treatment this time with God’s blessings.

**PARTICIPANT P12**

Participant P12 is 33 yrs old and has been married for 14 yrs. She has been trying to conceive since last 13 yrs. P12 has been diagnosed with genital tuberculosis and has been treated for the same thrice by different doctors following which she has started experiencing side effects of the medicines. She lives in a rural area along with her joint family. P12 faces social pressure and taunting on regular basis from her mother-in-law and neighbours. Her mother-in-law taunts her regarding the expenditure incurred on her treatment. P12 blames her destiny for infertility and accepts it as her fate. P12 has explored all possibilities of treatment modalities from quacks, astrologers, pundits and tertiary level care in hope to conceive. She visited two IVF clinics earlier and did not have good experience there. She feels cheated by the medical personnel.

P12 believes in God and seeks His blessings for conception. She is open to adoption, but her family does not support adopting someone out of family, not even from her brother. Now, P12 is taking IVF treatment as the last option but is very keen to seek information regarding agencies related to adoption. P12 enjoys full support of her husband whom she describes as her pillar of support over the years. Her own family is also very supportive and her brother is helping financially for the treatment now.

**PARTICIPANT P13**

Participant P13 lives in an urban area along with her joint family. She had been divorced early and remarried. Now P13 faces double pressure to conceive as all her in-laws including her husband subjects her to psychological violence in terms of taunting. She is denied all family rights and her in-laws do not support her financially at all. Her own family is trying their level best to gather funds for her treatment as she belongs to a low socio economic status and her husband has refused to spend any money on her treatment as the cause of infertility is the female factor. The cost of IVF treatment is now being borne by her brother who is going to sell his wife’s jewelery for the same with the fear that she should not return back home second time. P13 is desperate and frustrated as she does not want to break her marriage second time. She
feels lower to other infertile women as they have the support of their in-laws while she does not.

P13 feels agitated and tense all the time. Fear of treatment failure and possibility of husband’s remarriage haunts her. She has faith in God and in turn blames Him for her condition. P13 is trying her level best to conceive and has also tried conventional treatments, but all in vain.

**PARTICIPANT P14**

P14 works as a counselor at social welfare department and is a known case of PCOD. P14 feels distressed and amazed at how others are able to have kids so easily while she continues to struggle. She blames God for her infertility. Her husband and doctors have suggested her to lose weight but she gets disheartend easily and is not able to try for a long period. She knows that losing weight might help her. Although P14 has full support of her husband and in-laws, however she feels pressurized by her parents and relatives to conceive as she is the only child of her parents. P14 feels bad while answering queries related to her delayed pregnancy and has started avoiding people for the same reason. Constant stress of infertility affects her concentration though her professional life remains unaffected. P14 feels tense about her increasing age and feels aims of life are stuck due to infertility. P14 has low self esteem and feels people do not recognize her talent because she is not able to produce children.

Husband of P14 is open to adoption but she is not comfortable with the option as later people may point at her and moreover adoption is a lengthy process. P14 is not comfortable with donor egg either as she may be unsure of the characters of donor gamete. P14 copes with her infertility related stress by crying and praying. P14 is doubtful regarding the success of PCOD treatment.

**PARTICIPANT P15**

P15 is 34 yrs old educated, working woman living in an urban area with her joint family and married since eight yrs. P15 has a very positive outlook towards life and takes infertility like any other problem. P15 started thinking seriously about pregnancy at the age of 32 yrs as her husband went abroad and he was not in India for three yrs. When her husband returned, they directly went to a doctor for assisted technique to enhance the chances of conception. P15 conceived once with the help of
IUI which ended in a miscarriage. Meanwhile her husband went back abroad and she kept trying different modalities to prepare herself for pregnancy. P15 has firm faith in God and believes His blessings are must. She has performed many spiritual rituals as suggested by her mother-in-law. After miscarriage, P15 has undergone three more IUIs and is now getting ready for IVF.

Sister-in-law of P15 also had infertility problem and they have now adopted a child. P15 has full support from her in-laws and her family as well. With this background, P15 is trying hard to have a baby as she feels that they already have an adopted baby at home. She and her husband are open to adoption but would first like to try for a child of their own. Adoption is considered as the last resort. P15 is concerned with her advancing age and feels that taboo of infertility goes everywhere even if she does not have any other problem. People see her with pity and that bothers her. Although she feels left behind, however she does not let negative thoughts overpower her. She feels infertility has altered their life goals. Her husband has returned from abroad and is planning to settle in India permanently. Earlier they had plans to move abroad. P15 takes everything in her life with a positive note and is hopeful that soon she will be able to fulfill her desire to experience motherhood.

**PARTICIPANT P16**

Participant P16 is 28 yrs old educated house wife living in an urban area along with her husband. P16 has been married since four yrs and is trying to conceive for three and half years. Couple have used barrier as a method of contraception during initial period of married life. P16 has menstrual irregularities and took treatment for the same. P16 has tried dieting to reduce her weight in an effort to conceive, but gave up half way when she did not see any change. P16 does not have any contact with her in-laws due to some family problem and gets complete support from her husband and her parents. She feels family support helps to deal with infertility related stress and she is able to forget about it for time being.

P16 questions her inability to conceive, as there seems to be no apparent reason for her sufferings. She thinks about it whole day and blames God to put her through this. P16 feels bad about taking medicines and spending money on treatment even though conception is considered to be a natural process. P16 has not disclosed her treatment type to anyone as a child conceived with IUI is not considered as the couple’s child,
and the couple is still considered as unable to reproduce. P16 does not feel any social pressure to conceive but feels lonely and wants to experience motherhood. To cope with infertility, P16 avoids thinking about future and does not discuss anything with her husband regarding it as discussion itself becomes an emotional trauma for her.

PARTICIPANT P17
P17 is 40 yrs old illiterate women married for 24 yrs who lives in a rural area along with her husband. Her husband is a farmer and earns livelihood through farming. After two yrs of marriage, P17 started taking treatment for infertility and visited many doctors, nurses, birth attendants, herbalists, tantra mantra and spiritual healers. Now she does not even remember them all. Earlier she used to live in joint family but moved to another place after her sister-in-law’s delivery. Three years ago, she experienced an IVF failure from another clinic. P17 is very distressed that after spending so much of money and visits to clinics and religious places, she could not conceive and experience motherhood. Though the family has been supportive throughout, she still feels bad and leftout. Although P17 enjoys her husband’s full support, he does not agree with adoption as he still feels hopeful. He is ready to spend money for the treatment, though they are not very strong financially. P17 feels she has failed as a wife since she could not give a child to her husband. P17 has stopped interacting with people and tries to remain aloof. She expresses constant tension of infertility and feels uncertain for how long she can deal with it.

PARTICIPANT P18
Participant P18 is 34 yrs old housewife, lives in a semi urban area along with her in-laws. She had been married since 14 yrs and has been trying to concieve since then. In her case, the cause of infertility is the male factor as her husband is azoospermic. She has undergone nine artificial inseminations with the hope to conceive. P18 is very distressed as she cannot disclose her husband’s status to anyone and has to bear the societal pressure and taunts alone. Her family is not aware of her husband’s condition and blames her for infertility. She has nobody with whom she can share her feelings. Due to financial hardship, P18 has not been able to go for IVF. She has not disclosed the type of infertility treatment to anyone in her family and neighborhood as IUI is not accepted well in the society. She feels pressurized to perform certain rituals and to
have some traditional medicines from her mother-in-law as she believes that the problem is with P18 and that is why she is not able to conceive.

With the support of her husband, P18 decided to undergo artificial insemination to escape from taunting and social pressure. Her husband is very disturbed with his medical condition which prevents her from discussing her feelings with him. P18 is very distressed and cries a lot alone. She blames her destiny for her situation and asks God to help her to pass through this. P18 is now preparing for her next artificial insemination as they do not have enough funds for IVF. She is hopeful that this time God will bless her and will end her suffering.

PARTICIPANT P19
Participant P19 is a 31 yrs women married since 12 yrs. Her husband is a drug addict and she lives in a small house in outskirts of village with her mother-in-law. The joint family got separated when her husband could not contribute productively to family expenses. Now she has a meagre income for livelihood. Though she frequently took treatment in the past, however she has to discontinue due to financial constraints. P19 is very depressed due to her condition and cries a lot. Her husband has expressed his inability to leave his addiction and blames her infertility for that. As per him he is addicted due to stress of not having child. Due to this, P19 believes that he may leave his addiction if only she could conceive. She started taking medicines after two yrs of marriage and has been trying since then. P19 took traditional medicines as suggested by someone but started gaining weight so left treatment in between. In between P19 took break from treatment for two years with hope to conceive naturally and partially due to lack of funds. This time too, few relatives have pooled their resources and arranged the funds for her treatment.

P19 does not face any probe or taunting from people around as they are aware of her husband’s addiction. Her relatives are very supportive and bless her. Her mother-in-law stays with her and provides emotional support. P19 is very distressed, disturbed and cries a lot. She seeks solace in God and looks forward to have some happy days in her life.

PARTICIPANT P20
Participant P20 is 26 yrs old educated women married for two yrs and lives with her
husband in urban area. P20 used contraceptive pills in the initial phase of her married life and which she thinks might be responsible for her infertility. She now advises all newly married couples not to use any kind of contraceptives and let the baby come as soon as possible. P20 is very disturbed as she could not find any reason for her inability to conceive. She surfed internet for information and tried various positions during coitus in an effort to conceive. For treatment modalities, she takes help of internet and is aware about option of surrogacy and has given a thought to it. Even though she thinks that will be her last resort, but child would be theirs as their gametes will be used. She realises that huge amount of money will be required for that.

P20 has full support of her husband and her parents. Her husband has given her an option of adoption to relieve her stress, but she is not ready for adoption as she feels she won’t be able to love that child. At social gathering, P20 and her husband pretend that they are not ready for a child yet and want to enjoy life. Whereas in reality, they are desperately looking forward to have a child. P20 has undergone three IUIs but have not disclosed it to her in-laws as they may make fun of her infertility. P20 is not able to think about life without children and feels children are a must to live a fulfilled life. P20 feels infertility has changed her personality and now she does not enjoy her life as used to earlier. P20 feels very relieved talking to her mother who supports her and helps her to calm down. P20 opted to complete her studies before experiencing motherhood but is now unable to concentrate on other things. She feels only a child can complete her and can end her despair.

PARTICIPANT P21

P21 is a 34 yrs old women married for 13 yrs living with her joint family in a rural area. After 3-4 months of their marriage, P21 started experiencing pain in her lower abdomen and has been receiving treatment since then. She is aware that her tubes may be blocked due to tuberculosis. P21 has tried every kind of treatment modality ranging from traditional, herbal, biomedical and spiritual but is now disheartened as she could neither conceive nor get relief from pain. She has undergone three surgeries for diagnostic and therapeutic purposes. P21 is concerned that so much money has been spent on her treatment and still she has to bear the taunts from her family and neighbours. People do not permit her to touch their babies and to avoid taunting and
probing by others she has isolated herself. Now talks of her husband remarriage are
doing rounds in the family. Due to frustration and taunts, she also suggested her
husband to remarry to which he has partially agreed. Her brother is paying for the
treatment now.

P21 blames her destiny for her infertility. She is aware of her problem and feels that
God is not responsible for this. She feels very bad and shattered when somebody says
something humiliating. Her husband is not much supportive and she feels that he has
become disheartened over the years with rounds to the clinics. Family of P21 is not
ready for adoption or IVF as that child is not considered as theirs and they feel second
marriage of husband is the only option available now. P21 has complete lack of
knowledge regarding IVF. There is nobody in family with whom she can share her
anxiety and tension. P21 feels very lonely, at loss and feels helpless about the
situation.

PARTICIPANT P22
P22 is a 23 yrs old women with primary level education, married for last four yrs and
trying to concieve since then. P22 lives with her in-laws who started tormenting her
after two yrs of marriage. P22 belongs to a low socioeconomic status and her in-laws
have refused to spend money on her treatment. She was sent back to her parent’s
home with a last chance to get her treatment done as she had tubal blockage. Her in-
laws want their son to remarry as there is no medical problem with their son and
spending money on her treatment will be wastage of money and she won’t be able to
conceive. P22 tried various treatment modalities in an effort to conceive but
discontinued the treatment due to financial hardship. Her husband is not supportive
and does not defend her in the presence of his parents. Marital relation is disturbed. At
times, P22 has been a victim of physical violence and frequently faces psychological
violence in terms of taunting. Now her parents are bearing the burden of the treatment
with the hope to get her settled.

P22 cries alone and prays to God to bless her and save her marriage. She blames her
destiny for the hardship of infertility. P22 is very sad and takes ART as the last resort
to save her marriage. She has asked her husband to give her last chance before going
before remarrying and is taking treatment with the hope to be a mother soon and to end
her sufferings.
SECTION II
This section gives details about the meta-themes, themes and subthemes that emerged about the phenomenon with the help of verbatim of participants collected and categorized from in depth interview with participants. The analysis took place after each interview was complete and transcribed.

During the process of data analysis firstly, each interview was read twice for overall understanding. The second step involved making summary of interviews and beginning interpretation. The analysis process required ongoing reading and re-reading of the transcripts for comparing and contracting interpretation that leads to subthemes, relational themes and eventually metathemes. Researcher took help from two independent researchers who followed the same steps individually. Common units were identified by comparing and contrasting the text and subthemes were identified. Subthemes were discussed and a consensus was derived through intensive brainstorming with research supervisor. As coding progressed, data was checked and rechecked and findings were reorganized as relationship between subthemes emerged. The emerging themes were supported by verbatim from the transcripts. Finally, findings were given to two other peer researchers for peer debriefing for validation.

Table 4.2 gives summary of derived meta-themes, themes and subthemes.
### TABLE 4.2: Summary of Meta-thems, Themes and Subthemes

<table>
<thead>
<tr>
<th>S.No</th>
<th>Meta theme</th>
<th>Themes</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B. Personality</td>
<td>i. Being more agitated &lt;br&gt; ii. Emotionally weak &lt;br&gt; iii. Loss of confidence and low self esteem &lt;br&gt; iv. Loss of interest.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Life</td>
<td>i. Unfulfilled dreams/ altered goals &lt;br&gt; ii. No life in life</td>
</tr>
<tr>
<td>2</td>
<td>Environmental Influence</td>
<td>A. Influence of Society</td>
<td>i. Blame for infertility &lt;br&gt; ii. Social Pressure to conceive &lt;br&gt; iii. Remarriage of husband &lt;br&gt; iv. Reputation in society</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Influence of culture</td>
<td>i. Cost of treatment to be borne by women’s parents &lt;br&gt; ii. Decision Making &lt;br&gt; iii. Non-disclosure of male infertility &lt;br&gt; iv. Preference of male child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Influence of religion</td>
<td>i. Devine intervention, Game of destiny and past karma</td>
</tr>
<tr>
<td>3</td>
<td>Effect on Relations</td>
<td>A. Marital Relations</td>
<td>i. Supportive or non supportive &lt;br&gt; ii. Suppression of feelings &lt;br&gt; iii. Sexual relation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Relation with Family</td>
<td>i. Family Support &lt;br&gt; ii. Parental Family support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Social Relations</td>
<td>I. Social isolation</td>
</tr>
<tr>
<td>4</td>
<td>Treatment seeking behavior</td>
<td>A. Modalities adopted</td>
<td>i. Modalities adopted &lt;br&gt; ii. Experience related to them &lt;br&gt; iii. Consideration of othersview.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Burden of treatment</td>
<td>i. Effect on health &lt;br&gt; ii. Financial burden &lt;br&gt; iii. Stressful day of visit</td>
</tr>
<tr>
<td>S.No</td>
<td>Meta theme</td>
<td>Theme</td>
<td>Subthemes</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------</td>
<td>---------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C. Knowledge related to ART</td>
<td>i  Lack of Knowledge &amp; myths related to ART</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ii Fear of failure</td>
</tr>
<tr>
<td>5.</td>
<td>Coping with infertility</td>
<td>A. Emotion focused Strategies</td>
<td>i  Avoidance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ii Continence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>iii Escape</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Problem focused strategies</td>
<td>I  Double positive evaluation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ii Seeking support</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>iii Seeking treatment</td>
</tr>
<tr>
<td>6.</td>
<td>Desire of Motherhood</td>
<td>A. Desire of motherhood</td>
<td>i  Own feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ii Husband’s desire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B. Adoption</td>
<td>i  Self views</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ii Views of husband</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>iii Views of Family</td>
</tr>
</tbody>
</table>

Six meta-themes, sixteen themes and forty seven subthemes emerged from the expressions of participants describing lived in experiences of childless women.

1. IMPACT OF INFERTILITY

As women shared their infertility experiences, the first meta-theme that emerged from the data revealed the impact of infertility. Three salient themes emerged from this as:


These themes describe specific ways in which infertility has impacted womens’ lives. Almost all the participants reported that infertility eroded and interfered with all aspect of their lives and presents major life challenge to those who desire children.

1  A: EMOTIONAL IMPACT

The first theme under impact of infertility describes the emotional impact of infertility on women. Participants reported wide range of emotions including:

i) Less than others  ii) Constant stress  iii) Hope disappointment cycle  iv) Desperation  v) feeling of guilt and self blame  vi) Nobody to share
1 A (i) Less Than Others

Infertility leads to a feeling of lacking behind. Almost all the participants shared the feeling that they are left behind than others/ friends of the same age. When others of same age group conceive, women developed a feeling of inadequacy as elicited through verbatim of participants:

“Now when I see my sister-in-law…. She got married after my marriage. After a year she had a baby, seeing her I feel that…. they have baby now, whereas we are facing this problem. That feeling of lagging behind comes. Seeing others baby now I feel I should also have one.” (P8)

“I feel less than others/ lacking behind than others as my husband’s cousin got married one year back. He has been blessed with a son. My mother-in-law says, they got married recently not even a year has passed and she has been blessed with a son, such a lucky daughter-in-law they have.” (P5)

“Now, at present I don’t see anything, but yes, later on or when I may think about it seriously I realize that others of same age, have grown-up kids, and we are still at the same place……. At times I feel I have friends of my age who have babies who got married, had babies, seeing that I feel at times.”(P15)

“I think……. I started planning for baby very soon; still I was left behind others. Now we see others who got married at same time as us and had kids within a year of marriage and had a second one too. So, I feel due to this.”(P4)

Participants shared feeling of jealousy towards fertile women who were able to conceive which added to the feeling of lacking.

“Now I have started feeling jealous. One of my best friend got married on 2nd April. Now she is blessed with girl child. So now when I listen to them I feel jealous inside,that everyone is having children and I am left behind.”(P1)

“I feel jealous at that time, no matter how much I try to console my heart. All the daughter-in-laws in my neighborhood, who were married after us (7-8 marriages)…..Each one of them have kids now.”(P5)

“Its not that you need a boy. There should be one child in the family. It feels bad when you see others of same age having babies and you don’t have.” (P15)

“God has given us everything. We are lacking only in this regard.........a child. If only He can bless us, we will be equal to others. The way they love their child, we will also love our kids.” (P7)
Another participant struggling with infertility for 17 yrs felt disruption in normal course of life. They are not able to move along with others. She said:

“If we had kids, they would have been of a marriageable age in 2-3 yrs. So many times I feel like left behind than others” (P3)

One participant expressed how she kept imagining about her child among others and would indulge in day dreaming:

“My kids would have been 9 yrs old now, school going, I would have got them ready for school, would have prepared their lunch, they would have asked me for things...... as kids play, i imagine, if i had kids i would have played with them, if my girl child would have been there, i would have got her ready....” (P5)

Participants reported feeling of extreme lacking when younger ones at home get married and had kids. Participant felt like not moving ahead in life and their turn never came and reported a strong feeling of persistent emptiness.

“I felt it in full force when my youngest sister had kids. We are 6 sisters. I felt, see I have reared them up with my hands. They have kids now and i am still in the same stage...... i feel maximum pain due to this that i am still standing at the same position where i entered. We are not able to move ahead, other have moved so ahead than us like now other has kids. They have grown up, have started their life. We might also have that. We might have been tension free....... my niece got married last year, now she is pregnant with such a beautiful baby bump. I keep sitting like this. When i came to this house she was a kid. I keep thinking now with in another 4-5 month she will also have a baby. She is having such a good time, those who have kids they celebrate birthdays in hotels and all. I go everywhere. Everyone calls me too. But that particular space inside me is empty, a big void is there. I wish I also could have a baby, I also do like this as others....” (P6)

“See all my brothers and sisters... they all have babies....my sister who got married along with me have 2 kids now, it does not feel good. Everyone goes home with their kids.(sobs) its only me who goes alone, I feel less than others.” (P20)

“My sister-in-law says when are you going to distribute sweets?(laddu kab kkhila rah ho?) When will you give birth to a child? All others of your age are having more than two kids..... I feel this hurt in my heart.” (P2)

Feeling of being incomplete was very apparent among the participants. Nine out of 22 participants felt that the normal course of being married, having children and rearing them was interrupted due to infertility and they are not able to follow normal time schedule and were being left behind.
1 A (ii) Constant Stress

Participants expressed feeling bad about being infertile. Feeling of wastage of efforts in terms of taking treatment while bearing all the pain and spending money without any result was very apparent. Women felt nothing was helping them and the struggle seemed never ending.

“Get disheartened many a time as i’m spending so much of money, still do not get any relief……. Don’t know what is in store for me…. then i think that life is nothing without a child…. something must be done. Then i came here to madam (doctor).” (P11)

“It is very difficult, as taking medicines and injections in treatment is very difficult. Every time after getting injections i feel now it is enough i will not take it any longer but then again i start as i feel incomplete and lonely?”(P10)

“Feel bad that i have to take medicine, have to listen others taunt, have to undergo tests as well, bear pain and still not able to have anything.”(P4)

“My husband is very supportive. He didn’t let me feel but at times when I am alone that time I feel tense and bad that why is this happening to me??Means I have to take medicines also but still I am not able to have..”(tears roll down…) (P16)

“Used to feel bad when no benefit was there even after taking medicines also.”(P7)

“Used to feel bad that even after spending so much of money and travelling to different places we are not able to have a baby. Don’t ask me how much money and time we have wasted? How much struggle (dhakke) we had?? It’s been 13 yrs now….we started after a year and half, we started with medicines and till now I’m having it, have lost the count even of places where we have been. Still not getting any relief neither in pain nor having a baby.”(tears roll down…) (P20)

“Feels very bad all our energy, money and time is being wasted in these trips to clinics.”(P3)

Having a baby seemed a distant dream and participants expressed feeling of pain, begging God for it and running behind that dream. Seeing others kids brings a feeling of emptiness and loneliness.

“I feel strange how others conceive so easily. May be when I will conceive I may not feel so, but at present I feel. Feel bad in heart, like to yearn (tarasna) for a thing.”(P4)

“It hurts seeing others kids (takleef hoti hai). I feel bad seeing others child. Feel pain and anguish (tadap hoti hai, dukh laga hai). Though I don’t feel jealous, but if only i can also have a child. Feel very sad many times.”(P9)
"I feel bad and it troubles seeing others of our age have got kids and we don’t have.” (P10)

“This tension is constantly there. A baby only can end it, when I will have baby this will end on its own.” (P14)

“I felt bad thinking that others get so easily but we have to struggle (sobs).” (P16)

“Don’t feel like staying at home, whole day just keep on sitting like this, if my child would have been there. Would have spend time with him, keep sitting empty handed now.” (P20)

As time passed after marriage, women felt more at loss and feeling of uncertainty settled. Childlessness became too consuming and the sole matter in thoughts. Constant tension and stress decrease the interest as nothing seems to help.

“Now see 6 yrs have passed like this. God knows what will happen in future? I have so much of mental tension. I feel scared at times with everything. Don’t know what will happen? What if I won’t have a baby? Now as days are passing my tension is increasing. Now I am so disturbed that I don’t remember what I have told to whom, so much of tension is there mind does not settle down at one place.” (P2)

“I spend whole day in this tension only what will happen? How it will happen?” (P3)

“Only this tension is there. Everyone at home also says we are spending so much on treatment. You are taking so many medicines also still not able to conceive. This is one tension from which i am not free yet. Once i have a child I will be tension free. As my mother-in-law keeps taunting that you are not able to have child till now, that increase my tension. Now a day I am very upset whole day.” (P4)

“Now i am alone, husband goes out, mother in law father in law in their room and i am alone..... So much of tension is there in mind I don’t feel like doing anything, will try something for 2-4 days and then leave in between. What is there in all this?? Felt heartbroken from every side.” (P5)

“Don’t ask what all i feel inside. It’s a very bad feeling....... whole day i just feel when will we come out of this journey, where we have been standing? This tension is there in mind 24 hrs a day. Means if it is for an hour, but a person can think, about it for 24 hrs but have to keep it aside and work” (P6)

“This is the only tension throughout the day. If we had a child today we might not have to struggle so much (humme yu dhakke nhi khane padte)” (P7)

“Others also say but i feel within me as well. Whole day this is the only thing in mind...daily routine life is disturbed as whole day i keep on thinking about it only. Morning evening this is my only thought.” (P9)

“As much time had passed after marriage. Earlier never felt need as we were abroad and didn’t get time to think about it but since the time we have come back, i feel more
and when somebody asks about it, then I feel. So much time has elapsed since marriage.” (P10)

“I feel scared at times thinking what will happen if i don’t conceive? Life is spoiled.” (P13)

“Every month you wait and then when you don’t get it, it hurts. When you are eagerly waiting at this age” (P15)

“I feel so bad that we are not able to havea child naturally. If only i had it naturally i would not have to borrow money for treatment..(kisi ke aage haath nhi failane padte..) (P19)

Presence of other stress increased the tension manyfolds. Participant P19 whose husband is a drug addict thinks that infertility has increased his addiction. P1 and P18 had to hide male factor of infertility from every one. Such stressors further enhanced the struggle of these women with infertility.

“Everyone knows that my husband does have an addiction problem that why i could not take treatment and because of our childlessness the addiction has increased since last 5-6 yrs. I am hopeful that if we will have a child he will leave his addiction.” (P19)

“It’s just that, ours (infertility) can be disclosed to others, where as his (husbands) cannot be. That is the only difference.... for women it’s acceptable, but men feel a lot. So they have to hide.......I didn’t tell anyone because i thought nobody should say anything to him. He became very serious about it” (P1)

“What can I say? I can’t disclose to anyone about him. Have to bear that burden as well, i know he won’t be able to tolerate if anyone says anything to him regarding his problem. So have to hide from everyone and listen to everything what others say. To hide itself is a tension.....” (P18)

Infertility seemed to overpower women and they felt overwhelmed with the thoughts of having a child, sometimes all day long. A constant stress of having a child and fear of wasting resources was reported almost by all women.

1 A (iii) Hope Disappointment Cycle

The journey of infertility was perceived as a cycle between hope and hopelessness by participants. At one point, life seemed to be promising whereas on other occasions they saw no hope. Life with childlessness swings between hope and crashed hopes. Hopes rising with initiation of new monthly cycle or new treatment options and then
crashing or feeling disappointed either due to probing by society or with initiation of monthly flow as expressed by participants:

“When i get up in morning at times i am so hopeful but sometimes as soon as i get up suddenly it comes in mind what will happen? Who all i have to answer today.” (P2)

“When i have my periods, life gets disturbed. Whole month, we just hope that perhaps this month something will be there. Perhaps we will be blessed this month. Then when periods comes everything gets disturbed. Feel so bad that time.” (P3)

“I feel tensed. Every month when periods come i start thinking about next month with hope that next month it should not come. I feel like crying every month when bleeding occurs..... we are trying our level best, still not able to get results”. (P4)

“At that time when i feel periods have started, if husband is sitting along, then used to feel in my heart, what is happening, what will happen and if husband is outside, then used to cry alone. What I have thought and what has happened?” (P5)

“Every month this tension is there before periods come what will happen this time? Every month when periods start i feel bad. (mann dukhi ho jaata hai..)“(P7)

“Sometimes somebody suggests leave it for some times, wait for some more time you will get it. Then after that as soon as we start hoping again it crashes. Astrologer also told us that you will have baby by this year. We again become hopeful that will be blessed this month. Then again month by month when periods come, again we rush that what it is happening?” (P8)

“Every month used to be positive and due to this only I did not start any exercise etc thinking might have conceived this month. Should not have any problem, didn’t pay any attention to self.”(P15)

During the initial years of marriage, participants expressed that they were hopeful that they will be able to conceive naturally, but as years passed by, hope was replaced by doubt and confusion and at the end complete acceptance and hopelessness.

“Earlier I used to think I will be able to have. Never thought of so far. I never thought it will take me 4 yrs” (P1)

After years of trying various modalities and when nothing seemed to help, women reported losing hope and faith and thought of leaving treatment in between.

“When nothing was giving results it felt nothing is there now, better leave everything. Many a times i felt like leaving treatment as have been struggling since last 18 yrs still not able to get it... at times i am doubtful, don’t know i will ever be able to have or not”(P3)

“Many a times i feel like leaving everything..... got tired trying everything. Still at the
same position. I used to feel my life has ended. Before 6-7 yrs, it seems nothing is there in life. It has ended.” (P6)

“If you feel any change in body then only you can believe. When i could not feel any change then i lost trust, used to fear don’t know will get or not. So i stopped taking medicine in between. Stopped spending money on this for 2-3 yrs in between.” (P20)

ART was considered as the last resort by participants who struggled with infertility for long time. After this they seemed to come at the end of road.

“Could not conceive with IUI, then i thought now it is difficult to have a baby. Lost all hopes, this (IVF) is our last hope now. If able to get from it its ok, otherwise nothing else is there. This is last (IVF).”(P3)

“This is last chance for us. If we get its ok or will sit at home and will not try any further.”(P20)

Infertility became a roller coaster of high and low between hope and hopelessness. Participants felt hopeful in the beginning of the month, however all hopes faded away as the menstruation started.

1 A (iv) Desperation

Participants verbalized desperate desire to have a child. Life seemed to be stuck and they felt that they were unable to move ahead without having a child. Participants shared their desperation in terms of undergoing any procedure, bearing pain up to any extent and using any technique to have a child.

Participant P13 who faced many marital, social and financial problems as a result infertility expressed:

“It’s very bad feeling. It is becoming difficult for me to pass each day.(ek ek din katna mushkil ho raha hai) If only I could have baby life will be enjoyable (mazza hi aa jaye)….. Everything depends on the baby. This is main tension …..i am ready to do anything, face anything, bear anything, only thing there should be a baby.” (P13)

Participant P9 also expressed feelings like:

“Now I feel more. Now I need a baby. I don’t know, I just feel they should give me some medicine or do something now itself so that I become mother now. I can’t express what my happiness will be with my child.” (P9)

Even participants who had family support also had similar feelings:

‘My mom tells me to take a break for 3-4 months or else you will die. I say let me die, but i need to have a child.”(P1)

“The only thing on my mind is that i should have my own child, nothing else. This is
the only thing. As feeling and happiness of having a child is entirely different thing.” (P3)

“I just pray to God to give one baby only. Don’t give second, but give at least one.” (P7)

“I keep thinking when I will have my baby; I will be out of this world then. I only need that; I don’t need anything after that. My whole focus is on that. Now I am desperate. He (husband) supports me saying that don’t worry I feel relaxed but again I start feeling. Always my feeling is now I should have it. This has become of prime importance for me…… the more I used to be afraid of pain, I have got done everything. Even if there is pain I don’t mind, I only want a baby. I told mam (doctor) that do whatever you want. There is pain in IUI, in test tube too I had pain, I don’t mind, I will bear anything. Only thing needs a baby……… I don’t think about or take tension about tomorrow. It is about today only, let whatever that has to happen…… happen. I would like to have baby.” (P8)

Women seemed to be more desperate due to social pressure or constant reminder of their infertility.

“Now I just feel that somehow I become like them. As soon as possible I should have a baby, nobody should say anything to me” (P4)

“Life is stuck. All the time, 24hrs a day, seven days a week. Every month, the only thing is there that how a baby will come home, what should we do? Now everything is stuck on baby, for everything like if we are sitting at home, all family is there. There is some discussion going on. Sooner or later this will be directed towards baby. If there would have been a baby in house, this might have happened, we might have done this. At last discussion will end there only.” (P5)

In a desperate effort to have a baby, women did not mind tolerating any side effects or not leaving any chance as stated by two participants:

“For child you don’t see anything. No side effects of medicine or anything. I am ready for second IVF for a child. I am numb to all other things, not able to see anything else. By any how, any method I should get a child now. Rest whatever happens will see later on.” (P2)

“Now also I was telling madam (doctor) that get all tests done whatever you feel like. Even if have to repeat hysteroscopy. There should not be any doubt….. Now we will try our level best to go to best place and seek the best treatment. We don’t want to leave any stone unturned.” (P15)

“I just feel, if I get a child I will get my life back.” (P9)

Eleven participants verbalized feelings of desperation to have a child and reasons stated were social pressure, marital distort, females to be blamed for infertility Feeling
of desperation was more prevalent among participants with shorter duration of infertility. Participants expressed how they were ready to face any pain or investigation in order to have a child.

1 A (v) Feeling of Guilt and Self Blame

Many participants expressed the feeling of guilt specially where families were very supportive. Children were considered to bring happiness, prosperity and a woman is looked upon to give this to household. One of the objectives of marriage is to have child. Women, who were not able to bear children after marriage over the years started feeling guilty of not giving this happiness to their husband and family. This feeling of guilt lead to non expression of true desires and further bottling up of emotions as stated by participants:

“I speak very cautiously. I think i cannot ask him for anything. I have never asked him for anything. I just could not ask, as he is spending so much money on my treatment and still i am not able to give him anything. I have restricted my life at one place only. I don’t ask him for anything. If only i could have a child i would have asked anything as my right, i would have had right on him. Now like i have come to market, he will never refuse me for anything. But i just can’t ask him. I feel ashamed of myself; i could not give him anything....... My mother in law is there, she never said anything to me. Now also don’t say anything, but i do understand. She also had a hope with me to give kids to his son. She doesn’t sit with me. She can’t listen to me. I feel she is also fed up with me. I feel very bad...... If you have a child after a year of marriage how much you are loved? How much happiness is there? Nobody has said me anything at home, but in my heart I feel. I feel it a lot....” (P6)

Participants expressed that their husband’s silent suffering put them in tighter place and they felt that they were unable to fulfill the responsibility of a wife to provide happiness to husband.

“Seeing my husband I feel he needs kids, seeing him i fear if i could not conceive what will happen?? I feel guilt that my husband accepted me even with my past and i am not able to give him a child even. What is his mistake? Because of me he is not able to get happiness. Seeing him i get tenser.” (P9)

“Every time this tension is there. I feel he is also tensed. What is his fault? He is not having kids that’s why got angry. If only kids are there, he could play with them. Will be relaxed. Now as we don’t have so he is agitated all the times.... If only he can see face of his child, one child should be there.”(P11)

“When we go home, my husband get attracted to kids of my brother-in-laws as we don’t have kids, that time I feel from inside that why others are having and I am
Participant P4 who lives in semi urban area where getting a maid for household chores is not an easy task and a daughter-in-law is expected to perform these duties. She felt guilty for not contributing towards household work and adding financial burden of hiring a maid.

“Now I cannot do heavy house hold chores. Have to hire a maid. But in village you don’t get maid. So I feel guilt, others also say your daughter-in-law does not work, then I feel if could have a childI could have been tension free. I would have worked.”(P4)

On the contrary, participants who lost their babies at early stage, felt guilty of their actions or emotions which they think lead to miscarriage. Now, as they were struggling with infertility, the feeling of guilt was more apparent as they they were unable to conceive again even with medical assistance and had to put so much of effort and money in to this. If only they could save their child at that time and thought of those actions come back again and again in form of guilt as expressed by two participants:

“I lost my baby due to my anger which i had on my mother. All my hormones got disturbed due to anger. If only i would have opposed my sister-in-law at that time or would have said something. I might not have had that much of tension. It would have been relieved.”(P2)

“I feel guilty that if only i would not have gone home perhaps i would have had a baby by now. My mom also feels so bad that if i would have not called you, miscarriage might not have happened. They spent so much of money on me, still i could not save my child.”(P4)

At times guilt leads to self blame and participants started projecting themselves as the cause of infertility. Failure of reproductive system to give desired results lead self projection and blame as she is supposed to be one to deliver. Societal paradox and diagnosed female cause of infertility worked as catalyst in the spiral of emotions.

“Even though nobody used to taunt me, still i used to think that i am not able to have a child. What problem (kami) do i have?”(P3)

“I feel i have some problem in me. At times i say also that i am inauspicious (Manhoos). If only i would have done some good deeds (karma) perhaps this might not have happened with me. God is blessing others why not me? I blame myself, keep on cursing myself.” (P5)

“I just keep thinking what the use of such a life is? My husband is also like this. He
doesn’t understand anything, I have not asked for these diseases myself, if God has given what can I do? If I would have child I might not have suffered like this. I feel, I have some problem in me, that’s why I have to bear this all.”(P11)

“I curse myself, cry alone. My destiny is not with me.”(P13)

“The problem is with me, reports have shown it. What is there now?” (P21)

Another participant with diagnosis of PCOD (poly cystic ovarian syndrome) blamed herself for her inability to reduce weight in an effort to conceive even though she felt bad about it.

“I feel bad, very bad that why this is happening with us that I have to take so many medicines and have to suffer so much for this and I blame self for this, as I know it’s my mistake. If I loose weight, or pay some attention then perhaps this might not happen means I should try which I am not doing, I am not able to do that.”(P14)

Participant P20 blamed herself for using contraceptive pills early in their marriage to prevent unwanted pregnancy and she now struggles to conceive and strongly recommends others not to use any contraceptives.

“I have read everything. I know, but still to satisfy something you want to blame on something, so I feel I had those pills which had caused hormonal imbalance in me..... Now I have started suggesting new couples not to take any contraceptive, if child comes let it come. As in starting I had contraceptive pills for 2-3 months so I feel we might be having problems due to this”(P20)

Feeling of guilt and self blame was very obvious among participants as expressed by twelve participants. One of the objectives of the marriage is to have a child. When a woman realized that she is infertile, she lost her self esteem and developed a sense guilt.

1 A (vi) No Body to Share

Another trauma of infertility which participants expressed was their inability to share their thought, feelings and emotions with anyone as they could not find anyone who could understand them or they were at loss of words to explain their feelings.

“I don’t share with anyone. I just share with my God. He will listen, even though I talk to my mom but still that tension is constantly in my mind.”(P2)

“After my younger sister in law who was my best friend left, I cannot share with anyone even though whole day this thing is in my mind. Whenever now she calls me I do not tell her also, as she cannot do anything from so far. She can help me with
Women perceived infertility as a struggle, a failure on their personal front, a stressor and emotional roller coaster. They described a broad range of sorrowful and devastating emotions including constant stress of not having a child, hope disappointment cycle, desperation to have a child, experiencing guilt and blaming self for not fulfilling the desired social role.

1 B: IMPACT ON PERSONALITY

The second theme in experiences of infertility emerged was personality changes among participants. In this, participants revealed how infertility leads to personality change and how it affected them. Four subthemes reflected these expressions as:

i) Being more agitated ii) Emotionally weak iii) Loss of confidence and low self esteem and iv) Loss of interest in life
1 B (i) Being More Agitated

Constant reminder and stress of infertility lead participants to be angry/agitated. This change in personality was reported by almost all the participants who felt that continuous tension of infertility generated anger, agitation towards self and others surrounding them. Anger seemed to be projection of frustration of lacking and not getting what they had expected from life as expressed by participants:

“Now as atmosphere at home is changing, i feel angry all the time. I talk loudly and angrily with everyone......i am not happy at all these days. Now i feel frustrated on everything. My husband also says, earlier you never used to mind others jokes, now you react to normal things as well. That’s not good. I think this is due to tension.”(P4)

“Now i am more agitated, irritated all the times, cry on small things. Things which i used to overlook earlier now trouble and bother me.”(P5)

“I lost focus of life, snapping at everyone. If somebody used to talk to me normally, i used to feel so bad. My mind was out of control.”(P6)

“I feel angry now. My brother says you never used to speak so much. What has happened now? I shout on kids now and then later on i think what the use of this anger and shouting is?”(P13)

“Yes, I have changed. Now i become angrier. Earlier i was immature, didn’t understand that having a child is so important. Now i understand and have become more desperate and angry.”(P17)

“Now I am conscious of my anger. Though it’s not a kind of thing which is in your hand and you can just put it down and its gone, but now as soon as i start in high pitch or volume i recall my unfortunate incident and i realize that i should not be angry”(P2)

Participants recalled their earlier life when they used to enjoy life without any tension and how this constant stress has now overpowering their mind and changed them.

“I don’t know what will happen if i won’t have a baby? What will we do? Even if i am sleeping in deep sleep, i get up suddenly. Earlier i used to have such a deep sleep, sound sleep. Now it’s not like this due to constant tension...... When i was in 10th i used to wonder what tension is? What tension might be there for a child?? I never had any tension in my life before marriage. I used to be so free and then came a time when everything was thrown over me. Earlier i never used to tolerate anything of anybody, used to give them back. Now i don’t say anything to anybody...... i have started forgetting like i will go to take out something from refrigerator, will forget after going there and will come empty handed. Then after coming to kitchen i will realize why i went there and then will get it. I am not able to do anything without mistakes
“Earlier I used to be happy. There was no tension, but now i have so much of tension” (P4)

Participants described and compared their earlier life to current situation and expressed that infertility has changed them. Inability to have a child constantly bothered them and have taken away all happiness and peace of mind replaced with stress and tension.

1 B (ii) Emotionally Weak

Constant tension and stress wore out participants and left them emotionally weak and devastated. Participants reported that they felt like crying on little things and had feeling of giving up. Women felt that people were trying to find fault in them and that constant struggle to preserve self breaks their defense and made them more vulnerable to comments as expressed by the participants:

“*When she asks me (own aunty), I feel so bad. I will definitely cry after coming home. I feel she is spying on me, taunting me*” (P1)

“*With whom all can you fight? There comes a time when you start tolerating things and taunts.*” (P2)

“*Now I feel like crying on small things. Have lost strength*” (P3)

“I have started thinking as let her (mother-in-law) say what she has to say. For how long shall i backanswer her? It is her habit to say and my destiny to listen. I feel like crying forcefully alone when some neighbour says anything.”(P5)

“*I feel everyone has hopes on me. If I don’t get it this time, I will be shattered. I have never been so shattered. (Main itna kabhi nhi tooti jitna ab toot jaungi).*”(P6)

“*Now I have consoled myself (apna mann samjha liya hai). I don’t feel like sharing with anyone.*”(P7)

“I just pray to God please now it’s enough. I don’t have any more strength to bear all this.”(P20)

On the other hand, five participants reported enhanced strength from this experience. These women expressed that the experience of infertility helped them to become mature, tolerant and patient. Despite being in constant struggle and trauma, participants reported that they were able to learn and develop with it.
“Now i have gained strength. Earlier i could not see my father, now yesterday when i saw my father in hospital i didn’t shed a tear. Everyone was astonished that i didn’t cry. Earlier i used to cry on small small things...” (P1)

“Earlier i used to be immature. Didn’t know what relations are? What is the importance of parents? Now have realized everything..... In the begining i was weak, but with the support of my husband i have become strong. Now i am not weak, now i do support him.”(P2)

“I have suggested my husband to remarry; you will be able to have kids.....i told him i will adjust with another woman also. Now i have this much of strength and patience.” (P6)

“Earlier i used to be different. Now i forget things. Earlier, i used to enjoy life. Now nothing is there, now don’t feel like talking to anyone. But my tolerance power has increased, patience have increased.”(P7)

Although some participants were able to recognize and appreciate their inner strength which they gained with the experience of infertility, others however were not able to deal with trauma of infertility and felt emotionally weak.

1 B (iii) Loss of Confidence and Low Self Esteem

Feelings of guilt, self blame and emotional weakness ended up in loss of confidence among childless women. Participants started feeling low and losing self control as elicited through verbatim:

““There was a time, when I had a sense of achievement after doing my Msc, it is not there now. I am losing my confidence.”(P2)

“My eldest sister-in-law is 20 yrs older to me. Look wise, she is just the same. My youngest sister-in-law is so beautiful. I’m the odd one amongst them. I realise this thing but then think, that’s its ok. I have to bear all this. I feel angry; have developed low self esteem .Why God created me? Why is this happening to me? It’s very painful.” (P6)

“Everyone in family had babies, only I could not have.”(P12)

“Because of this problem I feel, I don’t have any quality.”(P14)

“Yes, it seems that your complete personality depends on one thing. You have your own personality at your workplace. A separate rappo is therewith all but just one problem like, not having a baby can give people a chance to wag their tongues. So, negatitivity automatically comes in the mind. Though I don’t let it overpower me I feel that even after gaining so much, doing so much, somebody can just point out at the infertility issue. So it feels, on one side you are all rounder in your field, having a good job, working efficiently still people pinpoint and it hurts.”(P15)
Five participants shared lack of confidence and low self esteem due to infertility. These expressions of the participants reflected how they lost the sense of achievement and questioned their existence. Participants compared themselves to others and felt low and hurt. Participants started looking at self through eyes of others, lost confidence and self esteem.

1 B (iv) Loss of Interest

Women reported losing interest in things overtime. Everything seemed useless above the need of having a child. World around them kept moving at its pace, however they were overwhelmed with the thought of child and became oblivious to the surroundings. Each and everything in life focused on infertility as elicited through verbatim:

“"I was so fond of different phones. Now everything is lost. Now whatever is there its ok? So many of my habits have changed. I was so fond of TV, used to forget having food for TV. Now i just feel like sleeping. Finish household task as soon as possible and just sleep off. Don’t feel like doing anything. Feel like lying down the whole day, doing nothing. I used to have so many desires. Now i don’t feel anything, do not need anything now.” (P4)

“Now i have this tension day and night. Earlier used to feel excited, get ready and wear nice clothes. Now I’m simply disinterested. What will you do with all this? Only tensions are there, lost interest in everything.”(P5)

“I don’t take care of myself nowadays…..Nothing is there in life that excites me. Everything is a waste. Life is worthless. I am just passing my time.”(P13)

“Earlier I was happy going, enjoying life. Never used to take stress. That nature has changed completely. Now I am more conscious. Earlier I used to take everything so easily. Now I am very serious, have gained maturity. Now I am away from enjoyment and all. If a baby will come then everything will come back. Now I have restrained myself (Maine apne aap ko jakad rakha hai). I will come out of it only after having my baby.” (P20)

Four participants expressed loss of interest in materialistic things due to infertility. Nothing held their interest and all earlier desires and wishes had come to a halt.

1 C: IMPACT ON LIFE

Participants felt that infertility had profound impact on their lives. In this section, they expressed that while others of same age were enjoying life with their children, they are making rounds to clinics for treatment. Every round and corner took a turn
towards their infertility and they simply are not able to enjoy life. Two subthemes contained expression of these as: i) Unfulfilled dreams ii) No life in life.

1 C (i) Unfulfilled Dreams

Many participants expressed that their wish to have a child took over all other aims of life or altered timeline. Many of them reported leaving their job, dream of settling abroad and to achieve great heights in life. Those long cherished dreams and efforts to achieve them were diverted towards having a baby or to deal with infertility. Everything else took backstage while dealing with infertility became a prime importance as elicited through the verbatim:

“When i conceived earlier i left the job thinking, we need a baby first but later on i had a miscarriage and i lost my job too. Didn’t join in private firms after that though i never had any goal or aim in life like my childhood days. But yes if i would have been working now. My stress would have been less. I lost my job as well.”(P2)

“If i would have had a baby, i would have been tension free, would have studied further. I was thinking of doing B.Ed, but could not do because of the treatment. Now i don’t feel like doing anything.”(P4)

“Why do we earn? People earn because of children, to nurture them up.”(P7)

“When I thought of a job, my husband didn’t allow me. He said do whatever you want to do at home, no need to go out. He said, your treatment is going on, so don’t go out. Once you have your baby and then do whatever you want. Now what can we think of future without baby or life will move ahead only with baby? What is there to think about ourselves? I used to have aims earlier. Now this is my only aim” (P8)

“I went abroad for studies for 4 yrs and did not join anywhere. Here after coming back, as I had to undergo the treatment it was difficult.”(P10)

“My husband had plans to move abroad. That plan is stuck in between. Now, we’re thinking that once we have a child, we will move together. I also think my parents will be alone after me. Once I will have (baby) then my husband can go alone, but all these plans have shifted.”(P14)

“If I would have been successful by now, our child would have been 2-3 yrs old and we would have moved abroad. My husband was green card holder. We had full plans to settle there, but now because of infertility he returned from there. Now i have a job here. If i had conceived then, by now, we might have settled in USA. Everything was ready at that time, all my papers were ready. Now we have dropped that plan of settling there. Both of us have jobs here now, so we think we will settle here.”(P15)

“We would have lead an easy life, so much of pressure, both mental and physical, which we are facing now might not have been there. Would have thought of doing
something good in life. There is no aim due to this unsettled feeling. I feel bad, if this might not have happened, we would have been stronger financially. Would have thought of doing something else. My whole life style has changed. Don’t feel like doing anything, cooking or household things, nothing.” (P20)

“At times I feel I am stuck. As I am not even trying for job now, so many options for govt job were there recently, but I didn’t bother to fill the forms. Now like there was test for post office jobs but I didn’t go for writing test thinking, perhaps I will conceive this time.” (P22)

Infertility hindered partners from moving ahead as they has to accompany their wife to the clinics for treatment on regular basis. One participant shared how her husband was not able to move to other district to take orders for his manufacturing unit as he regularly accompanied her to clinic for the treatment.

“My husband too is not moving. I tell him to go to Kaithel as CMO of Panipat, has changed but he is in two minds. Where can he go? He has to come to Karnal to the clinic on regular basis...so not able to go anywhere outside.”(P1)

Infertility was perceived by participants as an unanticipated interruption in the course of life. Because of infertility they were not able to see future as a full picture. Life’s aspirations and dreams were shattered in to small pieces.

1 C (ii) No Life in Life

Life seemed to hold no promise for infertile women. Many of the participants reported having no interest in life anymore. Constant stress prevented them from having leisure time as others of same age. Apart from this, majority of them felt lack of happiness in life. Infertility seemed to take away everything from them and they were left with a dry and purposeless life to deal with as expressed by participants:

“Without a child, we keep on thinking that one day we will have a child. Most of us, spend half of our life on treatment and the other half of the life will be spent in tension. After so many births one gets a human life, which will be now spoiled due to tension of infertility.”(P1)

“I feel it too much now. I have to come to clinic, take medicines, and listen to everyone’s taunt too. Have to take precautions, when in this age we should have fun, enjoy life......but we are living in this tension. If and only if i could have a child....If i had a child, he would have been of my height now. Would have helped in household chores. Would have helped their father. We would have had everything. All happiness would have been ours. Now i don’t feel like doing anything. For whom should i do? I have now given up (himmat haar gye ab toh). Now we have to carry on with our life, whatever little is left, we have to work and pass it.”(P4)
"I cannot eat, wear or go anywhere with my own wish…..Taking medicine for their happiness and mother-in-law is not helping. Feel that my life is a waste and future holds nothing in store. The only task is now to eat, drink and pass time... that’s life. If this is life, what is the use of this life? Even animals live this kind of life” (P5)

“Life is like a stampede (bhagdaud). There is no aim in life, you have to be happy in others happiness. There is no happiness for you. To tell you frankly, the time when I was supposed to enjoy life, clothes, ornaments, that time we were neck deep into all this treatment, this time of life is lost forever. We are only running here and there for our treatment. If the tests are done today, tension till next day what will be there in reports? When reports come in hand will start thinking about them. That journey after a year had been troublesome like ladies get ready at their home, wear good clothes and enjoy. I never enjoyed that. That time never came for me, never got those years. We got stuck in such things and could not come out of it till now…..” (P6)

“Child is must. Without child life is nothing. You just pass your time here.” (P7)

“My life has just stopped moving. I just keep on thinking about the day, when I will come to know about my pregnancy?” (P8)

“Now I just wish to spend my life happily. If only I could have baby.” (P9)

“There is no happiness in life....” (P13)

“Whatever is there in life is with children only. Otherwise nothing is there in life, it is all stuck to the baby, without a baby nothing is there in life. I feel there is no life without child.” (P17)

“That thing is not there, the way I would have enjoyed life that is not there. Have to look at everyone’s face. Now I don’t have any wish for anything. Your life is good with your child only, nothing is mine in life. Whatever is there its ok. Life is incomplete without child.” (P18)

“Without child there is no life, 24 hrs this thing keeps coming to my mind.” (P20)

Nothing seemed to bring happiness and women started losing zeal for life. Infertility altered their outlook towards life.

“I think there is no life. Nothing is there. Even if you are financially ok, you get money. There is some good news, all these things matter for a small period of time. Mind goes back to the same tension. If only we had that happiness, everything depends upon that. Everything starts from there. Once you get it you don’t need anything else. Now I feel if that (child) is not there, nothing is there. I don’t like anything now. I don’t like getting up in morning now. Daily it’s the same routine. There is no life without a child. Does not matter what you do or what you achieve. You will not be able to enjoy that... If you have one child you will feel you have got everything, there is nothing more to be desired.” (P2)

“Life is stuck and i am not able to move ahead. Many a times when we have to go somewhere outside, when there are kids in family..... my husband’s cousins
kids, getting ready for school in the morning and come in front of our house to get their school bus. At times, my father-in-law is also there, they start talking, i just feel like running away. Life just ends here, my mother-in-law again will start saying, you also would have been busy and you might not have sat like this.” (P5)

“There is no life without child. It’s like that. Every time this tension is there. Whenever you meet somebody this is the first thing which comes in mind that they will ask something and then to search for an appropriate answer for that and that doubt is always there in mind that they should not think why we are not able to conceive.” (P14)

“Why are we purchasing all this furniture etc or why are we securing our future life? For whom are we doing this? If you have kids, your time pass easily, you laugh with kids, go to market for purchasing. It feels good in life.” (P20)

Participants expressed that they were not able to get any leisure time for themselves due to continuous struggle and making rounds to the clinic for treatment.

“Not able to go anywhere for sightseeing etc. We make plans but then these dates of treatment clash with the plans, so unable to go anywhere.” (P4)

“Could not think of anything else. Never went anywhere to enjoy or for sightseeing. Where ever we went, we went only for medicines, could not even go to meet my own sisters.” (P6)

“Everything is linked to kids. At times when I feel like going out, I don’t say anything to him because I know he won’t agree. If only there had been kids, he also might have enjoyed the outings.” (P13)

Almost all participants verbalized loss of interest and change in life. Participants verbalized feeling of being at loss and lack of enthusiasm in life.

To summarize, three themes emerged from the meta-theme of impact of infertility. Childlessness had great impact on women’s emotions, personality and life. Participants reported having constant stress, feeling of desperation, guilt, self blame and swinging between hope and hopelessness. This emotional roller coaster had an impact on their personality and life in total. Participants expressed losing strength and interest in life, developing low self esteem and becoming emotionally weak due to continuous tension. Some of the participants gained strength from the adversity of infertility and shared became more patient and tolerant. For other participants infertility altered their course of life.
2. ENVIROMENTAL INFLUENCE

The meta-theme of environmental influences on infertility was identified from the 22 participants’ description of their infertility experience. Further analysis of the data within this theme revealed three salient sub-themes: 1) Influence of society 2) Influence of religion 3) Influence of culture

2 A: INFLUENCE OF SOCIETY

All participants reported perceived societal messages and believe regarding infertility. Society seemed to influence the experiences of women with infertility. The way they perceived importance of motherhood was influenced to a great deal by societal messages and beliefs. This theme comprised of four subtheme as:

(i) Blame for infertility (ii) Social pressure to conceive (iii) Remarriage of husband

(iv) Reputation in society

2 A (i) Blame for Infertility

With delayed pregnancy, women become target of blame by the society. They reported being tormented with taunts and abuses from family members and sometimes neighbors. Participants expressed feeling of loss and facing blame on regular basis as elicited from verbatim of participants:

“My middle sister says to me, better you die, you can’t do anything. Though she says in jokes, but I feel.” (P1)

“At times it happens 10 -15 days pass happily and then on 16th day something of this kind happens that all past 15 days are a waste. Whatever energy i had gained is lost because somebody will say something. A neighbor once said that there might be some problem with your husband and will you keep working by hanging your purse or will you deliver a child also? (yu purse tang kar naukri hi karti rahegi aur bacha bhi piada karegi?) Both of you have wasted all your energy on education. She said this quite a few times.”(P2)

“Environment of home and neighborhood is like that only. Every time they make me realize that i am infertile, less than others which adds to my pain.(sobs). At times somebody from neighbors will come and sit with mother in law and will start saying what to do, if you had a child you would have prepared him, you might not have sat like this, he would have passed stool, you would have cleaned him, washed his clothes, fed him, might not have sat like inauspicious (manhoos), they start talking like this. Everyday same thing is repeated, some lady from neighborhood will come and they will start same talks like if there would have been a child you might not have
sat like this, would have been doing this and that." (P5)

“Like this only time will pass, tomorrow nobody should say that there is some problem with the girl. Nobody should blame, everybody in family told me not to get tube test (hysterosalpingogram) done. But still I underwent it, as I have to satisfy myself and my family that there is no problem with me.”(P8)

“I am very scared of taunting by my mother in law. She taunts too much, that i fear. I can’t reply anything to my mother in law as she starts cursing my family also, which is unbearable for me.”(P9)

“It’s like that only, girls get pregnant immediately within 2-3 months of their marriage. In my case, it has been 3-4 yrs and i am not able to conceive. People think i will not be able to conceive.”(P13)

“People say she will not get baby. From where she will get? She is like this only this and that. This infertility is considered a taboo in society. People think if you are married you should have a baby. If not that means you have done something wrong or you are sick somehow. You are being tagged.”(P20)

“Now whenever there is quarrel, anybody is able to taunt that you have come to this world like this only and you will pass away like that only (jaise jindgi mein aaye the,vaise hi chale jjaoge, yu hi duniya mein aaye ho). They say you have spoiled your karma why are you spoiling ours now (apne karm toh phod liye, hamare bhi kuo phodte ho).Those who have kids, they say you don’t have yours and you are jealous of ours. (Jinke bache hote hai who kehte hai apne bache toh hai nhi aur hamare bacho ko dekh kar jalte ho) Now who is there to see? When I will have my child at least nobody will be able to say anything to me. Will not taunt me that you don’t have child. (sobs)” (P21)

Often, the daughter-in-laws were blamed for the expenditure of the treatment as expressed by three participants;

“I say I am having maximum tension to which my mother in law says that what tension you are having? We are having tension. We have to take you to clinics, spend money on you.”(P4)

“Any time if I have some quarrel with mother in law she will directly say, everything of home is finished for your treatment. We have spent every penny for your treatment, you made us to spent all money of house on your treatment, if only you could have a baby we could have utilized this money God knows where all?” (P5)

“Mother in law says that the whole savings of my son goes towards your treatment. She taunts, I listen, what else can I do?”(P12)

Participants were often compared to the fertile women who were able to retain their position in the family and society. Even if the participant conceived, she was said to be blessed because of the fertile woman’s luck as shared by one participant:
"I am very confident that reason of my miscarriage was because of what my sister in law had said. I should not have taken it seriously but I took and that became the main reason for my loss. She said that you have conceived due to the destiny of my daughter in law. As soon as she conceived you also conceived. I thought she meant to say that my destiny is not good. Whatever, I am getting is because of her daughter in law. She said it at many places and that pinched me a lot. I kept crying for 3 hours. Didn’t get up. I got mentally disturb so much for 15 days. I would not even be aware of who was sitting beside me” (P2)

Blame from society to have children often exacerbated the personal suffering. When pregnancy was postponed, the relatives and society blamed the participant which in the long way became a major threat for the women.

“I just wish nobody would ask me what is happening. Why baby is not there? What are you doing? Why don’t you listen to your mother in law? You go there, perhaps this will help. I can’t answer them back but feel like slapping them. What do they know what am I going through? What am I thinking? Even a small talk of the day, becomes a matter of tension for me. I keep on thinking about it, start having headache and cannot come out of it for 10 days.”(P5)

“When my husband’s grandmother asks me again and again I don’t like it. I feel as if I am lacking somewhere.”(P20)

Childless women were considered as inauspicious and one participant reported being discriminated. She lived in a village and had ectopic rupture earlier.

“People say, they are there to speak only. They say you are barren. (Banjh hai) This and that. Don’t call her at your home; she might be going to black magic (tantra mantra) performers. Will do something, even though i have never been to any black magic performer (tantric).”(P7)

“When i go to others place or to my neighbors home at times they hesitate to hand over their babies to me as they are superstitious. So, i prefer not to pick up their kids though i feel very bad about it. People don’t come to our house, when i invite somebody (neighbor) also she say i will come when you will conceive. Now people even say that you cannot be blessed with baby.”(P13)

“They say she (participant) has evil eye. She is not having her own (hamare bache ko nazar laga degi). People say how will have your child? You are jealous of others kids. My sister in law does not let her children come near me. She says, don’t touch my kids. She tells her kids also not to come to me. If they come over, she beats them and takes them away and then I feel bad. That kid gets scolding because of me, he is her child I cannot say anything.”(P21)

Another participant who had remarried but had not been able to have children was deeply tormented due to stress and taunts.

“She (mother-in-law) just says, if only she could have a child, she is married second
More than half of participants shared their experience of being cast down by the society due to infertility irrespective of the cause. They verbalized how these taunts and blame added to their pain and endurance.

2 A (ii) Social Pressure to Conceive

In some cases, relatives mostly of the husband’s family had frequent contacts with the women and this made the pressure even worse for the participants. Family members tended to get involved in decision making and everyday life of the couple, especially when they lived in a joint family. When a participant was unable to have a child, the family becomes more involved in the couple’s lives and added to her agony. They suggested solutions to the couple without even being asked as expressed by participants;

“I don’t feel bad when family members ask but when some outsider ask like you are roaming like this only till now? You didn’t do anything? We cannot say anything to them because it is normal in society even though they might be doing it with bad intentions. It is such a big village, so many ladies ask. To whom all should I answer? (kiss kiss ki kya kya jawab du). At times I forget what I have told to whom? I don’t tell truth now. I just say I am not taking some kind of medicine now. They have problem in that as well. Why are you sitting at home? Why don’t you do something and if I tell I am taking medicines then they inquire, from where are you taking? Since how many days are you taking? Why didn’t you get relieve till now? From where are you arranging money for all this? At times I lie to avoid their questions. Even if I tell the truth, they will ask further questions. If I tell lie then next time she will not ask you are taking medicine or not.” (P2)

“Seeing others I also think that so much of time has passed. I feel pressurized as others of my age have kids, even more than one. Everyone is so fond of kids at home. They keep saying if we had a daughter at home we will do this, will do that. That adds to my pressure. Everyone in the family knows about my menstrual dates. They keep counting dates, keep waiting. My sister in law even says that she will not get married till I have a child.” (P4)

“When I go to my own house in the village, I feel much. I feel and think why again and again people ask same thing?” (P7)

“Earlier also took it seriously, but know taking even more, as everyone keeps asking, 3rd yr of marriage has started, what is the problem? Why not conceiving, what is the problem?” (P8)

“I do not feel good about answering same question again and again. I repeatedly keep telling them about treatment, as they are relatives, so I have to answer.” (P10)
“I feel there is so much of social pressure on me to conceive and this pressure is more from my family as compared to the outside. There is pressure from every side and that’s why i am not able to do anything or concentrate at all. When i meet people, listen to their comments, then i feel stressed otherwise i don’t feel that much. I am able to control it. I wonder why people are so interested in my life. Why do they interfere so much? Everyone asks same thing, they will ask me and again, will ask my mom. We remain tension free for 2- 3 days then somebody will ask again and again we will land up in tension.”(P14)

“Yes, people ask, family members suggest treatments from here and there. Others also suggest, we just say we are taking treatment. Ok will see. It’s ok. At times, I feel why they ask again and again, but it’s ok. It happens.... now even my nephews also ask that aunty (bua) got married earlier. How come she does not have baby? That time I feel.”(P15)

“That pressure is there psychologically, socially to secure future.”(P20)

One participant expressed feeling of anger due to continuous probing by others:

“How does it matter to others? It’s my life. I have or don’t have kids. I don’t have to return someone’s debt, so what is others problem? Why and how can an outsider ask me?” (P5)

Family members, neighbours, everyone made suggestions regarding various treatment modalities which further enhances pressure on women to conceive immediately after marriage.

“My aunty gives my example saying that see if you are able to conceive immediately after marriage it’s ok, otherwise you can’t, just like our niece (participant herself). She says like this to anyone.”(P1)

“After 3 months of marriage I had infection and went to a local doctor and received treatment for 4-5 days. There I met, a nurse who suggested some treatment for conception and according to her if you conceive immediately after marriage its ok. Otherwise one lands up in problem, you will be late. Your age will be over. You should plan immediately. So we got influenced and I thought we should start trying for conception.”(P2)

“We never thought of having baby so soon, but with everyone’s suggestion we started trying. Everyone asks what happened? What is the problem? My husband’s cousin got married recently and now she is 5 months pregnant. So now everyone says.”(P4)

“Relatives started asking why you are sitting at home. Only a son is there, you have to take them to doctor. All family members and women from neighborhood started pursuing me to go to doctor after a year of marriage; there is no use of sitting ideally.”(P5)
“Nobody asks me directly, but they ask my mother in law, advise her to take me for some treatment. Sometimes I feel that even if they know that I don’t have baby still they will ask purposefully, is there any good news?”(P10)

“My grandmother pressurizes me most. Every time she asks me the same thing, even if I am visiting her every week. She will ask this every week. Even though she knows that nothing can happen in a week. If I meet her daily, she will ask me daily.”(P14)

“My mother in law is supportive. But she always says, do faster do faster which adds to my pressure. Again and again she says now you should have it. Why are not able to have? Every time this happens.”(P20)

Four participants reported getting informal support from the neighbours and others. They felt genuine concern and empathy in their queries. Though pressure remained, but these few instances however helped them to sustain hope and stay motivated.

“People support also. They say don’t worry have faith. He will bless you too. Whatever happens, happens for good.”(P2)

“Everyone used to pray that God bless this family also. Why they are not having? Which type of karma they have done? Why they don’t have? Everyone bless us in the village.”(P3)

“No I don’t feel bad. I think people are worried about you, that’s why they ask, because we don’t ask the strangers.”(P15)

“I went to doctors as suggested by others. As they suggested that they benefitted from there. Somebody told me once not to worry, you don’t have anything related to paranormal, so don’t ever waste your time in all this. You just take proper treatment.”(P7)

Two participants did not feel any social pressure for conceive. One participant had complete family support as her elder sister-in-law also had infertility, and adopted a child where as, another participant was staying in nuclear family and reported to be reserved by nature. They said:

“No I don’t feel bad. I think people are worried about you, that’s why they ask, because we don’t ask to strangers.”(P15)

“I don’t think I have any pressure from society to conceive.”(P16)

As stated above, participants verbalized that the importance of fertility was illustrated by the social pressure to become pregnant as early as possible. Nearly all participants in the study faced social pressure, directed mostly by close relatives, neighbors and in-laws, for the non performance of the given role of a woman. Social pressure and
stigma was higher among participants who lived in rural area and those with low socio economic status.

2 A (iii) Fear of Remarriage of Husband

Just like other developing countries, child bearing is considered a social requirement and a necessity for married women in India too. These norms are deeply rooted in the belief system of the people and are supported by religious and traditional perspective. Thus, motherhood was considered a virtue of the new bride, lack of which made her incompetent. Once she was not able to prove her significance by conceiving, remarriage of husband was a commonly quoted alternate.

“Even though my husband refuses to remarry now, but who knows he may change his mind later. His thinking is good at present, but you never know, time changes everything. It may happen like 99 %, i believe he will not change but 1% i fear he may change with time.”(P4)

“My mother-in-law suggested him (husband) to remarry. How can you spend your life with her? But my husband refused..... People tell my husband that your wife will not be able to conceive, you are living your life with her in waste, leave her. Why are you with her?”(P11)

“People say your daughter-in-law is not able to conceive, get your son remarried.”(P13)

“My sister in law says that you get your treatment done if there is no relief then second marriage is the only option.”(P20)

“My in-laws sent me back to my parents’ home. They called up my parents and told them to take me back. We will get our son remarried. Then other villagers said give them one more chance. So I am here as suggested by one of our relative.”(P22)

Another participant struggling with female cause of infertility reported being ridiculed by her husband.

“Regarding second marriage he says get your treatment done. If you are able to conceive its ok, otherwise will see later. Many times he even says that he will remarry. He mocks me. Before marriage they saw another girl. Now she is blessed with kids. He says if I would have married that girl, there would have been kids in our house now.”(P13)

Quite often, if the wife was the case of infertility, she suggested to her spouse to find another partner, so that he could experience fatherhood. Participants often were pressurized for second marriage of their husbands.
“Yes, there is inclination towards second marriage. Family members pressurize husband and wife. Wife is emotionally blackmailed just as I am. After 2-4 yrs perhaps same thing will be there with me as well. I will be expected to prepare my husband for remarriage stating that don’t I want his clan to expand? Don’t I want him to be happy?” (P5)

“I have suggested to my husband to remarry. You will be able to have kids, i told him i will adjust with another woman. Now I have this much of strength and patience.” (P6)

“My husband is also very tense as there are very few males in our family. So i told him that he could remarry though i will feel bad about my husband’s remarriage but what to do? There is no other option. I feel if only i had a child he did not have to get remarried? Now after his remarriage, God knows what my condition would be? It will be such or worse? At present, it’s about child only.” (P20)

In India, marriage is patriarchal where a newly married woman moves to her husband’s house. It is considered a great misfortune for her family if she returns to her parents’ house permanently after being tagged as infertile.

“There are talks going on regarding my husband remarriage. I will be sent back to my home. I will be a burden for my brother and bhabi. For how long will they bear with me? Tomorrow they will also start complaining.” (P13)

“What to do? I have to spend my life with him only. For how long will my parents will support me? My parents say that you leave him if he is troubling you so much. Till the time we are there we will look after you. When we will be no more then also something will be there. But I say, tomorrow bhabi will come. For how long she will tolerate me? What will she say? So I don’t go.” (P20)

“Even my parents also not are very well off, but they are managing the cost of treatment fearing that I will be sent back to them.” (P13)

“Because of this second marriage only my brother suggested that I get treated, as there are talks going on for my husband’s second marriage. After my husband’s second marriage, I will not have same importance as I have now.” (P21)

“Yes I do fear that he might leave me (kahi mujhe chod naa de). This is the last chance to save my marriage. If I am not able to conceive now, I won’t be able to stay married.” (P22)

Expression of participants here revealed that they faced constant stress and fear of husband’s remarriage as women were held accountable for the situation and not giving heir to the husband’s family. This threat was not only limited to low income families but was much prevalent in rural and urban areas as well. Participants were advised to prepare their husbands for second marriage as it was their duty to enhance
the family lineage.

2 A (iv) Reputation in Society

Participants were considered lower to others due to their inability to fulfill predesigned role of female as approved by society. Participants also expressed that giving birth to a child boosted up their respect and honor in the society as verbalized by them:

“In the villages it’s like that only. As soon as you get married you should have a child. It does not matter how much you have studied? Whether you work or not? You are of no use till the time you don’t deliver. There is no value, even if somebody is illiterate but she has a child, more importance will be given to her. Her mother-in-law, even neighbors also will give more importance to her. On the other hand, even if I do all household chores, look after my father-in-law, studies. Nobody would say that I have so much of talent.”(P2)

“Used to think what others might be thinking? See they could not have a child in their home. What lacking (kami) they are having?”(P3)

“There are girls who cannot cook, they don’t have anything, don’t respect their husband but just because they have babies they are respected and in us only because of this problem all our good qualities are ignored. We might have everything but that is not visible to people. They are not able to see those.”(P4)

“Obviously with the baby your reputation in society is enhanced.” (P8)

“It’s not like that. It’s natural only, when there is a child every bodies attention is directed there only. They may not be ignoring you but it happens. Everybody gets attracted to child only. I feel bad at that time.”(P20)

Here participants verbalized their feeling of being treated as second citizens by the society due to their infertility and how other fertile women were given more importance even though they did not possess any talent.

2 B: INFLUENCE OF CULTURE

India is a patriarchal society that considers male to be the head of family. He is deemed superior and all decision making power lies with him or elders in family. Women who failed to gain their position in family via proving their fertility were often subjected to various forms of gender inequality governed by culture in present setting. The second theme that emerged under environmental influence was influence of culture which further comprised of four subthemes: i) Cost of treatment to be borne by womens’ parents ii) Decision making iii) Nondisclosure of male infertility iv) (iv)
(iv) Preference for a male child

2 B (i) Cost of Treatment to be borne by Womens’ Parents

Under this subtheme, women shared their experiences of being subjected to humiliation and lack of finances. If a female was diagnosed as the cause of infertility, her parents were supposed to bear the burden of the treatment. It may be noted that these experiences were more profound among women belonging to low socioeconomic status with lower level of education. Expressions of the women were as follows;

“My parents are helping me out now. My brother and sister-in-law are very nice. They are giving money now.” (P12)

“For others, their in-laws pay for treatment but for me, my parents are doing it. My brother is helping with medicines. I come to parents home whenever have to visit the clinic. My in-laws do not even pay for bus fare. They said we don’t have money for the fare, we cannot waste money. So whatever fare is required my brother gives me every time Rs 50 – 100/-. Today morning also my husband and mother-in-law told me not to come back. My family is doing everything for me. All my day to day requirements are met by my parents only. I am gathering my things on my own. He (husband) simply refuses he don’t have money for that. My bhabi (sister in law) get things for me like suit and slippers etc. Now my brother will pay for the treatment. My bhabi (sister in law) will sell the jewelry which was given to her in her marriage. Brother has told her that he will get it for her again. They just fear that I might be sent back again.”(P13)

“My mother-in-law, father-in-law say they cannot afford my treatment, you go back to your home and get yourself treated. They have started taunting me.”(P22)

Childless women were often subjected to physical abuse as expressed by two women, how infertility turned their marital relations violent? It may be noted that these participants belonged to less educated and low socioeconomic status.

“At times when he is very angry, he hits me too. When he drinks he gets annoyed and then hits me, starts fighting on small things. Will say you have spoiled your body and spent all my money. From where shall I get this much money? Whenever he is upset, he drinks and then hit me.”(sobs) (P11)

“At times when my mother-in-law says something and I reply back, then he hits me and this has started happening since I am not able to conceive. During 1st yr of marriage everything was ok.”(tears roll down) (P22)

In the Indian culture, male is considered superior to female and the wife becomes a
property of the husband. Until the recent legal entitlement to women against domestic violence, physical violence was considered as part and parcel of married life by women as they were not supposed to raise their voice against it.

2 B (ii) Decision Making

In patriarchal culture, a woman is expected to be submissive and must agree to the decisions made by her husband in order to prove herself as a dutiful wife. Newly married woman are not entitled to make major decisions regarding her life as well as treatment as expressed by participants:

“When doctors suggested to get my husband’s tests done, my mother-in-law was angry. Why you got his tests done? Then there was some problem with his reports. So doctor gave medicine which cost us few thousand but my mother-in-law did not allow him to take and made us to return the medicines.” (P4)

“When during initial phase, I used to fear a lot, they (in laws) used to say you don’t listen to us. Have to do for their happiness, for everything I have to pretend. Only and only for their happiness. I am in that house just because of my husband, he supports me in every small or big thing. I obey him completely, if he says get up, I will get up, if he tells me to sit, I sit. I agree to his each and everything for example I wear cloths of his choice only, if he says not to wear a particular dress, I do not wear that. Still I fear, the day I will start following my wish he may leave me, that is why I obey him completely.” (P5)

“If I answer back to anyone, they will say what kind of daughter in law is she? What is she saying? So I keep quiet.” (P5)

“I think I should do something in my profession but then nobody in family allows that no your treatment is going on, don’t try anything now. If only I had been unmarried, I would have reached new heights. Even if I want to start some work related to my profession, as I have so much time my husband say don’t do all this.” (P8)

Expressions of the three participants above reflected how they were not allowed to take any decision in treatment seeking and were expected to follow every command of elders at home. Treatment seeking methods were also decided by family members and couples had no say in it. It was presumed that male partner had no medical problem therefore; his medical examination becomes a family issue.

2 B (iii) Non Disclosure of Male Infertility

Male infertility carries a bigger taboo and as his virility is questioned. Men are
supposed to be masculine and capable of producing and their infertility poses a question to their capability as men and a threat to their responsibility to carry family lineage. Infertility is primarily considered a female disease. Whenever a male was diagnosed with infertility, the wife had to bear the brunt and hide it from others as this was a big blow to the male ego. Couples opted not to go to nearby hospital/clinic for treatment for the fear of being recognized by people. Two participants whose male partners were azoospermic shared their experience as;

“Regarding us nobody knows except three of us me, my husband and my mother-in-law. As he is staying there since childhood, so many people know them. One or the other will see us going to that clinic. So do not take treatment from nearby hospital and come here. I told my sister that sperm count is only less. Later on after second report I lied that now reports are normal, everything is normal. I have not disclosed to my sister even because of my husband. I think he will feel bad if somebody else come to know about his problem (kami) that’s why I didn’t tell. I started feeling that he has stopped meeting people (specially my sister) due to his problem as they know there is some problem with his report. Till that time we didn’t even know that report is nil, that’s why I told lie that report is ok now. It’s that, ours can be disclosed to others where as his cannot. That is the only difference. As for women it is acceptable, but men feel a lot, because in villages it’s being said: oye, nothing is like you. You cannot do anything; you are not capable of anything. This type of language is used….” (P1)

“My husband does not want to talk about it. Even though I want to share my feelings with him, but I don’t say anything out of fear that he may feel I am blaming him. I have not disclosed it to anyone but that adds up to my burden. So many times neighbors ask me and I have to pretend that I have some problem because of which I am not able to conceive. So many times my mother in law taunts me in front of others regarding not giving her grandchildren, but I cannot say anything to her. Have to hear everything; have to undergo all this pain alone.”(sobs) (P18)

Two of the participants shared their experience of dealing with the male cause of infertility. They expressed that they were not able to discuss about it with anyone as they feared that their husband might not take it well, hence women bore the burden of male infertility as well.

2B (iv) Preference of Male Child

In the Indian culture, a boy is preferred to a girl child owing to cultural norms and religious beliefs. As per cultural norms, a girl child moves to her in-laws house after marriage and only a boy can look after parents in old age. Children of boy only can carry forward family lineage and only a male child can secure the future of his parents. Participants expressed that even though they do not differentiate between a
boy or girl child, social and cultural norms however forced them to follow such rules and wish for a male child.

“A boy is must to complete a family. Today you can see that nobody is happy and content with their son. Rather content with their daughter, but still when I stand in front of God I pray for a boy. I feel we are living a life full of formalities for society, half of life is lived in formality” (P1)

“My father-in-law’s sister had 6 daughters. Now in old age nobody was there to look after her. So it feels that if only she had one son, he would have looked after her in old age. If a son would have been there why she would have been so lonely in old age?”(P2)

“Neighbors and relatives ask my mother in law, what you are doing with your daughter-in-law, you have got only one son. Don’t you need a grandson? In cities this may not be much but in villages, its there. He is only son in the family, how will his next generation come? It does not matter if I have a girl child, a boy is a must.” (P5)

One of the participant struggling with infertility since last 14 yrs and who has reared up two sons of her brother in law in joint family said;

“I just want to be a mother. I don’t care even if I have a girl baby. If something happens on its own second time then ok. Otherwise I will be content with a girl baby also.” (P6)

The expression of the womens’ experiences reflected cultural preference for a male child. Participants expressed that having a girl child only will not end their struggle, they have to give birth to a male child to prove their worth in the society. Even though participants do not think about it directly however, perceived social and religious messages and experiences lead to preference of a son rather than a daughter.

2C: INFLUENCE OF RELIGION

Third theme under influence of environment emerged as influence of religion. During the interview, all participants at one time or another expressed their faith in God and majority of them attributed their struggle to their past deeds (karmas). Two subthemes under this theme are:

i) Divine intervention ii) Game of destiny and past karma

As per Hindu Mythology, God gave power and strength to women to endure the pain of giving birth to new life. She only can give birth and this belief in turn lead to blame
women for infertility. Belief in destiny is governed by deeds (karma) of an individual who are rewarded or punished as per their actions. Almost all participants believed and blamed their destiny and luck for their struggle with infertility in one or the other way.

2 C (i) Divine Intervention

In India, religion has a strong influence on life. Many beliefs and values related to procreation are embedded in daily life and originate from holy books and ancient stories. God is considered as creator and He only can give life as expressed by participants:

“Now, my brother in law’s son got married and he has been blessed with a son within 10 months. I feel happy for them but pray to God that the way he has been blessed, please bless me too. I believe those who are happy in others happiness, God keeps them happy.” (P2)

“Get angry at God, but then He only can give.” (P3)

“I think it is God’s wish, otherwise I was completely well.” (P4)

“I am very thankful to God that he has blessed me with so many things. I can get treatment of my choice. There are many who cannot do so. My maid servant is also having infertility since last 15 yrs. Her husband is alcoholic, when I see her life I thank God. There is day night difference between me and her, I still feel hopeful. Perhaps God will bless, doctors are doing their task. But at the end, only God has to bless.” (P6)

“When first time the doctor disclosed that I have thyroid problem, that time I was not able to understand what to do, but thought that nothing is impossible I will take treatment. Had faith on God. God has to bless. Everything is in His hands, have left to Him. Let us see what happens? What God will do this time? Used to feel bad, whole day passes in this tension. I feel bad for my mom also as she cries for me.” (P10)

“I believe in God, have faith. He will help me. Whatever problem is there will be solved.” (P13)

“No I don’t blame God for this, but I have faith in Him.” (P15)

“I think God knows, what the best time to bless me is.” (sobs) (P16)

“I feel very bad when people ask me. What can I say? God has to bless. He will bless. I am doing whatever I can.” (crying) (P19)

“I just feel somehow God please give me too. Why are we not able to have?” (P20)

This strong belief and faith in God leads to blame of inadequacy and pain towards Him only. As God is believed to be the one to create life and to bless, hence anger and
blame of not being blessed was directed towards Him. Participants expressed their faith in God in terms of blame and testing through which they believe He has put through. Women also blamed God for causes of infertility such as blocked fallopian tubes etc. The strong belief of each life being governed by Almighty leads to channelise anger and blame towards Him.

“I get angry and stressed that there are others who get it so easily. What have we done and even if we have done God should forgive us.” (P2)

“At times I feel angry at myself, as well as at God. He blesses everyone, why not us?” (P7)

“Why only I am not able to have? Rest everyone is getting, why He (GOD) has given such kind of disease to me. Feel angry inside, don’t say anything to anyone.” (P9)

“God has not done well with me. At first, I got divorced and now unable to conceive. He (God) only is doing this with me, there is no problem. All tests are normal. Only problem is of tubes, I feel so angry at myself and God. Why is He doing this to me? Others are being blessed by God while we are not. I feel bad when people ask me. I reply God will bless me too. I am taking treatment.” (P13)

“I blame God for my situation. I think God tests more those who trust Him. Those who are just normal He blesses them easily.” (P14)

“I feel angry also at times. Is this my mistake? I took it deliberately on me? It’s God’s wish. What can I do? It’s not in my hand that I can put child in my uterus. Nor I can leave treatment. What to do? Have to bear with everything.” (P20)

Three of the participants reported becoming spiritual and performing certain rituals as these were believed to gain God’s blessings.

“I have turned spiritual due to infertility. Still do pooja same as had been doing at unmarried time. Only rituals like fast, watering peepal (sacred fig) plant etc. have increased as per mother in law’s suggestion as these may result in having a child. These things have increased.” (P5)

“There was everything in my life. Nothing was lacking in the life (koi kami nhi thi life mein). So never asked for anything from God in prayers, but now I feel I should ask God.” (P10)

“Have turned spiritual, do lots of pooja. Have asked for blessings everywhere.” (P13)

Belief in God played a significant role in the life of infertile women who believed in divine interventions to bless and help them to recover from struggle of infertility.
2C (ii) Game of Destiny and Past Karma

As per Hindu Mythology, apart from God a person’s own deeds are also believed to decide the course of life. Participants believed that their struggle might be the result of their past karmas. Destiny of a person is decided by the karma as expressed by participants:

“I feel in our case diseases is also there and destiny is also there.” (P1)

“I don’t think I will ever face situations which others with my condition must be facing, but I wonder what is there in my destiny. Every month 5-6 trips are compulsory to somewhere for medicines or treatment. So much of tension is there….. For what are we roaming and what is the use of all this? I won’t blame God for this because He sees our karma that what I have done in my life. What I have done earlier? Now what am I doing? According to that only He will bless. As we are Pandit. My father in law is involved in all pooja etc. He gives medicine to others for pregnancy and they benefited from his medicines but in his own home we are not benefitted with his medicines so this is our karma only.” (P2)

“Used to sit and think which type of karma we have done? Nobody at home had kids. Somehow if we can have at least one, even if it is a girl.” (P3)

“Do not feel good about it, but if this is there in destiny, then have to bear.” (P4)

“I blame destiny for this. I pray to God even my enemies should not face this. God do not do this even with my enemies. I just reply, doctor’s task is to give medicine; our task is to take it. Rest is in destiny, what can doctors do?” (P5)

“Don’t know. I might not have done good karma in my last birth. Now i try not to hurt anyone, not to disturb anyone. So that means this is the result of our past birth. We are getting punishment of that now.” (P6)

“God blesses somebody and tortures others, don’t know. Might have taken something from somebody in last birth. Which has to be returned in this life, everything is result of our karma.” (P7)

“I blame my destiny only, i don’t know if i have done something wrong because of which i am facing this problem otherwise so many others do such wrong things also but they get. We have not done anything wrong and still we are roaming around (dhakke kha rahe hai). I don’t know what karma have i done? Because of which i am facing this problem. In my life i have not hurt anyone deliberately then also i don’t know why this is happening with me? Because i don’t have a problem, my husband doesn’t have a problem. Both of us are ok, then why is this happening to us?” (P8)

“Sometimes i feel my destiny is to be blamed. Sometimes i feel angry at God too.” (P9)

“It is in my destiny? How can i shut others mouth. They will speak, if it is not in my destiny I will not get it.” (P11)
“What can i do? It’s my destiny only.” (P12)

“I feel bad thinking about it, and then i connect it with our religion as don’t know might have done something in the past births. For which now have to pay, there are people who don’t even need child but they get it so easily, here we are paying also, going to the clinic and still not able to get.”(P15)

“It’s my destiny only that even after so much of medicines also i am not able to conceive. I feel wishful seeing other’s kids if only we also could have, we would have also played with them. I feel angry at my destiny.”(P21)

Thirteen participants expressed their belief in destiny and karma which originated from faith in God and religion. They perceived infertility as a punishment for their past karmas. Thus religion played a significant role in perception and experiences of infertility among women and provided them an anchor during turmoil of emotions.

To summarize, three themes emerged under the meta-theme of environmental influence on experience of infertility included a) Influence of society, b) Influence of culture c) Influence of religion. Participants identified the society, cultural and religious messages and believes about infertility in India. The social messages and beliefs described by participants included perception of social pressure to conceive and belief that women are to be blamed for infertility and considered incomplete where as remarriage of husband can result in children. The practices from cultural environment included preference of male child to support and woman’s parent to bear the cost of treatment as she got the disease along with lack of decision making power to infertile woman. The messages and beliefs from religion include a strong belief that infertility is a curse and punishment from the supernatural being.

3. EFFECT ON RELATIONS

Third meta-theme which emerged from the interviews was effect of infertility on relations. Relations were categorized under three subthemes as: A) Marital relations B) Relations with family C) Social relations.

3.A MARITAL RELATIONS

Majority of the participants felt that their relation with husband was good. They felt that their husband had been supportive through their journey. But almost everyone felt that their husband did not share their feelings with them even if wives asked. Many a times wives felt that their husbands also want to have a child but they did not express
All participants reported altered sexual life due to infertility and at times husbands complain about it. The Theme of marital relations comprised of three subthemes:

i) Supportive or non supportive ii) Non expression of feelings and iii) Sexual relations.

**3A (i) Supportive or Non Supportive**

Majority of the participants felt that their husband had been supportive throughout in terms of listening to them, providing emotional support during low period, accompanying to clinic, bearing the cost of treatment and being there at the time of need. Supportive description is presented as follows;

“My husband supports me lot. He is very supportive, does not refuse me for anything. Wherever i say, he takes me for treatment, whether he has money or not. I think marital relation have grown strong. We would have more fight, now we have more love.”(P1)

“Husband also supports me. He says; do not worry if we are able to have its ok. If not, let it be, we don’t have to return anybody’s. If God will bless, it’s ok. He only has to give. He (husband) used to come with me for medicines, for some spiritual rituals etc.”(P3)

“He feels bad but not as much as i feel. Keeps supporting me and asks me that why i am taking so much tension? When i am there with you, why you think so much? He says you don’t cry don’t keep complaining about headache, body ache. This i don’t want, you just be happy. The happier i will make you. I don’t think anybody can understand me better than him. At times when i get angry with the taunting of my mother in law he says why you are worrying, I am with you, do not worry, our relations are very good. We are able to share with each other. If i say anything regarding mother in law in anger he listens, even if my mistake is there, he does not scold me. Makes me understand. He understands me, able to take care of me. He is very good. His thinking is very good.” (P4)

“Husband comes with me to clinic every time. My husband supports me. Whenever I start crying he says, why are you crying? I am there with you. He comes with me to clinic every time even if he has to leave his wages. He says God will bless us also. He may give in old age but will bless. I am with you.”(P7)

“Our relation is good. Its not that because of baby we are having some problem. Rest small small things keep on happening. Even if ever there is any fight, I cry and say that you are fighting because I don’t have a baby. He becomes normal immediately and says I am not doing this due to baby and will never do. My husband just says your problem is weight, so reduce your weight but I am unable to lose it. At times when some friend of my husband asks him he says yes she is 2 -3 months pregnant. He says don’t worry I will handle, you don’t say anything.” (P14)
“Husband accompanies me to the clinic every time. He tells me not to listen to others, we know how we are struggling for baby, how we have got the baby?” (P16)

“Husband takes leave the day we have to come to doctor. He supported me after IUI failure that don’t worry, we will get it done again, don’t take tension. My husband supports me mentally a lot, he does not let me see negative side of things. He says why do you worry? I am there. He keeps boosting me that don’t worry, this keeps happening. At time when we discuss about this thing, sometimes he feels bad then I support him and when I am depressed he supports me means both of us try to become strength for each other, as we are getting mature and support each other I think our relation is becoming stronger.” (P 20)

Participants shared that they have grown in their relation and face adversity of infertility together, support each other as expressed by them;

“I have not seen anybody like my husband. He is very nice. He puts me first rather than child. I don’t think anybody can be like him. Our marital relation has grown stronger. We understand each other better now. He says if possible I would like to take all you pain, will not let you bear it. He cannot see me in stress or pain. Though he never says anything, never shows me, but I support him. I tell him do not worry God will give us as well. Now I have made myself stronger. I have realized that if I am tense he will be tense too which is of no use. Nobody else is bothered, we only have to help ourselves. So I have become strong, I don’t let him take tension.” (P2)

“I don’t think there is any problem in our marital relations. Our attachment is growing. There is nothing that this problem had lead to some detachment in our relations. There is a share mate. Nobody is there more than husband with whom you can share, if there is any problem you can easily share with him. I am well satisfied, if my husband is saying that don’t worry if we will have its ok, if not, then also its ok. So what would be bigger support than this? Nothing is bigger than this support.” (P15)

“He doesn’t say anything. Only says that so many treatment modalities are available these days. I will spend money, don’t worry, you will be ok. He looks after me, takes care of me and keeps joking with me. Does not let me feel much, but when he is not in house, I start having tension.” (P9)

Three of the participant shared that their relation with their husband remained the same. At times husbands expressed their frustration associated with infertility and wives have to face it.

“At times when I have to come to clinic and ask my husband to accompany me and he also have some important task at hand, he will get annoyed and say today only you have to go? Your medicines have troubled me a lot, don’t know till when this all have to continue. Why are you like this? Why are you having such a destiny? Though later on he will laugh but it hurts me at that time. I willingly have not asked for all these problems. I don’t feel my relations with husband have grown stronger or weaker. It has remained the same over the years.” (P5)
“I am not able to understand him till today. I feel our relation have neither grown strong nor have weakened. It’s just the same I, think.” (P6)

“My husband’s behavior is very strange means he get angry a lot. So I just think better not to speak anything, so that he does not get angry. I fear.” (P8)

Three participants who were not fortunate enough to have support of their husbands had to bear the wrath of taunting and neglect. It mainly occurred among participants with low socioeconomic status due to lack of funds for expensive treatment. Financial aspect of treatment and failure to conceive distorted the marital relations.

“He is least bothered even if i have fever, headache anything. He won’t get me treatment. He won’t ask me. I know he likes me, that’s why i am there since last 3 yrs. But if there is baby, love will flourish more. Earlier in starting till the time infertility problem was not there everything was ok, he used to take care of me, used to talk to me politely. Now it is not like that. Now he does not get me anything. Our marital relations are disturbed due to this, if there are kids they can make you laugh even when you cry during fight with each other. Due to infertility, 5 out of 10 days are spent in fighting. Mother-in-law pushes him and he taunts me. I keep quiet. I say i am getting treatment done. God will bless me too. He also says my tests are normal, it’s because of your problem you are not able to conceive, if it would have been my problem i would have got treatment now you get yourself treated. I don’t have money, have already spent so much on you. I say, what has he done? Got me treatment from some local hakim (traditional healer). Hardly spend Rs 2000 – 3000/- only. I ask him when tomorrow child will be there who will do for him. He says i will do for him, will manage.” (P13)

“At times my husband quarrel with me saying you have made me bankrupt. I am a poor man. From where i will bring so much of money? Now itself so much of money i have invested. Don’t know after conception and delivery how much more will be required. You have completely broken me. Earlier he used to fight a lot. Used to bang his head. If anybody in neighborhood used to have kid he used to fight with me that see they are having kids why can’t you have? He takes alcohol daily and sleeps off after coming from work. When he shouts and hits me, i also get angry and ask him to remarry. Why you are behind me? Leave me, i can’t break my head. Will go to my mom place, what can i do? You leave me, you will be free. Remarry, why are you so rotten? Why are you torturing me? There is no use and fighting will not get us kids. Earlier used to say how much i have to spend on you, now i am under debt due to treatment. From where will i return it? We are so poor, from where will we get? So thinking all this he used to fight. He used to be so tense in his mind. He says what to do? If your destiny is like this only, will spend money whatever is required for treatment.” (P20)

“I say to him more than you i need a child to which he replies that now doctors have also refused from where will you have? Now it’s just wastage of money. Since how many years we are getting treatment for you? Allopathic, conventional, everything, still there is no relief. Now he is heartbroken.” (P 21)

Expressions of participants reflected that husbands’ support was considered a major
pillar. Participants expressed feeling of being satisfied with the support that they received from their husbands which helped them to overcome infertility related stress. However, three participants who could not get enough support reported struggling alone with adversities.

3 A (ii) Non Expression of Feelings

Even though participants perceived their husbands as being supportive, however, almost all the participants reported that their husbands did not share their true feeling with them. Reasons for not sharing true feeling ranged from being conservative in nature to preventing wife from further stress. But that further increased unsaid pressure on women as they felt guilty about it as verbalized by participants;

“When I try to talk. He says, leave, what is the use of all this. In starting i tried then he said leave it, what has happened, has happened.” (P1)

“He always supported me. In my presence, he never said that we will not be able to have. Within himself he might be feeling whatever but never said anything in front of me.”(P3)

“He never shares with me anything. I say everything.” (P4)

“He only has one problem that he does not share anything with me. I keep on asking that you tell me how you feel about it, he won’t tell. He does not tell anyone in the family. I feel very bad for my husband, because he is very nice person very nice. I am able to enjoy life means i am able to adjust with anyone. He also is happy with everyone. But i feel a lot for him, he never says anything which hurts me most. I am able to ventilate myself, get angry even like i am sharing with you now. I share everything with my sister in law, but he never says anything to anyone. He never have crease (shikan) on his forehead. In last 14 yrs i have hardly seen him crying 4-5 times. I cry a lot. I asked him, even with my much probing he won’t say. I wish if only he could share with me. He does not even share with his brothers and sisters. Does not even have many friends, keeps everything inside.” (P6)

“He supports me saying don’t worry we will get. He may also be feeling bad inside but does not say anything in front of me thinking i may get tense. He also might be feeling in his heart but never said anything to me, never showed anything to me.”(P7)

“He must be feeling but he does not express. Keeps everything inside. He has never shared with me anything as he knows i am very emotional, i start taking tension. He does not say, but i feel he might be thinking that our life will start only when we have baby. My husband is doing for me but we can only think of future when we will have a baby. He does not show me that he is having tension. Even if he might be feeling he might be sharing with his friends but not with me.”(P8)

“He does not say anything and i also don’t ask much as i fear, he will say something
that might hurt me. I don’t know. He does not speak much.” (P9)

“He has never shown me that he is also hurt and tense but i know that he is. He does not express in front of me.”(P14)

“He does not speak much, remains silent. Earlier he used to say i have tension of this infertility due to which i take drugs.”(P19)

“He also might be having tension but he does not express. We keep supporting each other.”(P20)

Though husbands did not express their true feelings towards infertility, participants however felt their agony and tried to support them. Since men are expected to be strong and cannot be seen with teary eyes, this prevents them from sharing their true feelings with anyone. This behavior of husbands affected the participants as they were oblivious to their husband’s feeling thus addin guilt and burden to their sufferning.

3A (iii) Sexual Relations

The main purpose of sexual act is to procreate and when after years of trying participants were not able to conceive they reported loss of interest and pleasure in sexual relations. Participants reported that they had to have coitus based on their body clock (ovulation time) as suggested by doctor to enhance the chances of conception and this took pleasure out of act as elicited through verbatim;

“Don’t have interest now. What is the use? We are not able to have a baby. I said to him till what time we will keep doing this? If only we could have a child why we have to do this now? Feel so tied up with all this. There is fixed time. Keep on try in those days with the hope that this will yield this time. There is no more pleasure in this. Don’t feel like doing it.”(P3)

“Now we are bound by days. Try not to miss those days. Even though we do as our wish but main focus is on those days. He wants to have but i don’t feel at all. Its compulsion to do in those 4 -5 days that’s why i do because egg gets prepared in those days otherwise i don’t feel like at all. I feel there is no use. Even have tried different positions as suggested by someone but there is no use. Earlier i used to enjoy but not anymore.”(P4)

“Now feel what the use is? Don’t take it as necessarily. Now till the time we don’t have baby it is our necessity (majboori) to do this. Yes, this work also have to be done. Perhaps earlier used to do. Now so much of tension is there, don’t like anything. There is a question mark in everything. What is the use of it? Just feel that.”(P5)

“We try at times even without urge or pleasure because days cannot be missed out as suggested by doctor.” (P7)
“I have no interest in this. I don’t feel anything, I don’t desire this. I feel what the use of it is?” (P9)

“Complete focus in on child only. We do not do it anymore for pleasure, there is no urge. At times even if we don’t feel like doing we do with hope that God might bless us. Now we are heartbroken. Does not matter how much we try, we are not able to have baby. He only talks just for baby otherwise he does not talk, never (don’t indulge in coitus).” (P13)

“It’s not like that but yes, when ovulation time comes then my mind have tension that we have to do today. I start having tension, mind goes in tension and that feeling of pleasure is not there.” (P14)

“Even if we don’t feel like doing in those days but keep on trying. Perhaps this will yield. We try not to miss out those days. Our sexual relation is just same as it was earlier. Only thing is we are more particular about those fertile days but yes we totally depend on that. Now it’s like we have to engage in sex for a child, that feeling of pleasure is gone now.” (P20)

Infertility lead to lower sexual desire among participants, however they responded to their spouses request for sexual relation to prevent the marital distort.

“Many a times I do it just because I don’t want to give him tension. Earlier it was not like this. Moreover now we have fixed times of month. We do it only for 2-3 days not more than that. I don’t feel like doing it anymore. May be because of tension or medicines.” (P2)

“At times I get so irritated. I don’t want to indulge with him, when he fights with me why should I do with him? What is my fault? He fights with me, use abusive language for me then I don’t feel like to be with him. But what to do? He is my husband, I have to do it.” (P20)

Participant’s lack of interest in sexual activity often lead to conflict among couple and husbands at times showed their displeasure related to this behavior of wives.

“When i refuse for coitus, though he does not say anything but get annoyed and lie down silently. Even though he complains about it but i have not discussed it with anyone ever as have discussed it with you today. I used to feel hesitated as i land up in infection after coitus that’s why also i don’t feel like doing, as i have to suffer later on.” (P4)

“Now it is not for pleasure. This time focus is that ovulation time should not get missed. Even if i don’t feel like doing, no mood is there but have to get intimate at that time. We know that madam (doctor) has told us for that time. Husband complaints about precautions which I am taking and decreased frequency. He says what is going on? Your whole focus has shifted there.” (P8)
“As i have pain during coitus so i refuse, to which he gets angry. Says your pain will never be over, every time this is there.” (P 21)

On the other hand, two participants did not experience any changes in sexual life due to infertility.

“Used contraceptives while abroad, never thought of ovulation days. Moreover had menstrual irregularities. Did not have periods for 4-5 months so never did count on fertile period.” (P10)

“There is nothing like that, even if we know that yes these are particular days but if there is some problem then its ok. There is no compulsion, we don’t force each other. Yes, focus is more on those days if both of us are ok then we try at that time.” (P15)

Fifteen participants expressed that their sexual relations were disrupted due to infertility as there was no pleasure in the act itself and it was merely performed to conceive, whereas others felt that coitus was of no use as it did not serve its purpose in terms of conception. Two participants expressed loss of interest as they had infection after coitus. Childless women face diversified problems in their sexual relations due to infertility which indirectly affected their marital harmony.

3 B: FAMILY RELATION

Infertility impacts all aspects of woman’s life including relations with family. As a daughter-in-law of family, a newly married woman is expected to give good news of pregnancy as soon as possible. When this does not happen, families who are educated and live in cities try to help these couples by suggesting different treatment modalities, whereas those who are less educated and live in villages start blaming and taunting women thus leading to perverted family relations. Two subthemes emerged from the theme of relations with family as: i) Family support ii) Parental family support.

3 B (i) Family Support

Overall, it is the womenfolk (mother-in-law) in the family who supports or jabs women with infertility. Participants who had family support expressed to be less pressurized and stable as compared to those who did not enjoy family support as expressed by them;

“Everyone asks, but my mother in law is very supportive, she never said anything to
me. She supports me a lot, consoles me that don’t worry you will get it.” (P8)

“My mother in law used to say when we were abroad that why are you earning? There is no body to enjoy. First you should take proper treatment and have baby, then later on do whatever you want to do.” (P10)

“My younger sister in law says, don’t worry if you are not getting. My kids are also your kids.” (P11)

“My in laws support me saying you take treatment. It’s nothing like they taunt me or something. Nobody says anything in my in laws. Sometimes relatives comes and they inquire to which i reply that i am taking treatment, so they say ok, don’t worry you will be blessed. My in laws do not take as much tension as my mother takes, so they also say that your parents are much tense. You take treatment for their peace of mind. I don’t feel much with my in laws. They are very supportive.” (P14)

Family support at times proposed suggestions for treatment, paying for treatment and preventing daughter-in-law from taunts and feeling low.

“My mother-in-law is very nice. She cooperates with me a lot. She never let me feel that I don’t have a child till now. I don’t tell my husband, speak very less in front of him as he feels, but I do cry in front of my mother in law.” (P1)

“My father-in-law is very nice. He says you just pray to God. You do your karma don’t be bothered about fruit of your karma, leave everything to God. If somebody says anything to me in front of my sister-in-law she gives them nice answers. Even though i started with treatment but i didn’t take it seriously for nearly one year, even not for 2-3 yrs. But as women used to speak, specially my elder sister-in-law used to say, we have family history of late conception is there, so you better watch.” (P2)

“They (family members) suggested to take treatment, try this one. Nobody taunts me ever as both of us (daughter-in-law) were not able to have mother-in-law used to say what to do? It’s not there in our destiny, we don’t have to return anybody’s debt. Nobody says anything to me, everyone is good at home. I have good relations with my younger sister-in-law she supports me a lot. My mother-in-law and sister-in-law encourage me to continue with treatment. They say you take it, have hope. Every one said whatever expenditure will be there in treatment we will bear, nobody feels that their earning is wasted in here.” (P3)

“My mother-in-law is not that bad. She never says anything in front of others, keeps praising me in front of others, only thing she fears from spending money.” (P4)

“I am in a very good family. I don’t have any complain against them because they have never forced me for anything. Now also they don’t force me. They say if you will be blessed with baby good or else also it’s ok. People do ask, but before me my mother in law replies that she will also get it. We don’t have to return anybodies debt. We tell we are taking treatment. I always got support from my family. My brother-in-law who is abroad, always said if money can give a baby to my brother, I will give as much as required. My youngest sister-in-law is my best friend, with her I didn’t
realize how these 10-11 yrs passed. Now without her it’s becoming very difficult for me to pass these 2-3 yrs. Now, as I would have reached home, she might have come to me, would have asked what doctor said? If I cry she might have consoled me, would have supported me, don’t worry, don’t cry. Now also she gives me strength.” (P6)

“My family is very supportive. My mother-in-law, father-in-law, we have joint family and everyone is very supportive, rather they suggest that I take proper treatment. Sometimes we discuss that already my brother-in-law and sister-in-law were facing this problem. We should not face, but now this is happening with us as well. So it’s ok, what can be done? Yes my sister-in-law supports me, whenever I feel low, she say don’t worry you will get it and even if there won’t be a baby its ok, but I want a baby now as my sister-in-law also had this problem and she had baby after 12 yrs, another one have to adopt so family members have seen this all and that has made up their mind set.”(P15)

Few of the participants expressed non-cooperation from in-laws family and faced the threat of husband’s remarriage.

“My in-laws are not supportive. They are not helping me. They say whenever you conceive, then we will spend money for further management. Till then we cannot spend money. Everyone in family my mother-in-law, my husband, and my brother-in-law say that since I am unable to conceive, it’s a waste to spend money. My mother-in-law keeps saying in front of others that we have been cheated, if i would have known she will not be able to conceive, i would not have got my son married to her. Life of my son is also ruined as there is no problem with my husband. So she taunts me.”(Sobs)(P13)

“My mother-in-law suggested to my husband not to have baby on first night of my marriage. When my younger sister-in-law got pregnant immediately after marriage then we also stopped using condoms, thinking why we should use precautions?When people used to ask my mother-in-law that younger daughter-in-law had a baby why not elder one she used to reply that she is still studying. My mother-in-law used to taunt my husband that your wife will not be able to conceive ever, better you leave her, get divorce.”(P16)

“Due to his addiction, others (family members) got separated from us and they said you run your house on your own.”(P19)

“I feel my younger sister-in-law is happy that i am not able to conceive. They will be able to get everything. My mother completely make it secret, didn’t disclose to anyone about our treatment. She support also.”(P20)

“My sister-in-law says that you get your treatment done if there is no relief than second marriage is the only option.”(P21)

“My in-laws say you won’t be able to bear kids, even though doctors have not said anything of this kind. Actually they are not much educated, so they think after so much of treatment if i am not getting benefitted, then i won’t be able to conceive ever. Four years have passed since marriage. Mother-in-law says my son does not have problem.
She (participant) is having problem.” (P22)

Infertility affected participants’ relations with their family. Majority of participants were fortunate to have family support in their struggle and despair others faced pressure and ridicule from the family itself.

3 B (ii) Parental Family Support:

Participants expressed that they received maximum support from their parental family especially their mothers. Participants stated that they were able to share with their mother and often sought advice. They felt comfortable among parental family and did not mind being asked about treatment or pregnancy. Mothers helped in seeking treatment and accompanied participants to the clinics at times.

“I talk to my mother, my family is very good and supportive.” (P2)

“Went to parental home and asked my mom to come to hospital, as mother-in-law would delay. I can share my true feelings only with my mom.” (P5)

“My parents also suggested taking treatment. My mother supports me saying God will give you too, you are not that old yet (abhi kaun sa tumhari umer nikal gyi.) Every month my mom asks me about my dates, though I tell her before her asking.” (P7)

“My mom also helps in treatment. She has taken me to place for treatment. My sister does Sukhmani Sahib path (holy book) for me in morning. She prays regularly for me, only thing is mother-in-law keep taunting me.” (P9)

“My mom says don’t worry. Do not hold these things in your heart. It’s your destiny. God will help and everyone’s mouth will be shut.” (P12)

“Thereas my parents say you should seek treatment, doctors can do miracles, they are next to God.” (P13)

“My parents think like I have five siblings. Three brother and one sister are elder to me, everyone have two kids, two of my brothers who are younger than me also have kids. So as everyone got married and have kids. Our daughter does not have, so they feel about it. My mother keeps suggesting try here, take treatment from there. Whatever we felt was ok, we tried also. I have 100% cooperation from both of my families, if support is not there then you get disturb.” (P15)

“I don’t feel bad when somebody from my family ask, as they ask in a very relaxed manner. It’s not that they try to pressurize me.” (P16)

“My own family does not say anything like this. My mom is also very tense that I do not have kids, all younger ones have, don’t know why my daughter is not having. My mother supported me saying you don’t worry these days so much technology is there,
you don’t think much. These days none of women can remain childless. After 2nd failure, my mom supported me saying don’t take tension, you will definitely get through next time. My mom says you don’t get anything more than your destiny and before your time, so it’s there in your destiny only thing is that your time has not yet come. After talking to mom my 99% stress gets relieved.” (P20)

“My bhabi (sister in law) also says that we also wish, we are spending money on your treatment you should also have kids, like we have. You also become equal to us.” (P21)

One participant who lost her mother at young age missed her and wished for the presence of her mother during this tough journey.

“They (relatives) don’t ask me much thinking that I will be disturbed. I wish if only my mother would have been there, I might have shared everything with her, with mother in law how much would I share? If my mother would have been there, I could tell her everything and that would have reduced my tension a lot.” (P8)

But two of the participant shared that tension of their mother made them anxious and how their talks with sister in law disturbed them.

“My mother has maximum tension. She says everyone of her age has become grandmother. I am very tense as I am alone.” (P4)

“My bhabi (sister-in-law) also had baby after many years of marriage, but then she said to me that by your age and after these many years of my marriage i also had a baby. So now you cannot have, leave it. Your body will no longer support you, i felt bad that day.” (P3)

Eleven participants expressed that they received maximum support from their biological mothers and were relieved from tension after talking to their mothers. They shared that they could easily discuss their feelings with their mothers but on the other hand they were hesitant to share their feelings with mother-in-law. There was a gap between them which was filled by presence of their own mother.

3C: SOCIAL RELATIONS

Under the meta-theme of effects of infertility on relations, third theme emerged as social relations. The subtheme under this was social isolation. Participants shared their feelings of remaining aloof and not sharing their feelings with anyone.

3C (i) Social Isolation

Participants expressed their unwillingness to share their feelings with friends as people made fun of them or gossiped later. The stigma related to infertility and
absence of true empathizer lead to social alienation and isolation among women. As infertility is associated with stigma and considered as a private issue, participants did not discuss their feelings openly with their friends.

“Should not disclose our family things to anyone. Don’t know what other person will think. So I don’t share even with my best friend.” (P1)

“People will sit with me, talk to me, listen to me, then will make fun of me. Add 4-5 more things and share with somebody else. So have reduced meeting people now.” (P6)

“You should not disclose your things in front of anybody, everyone makes fun of you. Somebody say something, somebody will say something, so should not share your true feelings with anyone. People will listen to me and will say in front of others and will make fun, that’s why should not tell anyone. Better to keep everything inside.” (P7)

“I just feel people are bad. They laugh at my pain, nobody wants anyone to be happy. I don’t talk to neighbors much as they gossip. Will ask me, ok your in laws are not paying for your treatment and all that.” (P13)

“I don’t think I should share my personal things with friends as they don’t help in sorting out anything but rather spread rumors and if something happens between you and them, then they make that confidential thing as target. So I don’t think we should share with friends.” (P14)

Participant stated that they avoided social gathering and celebrations as people kept probing and asking questions which made them uncomfortable.

“I do hesitate going to somebody’s place as I have to answer questions. Better to stay at home.” (P3)

“I don’t go to anyone. I don’t feel like. Just want to stay at home. They ask same thing again and again, so I do prefer not to go.” (P7)

I don’t feel like going anywhere, just want to stay at home” (P8)

“Do not feel like going out in any gathering like mata ki choki or jagran as ladies will ask same questions and I have to answer them. Such type of questions would be there for which I don’t have any answer?? So I have stopped going anywhere. (P5)

“As people ask repeatedly, so I avoid meeting people. I try not to go anywhere. We don’t have this much problem, I just have problem with few people and I try not to meet them.” (P14)

“I don’t go to anyone now, just be inside. Only went to my sister.” (P17)

One of the participant expressed how seeing others kids troubled her and how she felt
awkward about touching others children leading to social alienation.

“Now those who have kids if they call me or come to my house for something, my pain increases seeing their kids and if I touch their kids they may get angry as she is not having and wants to take my baby. So feeling this I don’t go anywhere.” (P20)

Restrictions imposed by cultural norms or treatment also lead to disturbed social relations as participants expressed they could not go anywhere due to these.

“I have started remaining tense throughout the day, every month my mom, and other family members call me but I cannot go. This troubles me.” (P4)

“As there are restrictions of fried, spicy and oily food restrictions, so I cannot go to any social function. If there is a marriage, social gathering, birthday party in the neighborhood, mother in law do not allow me to go.” (P5)

Two of the participants shared that infertility did not affect their social relations. Another participant however had very positive outlook and did not feel bad when somebody asked her as she thought they were asking out of concern and second participant had been married for 2 yrs only so not facing much social probing.

“Now we don’t meet frequently. My friends are there, we talk on phone occasionally. My younger brothers are there, they have kids. So that happens, my parents also feel. I am eldest and everyone in our family has kids. I don’t think my social life has altered due to this. I go to office, meet people on daily basis, and have colleagues. There is nothing like that.” (P15)

“I don’t think my social life has altered due to this. As much time has not passed since our marriage so people don’t ask much.” (P20)

Thirteen participants shared that they preferred to reduce interaction with curious people around due to shameful image of infertility in the society and to avoid offensive questions. Participants also preferred to remain absent from social ceremonies/ events and avoided contact with those who criticized them.

To summarize, participants described the impact of childlessness on their relationship with their husband, family and society. The impact of infertility on relationship with husband described by women included support by husband, non-expression of feelings by husbands and effect on sexual relations. In addition, the impact of infertility on relations with family with two subthemes as in laws support or critique and own mother support. Participants described their mother-in-laws as supportive,
understanding and caring whereas for few it was not so. On the other hand, own mother’s support was stated as a great strength provider and participants relied on that. In terms of social relations participants verbalized being socially isolated and alienated due to probing and attempt to avoid uncomfortable situations. Overall, participants shared similar experiences with regards to the theme of the impact of infertility on relationship except a few who had different experiences.

4. TREATMENT SEEKING BEHAVIOUR

The next meta-theme of treatment seeking behavior was identified from the experiences described by 22 participants. Further analysis of data under this meta-theme revealed three subthemes as: A) Modalities adopted B) Burden of treatment C) Knowledge related to ART.

4 A (i) Modalities Adopted

Participants underwent various treatment modalities to avoid consequences of infertility. Treatment of infertility was specifically directed towards women and most participants used three treatment prongs as spiritualists, traditional healers and consultation with obstetrician. In a hope to get blessed and to have a baby, majority of participants tried all three either in combination or in sequence. The first chosen method was based upon the knowledge and belief of couple and family regarding the cause of infertility. Women who were living in joint family, the mother-in-law primarily decided the mode of treatment. Participants shared at a great length different modalities adopted by them as;

“Took conventional and allopathic treatment side by side. First, went to doctor for checkup after that took conventional, as suggested by family or others. Went to a vaid (traditional healer). He used to see pulse and gave some tonic. Took all these medicines for 6 months sometimes a year...... never had anything less than 6 months, then when there was no benefit, used to leave midway. Do not remember all, when used to have conventional treatment that time had dietary precautions like not to have spicy food etc. Has been 17-18 yrs since started trying for baby. Went to Dr Y once, there she did tube test (hysterosalpingogram). Both the tubes were open at that time. Somebody said there is some jadu tona (evil spirit) on your house as none of the daughter in laws were able to conceive. Did all rituals as suggested for that also, still there was no relief. Everything used to go parallel at times, was getting doctors treatment also, all this tantra mantra also with hope that something might help.”(P3)

“Didn’t go to any good doctor. Went to small small ones. They kept on saying you
will be benefitted but did not get any relief. Went to a tantric (black magic performer) also. He said some evil spirit has tied up your womb (kokh) that is not letting you conceive. Did everything that he (tantric) suggested but nowadays everyone is behind money. He also took so much money but no relief at the end, then i said to which my husband also agreed that why to waste money if not getting any relief? In between when he used to fight with me, i used to leave treatment due to anger. Did not get complete treatment. Got it for 9-10 months then left halfway thinking if he also is blaming me then for whom i shall undergo all this? Let it be, will spend life like this. In anger with him i used to leave medicines in between.” (P11)

“My sister also had same menstrual irregularities but she has two kids now. So, it never occurred to us that this can also lead to infertility hence didn’t bother during first year of marriage. I started taking medicine after a year of marriage. First, i went to local govt. dispensary. Then took treatment from Dr. Y at Kurukshetra also. From there i got relief from my menstrual irregularities. I explored with Dr Y for two years thinking i should not come back to this place again. Then went to a hospital X in Madhuban. There an elderly doctor used to be there. So like this 5-6 yrs passed……. In between i had conventional medicine also as somebody told take it from there this will help. So like this took so many treatment and medicines. Then at X hospital Chandigarh doctor advised me get operated for uterine problem that i did 5-6 yrs back, then i continued my treatment with her for another 5-6 months after which she suggested to go for IVF but at that time i was not ready for this. My heart used to say you will be able to have it naturally, everyone is having why won’t you? I went to dai (birth attendant), vaid (herbalist) also. Took treatment from everywhere, which was suggested to me by anyone. Then went to Hospital X at Rohtak (tertiary government hospital). There my experience was most traumatic one. I got to know about this (setting of study) hospital from one of our friend. I went to her and asked in detail. She has been blessed with a son from this hospital only, then i went to Dr X. She is our family friend. I share my every report with her, before going to any hospital i take her suggestion because you never know as we are ignorant, people may take advantage of us for money. I have heard about X hospital also but somebody has told me not to go there as journey over there is very tough. They won’t leave you workable even (chalni kar dete hai). So many tests are carried out there.’”(P6)

“Started taking treatment 7 months after marriage. I experienced pain abdomen, we went to Saharanpur for sightseeing. There i got my ultrasound done as at home mother –in-law would not have permitted. There came to know about cyst. Had cyst in uterus which was of tuberculosis. Took treatment for 9-10 months. Then did tube test (hysterosalpingogram) which showed blocked tubes in 2001. I left treatment from her because they have suggested for adoption, then kept on taking treatment from one place to another. Took Ayurvedic treatment also from writer of ‘aarogya dham’ in Mujaffarnagar. Tried every type of treatment. Somebody told somewhere, somebody told somewhere……. went around a lot (dhakkey khaye bahut), then had treatment from Dilshad garden also. She was a gynecologist. She again did an operation. Again TB came in that, and then again took treatment for one and half year. Then she said you are ok now, but i could not conceive. After that i started having pain in knees, i could not even go to wash room. I was not having any relief, so i left treatment from there also. In between went to so many Dais (birth attendants) also. I was told my uterus is twisted, keep trying, you will benefit. Went to small doctors and nurses during those 4-5 yrs as suggested by neighbors but did not get any relief. Then
somebody suggested me to go X Hospital. I went there 4-5 yrs back...... two yrs back went to a vaid (herbal healer) also in Sonepat. He used to see nadi (pulse). He also gave medicine for 2-3 months but there was no relief; There was no gap in between....... Kept on taking from one place to another since last 13 yrs. Here in X hospital she kept on giving me medicine for TB even though I told her i had them earlier. She said will do IVF then she stopped looking after me. She was not bothering about me. When i am giving full fees she should see me but i was not satisfied there, so left from there also....... So it’s like that only, have been roaming (dhakke kha rahe) since last 14 yrs.” (P12)

“I started treatment after 2 yrs of marriage. Went to local practitioners all over, don’t know from where all i took treatment. Went to Chandigarh, Nilokheri, Dhanesar (places). Took conventional as well as other also. Took desi from baba (spiritual healer) also. From where all i had, don’t even remember now. It’s been years. Went to tantra mantra (black magic) people also, did all spiritual rituals. Asked for blessings from everywhere, with hope somehow we will be blessed. Took treatment from X hospital as well 2-3 yrs back for 2 yrs. Had IVF but i kept bleeding. They kept on asking for money and didn’t complete the treatment even, so we stopped going there.”(P17)

“We tried for two years after marriage and then started taking treatment. In the beginning, took conventional treatment. Went to Nissing there was a lady who used to bless. Took medicine for 2 months from there but started gaining weight so i left it from there, after some gap went to hospital in Shahbad. There also no relief, i didn’t like going to vaid (herbal healer) etc. as they used to speak in front of everyone. Then took treatment from X hospital for 7-8 months in 2006, they did tube test and told one tube was blocked but they asked too much money for that. Then we went to a hospital in Nilokheri they said we will do your treatment in less amount but could not continue from there as it was very far away. Once went to Jalandher also but that was also very far away. In between left treatment with hope that may be able to conceive naturally. Now again have started from here.”(P19)

“Got to know about inability to conceive naturally around 10-11 yrs back. i got treatment from Hospital X (tertiary government hospital). There, they told me that my tubes were blocked, there i took treatment for around 1-1½ yrs...... Later on i got operated for it here in Karnal 2- 3 yrs back because at that time it was costly. Took treatment from a dai (birth attendant) at Panipat also but didn’t get relief. Don’t know what all things i have taken, whatever doctors gave, i took it. After taking treatment form X hospital we kept trying conventional treatment, some syrups, some bhasma (holy ash) etc. as suggested by local doctors or dais (birth attendant). Have tried everything, have been to astrologer also. What to do? For child you have to do everything. There is some problem with my uterus also, so doctor is giving medicine for that now.”(P21)

Participants with long period of infertility discussed various modalities ranging from spiritual healer to undergoing ART with hope to be blessed and described reasons for leaving treatment in between to try naturally or to take a break from treatment. Nevertheless the journey was long and painful. Quest for child and search for the right
treatment was no less among participants who were comparatively struggling for a lesser period of time.

“I took treatment from Chandigarh and tried Ayurvedic treatment also for PCOD before marriage but with that i started having constipation. After marriage i took treatment from local only. Once i went to X hospital in Chandigarh there doctor wrote on my slip to reduce weight up to 15 kg first, then only we can start some other treatment, so then i was not able to lose weight so didn’t go back to them. I started with parayanam (breathing exercises). It’s very effective, i got relief with this in the beginning.”(P14)

“Started taking treatment after two months of marriage. My mother suggested going to a doctor. I went to Dr X, she suggested getting tube test done. There, both my tubes came blocked, then later on they got opened also, got IUI done but still could not conceive. IUI was done thrice in three months. Have tried conventional medicines too from 1-2 places for 3-3 month’s duration but didn’t get any relief. Nowadays, have stopped taking oily food as suggested by doctor to reduce weight.”(P13)

Participants with higher level of education had scientific outlook towards the disease and did not believe in conventional or herbal healers. They took infertility as a medical problem only and sought medical help for the same.

“ Came to a doctor first, and then left in between. Then went to a doctor who do desi treatment (conventional). I went to pandit (faith healer) also in between with hope that something will happen somewhere. When I started treatment here that time also I went to him. He also said there is no problem but first went to doctor then went to pandit ji also as per mother-in-law’s suggestion.”(P8)

“Actually i have thyroid problem that’s why we were not able to have baby even though we started trying immediately after marriage. Even though i had been taking medicines for that, i gained so much weight due to thyroid. Had menstrual irregularities, when i used to miss periods my mom used to suggest you might be pregnant but problem was something different. Doctor told us that first to control thyroid then only we could think of a baby. There in London, doctors told me to control my weight, exercise but as i used to work there so i didn’t have time. I took treatment for some time then later they suggested to get tube test for which my mother-in-law refused. She said this is done at last. You don’t get anything done there. Doctors refused to give further treatment without testing tubes, so we left treatment from there. Have not tried any other treatment other than allopathic. Mother-in-law keeps forcing me to go for conventional treatment (desi), though i have never gone, never had been to any conventional treatment or to any dai (birth attendant) etc. Took treatment from Kurukshtreha and Karnal, both from gynae as well as from infertility specialist. In Karnal, I have been to Dr. X and Dr Y. Took treatment for 1-1\(\frac{1}{2}\) yrs. Then left in between with hoping to conceive naturally. Have been taking treatment from here (setting of study) since 3-4 months I am feeling better now. Periods are regular now. I will continue from here.” (P10)
“We started thinking seriously about it at the age of 32 yrs. Thought of taking treatment as my husband was abroad. So when he came to India we had so little time. So we thought take some treatment to enhance chances….. I conceived first with IUI, then my husband left for abroad but i had miscarriage in his absence. Then when he came we had 3 IUI’s but could not conceive, now going for IVF….. Have consulted many astrologers also as suggested by others as all three brothers were not able to have baby. They say something is there in home, change your house. Got pooja etc. done so everything goes side by side. Have not left anything pending. I took conventional treatment etc. also but have left everything now. Got our janampatri (horoscope) also checked. Took ayurvedic treatment for a year from a vaid (herbal healer) He used to give medicine by sensing pulse. He gave only 3 doses to be taken after periods. Took break from treatment in between as my husband went abroad and moreover we were wishing perhaps i may conceive naturally. Moreover we did not want to go for IVF at that time. So we took a break in between. During past one year when i took break from allopathic medicines, i tried everything that somehow if i can conceive naturally only. Somebody gave some medicine to my mom, some conventional one. I took that also, but now have left and started treatment from here.”(P15)

“We started taking medicine early. Have taken long treatment from doctors at panipat but didn’t get any relief. After 8 months of marriage somebody suggested to try pillow under lower back during coitus. Tried that also for 2-3 months then. Initially, after 9-10 months of my marriage we went to a simple doctor, who gave medicine for 3 months. Then we went to X hospital, there he suggested for husband’s tests for which he (husband) refused. Then 2-3 months passed just like that then i got him tested. Reports came as negative, and then we went to doctor Y. He suggested another test after taking sperms from inside that also we got done. There also reports came as negative. He gave treatment for some time then referred to X hospital Karnal. There also we took treatment for many months. He (doctor) gave injections to my husband, and then he told to go to Dr. Y at Delhi. Then we went there. There treatment was very costly, we could not afford it. Showed kundli (horoscope) of my husband to pandit (spiritualist) also. He also gave me medicine. Some almonds and something to drink. Took that medicine also for 3 months.” (P1)

“Started taking medicines after 1 yr of marriage. Went to doctors. Took treatment from Yamunagar, Ambala cantt. Sometimes for 6 month, sometimes for a year. Then used to leave as there was no benefit. Went to spiritual places to ask for blessings, have not been to any tantric (black magic performer) as don’t believe in them.”(P7)

“ Took conventional treatment from vaid (herbal healer) after 8-9 months of marriage for conception. They gave some injectable. Got my periods disturbed with that. In between, i went to Dr X for 3 months did not get any relief from there as well. She did lots of TVS (transvaginal sonography) every 3rd day, so i left from there in between.” (P4)

“ Took medicine for 7 months once, 3 month once, 4 months once. At times some women told some local treatment, have these, have these seeds, so kept on taking that in between. Tried baba ramdev yoga, alom vilom, kapal bhati (breathing exercises) etc.” (P5)
Participants expressed in detail about the treatment journey and different treatment modalities adopted by them. Majority of participants sought help within a year of marriage from a variety of so-called “traditional healers” including herbalists, lay midwives, spiritual healers, diviners etc. Participants expressed that they were willing to do anything to conceive, even taking injections from quacks or traditional healers. Even those who were educated and had scientific outlook also tried these methods with hope to be blessed. Role of astrologers was also very apparent as per religious belief that the position of stars played a major role in procreation. Participants reported taking a break sometimes between the treatment to try naturally and at times after being fed up with all that. Participants also switched providers every few months of treatment when did not conceived.
4 A (ii) Experiences Related to Treatment Modalities

Experience of treatment was stated as highly stressful and emotionally draining from shuffling between doctors, waiting for investigation reports, taking injections and uncertainty about results made it an ordeal for women.

“Every time when there was no benefit, i used to feel bad at heart. Felt disheartened.”(P1)

“When yesterday my dates came after 2 months, i felt very disheartened, very bad. Very, very bad. I felt somebody has thrown me down from height (Sobs) i was so thankful and relaxed that i have conceived. My mother-in-law did so much for me. She said don’t do anything, do rest only. I didn’t do anything, did rest also. But then also.” (P8)

“Earlier i never used to take any medicines for fever also. I just could not take it. Now i am taking so many medicines and injections as well. What to do? Have to take it.”(P10)

“In between i kept on trying to lose weight. It happens also. If only i do dieting then also i lose 1 kg easily but then it does not go down any further. So i lose my trust, why it is not going sooner. It should happen faster and after a week or so and leave in between.”(P14)

“IUI failure is a very bad experience. We get depressed for a week; then again i recover and prepare for next cycle. That one week after failure of IUI is very depressing. I just don’t want to talk to anyone. I want to be alone and then every time you have to answer questions and tell them this time also it was a failure that hurts more.”(P20)

Two of the participants expressed satisfaction with the medical treatment and facilities they availed.

“By the way, till now I have been to so many doctors. Everyone has given me good suggestions and counseling. I have not met anyone with whom I feel hopeless.”(P1)

“Earlier used to fear about tests and results. Don’t know what will be the results of tests. Slowly, slowly everything was normal. Nothing was diagnosed. Now also at times we think to go to another doctor, like Hissar, Patiala, Kaithel as suggested by others but then i think that as madam knows about my history, i am familiar with her, if i will change doctor now then they will again start from ABC. Have to get all tests redone. Here i am comfortable now.”(P15)

Few participants however felt that they had not been taken care of well and have not been explained about the ART by medical team. Things were new to them and they
could not understand the procedure as nobody explained it.

“When we went to Hissar, they did follicular study and gave medicines but there was no relief, then they advised to get tube test done. But somebody suggested us not to get tube test done. So when we refused they offered the option of IVF. We never had any knowledge of IVF. They only explained in two lines, didn’t tell in detail and when you experience it, that is entirely different. When actually procedure starts then you get to know what is happening. We thought it might be something small scale but later on realized….. As my mother-in-law had baby after 16 yrs and then my elder brother-in-law had second baby after 10-11 yrs, so we thought to take best treatment from best place. That’s why we said yes for IVF.” (P2)

Experience with public health services was stated as very harsh by one of the participants. She expressed lack of empathy and care in government set up and felt very heartbroken with such experience.

“My experience at tertiary government hospital Rohtak was very bad. I never felt so much heartbroken and tortured anywhere as much as I felt it there. After that i didn’t take treatment for 6-7 months from anywhere. Later on again, i gathered my will and then again started treatment….. I could not even think about treatment after my experience there. That journey of mine at Rohtak was the most tortured one. I got my test done at other places also, like here, nowhere i had so much of trouble. There was no care….. Started from home early morning. We used to keep standing, nobody used to bother. They used to write something and lab people used to do some other tests. Firstly got mad with tests only, they used to carry tests in such a brutal manner which was intolerable. I did not have this much of pain anywhere else.” (P6)

Participants expressed their experiences with the adopted treatment modalities and how their failure affected them. Interestingly, participants discussed failure experience after ART only and perceived it very harsh and emotional. Two participants also shared their dissatisfaction with medical team whereas two of them were satisfied with the support provided by service providers.

4 A (iii) Consideration of Other’s View

Views of others played an important role in shaping the treatment seeking behavior of participants. Suggestions related to treatment were provided to participants by family members and neighbors with a hope to have child and participants followed those suggestions as expressed by them;

“My aunty (chachi) keeps telling me to go to that pandit or go somewhere else. I reply to her that doctor has advised me precautions because she believes in all these pandit etc. a lot and I don’t like all this.” (P1)
“Then after few months somebody again used to suggest try this one. God knows you may be benefitted. Did all spiritual rituals also as suggested by somebody, somebody. All pooja path (holy rituals), did everything but did not achieve anything.” (P3)

“All family members and women from neighbor started pursuing me to go to doctor after a year of marriage saying there is no use of sitting ideally. So husband took initiative. Relatives started asking why you are sitting home. He (husband) is the only son, you have to take them to doctor, one relative suggested to come to this hospital.” (P5)

“Went to doctors as suggested by others, as they suggested that they have been benefitted from there. Somebody told me once that don’t worry, you don’t have anything related to paranormal. So don’t ever waste your time in all this, you just take proper treatment.” (P7)

“Neighbors suggested different treatment modalities saying, so many days have passed, for how long you will wait, nothing is there without a child, a child is must. Whole day you are sitting alone, your time will also pass. By saying all this she brought me here. She said this doctor is very good, you will definitely be benefitted with her. I also felt in my heart that if they are suggesting, must be something good, let us try. Perhaps this will benefit us.” (P11)

“Everyone at home suggested taking treatment. As elder brother and sister in law already had this problem so they suggested starting taking treatment thinking of our age.” (P15)

Family members, relatives and neighbors played a significant role in pursuing couples to seek treatment by any method to which couples usually complied. India is a pronatalist society and presence of a child is considered a must for family and fulfilled life. Hence, suggestions poured in after sometime of marriage and six participants reported to be influenced by those suggestions and sought treatment in an attempt to conceive.

4 B: BURDEN OF TREATMENT

Second theme under the treatment seeking behavior emerged as burden of treatment with three subthemes as: i) Effect on health ii) Financial burden iii) Stressful day of visit to clinic.

4 B (i) Effect on Health

Women shared their concerns related to effect of treatment on health and expressed their understanding of ill effects of different medicines taken as a part of treatment.
regimen. Expression of participants were as follows;

“If we are taking a medicine just for headache, that also have effect on body. Now i am taking so many medicines they certainly have side effect on body but forgetting all that i am ready for second IVF.”(P2)

“Used to leave medicines in between as there was no use and health was also deteriorating. Now i am losing my strength, not able to work as before. Body is not helping now, may be due to age but all those years had so many medicines. They also had an effect.” (P3)

“Nowadays my hair are falling so much. Never had such hair fall. My skin color is changing. I used to be so fair. She (mother-in-law) says you are taking so many medicines. They will spoil your body, you used to be so slim, now have gained so much weight.”(P4)

“When i was undergoing operation, i could feel everything. Pain was there that time i was thinking, is this life? If that is how kids are delivered, then i don’t want to do. But for baby now i am taking all this. When he will be delivered what will happen at that time (in relation to pain).” (P5)

“Now i feel i have lost energy, strength which i had is decreasing day by day. Every part of body pains now. Earlier i never used to have this.”(P 6)

“Have started with some troubles with medicines, have acidity, don’t feel like eating food. Many a times think to leave medicines but what to do? Have to take (majboori mein khani padti hai.).” (P7)

“He (husband) does not stop to go to doctor but he says why you are taking so many medicines if there is no problem, these will burn body from inside. Many a times he said to leave this.” (P8)

“I fear what will be the effect of all these medicines? They will spoil my body from inside, but when doctor is giving, i have to take, whatever it may take. Gather all my strength and have them.”(P11)

“I don’t think i will have any side effect. I have blind faith on madam (doctor). She will give good only. Earlier i felt that i have put up weight due to those conventional medicines which i took. Whatever anybody suggested i took that. At present i am not thinking about any side effect of treatment on health. May be in near future i may have to face.”(P 15)

“Whatsoever medicines you take, they burn you from inside. So now i don’t have that strength as used to have earlier. Had three-three operation what else is left in body? I have started to put on weight after taking medicines and my cycles disrupted in between.”(P21)

Ten participants expressed their concern regarding effect of treatment and medicines on their health and reported signs such as losing strength, hair fall, indigestion etc.
They were however ready to overlook every effect in pursuit of conception and having a baby.

4 B (ii) Financial Burden

All participants expressed that treatment was very costly and quite a few of them were facing financial adversity due to this. Participants shared that strong desire to have a child and to avoid taunting and social pressure, they did not hesitate to take loan for treatment. Some of them sought financial help from parents or dear ones. Maximum brunt of infertility was borne by those who belonged to low socioeconomic status in terms of financial adversity.

As participant P11 whose husband earns wages daily shared;

“We could not go to the same doctor from where my sister in law took treatment. That time we didn’t have money at hand, had to face problem of money. Sometimes money is not there for medicines also. Came here to madam (doctor). She said so much money will be required. I think we are so poor, from where will we arrange? Now for this time also i have taken some money from my brother and some my husband has taken as a loan from his brother-in-law.” (P11)

Another participant whose in-laws were not at all supportive for treatment said:

“It’s very difficult, every time when i come for treatment they (brother) arrange money with great difficulty.”(P13)

Others also shared the same expression as:

“We have taken money for treatment from my father, as father-in-law will not cooperate for such costly treatment. We went to a doctor in Delhi. There her consultant charges only were 1500/- We knew whose consultant charges are so high, we will not be able to afford her treatment. My husband’s income is this much only. We can only make our expenditure.... We can’t take help from in laws. For the next IVF also my elder sister will give money. She will pay for the expenses.... In between i left job for treatment. But when came to X hospital, he (doctor) said treatment will last for a year. Then again i joined a private job, at least will be able to support ourselves. (P1)

“This treatment is so costly. Have to arrange money, some amount will be arranged by my parents and some my husband will arrange. Treatment is costly everywhere but what to do? You have to do for child.”(P7)

“We are spending so much of money; even though my husband’s salary is not that much that we can afford all. But still we are trying that somehow we can have baby. Whenever we have something like IUI etc the whole pay of my husband goes in this
only.” (P8)

“Have to see for expenditure of treatment also. We have agriculture land. My brothers also are not very well off, but still they also are helping with hope that this time it will be successful.”(P10)

“Did not take treatment in between as didn’t have money for treatment (crying). We face financial problem for medicines. I have stopped treatment since last year as there was financial problem. Now also some of my relatives will bear the burden of treatment. My parents will give money.”(P19)

Expensive treatment was a matter of concern among participants who could afford it but still thought of spending this much money persist. Participants wished that they could utilize this money in some other form of productive work.

“There is no problem of money. My husband says whatever expenses will be there. I will do.”(P9)

“We spent a lot of money in IVF. It was 90,000/- plus scan, medicines were also there. One injection was of Rs 5000/-. My husband never made me to think about money. He does not tell me. I think we are ok there. He says you don’t have to worry about that. I will do, whatever expenditure is there i will spend.”(P2)

“Do not face any financial problem for treatment. For money, he (husband) has to bother. I am just bothered with pain which i have to bear.”(P4)

“It’s not there, both of us have job. We can afford. It’s not there. But at times it happens we think of cost, if i would have conceived naturally we might have utilized this money somewhere else.”(P15)

“There is no problem of finances. We will be able to manage.”(P10)

“Though we don’t have medical insurance but get claim for scans and all from husband’s office. It’s just that we are not able to save more. Every month we have to take out 10,000/- extra for treatment. I just feel if only we could have it naturally then we would have not faced so much of mental tension and we might not have been financially weak.” (P20)

One participant who was living in joint family expressed her concern of what others might think when a huge amount of money is spent on the treatment of one person only, whereas resources were generated in collaboration.
“In a joint family, you have to think that how much i have spent on myself? You have to think everything, though i have got lots of money. There is no tension of funds.” (P6)

Fourteen participants expressed their concern regarding cost of treatment. Two participants who belonged to low socioeconomic status faced maximum burden of treatment as they reported making arrangement for treatment by borrowing; whereas others participants shared views of spending a large amount of earnings on treatment as there were no support from government or subsidy for ART procedures.

4 B (iii) Stressful Day of Visit

Third subtheme in burden of treatment emerged as stressful day of visit to clinic. The day of visit to the clinic was perceived as stressful due to test reports and results. Apart from all this, managing household work along with travelling to IVF clinic was another stressor expressed by participants.

“Today also i got up at 5 am. Did all household work, cleaning, cooking and pooja. Then travelled on bike till Assandh. From there took a bus. Here have been sitting since so long. From here again will go back home and finish rest of the work. Will cook food.” (P2)

“Early in morning mother-in-law will say finish all household chores before leaving for clinic. So i have to finish all that. Then have to ask husband not to go anywhere, if you have some plan cancel them. So don't know what he will say? He may also get annoyed saying today again you have to go. I am fed up with your medicines. So all this have to be planned a day before. As soon as i will reach home, mother-in-law will ask what doctor said? This also is a tension what should i tell her? She will start blaming doctor, what type of doctor is she? Till now have not been able to give results, why results are not there? You were saying she is very good.” (P5)

“Today also i cried before coming to the clinic while taking bath. God is punishing me for which deed? A day before coming to clinic my head starts spinning.” (P6)

“Today also i got so tense. Don’t know what doctors will say?” (P9)

“Whenever doctors call, i come with tension. Don’t know what will they suggest today? I am giving my 100% to treatment.” (P13)

Managing work, household chores along with travelling and uncertainty of results made the day of visit more stressful for the participants. Five participants verbalized this stress and explained how they felt on the day of visit to clinic and how they managed through it.
4 C: KNOWLEDGE RELATED TO ART

Third theme under the meta-theme of treatment modalities emerged as knowledge related to artificial reproductive treatment with two subtheme as: i) Lack of knowledge and myths related to ART ii) Fear of failure.

4 C (i) Lack of Knowledge and Myths Related to ART

Knowledge of participants regarding ART depended a lot on information provided to them by health care providers. Participants had queries about procedure of treatment, available options and lacked complete knowledge regarding ART. Participants verbalized this as:

“Have no idea about IVF, as nothing has been told by doctor yet.”(P7)

“I think he (husband) knows about it, that’s why he has brought me here. He (husband) does not know that again this much money is required. He thinks it will be successful in first attempt itself.”(P9)

“Doctor also has told me that she is trying her level best. Now my egg is forming well, there is no issue of tubes in IVF. Will be successful.”(P13)

“As I am illiterate, I do not know what happens.”(P17)

Another participant who underwent IVF after 3 yrs of marriage stated how she felt duped as nobody provided them with right treatment option at that time.

“That time we didn’t meet anyone who could have advised us not to get IVF done right now, it’s been just 3 yrs of your married life.”(P2)

Even educated women had the fear and lack of knowledge related to ART procedure and relied more on their personal experiences or experiences of other infertile women.

“As i don’t have much knowledge about IVF, so i was considering IUI only. I think it’s better if i can conceive with IUI only. I think treatment for IVF will be more intense as i have seen my sister-in-law. She used to undergo scanning and all, so its bit fearful. It’s better to have treatment of small scale.”(P15)

“Sensing views related to IUI and IVF we were also thinking that if only we could have naturally nothing is like that. Now as there is no other option, so thought at least i will deliver baby from own body. Will be considered as ours.”(P3)

ART specifically IUI is not taken well in society even after so much of propaganda and hype about it. People still have misconceptions about it. Child born via IUI or
IVF is not considered as couple’s biological child especially among elders. Community members are not certain whether gametes injected during procedure genetically or originally belong to couples. There seems to be no surety that there is no mixing of gametes and this question the virtue of women.

“My husband also did not take medicines as he heard from somewhere that medicines lead to more problems. Even though there was problem in his reports.” (P4)

“He (husband) says it is not necessary that baby would be ours? Who knows whose baby that would be, there is no guarantee he will be ours or mine? He said how do you know whose sperms or gametes they are keeping inside the machine?” (P5)

“The treatment which i am getting done now, in villages, many of them think that this involves sperms of somebody else, this baby would be somebody else’s. Many of them get it done without disclosing to anyone (chup chup kar).” (P6)

“In villages this IUI etc is not considered good. I have also not disclosed it. They say don’t know whose sperms have been inseminated? Whose baby is it?” (P7)

“We have not disclosed to my mother-in-law that we are undergoing IUI or IVF, as she does not like it. She says baby with this method is not ours, they say God knows whose sperms have been inseminated?” (P9)

“People do not disclose about their treatment as nobody should taunt later on. That say kids are born by injections.” (P13)

“Though we tell people that we are taking treatment but do not disclose the type of treatment because people do not have proper knowledge about it and if conceive with IUI, they will think this baby is not ours. They will start blaming on my character.” (P16)

“Baby by this method (IUI) is not considered as ours. It is somebody else. Even though madam (doctor) has explained to him (husband).” (P21)

Participants expressed lack of adequate information regarding ART and mostly relied upon the general talk for knowledge related to it. Because of the stigma associated with it, infertility is not discussed openly and often women who take treatment also do not share about it at great length. Participants also expressed dissatisfaction with the inadequate information provided by health care providers. Further data analysis revealed myths prevalent in community regarding ART especially IUI. Participants shared that they do not disclose about the mode of treatment to anyone due to fear of stigma attached to it.
4 C (ii) Fear of Failure

Intensive and rigorous treatment regiment of IVF was a source of fear among one fourth of participants. Participants expressed fear related to injections and procedure due to lack of knowledge and side effects of medicines administrated.

“I fear a lot, not from injection but from IVF. Now i know that they put inside that pains. Due to which i fear. This time also i had 47 injections.”(P1)

“She suggested to me to get IVF done but i was hesitant and thought if i could conceive naturally only. Nothing is like that, i used to fear that what all procedure they will do? He (husband) used to suggest from many years to get IVF done, but i refused as i feared procedure…. Now as i have undergone IUI, so i feel IVF might be something like this only. Husband also says try this last time. Will not try anything after this, why are you wasting your body?”(P3)

“Earlier, i was fearful of pain during investigations and their results that God knows what will come?”(P15)

Women initiated treatment with high hopes or took ART as last resort to end their struggle with infertility. This made them more vulnerable and fearful of failure after spending so much money and bearing pain. They could not think of life after IVF failure and termed it as most devastating experience they had ever faced.

“Feel scared, what if I am not able to have at the end, even after spending so much of money?”(P3)

“Now i am taking medicines, i fear. Don’t know if these will help me or not? What if i have to go empty handed from here also as had been from other places? If i don’t get relief from here then what will i do? This question keeps coming in mind.”(P5)

“The foremost though in my mind is this only, in hope of this last step i spent 14 yrs. Now if i didn’t get with this also, what will happen? What my life would be? This is my biggest tension now. Everyone at home has lost hope now. They don’t think i will be benefitted with it now. Everyone suggest me to keep my mind positive, but i feel scared if i could not have then?” (P6)

“I fear about child. What will happen if i am not able to conceive?” (P9)

“I fear failure. My parents are also fearful. The day i tell them that i have to come they get tense.”(P14)

“I cannot even think of failure. I don’t want to face that part of life. Then there will be no aim in life. Now at least i have a hope. If ever that time come in life i can’t even imagine it. Now itself i am facing so much of problem, that thought itself is scary.”(P20)

“This is there, now we are spending so much of money and what if i am not able to conceive even after that also?”(P21)

To summarize, the experiences described by the participants concerning the meta-
theme focusing on infertility treatment included three themes modalities adopted; burden of treatment; lack of knowledge related to ART. When examining participants’ experiences of infertility treatment options, it was observed that participants utilized a variety of options ranging from traditional healers to medical interventions. In addition, it was seen that participants changed healers frequently in order to get relief and ended up struggling for a long time. Further burden of treatment was explained in terms of effect on general health where participants shared their concern related to side effects of medicines and financial burden of treatment. Day of visit to clinic for consultation was also stated as stressful in terms of physical and emotional exertion. Participants also expressed lack of knowledge regarding ART which lead to fear of procedure. Myths related to ART also became apparent and were shared by participants. It was also observed that participants were fearful regarding ART failure as these techniques were considered as the last available option for infertile couples to have biological child and they verbalized not being able to think beyond this.

5. COPING WITH INFERTILITY

The fifth meta-theme which emerged from interviews of participants focused on how they coped with infertility. Infertility was explained by participants as major stress in life, but the coping strategies to encounter this stress varied among them. Two salient subthemes identified with in this theme were: A) Emotion focused strategies B) Problem focused strategies. Even though participants used both strategies, however emotion focused strategies were used more frequently.

5A. Emotion Focused Coping Strategies

Emotion focused coping strategies, included efforts to set emotional consequences of stressful incident to keep the emotional and sentimental balance by controlling resultant emotions from stressful condition. Under these strategies participants used three types of emotional coping as; continence (efforts to set emotions and actions), escape (cognitive efforts to avoid problem) and avoidance (minimizing importance of situation). Often; participants used more than one strategy to cope with profound stress and trauma of infertility as verbalized by them;

“I just lie down alone, keep on thinking and keep on thinking. Do cry also, then get hold of me again, get up and start work again.” (P3)
“I cry alone when become so tense. I watch TV, listen to songs, play games on the phone.” (P4)

“At times cry alone, what is my fault in all this? I keep on thinking that, i watch TV, some laughter challenge or something light which will make me laugh and lighten my heart, or talk to my sister or mother, i feel relaxed after that.” (P5)

“I just cry and lighten my mood and keep myself busy in household work (mann halka kar lete hai).” (P7)

“I just stand in front of mirror and cry. I just cry with closed door so that nobody gets to know, when my mood is off. My mother-in-law takes me for shopping or i chat on mobile.” (P8)

“I go to my elder sister’s place who lives nearby, but when i cry there my brother-in-law feels bad that i go to their home and cry…..I just keep quiet, watch TV. Sometimes sit outside then after an hour or so get normal and start work again.” (P13)

“When i am tense, i cry or i go to gurudwara sahib (Holy place), chant. My tension is resolved or i listen to songs.” (P 14)

“I think why this is happening to me then i shake myself up that i don’t have a problem then why am i thinking like this? That is why i don’t do much, nothing, get normal on my own.” (P8)

“I sit alone at night and keep on thinking what will happen? What to do? Whole day do household chores. Talk to neighbor and spend time like this. What else is there to do? I just sit when too much tense or angry, sometimes sleep off. What to do? What can I do? I just console myself (mann mar kar baith jaate hu).” (P11)

“To overcome, we discuss with each other or i talk to my mom mostly. After talking to her i feel relieved. She always gives me positive side.” (P20)

Participants reported turning to God for strength to pass through the journey and to be blessed. They sought solace in religion and related themselves to religious saying or rituals. According to them, it provided them the needed anchor in the time of turbulence.

“At times, i feel angry but then i console myself don’t worry. HE (God) is watching, will bless me too. I am hopeful.” (P1)

“These days i am reading spiritual book which says you don’t get anything more than luck and anything before your time. You will get at your time only….. Our aim should be to do good deeds without thinking of fruits of them. I believe in God. I have made up my mind i will not think anything negative. Now i have left everything on God. Whatever has to be done? He will do..... i do listen to songs, keep myself busy in household chores. But things keep moving in mind.” (P2)
“Don’t feel angry. Why should i think negative? If somebody has said something they might have said with good intention….. started going to satsang. Since then i have this feeling that others think good about me. I felt peaceful, started having faith in life again….. Person should keep trying, should not leave trying. This is the only thing in my mind now…… i used to cry when tension built up then will stop and start working again. Will start thinking again for future course……. Now whenever i am troubled, i start praying. I just pray to God to give me strength to pass through this. I won’t die like this. I thank God with folded hand that He has send me to a good place, in a good family. I count my blessings. Now i believe my God is with me. He is doing what is best for me. He will not let me fall….I have faith in my God. Whatever i ask for, i get it except this. Don’t know why? I think, baby might not be good for me. Those who have kids are more troubled than me.” (P6)

“It’s in God’s hand. He has to give till that time whatever everyone has to say we have to listen. Wherever we have to stumble, we stumble (thokre khane hai toh khane hi hai). Nothing is above Him. I have left everything is HIS hands….. I have consoled myself (apna mann samjha liya hai) People are there to speak, they will speak……. Not to bother about them. I watch TV and then sleep off, pass my time like this only. Now i have left everything on God. Whenever He feels, He would give.”(P7)

“I just feel, i should pray to God. He will listen to me. He only will help.”(P9)

There were other participants who tried to avoid thinking about the situation or discussing it with others to avoid unwelcome questions from intruding people and to maintain wellbeing.

“This time also when my periods came we didn’t show to anyone that we are tense, because I thought what has happened, happened. Now nothing can be done. I think no worries, life will give me more chances to get a job. I will get later on. I try to avoid that nobody should ask me because i don’t like telling lies. When i go to village i try to avoid. Before anyone asks, i invariably tells about my periods and date. I try a lot, immediately tell before anyone asks, so that they know. Mostly i try this only. I have told in family aunts that i have conceived once, but had miscarriage, what to do, have to see everything, whom all to answer? (kiss kiss ko jawab de?) Now we (couple) don’t talk about it at all. Since last one year we have stopped talking about it at all because he feels a lot which I don’t like.” (P1)

“I think positive and believe that yes i will have. I have not let these thoughts overpower me. I think positive…… yes, i will be able to have it. I just think about today, that yes today these tests have to be done. These medicines are to be taken. I am not thinking beyond this…… Though i fear failure, but i don’t think about it much. Till now all reports are normal, so i am hopeful that we will be able to have it. I don’t think so much deeply about it.”(P15)

“To escape from the question we just turn over things so that people should not think that we have some problem that’s why we are not having? We pose like we don’t have
a problem. We are enjoying our life deliberately. We just pretend that we are happy and not trying for baby yet, where as in reality we are very sad.” (P20)

“We don’t discuss about it anymore, very rare, because mind get tense with discussion. So we think better to avoid. Earlier we used to discuss how it will be and all. Now we just think let it be, whenever it has to happen it will happen. We think the more tension we will take the more problem it would be.”(P16)

Expressions of participants reflected their emotional coping behavior with regard to infertility in terms of continence, escape and avoidance. These included turning to God for strength, crying alone, watching TV, listening to songs, sitting alone and avoiding thinking about the situation.

5 B: Problem Focused Strategies

Problem focused strategies include one’s effective acts with respect to stressful condition and to remove or change the source of stress. Under this subtheme, participants shared use of social support demand, taking responsibility (accepting self-role in problem in an effort to solve things) and double positive evaluation (adding positive meaning and focusing on personal growth). Here also participants used various techniques in congruence with emotion centered strategies.

“We tried our level best to solve this. We took complete treatment for 2 yrs. whatever mam (doctor) said we did. At least we tried our level best.” (P15)

Two participants reported using double positive evaluation to cope with infertility, tried to accept the situation and utilized their time and energy in other constructive work.

“We think it’s good in a way. We are free for sometime, are able to enjoy but later on when i think that i have to go to doctors. Have to take so many medicines, and then it occur to me better to have one child and become tension free. Now i just think that if i have a child its ok, but it’s not necessary. If it is not there in my life, then it’s not must that i should have it.” (P4)

“When i got to know that i will be able to conceive late, thought ok. Let me finish my studies side by side. I will have a future also. Now i am thinking i should conceive, so that by the time i have a baby my studies will be over. I will be able to get a job.” (P20)

Participants tried to share their thought with other childless women, family members or friends to seek social support and attempted to be part of social life in order to deal with the pain.
“At times i do share with whom i feel she is genuinely asking otherwise, I avoid sitting or sharing with others.”(P2)

“During day time go to neighbor and talk to her, share my thoughts with her.”(P11)

Almost all participants reported seeking family support and own parents support to overcome grief of infertility as explained under theme of effect on relations. Several participants indicated that they received support from family and husband. All participants actively participated and tried various treatment modalities for coping such as taking responsibility for the crisis of infertility and dealing with it. All treatment modalities have already been described under the theme of treatment seeking behavior.

To summarize, the experience described by the participants concerning the meta-theme of focusing on coping with infertility included two subthemes; emotion centered strategies and problem centered strategies. With regard to emotion focused strategies, participants verbalized trusting and praying to God and gaining strength from spiritual quotes to cope with challenges of infertility, crying alone, avoiding intruding people and discussions and trying to project themselves as happy couples. Among problem focused strategies, participants sought different treatment modalities, seeking social support and two participants expressed taking positive meaning by focusing on personal growth.

6. DESIRE OF MOTHERHOOD

The sixth meta-theme identified among participants in terms of description of their experiences with infertility focused on desire of motherhood. From the participants description two subthemes emerged from data as: a) Factors affecting desire of motherhood B) Adoption.

6A: FACTORS AFFECTING DESIRE FOR MOTHERHOOD

The first theme under the meta-theme emerged as factors affecting desire of motherhood. The main reason for desire for children was to procreate, relieve from social pressure and to maintain family lineage and inheritance.
6 A (i) Own Feelings

Life without children was perceived not worth living as there was no aim or happiness in life. Participants also expressed desire to experience motherhood by virtue of children. Participants verbalized their feelings as;

“Mainly it’s for society; this will shut the mouth of society. Another thing, i want to feel from inside how is it feels to be a mother? What type of feeling it is?” (P1)

“Earlier i didn’t realize what a baby was to me. Today i have realized what value it had for me. Earlier i never used to feel so much of importance but now listening peoples talk i feel now i should have a baby. These women only have taught me what the importance of baby is. Even if they don’t say. I will still feel but not this much.”(P2)

“Main purpose of marriage is to have a kid, family should grow. Child is must to keep family happy. I would not have been so troubled if i had a child. Need child more for family rather than for own.”(P4)

“I don’t know, only thing is now i should have a baby. Seeing others i feel very lonely. Now I should have a baby. Now when i see my husband that he also wants to have a baby, now family also is waiting that we have a baby in our home. We have a grandson or daughter. Baby brings lot of change, husband also become ok. Relations become good. Mother-in-law, father-in-law, everyone is happy when there is baby at home. Family is complete. Baby is must for a fulfilled life. Need baby for own house, to enhance clan.” (P8)

“I feel bad that we don’t have a family. Only we two husband wife are there. A family should be there.”(P10)

“Need child for ourselves, for what are we earning, for whom have we purchased property? Everyone’s mouth will shut if only i could have a child.” (P12)

“Now at present i don’t feel but may be in future i may feel lonely. It’s also that you become pitiful (bechare) in society’s sight, so to avoid that also you need to have baby.”(P15)

Another reason for the desire was expressed as children source of joy and symbol of achievement for couples. Participants shared their belief that children bring happiness and fun in life. Children are expected to look after parents in old age and support them.

“What to do? Tomorrow nobody would be there to look after us. Now both of us are working. Our body is supporting us, will do however but when our body will be old, we won’t be able to support ourselves. Then nobody would be our support, thinking that we are trying. Now anybody is able to say anything to me, anybody can taunt me,
from family from neighborhood. If i would have a child, nobody would be able to speak like this. Only my child will be mine (apna bacha apna hi hota hai), i would not have suffered so much if only i had a child.”(P11)

“My life will be very good if i have a child. Everything will be good, nobody will say anything…… child is must for our own as well. Tomorrow child only will be our support, to get rid of loneliness……. husband goes to work, i keep laying alone, life would have been happy. We would have gone somewhere, gone sightseeing. Now everyone is struck with this only, in-laws as well as my family members too. I would have blocked everything inside me even if my husband would have been supportive…… without child there is no life. There is no raunak (life) in house. Family members also say there is no fun in life. Kids entertain you.”(P13)

“After marriage it is must. Till the time you are not married there is no problem but after marriage everybody’s eyes are on you that you don’t have baby and as my mother also had me after 6- 7 yrs of marriage. So everyone thinks that if mother had problem so she will also have……. i also need child but i console myself that its ok. I am taking treatment, i will be able to have it but now i am not able to face people. If there is marriage then child is must. Feelings are also there, we also feel that we should have a child…… I don’t know why but i should have a baby because everything goes well with child. Life becomes pleasant. Your all tension gets over, somebody will be there to take our name, to enhance clan.”(P14)

“Used to feel that if i had a child now why somebody could have asked me or bothered me? I just feel that all of them have children they will separate at one time and will be happy with their life. What will i do at that time? I feel happy for others and think we will also have an heir sometime. Now we feel somebody will there or not to look after us…… somebody is required to look after in old age, nothing else. Just need somebody to look after us and home.”(P3)

“Child is necessary to enhance clan (vansh ki bel chalane ke liye), to give support in old age. There is no life without child. Nobody bothers about you without child. People are friendly and talk happily with those who have kids. There is no life for you. (apni koi jindgi nhi hai)”(P7)

“When i see others playing with their kids, then i have this feeling that if i also had kids, i would have enjoyed with them, but what to do? We don’t have anything to enjoy. At times we feel that we have everything but nobody is there in next generation. All property or everything is of what use? There is nobody to enjoy…… at times when my husband comes home from office there is nothing. It feels that a child should have been there to entertain. Both of us will entertain each other for how long? There should be some novelty in life. You need child to grow family tree (vansh ki bel aage badhane ke liye). If i don’t have baby that will be broken and nobody would like it. Moreover everyone expects that in old age kids will look after us, i also think so, i have this feeling too.”(P20)

“Others might not have talked about me. Might not have pitied on me (bechare nhi bolte.) You need child to enhance your clan (vansh aage chalane ke liye) why do you earn? You earn for your child. Child is necessary for old age, now at present we are capable. There will be a time when we will be sick, old. Child will look after us at that
6A (ii) Husband’s Desire

Women expressed that their husbands also wished to have a baby though they did not say directly; participants however could sense their desire of having a child which in turn added to their trouble and guilt.

“He says only rearing up kids is not life. There are many who don’t have kids like we are struggling many others are also struggling. Few adopts from relatives. Few are just passing time. We also will pass our life, not a big deal in this…… i feel if only we would have kids, his tension might have reduced. Now he will come home, have food and watch TV or lie down. I think that time he thinks that if I had a child I might have played with him right now.” (P5)

“My husband is very fond of kids. Takes care of kids in neighborhood. Seeing him i feel very bad.” (P9)

“Many a times he even says that i will get remarried, he taunts me. Before marriage they saw another girl. Now she is blessed with kids. He says if i would have married that girl, there would have been kids in our house now. I asked him once that you need me or child. He said i need both. I need you as well as child also, but first i need child.”(P13)

“Now husband also wishes that we should have a child, like at shop when the baby comes he says, when i will have baby, i will take him around, will do this and that.” (P14)

“My husband is a drug addict from the starting, though he does addiction but has never hurt me physically. At times when he is ok he comes with me to clinic or otherwise he does not…….. he says if a child would have been there i might have left addiction or may not have been addicted this much.” (P19)

“When we go home, my husband gets attracted to kids of my brother in laws as we don’t have kids, that time i feel from inside that why others are having if i am not?”(P20)

Participants described various factors and reasons for the desire of motherhood. Children are often given the family name of the father in patrilineal community in India and they are supposed to marry in future and name their children after the family name. This is done to ensure the family lineage. Seeing others enjoy their life with kids also lead participants to wish for own child. Participants expressed that children bring life to life and will look after them during their reap years when they will be no more productive. Further, six participants shared that their husbands’ wish
to have children was a factor for their desire for motherhood.

6 B. ADOPTION

Second theme under the meta-theme of desire of motherhood emerged as adoption. This theme of adoption included three subtheme as: i) Self views ii) Husband’s view iii) View of family.

6B (i) Self View

Participants expressed their desire to adopt in order to experience motherhood. Adoption was only acceptable from own family as blood line has to be continued. Very few participants were ready for adoption outside the family. But first preference for majority of women was own child. Factors affecting views related to adoption included family’s acceptance of adopted child and husband’s cooperation with adoption.

“I am ready for adoption if my family agrees. For me, if i don’t have baby then also its ok, not a major thing. There are many who don’t have, there are orphanages. If there is so much need of child you can take from there, they need parents, we need a child, we can take them. They can fulfill our need and we can fulfill their”. (P5)

“First i would like to have my own baby. I don’t know it’s my personal choice or what? There is nothing against adoption, but i would like to have my own child. Now as we have an adopted baby at our home (brother in law has adopted) so next i would like to have my own child. If we ever think of adoption later on, i would like to take a newborn baby as elder child faces adjustment problems.”(P15)

“Will think about it when times comes, i may adopt, if need arise. Have not thought about it yet, will adopt only from our own family if have to take sometime, as somebody from society may tell him later on.”(P1)

“Others kids will be their’s only, they will not listen to me. They will do as their parents will teach them. Will try for ours first. If not possible, then we are left with no choice. We will have to take. If my husband agrees then I am ready for adoption...... All children of family are grown up now. Now they understand. So they can’t stay with us that's why also could not adopt.” (P 11)

Two of the participants were aware of surrogacy and admitted to have given a thought. One of them was ready for adoption. It may be noted that both of them were educated and belonged to upper middle class.

“As it has been long time, i feel we should adopt now. But my husband says lets try
first. Let us take complete treatment. Will think about it later on. So will see, surrogate mother or something. Will do something. I am ok with adoption. I will keep him also.”(P10)

“I think if this IUI etc. is not successful we have the option of surrogacy. Of course you need more money for that like 10 lakhs or something. We have to pool up money for that. I am ok with that as that child would be ours, mine and husbands. I have not discussed this all with my husband yet. I keep surfing on net but yes if i will not get through these methods then definitely, I will take second step.”(P20)

Only one participant sought information about the agency that facilitates adoption.

“Yes, i am thinking. I have this one chance of IVF. If not successful will take a day old baby only. Cannot have anybody from own family as you can’t even scold their baby. Have taken once and have suffered. Can you tell me from where we can get a baby for adoption?” (P12)

While there were participants who were uncomfortable with adoption owing to many reasons such as lack of motherly feelings and emotional affinity for adopted child, adopted child may not accept them as their parents and social stigma. Participants verbalized these as:

“Have not thought about adoption yet, first we will get all tests done, we will try. Till the time doctors say that there are chances, we will try. Once they refuse then will think of alternative.”(P2)

“All day this comes in mind that in family, where i am living will never permit me for this and if they don’t agree i will never do such a thing. They have supported me till now. Moreover, i will also never be able to accept that child. He will never be mine. I can love kids of my brother in law but i won’t be able to love him/her. Need to have own child.” (P6)

“Not in favor of adopting a child, should not take. My child will be only mine (apna bacha apna hi hota hai). If i take some body’s child and i scold him or beat him then others will say how are rearing them up? Because i have seen this with others who have adopted. Otherwise, i am also not comfortable with others child. Need our own and don’t know, we rear him up and when he grows up he may say those are my parents i will go to them.”(P7)

“Even if my husband gets ready for adoption, i will not be able to accept that. That child will not be ours. Tomorrow anybody among in- laws might say anything to that child, which will be very painful for me.”(P13)

“It’s not that there is no life without child. We can adopt also. But this age old mentality overpower us as well..... I still have this feeling that meaning of marriage is to have a baby and then you have to look after him and later get him married. So this mentality of society overpowers me as well..... In adoption also, i think i will not be
One of the participant who was working as counselor in social welfare department also feared social stigma and bureaucracy related to adoption and stated them as reasons for not taking adoption as an option.

“Never thought of adoption because people will think that they must have had some problem that’s why they have adopted. If this is not there, then i have no objection for adoption. I think people will keep assuming that they cannot have baby. Moreover process of adoption is long process. We get it done via our department; so much time is spend in this.”(P14)

Few participants also expressed their view related to donor eggs and donor sperms. Interestingly, these participants preferred donor egg or donor sperm as they considered that half of the genetic material in baby will be theirs and baby will be able to have their characteristics.

“I am ok with donor egg. Atleast for once i will be able to conceive. Child will be of my husband, will be ours. For adoption, nobody was there in family to take and i am not ready to take somebody from outside. Our blood is our blood only. For ourselves, own child should be there. Would not have accepted somebody else.” (P3)

“Both are good at their place. Adoption is also ok. Main importance is of baby and this donor which you are mentioning, this is taken when husband have some problem but donor sperm or egg is better as at least half of us will be there.”(P8)

“My eggs don’t get prepared well. If i take it from somebody, don’t know which type of lady she might be? What all traits she will have, so i won’t prefer donor eggs, but i will still prefer donor eggs rather than adoption.”(P14)

One of the participant explained how she was ready to have donor sperm but not a donor egg as her husband will not be able to accept that child as his own.

“If ever need arise than rather than taking donor sperms or egg i would prefer to adopt a child. Because that child with donor egg or sperm will not be our child. As if donor egg is there, that child would be mine but not of my husband. He won’t get attached to that child. He will always think that child as somebody else’s and girls always sacrifice. So i will be ok with donor sperm at least that will be of my husband.”(P20)

Two of the participants who were struggling with male cause of infertility had different view related to donor sperms. One of them have not given a thought about it where as the other had nine artificial inseminations with hope to deliver a child and
get rid of being labeled as infertile.

“My brother in law offered saying if husband is having some problem then i can give (sperm donation) but i didn’t pay a heed (baat taal di). I said we don’t need though i had knowledge about it. As i know my husband will feel bad about it. Will think about it when times comes. I may take it if need arise.”(P1)

“What to do? We have to take it as there was no other option. My husband was not ready for adoption. Now also i am facing so much of problem. Cannot disclose to anyone, but baby born by this method at least will be delivered through me so will be considered as ours.”(P18)

Here participants expressed their views and concern related to adoption, surrogacy and donor egg or sperm. Six participants were ready for adoption if they got support from their husband or family. Two of the participants were aware of surrogacy. Six participants were not in favor of adoption. Regarding donor egg or sperm, donor egg were more acceptable than donor sperm considering cultural and socialnorms.

6 B (ii) Husband’s Views

Participants expressed their husband’s views related to adoption. For majority, husbands were not ready for adoption stating various reasons as:

“I asked him to adopt my brother in law’s daughter, but he refused saying all of them are ours only. They are not separate from us.”(P3)

“But my husband says, will we rear up other’s child? If we will have our child then its ok otherwise no need, he says so. He feels he will be able to love and rear up only our own child, perhaps won’t be able to love anybody else. He will not agree to adoption. In his view, when in today’s world your own child doesn’t look after you, care for you, what he who is of anybody else’s will do? When he will grow up people will tell him that we have taken him from orphanage, he is an orphan. He will say you are not my parents. Don’t know how he will treat us? Will he be able to care for us, will look after us?” (P5)

“He will not adopt. If have to take donor egg that is acceptable but child should be his.”(P9)

“I asked my husband for adoption but he refused saying that if we will have ours its ok, otherwise will live like this only but won’t take somebody else.”(P11)

“My husband refuses to take somebody’s child for adoption. I offered to take my nephew for adoption as my bhabi (sister in law) said we cannot afford your treatment cost better I will give you my baby but my husband refused. He said we need child from you only.”(P13)
“He will not agree for adoption and there is nobody in family to adopt.” (P21)

Only two participants expressed that seeing and sensing their pain and despair, their husbands were ready for adoption even though one of participants herself was not ready for it.

“Both of us just discuss but it will be very difficult. He says if time comes we will adopt from his younger brother. Whatever we have will give him. Till now these are his thoughts, rest time will tell.” (P4)

“After three years of my marriage when I started remaining tense, my husband said once that don’t worry we will adopt a baby later on we will have ours as well. But I refused saying I need my own child.” (P14)

6 B (iii) Views of Family

Participants who were ready to adopt expressed their inability to do so due to family constraints as family did not accept and support adoption. Even though these participants wanted to go for adoption but they could not do so.

“When I expressed my wish for adoption from family in front of my mother in law, she said, will we rear up others kid?? You have your own. Rather she said if any other child came to house there will big fight.” (P5)

“I thought of taking baby from my sister in law, but she is like that only. If ever there will be quarrel among us she will taunt me that you have taken my kid. So i dropped that idea.” (P11)

“My elder brother-in-law and sister-in-law did not permit to adopt child form younger brother in law. They say either you take ours or will not allow you take somebody else. Now their kids are grown up. I brought one younger one who was 13 yrs old. He did not stay more than 3 months. He said i am not happy here and they do not allow for younger one’s to take. Father-in-law and all do not allow to take baby for adoption from my family even.” (P12)

Here participants shared their family’s view related to adoption and shared that their family is not supporting them to adopt a child and without family support they could take a decision related to adoption alone.

To summarize, experiences described by the participants concerning the meta-theme of desire for motherhood included two themes; factors affecting desire of motherhood and adoption. When examining participants description of desire of motherhood, it
was observed that participants expressed need to have a child to relieve social pressure, experience motherhood, bring happiness and joy to the family, have complete and fulfilling life, enhance family lineage, have somebody to look after in old age and inherit family property. Husband’s desire to have a baby was reported as major driving force for wish to have a baby. Further data analysis revealed views of participants, their husband’s and family’s related to adoption and donor egg and sperm. Donor eggs were more acceptable than donor sperms and that also without disclosing it to society due to stigma associate with ART. Few participants were aware about surrogacy as well. Regarding adoption, a lukewarm response was there among participants and those who were ready for it expressed their inability to do so due to non supportive husband and family. Reasons for not adoption were stated as lack of feelings of emotional affinity with adopted child, stigmatization of adopted child and parents, claim of biological parents and non acceptance of other’s child by family to protect bloodline.

**RELATIONSHIP OF THE STUDY FINDINGS TO THEORY**

The overall purpose of theoretical framework is to make research findings meaningful and generalizable. Qualitative researches insist on an atheoretical position vis a vis the phenomenon of interest, with the objective of suspending from the earlier conceptualization that might bias their collection and analysis of data. Here researcher’s endeavor to hold earlier substantive theory (existing knowledge and conceptualizations about the phenomenon) in suspension until data starts taking shape. Hence, the study was not guided by a designated conceptual or theoretical framework and once findings emerged, it became clear that biopsychosocial theory by George L Engel was relevant to this study.

Biopsychosocial model by George l. Engel is an interdisciplinary model that assumes that health and wellbeing are brought by a complex interaction of biological, psychological and sociocultural factors. This model places the patient/person unequivocally within nexus that incorporate the emotional and other psychological states of that person as a human being and in addition significant interpersonal relationships that encompasses that individual. He also claims that the borderline between disease and health has never been clear and that straight forward biological determinants of diseases are strongly influenced by cultural, social and psychological
conditions and states. An interaction takes place within one of a kind framework particular for each individual within which all three major subsystems communicate by exchanging information, energy and other substances. The focal point in biopsychosocial model is not the illness but a sick individual.

Findings of the current study clearly reflect the biopsychosocial theory assumptions. Emerged themes indicated the influence of biological, psychological and social factors on the experience of infertility among childless women.

The biopsychosocial theory conceptualize infertility as an acute life crisis with long term implications for the women, her partner, their relationship and family and friends. Literature search shows that this theory have been used by other researchers Ying LY et al (2015), Obeidat HM et al (2014), Grinion PE (2005), Gerrity DA (2001) to explain and explore diverse dimensions and impact of infertility. For nursing research, it is imperative to investigate layers within which women create meaning from the experiences of childlessness as it become apparent that experience of infertility is powerfully shaped and influenced by the social, economic, cultural, religious and biological context. Human beings are complex and that complexity needs to be addressed in an integral way. Within this current context in which childless women live through the effects and pressures, we as nurses cannot restrict ourselves to traditional approaches. Biopsychosocial theory is consistent with the values of nursing practice such as looking at a person as a whole, the potential for professional and personal growth through open communication in which nurse and childless woman feeds each other with experience, with an insight to the significance of situations and relations.

Henceforth, it was anticipated that there would be some degree of correspondence with in the model’s three domains, as infertility is at once a medical, psychological and social problem. All these aspects are crucial in their influence in comprehension and providing care to childless women by utilizing collaborative or multidisciplinary approach.

**BIOLOGICAL**

The biological system deals with the anatomical, structural and molecular substances of disease. Causes of infertility has been grouped under three general sources: 20-30%
of infertility cases are explained by physiological causes in men, 20-35% by physiological causes in women and 25-40% of cases are due to problem in both partners. Whereas no cause is found in 10-20% of cases. In present study as well, the cause of infertility was unknown for six (27%) participants where as fourteen participants (63%) were diagnosed with female cause of infertility and two were diagnosed with male cause. Among female causes, tubal blockage was diagnosed among six (27%) participants which is similar to earlier researches world over. Most of the participants (09) experienced IUI, seven had ovarian stimulation, three had IVF, two had IVF as well as IUI and one underwent artificial insemination. Majority of participants (86%) were struggling with primary infertility where as national censes data shows this to be six percent only.
Figure: 4.1 Theoretical Frame Work Based On Biopsychosocial Theory by George L. Engel (1977)
PSYCHOLOGICAL

The psychological aspect addresses behavior and mental processes that include comprehension, emotions, response to illness and motivation. The manifestations are observable in how childless women deal with grief and loss issues or how they adjust and adapt to childlessness.

Infertility is not just a medical condition to be treated with fertility drugs, surgery or assisted reproductive technology, but is often a crisis that significantly affects nearly all aspects of a woman’s identity and life. The medicalization of infertility may lead to a disregard of feelings that infertility may induce including depression, anger, anxiety, emotional distress, loss of control, shame, stigmatization and feeling of isolation. Desire to be a biological mother, to experience motherhood is a dream nourished by young females. Crashing of this dream with the diagnosis of infertility leads to long struggle with self and varied feelings of misfortune. Negative emotions of anger, being less than others, guilt, low self esteem, self blame and desperation to prove self results in personality change and changes in life as expressed by women in current study. Participants reportedly experienced shame, isolation, anxiety and psychological distress. Participants expressed leaving every other dream, goals of life and directing all efforts towards achievement of pregnancy. Previous research study showed comparative results where unfulfilled dreams of having child pushed couples to change their plans for the future.

Majority of participants utilized emotion focused strategies to cope with stress of infertility. Crying alone, praying to God for strength and mercy, avoid discussion and talk about disease, getting engaged in work and turning to prayers were the most commonly used strategies similar to previous research findings. All participants sought treatment and adopted various modalities as problem focused strategy. To avoid uncomfortable reminders and pressure, several women reported opting to stay at home and hence avoiding contact and dealing with children in same context as other research.

The psychological system also refers to how infertility effects treatment seeking behavior among childless women. In current study, participants discussed in detail different treatment modalities explored by them along with diagnostic
procedures and pain endured during medical interventions and assisted reproductive techniques. Treatment modalities themselves become stressor for participants. Infertility being a chronic disease results in long term care and diagnostic procedures which enhances stress among childless women. Women in previous studies described treatment as “painful”, “tiring”, “exhausting”, “stressful”, “hard and almost unbearable” and “dehumanizing”. Participants likewise commented on lack of knowledge about these interventions and switching of care providers due to non achievement of desired results similar to other research findings worldwide. Lack of awareness about medical interventions results in various myths and misconceptions about the ART leading to alternative remedies acceptable to treat infertility. Different studies in Pakistan and Albania also had similar findings where participants sought treatment from spiritual and traditional healers.

SOCIAL

The social component of biopsychosocial theory clarifies influence of social structures and social organizations like family and the community. The social system examines the cultural, environmental and family influence on the experience of the illness. From a more communal perspective, families ensure that dying and aging members of society will be replaced in an organized fashion so that there is new generation. For infertile women, there are societal constraints and messages that direct how they deal with childlessness. It is assumed in society that if a couple is infertile, it is woman’s fault. Women expressed being socially pressurized, blamed and stigmatized due to infertility. Cultural norms for the preference of male child, non disclosure of male infertility and low reputation of childless women in society were quite prevalent. In the same context, participants of previous research study expressed feeling of being “trapped, in a web of multifaceted, environmental and internal relationships”. After marriage conception and birth of a new one becomes main focus for the couples especially for woman. Social norms, formation and expansion of own family, prestige at in-laws house and evidence of womanhood were main reasons given by participants of another study.

Religion played a significant role in influencing the experiences of women and moulding their opinion towards disease. The findings of the present study showed
how religious frame of reference effected childless woman’s perspective of infertility from an unbearable life crisis to a tolerable process. Participants from other Asian studies also expressed belief regarding infertility as a result of previous karma, curse from God, performance of religious rituals to be blessed with child and relying on higher being. They viewed their infertility as God’s will and had strong faith that God is the creator which in turn enhanced their emotional capability and helped them to overcome stress of infertility.

Problems with infertility had profound effect on a woman’s relations with husband, family and society. Among marital relation, support from life partner was considered as most important aspect. Expected type of support included listening to spouse, providing emotional support, accompanying to clinic, paying for treatment and to be there at critical moment. Almost all the participants expressed alteration in sexual functions and reported that intercourse is to be scheduled, based on ovulatory time table prompting to loss of joy and desire. Artificial frequency of planned coitus, infertility treatment failure led to confusion and lowered sexual desire among infertile couples in previous researches as well. In terms of family and social relations, most of participants reported getting family support to deal with pressure and pain of infertility. Family support was accounted extremely accommodating both at emotional and logistic level by study samples of previous studies. Regarding social relations, participants expressed being socially isolated to avoid uncomfortable probes and questions.

**SUMMARY OF CHAPTER**

This chapter dealt with the analysis and interpretation of the data collected from 22 childless women to explore their experiences in Northern India. The data analysis has been described in six meta-themes which emerged from the verbatim of the participants. Further analysis of data revealed six themes, sixteen subthemes and forty seven subcategories related to their experiences.

Next, chapter V discuss the findings of present study in light of available literature and highlights similarities and/or inconsistencies with results.