CHAPTER V

DISCUSSION

This chapter includes discussion of the findings of the study. As discussed in the chapter I, there is scarcity of research that examines the experiences of infertility among childless women in India. Hence, researcher utilized studies from Middle East, South Africa and South Asian region to discuss the results of the current study. This section considers and compares the themes which emerged from the narratives of the participants with research literature listed in chapter I and chapter II.

In considering the themes that emerged in the current study with the earlier findings, there seems to be several areas of consistency and a few inconsistencies which provide possible new findings with regard to infertility in India. Although these experiences were reported separately, they are interrelated and represent a mixture of the women’s interpretations of their reactions, interactions and responses to their fertility problems.

DEMOGRAPHIC PROFILE OF PARTICIPANTS

Finding that almost all women recognized their fertility problem within two years of marriage showed the importance for couples to have children in future which is similar to other Asian studies revealing pronatalist ideology of these communities. All women in current study practiced Hinduism, similar findings showed that childlessness estimates were higher among Hindus and other religion than Muslim. This could be attributed to regional differences in terms of setting of study. Equal number of women in current study were from rural and urban areas contrary to findings of other study where a higher proportion of women suffered from infertility in rural areas than urban which may be due to lack of health facilities in rural area.
Education plays vital role in seeking treatment for childlessness. The illiterate and less educated women usually go for infertility treatment to temples, religious or traditional healers\textsuperscript{17} where as in current study even educated women also sought help of traditional and religious healers with the hope to conceive.

Further, bilateral tubal occlusion from infection is the most common underlying cause of infertility the world over.\textsuperscript{22,116} Similarly, in current study majority of women with female cause of infertility had tubal blockage.

**IMPACT OF INFERTILITY**

The first theme, impact of infertility had three sub themes; emotional impact, impact on personality and impact on Life.

The first sub theme, emotional impact described how women experienced infertility and felt about it. Women expressed infertility as emotional roller coaster with highs and lows. Women reported having constant stress, desperation, guilt, self blame and swinging between hope and hopelessness. These emotions are similar to other studies worldwide where expressions of deep sadness, guilt, loneliness, depression, unhappiness, jealousy, anger and fear of insecure future were shared by infertile women.\textsuperscript{24,68,90,91} The perception of being “incomplete and valueless settles” when a woman is unable to conceive naturally and a desperate hunt for remedies begins. Women expressed considerable pain and suffering as a result of childlessness and felt they had failed as wives and mothers. The stress of the non fulfillment of a wish for a child was associated with emotional problems such as anger and depression. Likewise, in other studies the most frequently reported negative emotions among women were “frustration” and “impatience”. Forty percent of women described feeling “embarrassed” and more than half (55\%) agreed that they felt “inadequate as a woman” and “flawed as woman”.\textsuperscript{92} Women experienced a sense of loss of identity and pronounced feeling of incompleteness and incompetence.\textsuperscript{95,113} Childlessness was reported as a chronic stressor with no clear solution and resulted in strong feeling of doubt and ambiguity about the future. Life with infertility swings between hope and crashed hopes. Hopes arose with initiation of new monthly cycle or new treatment options and then crashed when did
not end in desired results. These findings are in parallel to result from other study which reported that while receiving treatment, infertile women hoped that they will become pregnant and this if not successful lead to feeling of hopelessness and doubts.\textsuperscript{77}

In Indian culture a woman’s dignity and self esteem are closely related to her potential to procreate. Women expressed changes in personality due to childless in terms of being agitated, loosing strength, developing low self esteem, losing interest in life and getting emotionally weak due to continuous tension. Identical emotions were expressed by infertile women in other studies where anger, resentment, feeling devastated, powerlessness, sense of failure worthlessness and inadequacy, overwhelming frustration, lack of personal control were very much profound.\textsuperscript{24,56} Likewise, a study conducted in middle east also showed that a woman’s social status, dignity and self esteem depend on her ability to procreate.\textsuperscript{66} Those who were unable to have children strongly believed that life stopped for them and that a woman’s life has no meaning. Children are the most important thing in life and without them it is very difficult to lead a fulfilling and happy life. Infertility seems to take away everything from them and they were left with a dry and purposeless life to deal with. Women expressed not able to get any leisure time for self due to continuous struggle and rounds to clinic for treatment. Similar expression were reported by infertile women in another study who reported devoting all their time and energy towards efforts to conceive on daily and monthly basis. These activities become all consuming leaving little time or energy for other leisure activities. Infertility lead to changes in lifestyle of women and left no enjoyment in life.\textsuperscript{59} Many of the participants 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 deviated towards having a baby or to deal with infertility. These findings are similar to results of another study where unfulfilled dream of having child pushed couples to change their plans for the future. As a couple they stopped planning for future and the women expressed feelings of disappointment at being unable to follow through with their previous plans and in some instances cancelled them.\textsuperscript{95}

**ENVIRONMENTAL INFLUENCE**
The second theme which emerged in data analysis reflected the experiences of childless women under the environmental influence. In India, if a child is not conceived quickly, couples face pressure and stigma from their family and community. In present study as well participants expressed feeling of social pressure to conceive. They were pressurized to have children as soon as possible and were bombarded with suggestions of remedies and treatment. In some cases, relatives, mostly from the husband family, had frequent contacts with the women and this made the pressure even worst for them. In similar fashion, nearly all participants in other studies reported suffering from social pressure directed mostly by close relatives and in laws. In same token, most cultural orientations teach that childbirth is a female innate function that contributes to added pressure and stress among infertile women. Current study findings revealed that social stigma and pressure was independent of socioeconomic level but was faced more by those who lived in rural areas which are contrary to the findings reported in another study which revealed that social pressure and stigma were higher in participants who lived in rural areas with low socio economic level.

Studies have shown that infertile woman face systemic, societal level stigmatization. In current study also participants reported facing social blame for their inability to conceive and were being targeted for their role failure. Women were blamed for infertility by the family members also. Most of the time, it’s in laws, husbands or other relative and friends blamed women for the problem, similar findings reported from Pakistan where women shared facing social blame of disease on regular basis. Women in present study explained facing rude inquiries regarding their fertile capabilities and being termed as “Manhoos”, inauspicious and bearer of bad luck. On closer look at literature, infertile women in some of the developing countries were considered as a carrier of bad luck and were excluded from or at least not welcomed to important social events. People look at them with hate and dislike and are afraid to allow their children to touch them. Infertile women are suspected of harming other’s children through their envy and casting evil eye. Where as in present study only two women expressed experiencing this kind of stigma.
Contrary to other research findings where Muslim women were reported to be more prone to social pressure related to infertility as compared to other religion\textsuperscript{93}, all participants in current study belonging to the Hindu religion shared experience of social pressure to conceive indicating strong aspiration of humans to procreate irrespective of religion or geographical area. Two of the women in current study reported that in order to avoid people knowing about their infertility they pretended fake conception earlier or showed unwillingness to conceive yet which is similar to findings of other studies in developing countries.\textsuperscript{83,90}

Family is the most important social entity in India. Child bearing is considered as a social valuable and necessary condition for married women, failing to which make them vulnerable to threats. As infertility is considered as feminine character, remarriage seems to be common solution for men. Women expressed threat of husband’s second marriage owing to their inability to provide a heir to his family. At time, wives themselves were expected to prepare their husbands to remarry so that his blood line could grow and he could experience fatherhood. In similar fashion, infertile women from other Asian studies reported threat of divorce or remarriage indicated that getting their husband remarry could be the only solution to overcome their social adversities and remarriage was most common mentioned solution to infertility.\textsuperscript{67,68,95,96} Women with the unexplained infertility felt that their marriage was threatened and some of them were afraid that their husband will leave them.\textsuperscript{90}

Giving birth to a child gives respect and honor to woman in eyes of in-laws. Responses of the women also showed that they felt as second citizens and society considered them less even if they were talented. Identically, infertile women in other parts of world shared experiences of economic deprivation and loss of social status.\textsuperscript{22,66,94}

Religion played a significant role in influencing the experiences of women and shaping their outlook towards disease. The findings of the present study showed how religious frame of reference effected childless womens’ view of infertility from an unbearable life crisis to a tolerable process. In Hindu mythology, God is considered as creator and He only can bless with life. Deeds of past either in this birth or last birth and destiny play a significant role in shaping a person’s present. Studies conducted in India, Iran and Bangladesh also showed that infertile women believed in supreme power, accepted their infertility as God’s will and result of their karmas of previous birth.\textsuperscript{83,94,115} Infertility is considered as a curse from God\textsuperscript{93} whereas in
other studies, infertile women reported having lost faith in God due to struggle of infertility. But in both the cases, belief in some divine power to give life was apparent.

In India, owing to patrilineal culture a new bride shifts to the house of her husband and has to prove her worth via her fertility and she remains at weak position in house hold until she proves that. Few women in present study shared lack of financial support from in-laws and no decision making power which is similar to study conducted in South Asia region where infertile women did not get proper care, refusal of food and clothing, abuse from husband and in-laws and had to consult mother in-law for treatment options.

Male infertility attracted a greater stigma and could not be disclosed. Women only were expected to bear the burden and endure the pain of social blame and pressure. When a man was diagnosed to be the cause infertility, woman hid the diagnosis from their relatives and community and verbalized that they were better prepared to bear the burden of shame and stigmatization than their husbands and consider it as a means to resort the equilibrium in the couple. This was similar to expression of women in Jordan where they reported to carry this weight on behalf of their husbands and bore the consequences of being infertile.

**EFFECT OF INFERTILITY ON RELATIONS**

Third meta-theme which emerged from data analysis was effect of infertility on relations of childless women. Relations were expressed in terms of relations with spouse, family and society. Among marital relations, support from life partner was considered as the most important aspect. Most of participants expressed their satisfaction in their marital relations. Type of support included listening to them, providing emotional support during low period, accompanying to clinic, paying for treatment and being there at the time of need. Similar expressions were shared by European women who reported to have supportive partners and some of them strongly agreed to have closer relations with their partner due to infertility. However, in other studies few infertile women were not satisfied and reported lack of intimacy and satisfaction in marital relations. Childlessness at times lead to lack of mutual respect and dignity and may result in
physical abuse of wives by husbands. Results of studies from Asian countries have shown that infertile women were victim of physical and verbal abuse by husbands and families. Reported evidence of physical abuse ranged from 70% in India to 23% in Pakistan as one of the consequences of infertility.68 Contrary to these, in the present study only two of the participants experienced physical abuse by their husbands. Both the participants were had low education level and belonged to low socioeconomic status. Two participants faced denial of finances and care from their husbands similar to findings from other studies where infertile women reported not getting proper care, respect and were subjected to psychological violence from their husbands.67,96

Childless women in the current study expressed altered sexual relations as intercourse was scheduled based on ovulatory time table leading to loss of pleasure and desire. Main purpose of marriage and coitus was to have child and if that does not happen, sex lost its motive. These results are similar to findings of other studies where infertile women voiced that scheduled intercourse for the treatment process, missing casual intercourse and anxiety and stress concerning the time of ovulation decreased the desire for coitus.99 Higher artificial frequency resulted in decrease desire and satisfaction in sexual functions.97,100 Sex lost its apparent purpose as it did not lead to conception.95 Fertility problems took fun and spontaneity out of their sexual relationship.92

A major finding in the current study showed that family, friends and others in the social environment were viewed as a source of both stress and support. Most of the women reported getting family support to deal with pressure and pain of infertility which complements the findings from other study where social and family support played a positive role and had buffering effect on stress.11 The most frequently used resources of support were talking to spouse, family and friends. Women in current study expressed unwillingness to share their feelings with friends as people may make fun of them or gossip later. Women stated that they did not enjoy social gathering and functions as people kept probing and asking questions which made them uncomfortable. Childlessness lead to absenteeism from the social ceremonies and events as women tried to avoid contact with those who criticized them and to escape from intruding questions. These are similar to findings from other studies worldwide where women reported social isolation including avoiding certain people or certain social events and self.
imposed isolation from friends and families. They preferred to stay at home and avoided contacts and dealing with others.

TREATMENT SEEKING BEHAVIOUR

Fourth major meta-theme related to experiences of childless women was treatment seeking behaviour. Women in present study reported various treatment modalities used by them. Apart from utilizing biomedical treatment model, women sought alternative remedies such as including faith/traditional/religious healers and black magic owing to cultural and social beliefs. Likewise in other parts of world, infertile individuals reportedly sought help from a variety of so called “traditional healers”. These included herbalists, lay midwives, spiritual healers, diviners and religiously affiliated healers of various types. Both traditional and modern forms of infertility therapy was adopted by women to overcome infertility including spiritual and folk treatments. In similar fashion to current study, there was prevalent belief in Pakistan that infertility was caused by the supernatural like “jinn” and black magic. Various Indian studies showed that illiterate and less educated women took treatment from temples, religious or traditional healers, astrologers, and participated in fertility rituals which is contrarily to the findings of current study which revealed that educated women also took these remedies even though they have a scientific outlook towards infertility. Despite their affiliation with modern treatment, urban childless women still believed like their rural counterparts that the remedy for childlessness ultimately depended on God.

Another finding of the present study revealed that childless women changed health care provider frequently when there was no relief and looked around for other options. Often, different modalities (traditional, astrologer, allopathic etc) were used in combination as well which are similar to finding of studies from South Africa where women (couples) with fertility problem often “shopped around” and combined treatments. They bypassed lower level of health care system if they could afford to do so and visited different clinics for years without clear results or treatment. Similar findings were also reported in other Indian study where couples usually switch providers if woman do not conceive within 2-3 months due to lack of knowledge. Since
they do not know enough about the diagnostic or treatment protocols they had undergone, they failed to communicate these to new health care provider and new cycle began again. New provider tended to repeat investigations leading to dissatisfaction and changing to new provider. Another important consideration in the choice of a practitioner was the issue of privacy. As infertility is a very sensitive issue, women (couples) often sought practitioners or clinics where secrecy of diagnosis could be maintained. Hence traditional and spiritual practitioners or infertility clinics far from home were chosen for seeking treatment similar to findings from northern Ghana where traditional healers were considered to be capable of assuring confidentiality.

Lack of information made the alternative remedies acceptable to treat infertility. Women for many years tried alternative medicine and when it failed, modern medicine was the second choice. In Pakistan as well, infertile women reported to seek treatment from spiritual healers and traditional healers as they were considered inexpensive and without side effects. Participants also reported visiting religious shrines with hope to be blessed.

Analysis also showed seeking treatment for childlessness was a gendered behavior. Always assuming women were infertile partner, the decision to seek treatment was commonly made by women, usually their mother in laws, their mothers or by the women themselves. Few participants shared reluctance on husbands’ part for the diagnostic tests. A similar study conducted in Pakistan also showed that women were more prone to seek treatment where as men generally refused to undertake tests, perceived tests as a threat to their masculinity and reported being scared of being diagnosed with male infertility. To escape from the social adversities, women in present study were ready to undergo any procedure or were ready to invest time and money to conceive knowing well adverse effects of ART therapy similar to findings reported from South Africa where women were highly motivated to undergo infertility treatment and were willing to “do anything”, without knowing what this might entail.

Cost of treatment was a concern among all participants. Few of the women needed to take loan in order to receive the treatments while others delayed or stopped treatment due to insufficient finances. Absence of insurance coverage or subsidy for many of these procedures added tremendous financial burden to the couple trying to conceive. In other developing countries,
similar consequences of infertility were shared by women. The financial aspects related to infertility treatment reportedly affected the couples’ lives and caused distress.\textsuperscript{84,90,95}

In Indian society, friends and relatives guide the childless woman about methods that may help in conceive. This practice is more common in rural setting because of scarcity of available resources. Even educated couples in urban areas were guided by friends and relatives. Most of the time, the advice was based on hearsay and personal experiences. The advice included various postures and timing of coitus, consumption of specific food, use of various herbal preparations, visits to some temples or religious places. These findings are parallel to study conducted in South Vietnam where family-in-laws suggested infertile women various ways to conceive such as traditional foods and medicines and sources of western treatment.\textsuperscript{90}

Allmost all the participants expressed unawareness regarding ART irrespective of their educational level. Technological procedure, lack of knowledge regarding diagnostic tests and results lead to anxiety and stress among women. In European countries most of the participants reported that they felt “somewhat informed” about infertility treatment prior to initiation of treatment. Women also reported being “not very informed” about treatment option and expressed need to be informed about side effects, time commitment and number of injections. Fear of failure was the most important emotional barrier to treatment with the majority citing being upset if treatments did not work as a major concern.\textsuperscript{92} Similar to other studies, few participants in current study criticized the clinic staff’s for their communication style (in private and government sector) and complained that examinations, treatment procedures, diagnosis, treatment options, results and prognosis were poorly explained. Women also shared their experiences of doctors for being most interested in their personal financial gain instead of informing them realistically.\textsuperscript{109} Treatment cycles were reported by women to be stressful with full of anxiety and fear of unknown which was similar to results form another study where women described treatment as “painful”, “tiring”, “exhausting”, “stressful”, “hard and physically unbearable”.\textsuperscript{107} Participants verbalized fear of treatment failure and uncertainty regarding treatment options.
COPING WITH INFERTILITY

The fifth meta-theme which emerged from interviews of women focused on cope mechanism. Participants expressed infertility as major stress in life, however the adopted coping strategies to encounter this stress varied among them. Women expressed usage of emotional and problem focused coping techniques. Among emotional coping crying alone, keeping feelings to self, sleeping more than usual and getting engaged in work to divert mind were the most common strategies In same context, 66% of infertile women did not talk to people about how they felt; high percentage (91%) tried to remain normal; 89% tried to keep themselves busy with other activities and 99% turned to prayers for coping.\textsuperscript{114} Infertile women became fully internalized and encapsulated themselves because of infertility. The most commonly used problem focused coping strategies included seeking treatment to solve problem, seeking support of husband and family, talking to someone, concentrating on next step were most used strategies. Women looked for best treatment options, alternative approaches and did not leave any stone unturned. Similarly to other studies, few women accepted their situation and looked forward to find a new meaning in life. To avoid uncomfortable reminders and pressure, several women opted to share their situation as well as their emotional experience with a selected few or in extreme cases with nobody. Some took a break from treatment to avoid stress of treatment and infertility.\textsuperscript{84,113} A good number of participants in other studies also stated that they preferred to stay at home and avoided contact and dealing with children as a coping strategy for managing their challenging feelings and emotions due to infertility.\textsuperscript{96}

DESIRE FOR MOTHERHOOD

Sixth meta-theme which emerged from data analysis was desire for motherhood where participants expressed reasons for the preference of child. Insight to the motives of desire of children is needed to understand the socio cultural and psychological effects of infertility on woman’s life. Childbearing is considered as normal, expected thing after marriage. Childless
women in Vietnam also stated that the reasons to have children included stability in marriage, bringing happiness to family, continuing family line and security for elderly days. In countries with no social security system, many families depend on children for economic survival which are identical to findings from other part of world where childless couples risked severe economic deprivation and social isolation without children in old age. Participants of current study perceived life without children as not to be worth living as there would be nobody to inherit the property and wealth. Similar sentiments were shared by couples in other studies where children were considered as source of joy and companionship. Children console their parents and perceived as symbol of achievement for couples.

Present study reveals that the women were aware of adoption which is similar to findings of a study conducted in Nigeria. Majority of the participants were not in favor of adoption and those who had given a thought kept it as last resort similar to other Asian studies where child adoption was not taken well and was not an accepted option for management of infertility. In parallel to other studies hope for natural conception was stated as another reason to delay adoption. Motherhood is the most traditional female role in the Indian society and womanhood is defined by motherhood. Failure to perform this role results in social and psychological trauma, hence with the wish to have biological child, women expressed their unwillingness for adoption. Desire to experience self motherhood was stated as one of the barrier in current study similar to other studies where participants shared that adopted child cannot replace biological child and hope of childbearing was the main barrier in adoption. Reasons for non acceptance of adoption expressed by participants were family and cultural reasons. They perceived that they would lack support from their husbands, or in-laws. The main reasons stated by women for need of child included continuity of family lineage, security in old age, to escape from the social stigma and blame. In similar fashion, non acceptance of adopted child by family, lack of attachment with adopted child, unknown lineage of child, social stigma related to adoption and child may not have consideration for parents were reasons reported by Nigerian women. Adoption was not a favorite solution to meet wishes for a family in South Vietnam, because it would not be their blood. Likewise in Egypt, reasons/fears for non adoption were stated as bad blood of illegitimate children, birth parents may come to claim child, lack of
feelings of emotional affinity, kinship between parents and adopted child, stigma of adopted child within family and community, mothers of adoptive child to be stigmatized for being unable to produce real child.³⁹

Participants shared that they may not be able to love the adopted child as their own and that will be injustice with the child. Same expression were reported in other studies where for many respondents, the prospect of adoption was psychologically unacceptable and they expressed that they cannot love the child as their own.¹¹⁶

Adoption from within the family was a preferred choice and no suitable child in family to adopt was another reason for non adoption. A primary reason for strong resistance to adoption was due to patriarchal kinship system where a family’s lineage is through men. If a family decided to adopt, the preferred form of adoption was a child from husband’s family which closely in line to the findings from other studies.⁸⁹

Contrary to findings from Islamic countries⁹⁵,¹⁰⁹ where adoption was not acceptable due to religious reasons as Islam does not allow for adoption and advocated fostering of adopted, none of the participant in current study expressed any religious constraints for adoption.

Studies in other part of world have shown highest acceptability for fertility enhancing regimens followed by adoption and least acceptance for methods such as sperm, egg, embryo donation and surrogate motherhood.⁹⁷ Similar expressions were given by participants of current study. Even though two of the women in current study had knowledge about surrogacy but that however, was reported to be their last choice. Interestingly despite social and financial consequences of infertility, almost all the women desired secrecy in treatment. ART was not much preferred option among many and was taken as last option in the line of treatment. IUI in particular was done in most secrecy as child conceived with IUI was not considered as genetically related to couple. Gamete of parents like in IVF is more acceptable than IUI or donor sperm or eggs. Similar findings were reported in Egypt where gamete donation method lead to stigma in
community and couples tried to hide their treatment method fearing that their children would not be accepted as their biological children.\textsuperscript{39} In Sudan also, a study among couples with ART pregnancies revealed that couples with an IUI/IVF child canceled this fact from their community due to fear of stigma towards the child.\textsuperscript{103} The use of some treatments such as oocyte donation etc. cause a stigma for some among family and friends, therefore the participants tried to hide their treatment methods from others.\textsuperscript{96} Findings of the current study are contrary to findings from Vietnam where none of the participant had religious or cultural objections against assisted reproduction like IUI, IVF or ICSI.\textsuperscript{90}

Another finding of the present study illustrated gendered norms related to infertility in India. Among donor gamete, donor sperms were less accepted as compared to donor egg because with donor egg child will carry genetic makeup of husband and will be able to enhance blood line, where as donor sperm were not acceptable among couples with male infertility as well. Child conceived with donor sperm was not accepted as own child by male counterpart. Women expressed that gamete donation was considered in absolute secrecy when all other fertility treatment failed.

There is significant difference between experience of infertility in developing and developed countries.\textsuperscript{78} In developing countries, ability to conceive is central to woman’s identity and there is no concept of voluntary childlessness where as in developed countries it is taken as viable and legitimate option.\textsuperscript{22} Adoption in west is perceived as natural though last solution to infertility and is not accepted well in developing countries which may be due to cultural or social beliefs. Hence, distress of infertility therefore is likely to be more in developing countries.

**SUMMARY OF CHAPTER**

This chapter highlighted the major findings of the study in light to the literature available. Next chapter will give overview about summary, major findings, limitations, implications and recommendations for further research.