SOCIO-CULTURAL ATTITUDES TOWARDS INFERTILITY AND ASSISTED REPRODUCTIVE TECHNIQUES IN INDIA

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Abstract: A woman is defined by her fertility. Fertility is highly valued in most cultures and the wish for a child is one of the most basic of all human motivations. For women, pregnancy and motherhood are developmental milestones that are highly emphasized by our culture. Men have been putting his sturdy endeavor of an egalitarian society, a society in which men and women will no longer be differentiated in terms of status, power and prestige, no women will be experienced with any inhumanity by the society, here equity is worshiped whereas distinction or any differentiation will be vanished, that society is fit to be called equilibrium of society, remains a dream for the society. It is our sincere hope that this small effort will give way to significant changes in these women's lives. The experience of infertility is usually marked by anxiety and fear, social stigmatization and various trials of treatments. Infertility is always lead to low self-esteem, frustration and sense of losing power in the family and in the society.

Introduction: Objectives: There are only a few studies and data available in India that has focused on the sociocultural attitudes on infertility and childlessness. Even fewer studies have focused on the social implications of infertility and assisted reproduction. This paper summarizes some of the key findings of most of these studies. This study provides an overview of some of the literature on how people's beliefs, values, and sociocultural norms takes the way how women deal with infertility and how women determine treatment seeking help of assistedreproductive technologies (ART), in the Indian context. As it is critical to understand the way in which motherhood and female identity is constructed in a society, literature on the social construction of motherhood and female identity in India is also reviewed.

Methodology: It needs to be mentioned that a report for a country such as India is a challenging task given the huge variations between states and the problems of data availability with regard to health and health services. A methodology which combines available documentation and some primary data collection using interviews with key informants is the most appropriate in such a situation. This paper will present some of the key initiatives that have been undertaken and the potential implications of Socio cultural attitudes towards infertile women and ART in India. The paper is based on:

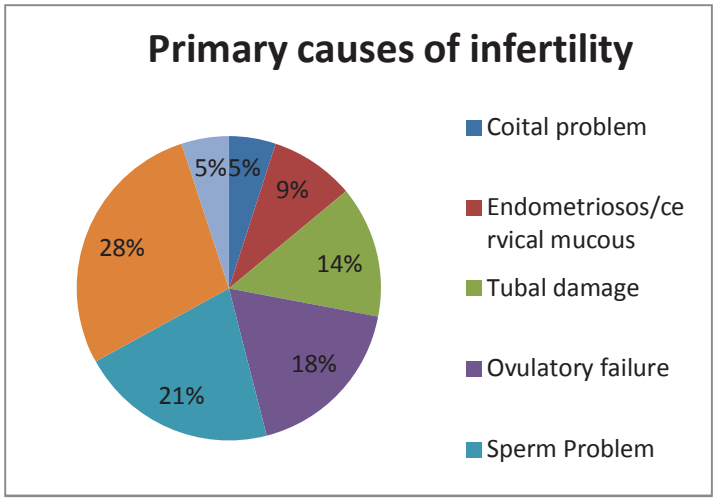
- Review of official documents, published papers, relevant content on official websites, and data sources. The review will be undertaken by systematic search through available search engines and existing data bases such as NFHS and DLHS and data available from UNICEF, WHO, UNFPA, etc. It also made use of available reports and documents of the Ministry of Health and Family Welfare.
- Interviews were taken with random selection of infertile women even after 3-4 years of married life with their social cultural problems and their understanding about the society as a curse of childlessness. Village health workers such asAuxiliary Nurse and Mid-wife (ANM). The state, Karnataka Rural and urban were purposively selected.

Infertility is an important issue, as it is affecting many couples in developing countries like in India. None of the National reproductive or Health policies has focused on the preventive or curative services for infertility and its treatment. The issues related to pregnancy, child birth and motherhood is very important and complex in the society. Fertility defines womanhood and womanhood is defined by a woman's capacity to "mother". Since it is the woman who becomes pregnant and gives birth, society puts pressure on her to "mother" even though the male may be the one who is infertile. There is no space for infertile couples as part of the governing definition of the family, which burdens the woman even more. In most societies, including India, men need children to have heirs and to prove their masculinity.

Causes of Infertility: Ovulatory disorders are one of the most common reasons why women are unable to conceive, and account for 30% of women's infertility. Fortunately, approximately 70% of these cases can be successfully treated by utilizing assisted reproductive technologies in India. **Socio-cultural concept of motherhood in India:** The ideology of motherhood differs according to the sociocultural context, ethnicity and class in India. In Indian context of patriarchal society concept the connotation of motherhood gives respect and power to a woman in society. Though the Indian society has a high respect to "mother goddess", in reality, women enjoying this respect is limited, only a mother with son's will have a place in society. A woman is considered as complete or real only she becomes mother. She proves her womanhood in this way and it gives security to her in the marital family.

Family organization and marriage are important for reproduction and motherhood. Kinship is also important for inheritances, rights over children, authority and responsibility of members of the family. The ideology of motherhood in Indian society explains why fertility is so important. Feminine identity is defined by the ideology of motherhood, being fertile is important and infertility is a huge problem. Though the control of fertility might be a problem for the state, yet

infertility is very important in the cultural context as kinship and family ties depend on the progeny. In an Indian context, usually marriages happen at early ages and the bride groom will be the family choice. The bride will have to get married to a partner which the family has chosen for her parents. At in-laws place she is expected to bring enough of dowry, be efficient in house hold work, to serve elders and husband, docile, be obedient, respectful and bear children. The bride has no control over her life, and despite being productive she has no control over resources. The bride major role is mothering and taking care of house. Only when she became a mother of a son then she feels completely at home in her husband's house. Women attain some freedom onlywhen she becomes a mother or when her mother-in-law becomes old.



Socio–cultural concept of childlessness / Infertility in India: Since a woman is defined by her fertility, ifshe is infertile, she feels worthless. Then she proceedsto do all she can to reverse the situation. The experienceof infertility/childlessness is usually marked byanxiety and fear, societal pressures to conceive andsocial stigmatization, and various trials of varioustreatments. Infertility is a major problem in the contextof important domains of social life such as kinship,inheritance, marriage and divorce patterns. It is a threat to a woman'sidentity, status and economic insecurity, to a man'sprocreativity and to lineage, familial and communitycontinuity. Infertility has very often been comparedto bereavement and can be a wrecking experience forboth the woman and the man. It may lead to identity dilemmas, low self – esteem, frustration and sense of powerlessness. Importance is given more to the biological children in the society. Some childless women may not be enthusiastic about motherhood but want of a child to satisfy her in laws, husband or experience pregnancy, childbirth or parenthood. For man, having child is like proving their sexual potency. For women, having a child is that there is a link between femininity and fertility. Motherhood also gives women a female adult identity and reputation of a responsible human being in the society.

Children provide emotionalsatisfaction, make life interesting and provide areason for living. People also want children because it is a biological need, as they want to seea part of themselves in their child.

Some studies/research that have focused on the sociocultural context and social isolation issues resulting from childlessness are those conducted by Jindal and

Gupta , Singh and Dhaliwal , Neff, Patel, Iyengar and Iyengar , Prakasamma , Unisa , Widgeand Mulgaonkar has been illustrated below.

According to Das Gupta, Chen and Krishnan,children in Indian society are looked at as a source of labor, income, happiness and security in old age. Theperceptions of women's roles and attitudes may beshifting, especially in the upper and middle classes,but procreation still remains an important factor in thesocioeconomic well-being of most Indian women. The Indian tradition demands that all marriages mustresult in children, preferably male ones. In thepatrilineal Indian society there is a strong desire for ason to continue the family line and perform religiousrituals for the salvation of departed souls.

Jindal and Gupta, through their study, reiteratedthat in India the social pressure to become parents iseven more because of the joint family system and theinfluence of elders.If the couple is infertile, there isloss of status and prestige. Among the women thatthey studied, social problems increased with theduration of marriage or duration of infertility, whilethese decreased with increase in age, education andincome of the husband. The problems were inverselyrelated to education and economic independence.Insistence on a male child was responsible for suchproblems in both primary and secondary infertilitycases when the first offspring was

female. Poverty andilliteracy emerged as important socioeconomicdeterminants of these problems.

Patel's anthropological study of fertility behavior in a Rajasthan village illustrates that theGraduation in status through motherhood is so markedthat barrenness is a dreaded condition. Parenthoodconfers honor on a couple and a person's image andrespectability gets enhanced with every additionalchild's birth and survival. Childbirth lends stability andsecurity to the bride's relationship with members ofthe household. As far as she can prove her fertility inabout three years, even the birth of a daughter iswelcome although a son is always better.Childrensymbolize prosperity and happiness.

According to Prakasamma, procreation, continuity, perpetuation through the progeny and the need for self-preservation form the social construction of infertility in India. The study revealed that infertility threatens the social acceptability of a woman, her legitimate role of a wife, her marital stability, security, bonding and her role in the family and community. The childless woman is not considered feminine and suffers from low self-worth and blame. The cycle ofDenial–treatment–frustration–resignation leads to emotional strain. If there is a case of a second marriage, there is loss of entitlement.

Most of all the studies illustrated above all say about the negative image of childless women.The fulfillment of motherhood role in the society. The importance of parenthood is important in Indiansociety. The infertile women is excluded from the society, she has to face lots of comments and ruthless words from the society. They are sometimes excluded from the religious functions.

Domestic violence and family disparities of infertility in India: An infertile woman has to face lot of problem not only with her in-laws, marriage but also in the society. The relationship between husband and wife is strained. There arefewer husbands who would be supportive to their wives if she has any infertile problem. Infertility leads to low self-esteem and threat in the marriage or divorce. If a woman is infertile after marriage there will be a threats of her spouse marrying again, women can't claim for property, she lacks identity in her husband house they are victimized to violence and abuse. The infertile woman is considered as inauspicious and unworthy, unwanted. They feel inferiority and self-defect in childlessness. Beside every women want to become mother to feel the completeness and has access to resources.

In the study conducted by Desai, Shrinivasan and Hazra, none of the males were threatened with divorce from their wives but about 20% of women received such threats. About 15% of both men and women considered remarriage. About 10% of the women also faced physical assault. Extramarital liaisons were also reported.

According to Patel, in the community that she studied, if a woman cannot produce a child herhusband can divorce her or remarry, but not all childless women have to face divorce or a secondmarriage as bride price here makes a second marriage very expensive.

In Unisa' study sample, only 4% of the womensaid that their husbands wanted a divorce in order tohave children, but in 12% of the sample, the husbandalready had more than one wife and 16% of the womenreported that they felt that their husbands wanted asecond wife. A few husbands were also havingrelationships with other women. Two-thirds of thewomen reported a harmonious marital relationshipwith no threats to their marriage. Unisa pointed outthat the harmonious relationship among these couplesmay be due to the awareness that infertility wastreatable in many cases and that women alone werenot responsible for this condition. But two-thirds ofthe women experienced violence from their husbands and out of these, 13% felt that the reasons were partly due to childlessness. Infertility did spur some men to physical abuse or to take another wife. The level of violence decreased as the level of education increased. The incidence of physical violence as a result of childlessness had also been reported in a study inNorth India.

Assisted Reproductive techniques – As a Boone, in Indian Context: There are different ways of treatment seeking behaviors like homeopathy, ayurvedic,traditional healers , tantric rites, wearing Germs, visiting astrologer, visiting the place but, most recent studies with allopathy has sought a popular treatment beside all other traditional treatments. Now most of the infertile women are affordable in seeking treatment with ART – Assisted Reproductive Technologies. The use of ART such as Artificial Insemination (AI), Intrauterine Insemination (IUI), IVF(In Vitro Fertilization), Gamete Intrafallopian transfer (GIFT), Intracytoplasmic Sperm Injections (ICSI) are becoming popular. The repeated use of these technologies also been encouraged by Gynecologists and infertility specialists as it is commercial and profit making too. IVF focuses exclusively on biological reproduction and curtails any potential for the redefinition of parenthood or infertility. In so doing, it reinforces the notion of the "natural" bond between a mother and her biological children as well as reinforces the idea that the only desirable structure of social relations between adults and young children is the nuclear family or indeed one's own biological children.

In Indian context Art gives hopes to infertile women even though only few can afford to it. In Indiansociety, fertility is more valued to the extent that womanhood is defined as motherhood; ART gives hope to such infertile women to become mothers. In India where there is a stigmaagainst infertility and childlessness, this is perceived as a great scientific achievement.

According to Srinivasan, overestimates of infertility help justify the industries and the medicalpractitioners' existence, but in a large country with a large population it is a substantial number and requires attention. IVF and other ART are promoted today for all forms of infertility. The Institute for Research in Reproduction (IRR) began work on an IVF programme in 1982 to provide subsidized IVF. The Indian Council for Medical Research (ICMR) suggested that this promotion would

also help in couples accepting sterilization if they knew that they could have a child through IVF and would indirectly help the family planning programme.

As far as the success rate of IVF is concerned, the ICMR reports an average take-home baby rate of 20%– 30% per cycle, but that has not been substantiated by any studies. The best clinics in India claim a 30%–40% success rate but it seems to be much lower in reality. Moreover, this is the pregnancy rate and not the birth rate. Most clinics claim a higher success rate than 5%–10%, which is usually the rate reported by clinics in the West. (30).

Some couple also has reserved donor sperms or eggs to have a child. In such cases, donor eggs were preferred within the family. Donor sperm of an unknown origin is also acceptable. In few cases where women did not want to use donor sperm or did not want their husband to know that donor sperm was being used for fear that they would not allow it.

ART are very expensive and only few can afford them. These ART are not offered in government hospitals. Recently, the ICMR suggested that besides preventive measures, it is essential to reduce the costs of ART so that all couples have access to them. It has also been suggested that as ART are expensive, the option of adoption should be offered and there should be a shift to preventive services. In India, these related technologies been misused for sex-preselection and the existing law does not deal with it.

Conclusion: In India, Motherhood is the identity of women in a marriage life. It becomes a goal of a women to be reproductive. Being fertile makes women more secure in her married life. If she cannot reproduce, due to different reasons, she is subjected to harassment, abuse, rituals and she is considered as inauspicious. A women with child will have her identity in society, children gives her a status and position in society. Being reproductive or having a child gives women a sense of security, psychological and emotional security and strengthen her kinship bond. If a woman remains infertile after marriage, it results in violence and negative impact on their marriage. Even if her husband is infertile, she has to bear the social and psychological consequences from the society. There will be a threat of divorce and debarment from the property.

Now infertile couples are seeking modern treatment to get conceived. They are using modern technologies like AI, IUI, and IVF. These treatments have been introduced in India since more than a decade and this treatment has become a great hope for infertile women to have a child. In the search to have one's own biological child, couples that belong to the higher socioeconomic groups can now have a child. In the present context of consumerism and market-oriented technologies, the private health care sector and the pharmaceutical and genetic engineering companies use the slogan of "help for the infertile", but it is the companies that stand to gain. There are hardly any subsidized clinics in India and the government hospitals do not offer these advanced technologies. Preventive and curative services for infertility are not a priority. Yet the moral, ethical and social issues raised at ART are unresolved. These technologies are offered as a choice. There is lack of empowerment to women in these modern technologies. Moreover, due to lack of rules, regulations and laws there are concerns about lack of professionalism and the safety on the treatment offered.

In Indian context, there is a history of female infanticide; sex selective abortions of female fetuses, these Art may be misused on selecting the desired gender by the parents. Though there is a law against sex selective implantation diagnosis, it remains unseen in Indian context.A set of rules and laws to be implemented to monitor the ART requirements. There should be a focus on preventive methods of infertility, adoption of children of all genders. There is a need to raise awareness among women groups about the consciousness to reduce the social pressures for biological parenthood.

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