

# ***Involuntary Childlessness Among the Middle Class in Vadodara City: Psychosocial Implications***

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## **EXECUTIVE SUMMARY**

The research focuses on experiences of involuntary childlessness among women and men and societal perceptions of the state of childlessness. A significant aspect of the research is the gendered understanding of individual experiences of childlessness. Specific reference has been made to ideas about parenthood, the importance of children, the psychosocial implications of childlessness on the self, marital relationships, family, and society, as well as the pattern of seeking treatment and the coping strategies used. The study also involves understanding the perceptions of women and men towards the process of seeking treatment, the approach of the doctors, and the type of treatment provided.

The participant group comprised: (i) women and men who were seeking treatment for infertility, either for self or spouse (n=40, 20 men and 20 women), (ii) women and men who had discontinued treatment for infertility (n=15, five men and 10 women), (iii) women and men who either had biological children or who were in the process of planning a family (n=60, 30 men and 30 women), and (iv) urologists and gynaecologists, (n=10, five men, five women).

The women and men who were seeking treatment for infertility were identified with the help of the doctors involved. A semi-structured interview schedule was used to gather the data. In-depth individual interviews were carried out after orienting the participants about the research and obtaining their informed consent, while assuring them of confidentiality. The results were analysed qualitatively.

The findings suggest that children hold an important position in Indian society. The idea of “being complete” only after having children, was commonly expressed by individuals experiencing involuntary childlessness. Societal perceptions focussed on the importance of a child in fostering cohesion among family members and strengthening the marital bond.

The implications of childlessness on the self and on marital relations were often manifested through feelings of loss, especially during the initial years of seeking treatment. Women reported feeling depressed and incomplete due to their childless state. The impact of childlessness on the marital relationship had various manifestations, such as enhanced mutual understanding and support, as well as tensions, stemming from “blaming” each other, financial difficulties related to the cost of treatment, and spousal refusal of treatment. The husband and family were considered major sources of support in the process of seeking treatment, with the husband accompanying the wife for the treatment most of the time. Adoption emerged as one of the ways of coping, along with performing pujas (prayers), and visiting astrologers.

Seeking treatment for infertility was one concrete step towards resolving the problem. Views differed about the approaches adopted by the doctors. Some individuals found the doctors “sensitive” and “understanding,” whereas others found the doctors’ approach “mechanical.” Many couples felt that the doctors were unable to give them adequate time, leaving their queries unresolved. Visiting multiple doctors was reported as a common experience. Doctors were also changed due to the type of treatment, long travelling distances, and the influence of the opinions of other people.

Treatment was discontinued largely due to reasons such as not getting results, the spouse not cooperating with the treatment, advancing age, unwillingness to undergo the treatment suggested

by the doctor, and the high cost of the treatment. Most respondents reported having tried alternative forms of treatments, like ayurveda and homeopathy, along with the allopathic treatment. Many participants reported feeling tired and frustrated with the treatment when it did not yield any results. Most of them found the treatment to be painful, both physically and psychologically. Women also reported side effects. Doctors were found to use a variety of approaches with the clients, ranging from medical treatment to helping the couple accept the situation and counselling them about lifestyle changes.

Gender differences were evident in the fact that men often refused to undergo investigations, whereas women were never mentioned as having the choice to refuse. Women were usually the first among the couple to approach the doctor, and also the first to be blamed for childlessness. While discussing their feelings regarding childlessness, men more often reported the feelings of their wives rather than their own feelings. Gender differences were evident also in the various ways in which men and women coped with childlessness. Men seemed to accept their childless state better than women, maybe because their jobs occupied them, whereas the women, most of whom were not employed and generally at home, tended to dwell on their situation.

The findings reflect the links between the larger ideologies of Indian culture and individual experiences of childlessness. The necessity of counselling as part of the treatment and coping processes emerges as an important outcome of the study. This also highlights the need for a multidisciplinary approach in dealing with infertility.