



# Psycho-Social Consequences of Infertility among Women in Kashmir: A Case Study

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## Abstract:

*The study attempts to explore the experiences of infertile and childless married women in families and society. The researcher makes an attempt to describe the experiences of childless women by exploring their social support from husbands, in-laws and relatives/neighbors and its impact on her quality of life. Further, the researcher tries to identify the effect of treatment seeking on the respondent.*

**Keywords:** *Infertility, Childless, Social Support, Quality of Life, Treatment seeking*

## 1.Introduction

Infertility is an unwelcome interruption to a vast majority of couples who normally expect to become parents whenever they want to. Infertility may be defined as childlessness in a woman of reproductive age. Clinically, infertility is a disease of the reproductive system defined by the “failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” (ICMART, WHO 2009). Though accuracy of infertility prevalence worldwide is difficult to determine, global estimate suggest that nearly 72.4 million couples experience infertility (Boivin et.al, 2007).

Infertility is an unanticipated problem in the life of the sufferer creating an overwhelming stress and a prolonged state of crises (Forrest et. al, 1992, Comray et.al, 1988). While all cultures encourage childbirth, some emphasize the centrality of children more than others. In such societies, children play a major role for women gaining acceptance in family and community and confer the otherwise unavailable power on women (Hollos, 2003). Infertility is considered a deviance from the cultural norm and can also prove a ground for divorce, thus rendering the woman helpless (Sayeed, 2000). It leads to loss of social status, dignity in family and community which consequently leads to loss of self-esteem in women. They may experience blaming and inattention at in-laws and a sense of humiliation for being infertile (Azghdy et.al, 2015). Infertile women may also be subjected to psychological and physical abuse in the household and may affect their marital life with their husbands (Papreen, 2000, Serour, 2008). Thus socio-cultural set up greatly shapes the experience of infertility. Social pressure is directed mostly by in-laws and close relatives for not bearing a child. The social pressure on infertile women turns the private pain of infertility into an unpleasant stigma having complex and devastating consequences on them (Daar and Merali, 2002).

Psychological suffering is a significant consequence of infertility. Infertile women feel that they have failed as wives and women and make no distinction between failed body and failed self (Greil, 2002). Childless women see infertility as a role failure and experience feelings of depression, anxiety and loneliness. Intrusive questioning from relatives aggravates their depression which forces them to self-impose isolation on themselves and avoid visiting social functions and relatives (Mehta and Kapadia, 2008). Psychologically women lose their identity when they cannot conceive. Infertility is thus an invisible kind of loss causing a lot of psychological suffering (Sundby, 1999).

To ease out this suffering caused by childlessness, one turns to medical treatment which provides a hope of regaining the lost control on their bodies. Medical industry sees women just as passive objects and flawed machines without taking their emotions into consideration (Griel, 2002). Despite dramatic advances in the assisted reproductive technology, the medical technology is acting as a double-edged sword causing mental, social, financial and moral concerns (Latifnejad, 2008). Thus in the hope of finding solution for infertility and regaining the lost control on their bodies, infertile women have little control on them after starting the treatment. Medical treatment comes with such an uncertain outcome and drains one emotionally, physically and financially. Thus some of the suffering is actually induced by entering into the medical maze (Sundby, 1999).

## 2. Research Methodology

The researcher has used primary data to collect the information. Exploratory and descriptive research design has been used by the researcher to collect the data. An attempt has been made to explore the social experiences of infertile women and describe how infertility resulting stigmatization affects their psychological and physical health. The researcher explores the kind of social support the respondents get from their in-laws, from neighbors and relatives and from their husbands. The research also attempts to analyze the effect of treatment on the quality of health of the respondents. The universe of study consists of 20 infertile/ childless women married for more than two years, living together with their husbands and are not using any contraceptives. The age group of the respondents falls in the category of 20-45 years.

## 3. Objectives

1. To identify the infertility experience of infertile women in terms of family and societal support. The support provided by the husband will also be analyzed.
2. To access the 'quality of life' of infertile women. The 'quality of life' will include both physical and psychological/emotional quality of life.
3. To study the treatment experience of infertile women and its impact on the overall health of the respondents.

## 4. Findings

### 4.1 Social Support

#### (I) Support from in-Laws

Infertility affects the couple to a large extent, but it is the woman who suffers more in our society. It was revealed from the field that a woman gives roots at her husband's place only after giving birth to a child. When a woman is not able to bear a child, she faces a lot of insecurity as far as her relationship with husband and in-laws is concerned.

S.No	Behavior of in-laws	Yes frequency (n=20)	Yes Percentage	No frequency (n=20)	No percentage
1.	Do your in-laws understand your pain	9	45%	11	55%
2.	Have your in-laws ever blamed you for infertility	9	45%	11	55%
3.	Have your in-laws ever taunted you for infertility	7	35%	13	65%
4.	Have you ever been harassed physically by your in-laws	2	10%	18	90%

The data shows that 45 percent of respondents' in-laws understand their pain of infertility, but they still faced the pressure created due to expectations of the in-laws. 45 percent of women were directly or indirectly blamed by their in-laws for their childlessness whereas 35 percent of them were even taunted for their infertility. Respondents revealed that hurtful comments were used for them, without knowing whether the problem lies with her or her spouse. 10 percent of the respondents were even harassed physically for their childlessness by their in-laws.

### (II) Support from Husband

There is no denial to the fact that childless women need a great deal of support from family and relatives. A better support from in-laws proves to be of much help. Apart from the support from in-laws and other relatives, husband's support is most important. The table below depicts the extent of support respondents get from their spouse.

S.No	Behavior of husband	Yes frequency (n=20)	Yes Percentage	No frequency (n=20)	No Percentage
1.	Does your husband understand your pain	13	65%	7	35%
2.	Does your husband take extra care of you when you feel low	11	55%	9	45%
3.	Has your husband ever blamed you for infertility	6	30%	14	70%
4.	Has there ever been a fight on the issue	7	35%	13	65%
5.	Has your husband ever talked of a remarriage	3	15%	17	85%
6.	Have you ever been physically harassed by your husband	3	15%	17	85%
7.	Do you think love diminishes in couple in absence of child	14	70%	6	30%

The data shows that 65 percent of the respondents' husbands understand their pain, 55 percent of the respondents were taken good care by their husbands when they needed them or felt low. 30 percent of respondents revealed that their husbands blamed them for infertility which often led to fights between the two, so 35 percent of them revealed that infertility often directly or indirectly led to fight between husband and wife, which affected their relationships to a great extent. 15 percent of the husbands had even thought of a remarriage and 15 percent of women were harassed physically by their husbands for not giving them a child. Many respondents were of the view that a child strengthens the relationship between husband and wife and 70 percent of them believed that love diminishes between husband and wife in absence of children.

### (III) Support from Relatives and Neighbours

It is the support of family, especially the husband that matters the most. Support of relatives and neighbors may too help in easing the pressure and burden of infertility on women.

S.No	Behavior of neighbors/ relatives	Yes frequency (n=20)	Yes Percentage	No frequency (n=20)	No Percentage
1.	Do you neighbors/relatives understand your pain	3	15%	17	85%
2.	Do you think you are being pitied by them for you infertility	17	85%	3	15%
3.	Have you ever faced taunts from neighbors and relatives for your infertility	6	30%	14	70%
4.	Do you think they consider you in-auspicious for your infertility	10	50%	10	50%

The data reveals that a very small percentage of respondents (15 %) think that neighbors and relatives understand the pain of childless women. They ask intrusive questions without realizing the discomfort it could create to the childless women. 85 percent of the respondents revealed that relatives and neighbors end up in pitying or sympathizing with them which further made them feel deficient and abnormal. 30 percent of the childless women were even taunted by their neighbors/relatives and 50 percent of the respondents felt that they were considered in-auspicious by their relatives/neighbours. Thus many women revealed that they avoid going to functions, especially functions related to babies. Women revealed that they avoid playing with some ones kids, because their parents might think that their babies may be casted an evil spell.

#### 4.2 Quality of Life

In our culture infertility is viewed as deviance from the norms. A woman not able to give birth to a child after marriage for a year or two is asked many questions related to her pregnancy. She starts to see herself as the 'other' not able to perform one of the important functions. She may even begin to doubt her identity as a woman. These feelings may lead her to self-impose isolation on herself by avoiding going to relatives, marriages and other functions. Self-isolation only deepens the pain and stress leading her to over think about the issue. Thus infertility greatly affects the quality of life of its sufferer and may create psychological stress including depression, anxiety, frustration, hopelessness and reduced life satisfaction.

S.No	Feeling of respondent	Frequency(n=60)	Percentage
1.	Incompleteness in life	19	95%
2.	Sadness and loneliness in life	18	90%
3.	Feeling of disability	13	65%
4.	Feeling of anxiety and depression	13	65%
5.	Fear of separation from husband	17	35%
6.	Feeling of helplessness	13	65%
7.	Get palpitations	13	65%
8.	Get fatigue and weakness	15	75%
9.	Overall happiness lies in giving birth to a child	20	100%

The above themes try to explain the feeling of the respondents about themselves and its consequence on their health and well-being. 95 percent of the respondents believed that they were incomplete without a child. 90 percent of them felt sad and lonely without a child. The researcher could see the gloomy faces of the respondents in the field study. Since it is the woman who bears a child, inability to give birth to a child made 65 percent of women think that they had some disability. Majority of the respondents complained of over-thinking which led to mental disturbances in them. About 65 percent of women revealed that they suffered from anxiety and depression and often felt helpless. Negative thoughts evoked in them thus 35 percent of the respondents feared that their relationship with their husband had little validity without a child and can end any time. The data depicts that 65 percent of respondents get palpitations and 75 percent reported of fatigue and weakness. The researcher found that nearly all the respondents viewed giving birth to a child as the ultimate happiness of their lives.

### 4.3 Treatment Seeking

The pivotal place of children in a person's life leads to seek treatment for infertility. Medical treatment for infertility offers a hope for childless women of becoming a mother and overcoming the disability feeling borne out of childlessness (Becker and Nachtigall, 1994).

S.No	Question	Categories	Frequency (n=20)	Percentage
1.	<b>Duration</b>	1-5 YEARS	13	65%
		6-9 YEARS	6	30%
		ABOVE 9 YRS	1	5%
2.	<b>Support of in-laws in seeking treatment</b>	SATISFACTORY	10	50%
		MODERATE	5	25%
		POOR	5	25%
3.	<b>Support of husband in seeking treatment</b>	SATISFACTORY	15	75%
		MODERATE	3	15%
		POOR	2	10%
4.	<b>Side effects of treatment</b>	YES	13	65%
		NO	7	35%
5.	<b>Faith in treatment/medication</b>	SATISFACTORY	7	35%
		MODERATE	8	40%
		POOR	5	25%
6.	<b>Affordability of treatment</b>	EASILY	8	40%
		DIFFICULT	9	45%
		UNAFFORDABLE	3	15%
7.	<b>What induces psychological suffering</b>	COST	9	45%
		DURATION	11	55%

The data reveals that 65 percent of respondents were falling in the treatment seeking duration of 1-5 years, 30 percent had treatment duration of 6-9 years and just 5 percent of the respondents had treatment duration above 9 years.

Treatment for infertility can cause various psychological-emotional consequences like frustration, hopelessness, guilt or feelings of worthlessness (Hart, 2002, Cwikel et. al, 2004). Women undergoing treatment need constant support from their family members, especially their partners.

The data shows that 50 percent of the respondents had a satisfactory support from in-laws, 25 percent had a moderate support whereas 25 percent of the respondents revealed that their in-laws were not at all supportive towards them for seeking treatment. Husbands mostly supported their wives in seeking treatment. 75 percent of the respondents had a satisfactory support from their husbands in seeking treatment, 15 percent had a moderate support whereas 10 percent of the respondents had a poor spousal response and support for seeking treatment for infertility.

Infertility medication had some side effects which made the respondents suffer. 65 percent of the respondents revealed that treatment had side effects on them. Some respondents were also losing faith in medication especially when it was not fruitful for years, thus 35 percent of them had a satisfactory faith in medication, whereas 40 percent of them had a moderate faith and 25 percent had a very poor faith in medication.

Medication for infertility is very costly which impedes the process of treatment thus leading to stop the treatment in many cases. The data reveals that treatment was easily affordable to 40 percent of the respondents. 45 percent revealed that it was getting difficult for them to spend money for treatment whereas 15 percent of the respondents revealed that treatment was getting unaffordable for them and they were planning to stop it. Infertility treatment in itself induces the suffering of infertile patients. It creates new hopes, making the sufferers more desperate for a child. The data reveals that 45 percent of the respondents thought cost induced psychological suffering in them whereas 55 percent found duration of seeking treatment as inducing psychological suffering in them (Cousineau and Domar, 2007). Many respondents faced difficulties in affording treatment and it was unaffordable for many among them. But they were of the view that child was more important than money. They borrowed money from others to spend money on medicine thus giving priority to child.

## 5. Conclusion

The study shows that infertility is a painful experience especially for women in our society, where a child is a source of providing her a secure place at in-laws. Without a child, a woman faces a lot of insecurity as far as her relationship with husband and in-laws is concerned. She faces blames and taunts for not giving birth to a child. There is a continuous fear of separation from husband and the relationship seems to have little validity without a child. Neighbours and relatives ask intrusive questions about pregnancy. In addition to personal desire of giving birth to a child, social pressure seems to be a major cause for inducing psychological distress in woman. The socio-cultural set up we live in makes childless women feel deficient, insufficient and abnormal.

In order to treat infertility one turns to medical technology for help, which provide a hope to the couple. New hopes make the sufferer more desperate for a child. The medical industry leads to further deepening of the emotional, psychological and physical stress, especially when it turns to be fruitless. The infertile woman is seen as a passive object by the practitioners without taking the emotions and feelings into consideration. Thus treatment for infertility can equally contribute to psychological distress and hopelessness in a person. Thus infertility has complex interactions with social relationships and expectations affecting the normal life of infertile women.

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