

Infertile Couples in the Family Context: Variation across Setting

Baru Anamika (Corresponding author)

P.G.Department of Home Science , GCW,PARADE, J&K(India)

E-mail: anamikabaru@rediffmail.com

Abstract

The present research is an attempt to study the perception of family members in three different ecological settings of Jammu (J&K) about childlessness. The sample of the study consisted of 100 family members each from three ecological settings; total 150 family members formed the core group for the study. Snow ball sampling technique was used for sample selection. The tool used for the study was interview guide and informal observation. View point of the family members about childlessness was studied and it was found that family members in all the three settings considered children important for socio-emotional reasons i.e. continuation of lineage, getting social recognition to parents and family and religious reasons such as insurance of salvation. Children were also considered important for marital stability and future security. For causes of childlessness females were somehow held responsible even in those cases where males were clearly diagnosed infertile. Majority of respondents in rural and tribal setting had negative attitude towards childlessness. Some of the respondents reported having positive attitude towards childless couples.

Keywords: Childlessness, Infertility, Perception, Ecology, Urban, Rural, Tribal

1. Introduction

Sir William Osler, a famous physician, once said that human beings have two basic desires – to get and to beget. To have your own family is a universal dream. This dream can become a nightmare for the infertile couple and learning that you have an infertility problem can engender painful and difficult emotions (Malpani and Chuna, 2000). The female homo-sapiens, like the female of any other species, has a deep desire to reproduce its kind. This is not a product of social conditioning, it is an innate biological urge in all beings. The satisfaction and creative opportunities of parenthood are all pervasive. A woman bears the sufferings caused by the pains of labour, but she forgets them in the joy of creation. (Majumdar, 1982). Child bearing is a universal phenomenon. It is the part of the world, as it is the primary factor for one generation to succeed another, and keep the human race alive and kicking. Hence alternatives to the concepts are unthinkable (Delamt, 1980). According to Hinduism, procreation is not to be looked upon as a biological phenomenon. It needs to be seen in socio-ethical context. It is sacred duty of the married couple to approach each other in proper time for the sake of progeny so that the race might continue (Kaul 1996). There are social customs, values and norms related to various aspects of child bearing. In our society the birth of the first child seems to be really the very culmination of marriage. In deed it may be true that the arrival of the first child in our society symbolizes final and complete maturity of the parents as adults (Mandelbaum 1974). Many couples see parenthood as a means of obtaining family continuity and an investment in the future. Others see this continuity in far more specific and personal terms – in having a child they hope to raise a person who will achieve in all the areas where they have failed. Children are also looked upon as a type of insurance policy, where it is anticipated that the child will look after the parents in their old age. (Dixit, 1986). In India, much importance is given to children, particularly son, in family because it is believed that son is very important for performing the last rites of father for his salvation. Sons also help to gain immortality. The coming of children also gives a sense of fulfillment and achievement to the parents, which are added incentives to living. Children cement the solidarity of the family and pose a challenge to project into the society, an individual who will be a credit to himself and his parents by his contribution to the world. (Devdas, 1984). Childless couples feel a kind of vacuum, even if they enjoy all the comforts and luxuries of life. (Kamala, 1990). Fertility ensures the mother a permanent position in the

conjugal household. Child birth lends stability and security to the bride's relationship with other household members. On the other hand, inferior status is accorded to barren women is the other side of the high value accorded to fertility in our society (Patel, 1994). Procreation is socially desired for family and religious reasons to ensure the continuation of the family lineage. A newly married woman is kept under close watch by the members of the family, and even neighbours. The slightest sign of her untoward behaviour or ill-health confirms the conviction of the elderly ladies that the bride is in the family way. In case conception does not take place , those around her may be patient for a year or two , but thereafter they start making queries and then doctors, astrologers, saints are consulted, the couples go for pilgrimage and for mahatamas to be blessed with the child.(Anand,1984). Many studies have documented that childless couples face problems in the family, however no such study has been conducted in the setting selected for the present work. Jammu is a heterogeneous land and there are many ecological settings available for study. Since, ecology is an important factor affecting any social issues, it is also bound to affect family member's perception towards childlessness. It is important to understand the pschyo-social complexes relevant to the issue , so as to know the implications of the same for the childless couples.

2. OBJECTIVES:

- 1.To study the perception of the family members about childlessness
- 2.To study the attitude of the family members towards childless couples , in particular females.
- 3.To compare perception of the family members in three ecological settings (urban, rural, tribal).

3.PROCEDURE

One member from the couple's immediate family was included in the study in order to elicit the family's response towards the issue of childlessness. Selected family members were those individuals who were living with the childless couples in the same house and were the first-degree relatives of husband. Overall 150 respondents (all females) were included in the sample. An interview guide was framed to get the viewpoint of the family members of the couples about the issue of childlessness. Experts were consulted to check the face validity of the tool and few alterations were made. It was pre-tested and responses were analyzed. After analysis it was seen that the tool was yielding relevant responses, hence it was finalised .The broad categories of interview guide were ,i) Personal information about the respondents, ii) Reasons for childlessness of the affected couples as perceived by the family members, iii) Family's interaction with the childless couples,iv) Family's perception of the issue,v) Solutions suggested for childless couples.

4.RESULTS

Most of the respondents in rural and tribal areas did not know their exact age. Majority (73%) of them were placed in the age group 41-60 years. Distribution of respondents according to their education reveals, that a large proportion of respondents were only functionally literate. All the respondents in urban, 70% in rural and 48% in tribal setting were house wives having no regular wage earning activities. Rest of the respondents were engaged in wage-earning activities at or near home like cattle rearing, farming etc. Majority of the childless couples in all the three settings were in the age group 40-60 years. Respondents dwelling in urban setting were more educated than in rural and tribal setting. The main reason for childlessness was primary sterility in all the three settings. Repeated miscarriages, premature deaths, neonatal deaths, damaged fallopian tubes, death of the child were some of the reasons found in case of pregnancy wastage and secondary infertility. In some cases couples were medically fit but the reason for childlessness was not known (unexplained infertility). The respondents (family members of childless couples) were asked to enumerate the reasons for having children. It was found that majority of respondents from urban and all of the respondents from rural and tribal setting considered children important for social-emotional reasons i.e., for one generation to succeed another, to keep family lineage and human race alive, giving social approval and social recognition to parents and family and religious reasons such as, insurance of salvation, etc. Nearly half of the respondents in urban and most of the respondents in rural and tribal setting believed that children ensure marital happiness and marital stability, as they felt that stresses and

strains on marriage as a result of infertility are numerous and children bring security to the bond of marriage (refer Table 1). Some of the respondents of urban and most of the respondents of rural and tribal setting considered children important for economic needs of parents and family when they grow up and also provide security in old age. In case of rural and tribal setting, the children were considered important for agricultural work and cattle rearing from an early age and for their contribution to household chores.

Family members of infertile couples were asked about the possible causes for childlessness of their relatives (sample couple under study). It was found that in those cases where the problem was diagnosed in the males, the respondents tried to hide the fact and held women responsible for childlessness. When probed, they denied the fact by saying that doctors could not diagnose the problem or the couple never went for medical examination. In other cases where females were diagnosed infertile, it was disclosed instantly. Gender difference was seen in the fact that respondents found it easier to put the blame on women. Men's infertility was generally kept as a secret. The wives themselves actively helped to keep it a secret when husbands were diagnosed infertile. Women were blamed in those cases also where there was pregnancy wastage or infertility was secondary. According to the respondents (family members) 50% childless couples in urban, 66% in rural and 40% in tribal setting were enjoying harmonious relations before diagnosis of infertility. They had good understanding, love & affection between them. On the other hand relatives stated that 20% in urban, 10% in rural and 24% childless couples in tribal setting had strained interpersonal relations earlier even before diagnosis. They used to fight over small matters, there was lack of understanding between them and they tried to find fault in each other. Rest of the couples in all the three settings had normal relations as reported by relatives. After diagnosis of problem or due to delay in pregnancy, major change in the interpersonal relations of couples was observed by family members especially in rural and tribal settings. More positive interpersonal relations were reported in case of urban setting & more shifts from positive to negative were observed, in case of rural and tribal settings. Where positive relations were observed relatives stated that more love and affection developed between the couple and their relationship faced no threat as the bond between them was strong and they used to support and console each other by saying that **"No body can be blamed in this matter. It is the wish of God"**. This was most commonly seen in those cases where males were diagnosed infertile. Where relationship turned from positive to negative, relatives reported that the couples had good interpersonal relations earlier but as the problem was diagnosed or pregnancy got delayed, the couples got depressed and felt lonely. In many cases males used to stay out of the home for long period of time, started smoking and drinking alcohol in large quantity. This attitude gave rise to a distance between them and their relationship got worsened. These relationships were found to be more prevalent in those cases, where females were diagnosed infertile and where infertility was unexplained due to which again blame for childlessness was indirectly placed on females. It was found that 60% of relatives in urban, 20% in rural and 26% in tribal setting (refer Table 3) stated having a positive & sympathetic attitude towards the childless couples. They stated that they tried to be understanding and cooperative. They understood the couple and their feelings very well and tried to avoid such circumstances which could hurt their feelings. They neither made demands on the couple to bear a child, nor criticized the behavior of the affected couple. Whenever the affected couple got depressed or felt isolated, they tried to console and encourage by saying such words as:

"Have faith in God", "God will help you one day". Believe in God, everything will be alright".

It was also stated that they made every effort from their side to help the couple to cope with the problem of childlessness and also suggested various remedies to deal with the problem. They accompanied them to the places suggested by others and visited various holy places in order to get some cure. On the other hand, a large number of respondents in rural and tribal settings (60% and 62% respectively) and 18% (refer table 2) in urban setting expressed negative approach towards the problem of childlessness. Females were commonly held responsible for infertility and there was a strong tendency to relate childlessness with other aspects of their behaviour. As a result they were often blamed for small mistakes, considered aggressive and ill mannered. Some of them were also accused of being lazy, having lack of interest in household chores, disobeying in-laws etc. In those cases where infertility was due to repeated miscarriage, females were blamed for not following the instructions and for their carelessness. In some cases after miscarriages, the affected females were sent to their parent's house as the in-laws reported not having enough time and

patience to care for them. It was also reported that a lot of money and time was wasted on medical and non-medical treatment. The family members also complained about the negative response of their neighbours and relatives. Mothers-in-law reported feeling embarrassed and helpless whenever anyone inquired about the pregnancy of their daughters-in-law. They also reported feelings jealous whenever they saw the grandchildren of their neighbours, relatives and friends. This feeling was more prevalent in those family members who had only one son. In 16% of cases in rural and 22% of cases in tribal setting, the family members were planning for the second marriage of their sons. They were trying their best to persuade their sons. In some cases they, had even called upon the parents of their daughters-in law and asked them to take away their daughters. Some of them even asked the researcher to help them in finding a suitable match for their sons. This type of feeling was found in those cases where females were found sterile, infertility was unexplained or where the couple never went for medical examination. Rest of the respondents had neutral attitude towards the inability of the couple to give birth to a child. They were least bothered and considered it as the personal matter of the couple. This was more of an urban phenomenon. Proper medical examination and treatment of the couple was suggested by those respondents where couples had never undergone medical examination and where infertility was secondary. Majority of respondents suggested that first women should go for medical examination and if there is no abnormality in them, then males should go for examination. Reason for this suggestion was that in majority of cases, females were diagnosed infertile and in those cases where women could not produce live births, it was the woman's body which needed treatment. In those cases where infertility was unexplained, advanced medical treatment outside the State was suggested by urban respondents. Along with medical treatment non-medical treatment like magico-spiritual healing, religious measures and remarriage were also suggested. Respondents especially in rural and tribal setting had strong belief that evil spirits can influence the fertility behaviour of women of reproductive ages and such practices are most prevalent in these areas, so magico-spiritual healers should be consulted to come out of the evil effect. They also narrated many cases in which women had conceived after magico-spiritual healing. In the present study it was found that respondents from all the three settings had a strong belief in magico-spiritual healing. The belief was stronger in rural and tribal setting as compared to urban setting. About 50% of respondents in all the three settings favoured adoption (refer Table 3). Adoption as an alternative was suggested by those respondents where there was primary infertility and there was no chance of procreation especially in those cases where the problem was diagnosed in males. It was also suggested in case of secondary infertility if the couple could not produce a live birth after the medical treatment. Child of relative from husband's family was preferred for adoption for the reason that he/she carried the same blood. Some also advised adoption from poor people who have more children. None of the family members suggested adoption from the hospital since according to them, there was no evidence of the family background of such children. No adoption agencies were working at the time of study. Second marriage was suggested only for male respondents only in rural and tribal setting (refer Table 4). According to them the basic aim of marriage was procreation and if there were no there was no fun to continue that marriage. Another reason for second marriage was that they were not satisfied with the behavior of their daughters-in-law and they were considering childlessness as an excuse for remarriage and wanted to take advantage of this situation. But it was found that second marriage was advised in case of males only. Not even a single respondent advised second marriage of females even in those cases where males were diagnosed infertile.

5. CONCLUDING COMMENTS

The study reveals that the family members of infertile couples mostly considered it important to have children due to socio-emotional and religious reasons. This was also reported by Sharma(1990) that fertility or ability to produce children has a positive social value. Procreation is socially desirable for religious and familial reasons as children ensures the continuation of the family lineage. Children were also considered important for ensuring marital stability and future security this was also found by Ahmed(1991), Karunanidhi (1994) and Mann(1998) in their studies. Not being able to bear a child was seen as a source of tremendous stress for the affected couples and several solutions ranging from medical procedure to magico-

spiritual healing were suggested. These results are consistent with the study conducted by Desuza (1987) that because of childlessness women come under severe pressure from their in-laws and in most of cases they try various traditional remedies before and after medical checkups .One major observation in this study was that females were commonly seen as a causative agent in even those cases where clearly males were diagnosed to be infertile. Female's body is seen as being more prone to having problems that could result in infertility. Patel (1994) also reported that in case of infertility it is a women's body that is stigmatized. Perception of family members was found to vary with ecological setting .Urban respondents were found to be more positive in their approach as compared to rural and tribal families

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Table 1 : Importance of having children as perceived by the family members

Type of setting	urban	urban	rural	rural	tribal	tribal	total	total
Importance	n	%	n	%	n	%	n	%
Socio-emotional	35	50	50	38	50	37	135	40
Marital stability	20	29	40	31	45	33	105	32
Future security	15	21	40	31	40	30	95	28
total	70	100	130	100	135	100	335	100

- Multiple Responses Given

Calculated value of $\chi^2=26.24$, Tabulated value of $\chi^2 =5.99$, df = 2.

Therefore , Difference is significant at 0.05 level. On statistical analysis, the calculated value of χ^2 was found to be greater than its table value. It may, thus be inferred that relationship of family members with infertile couples was different in different ecological settings.

Table 2: Couple-Family Relationships

Type of setting	urban	urban	rural	rural	tribal	tribal	total	total
	n	%	n	%	n	%	n	%
Positive	30	60	10	20	13	26	53	35
Neutral	11	22	10	20	6	12	27	18
Negative	9	18	30	60	31	62	70	47
Total	50	100	50	100	50	100	150	100

Calculated value of $\chi^2=26.24$, Tabulated value of $\chi^2 =5.99$, df = 2. Therefore , Difference is significant at 0.05 level. On statistical analysis, the calculated value of χ^2 was found to be greater than its table value It may, thus be inferred that relationship of family members with infertile couples was different in different ecological settings.

Table3. : Solutions suggested by Family members

Type of setting	urban	urban	rural	rural	tribal	tribal	total	total
Solutions	n	%	n	%	n	%	n	%
Medical Treatment	30	32	22	16	25	24	77	23
Non-Medical Treatment								
Religious measures	18	19	40	29	-	-	58	17
Magico-Spiritual Healing	20	22	35	26	39	38	94	28
Adoption	25	27	22	16	25	24	72	22
Remarriage	-	-	18	13	15	14	33	10
Total	93	100	137	100	104	100	334	100

- Multiple responses given

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