

Accentuated Marginalization Faced by the Infertile Woman

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Abstract: Marginalised groups consist of individuals who encounter various forms of societal exclusion, including humiliation, degradation, and economic deprivation. Indian society is highly pronatalist and patriarchal, and women face significant discrimination concerning infertility. Women are held responsible for infertility, resulting in profound emotional and financial stress. Motherhood in India is not just a biological role but a foundation of status and power, crucial for ensuring marital security. Consequently, childlessness subjects women to the brunt of social, psychological, and physical consequences, leading to their marginalisation. This review explores how the psychosocial and physical consequences of infertility contribute to the marginalisation of women. Through a thematic analysis of existing literature, the study examines the exclusion, abuse, rejection, and stigmatisation faced by infertile women at both household and societal levels. The research underscores how these challenges further marginalise women, leading to diminished self-esteem and confidence.

Keywords: Societal Exclusion, Pronatalist, Motherhood, Infertile women, Marginalization, Accentuated Marginalization.

Marginalised groups consist of individuals who encounter various forms of societal exclusion, including humiliation, degradation, and economic deprivation. Indian society is highly pronatalist and patriarchal, and women face significant discrimination concerning infertility. Women are held responsible for infertility, resulting in profound emotional and financial stress. Motherhood in India is not just a biological role but a foundation of status and power, crucial for ensuring marital security. Women who had infertility issues faced much marginalisation in Indian society, especially in Kerala society.

Family and marriage were regarded as the fundamental units of every society, essential for maintaining social order and regulating human sexual behaviour. In Indian culture, marriage was considered a stable institution, and family relationships were highly valued. Socialisation was the process

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through which a biological being was transformed into a social being. Each family aimed to instil specific behavioural traits in their children to prepare them for life in society. Gender socialisation began at a very young age; girls were dressed in frocks, boys wore shirts and trousers, and they were given different toys to play with. Girls, for example, were given dolls, which nurtured a motherly instinct and helped them internalise feminine traits such as love and affection.

Gender socialisation primarily occurred through the family, school, and media, which fostered gender-related rules, regulations, and expectations that shaped gender identity. Motherhood was a socio-cultural concept; societal expectations were imposed on girls from the early stages of socialisation. From menarche onwards, maternal instincts strengthened, preparing girls psychologically and physically for motherhood. Marriage was the next significant milestone, after which couples often faced inquiries about having children, reflecting the close association between marriage and reproduction. Community living compelled individuals to interact effectively with those around them.

Indian society placed great importance on family; even as structural jointness rapidly diminished, functional jointness persisted. In contrast, relatives and friends generally did not interfere much with a couple's private life in Western societies. The Indian family system underwent significant changes. In the new era of globalisation and technological advancement, individuals typically prioritised stabilising their careers before starting a family. Age played a crucial role in fertility; women over 35 naturally experienced a decline in fertility. Individuals recognised the issue of infertility once they began actively trying to have children, only to find that their efforts yielded no results. WHO data revealed that 180 million couples suffered from infertility in developing countries.

A paradoxical situation existed in Indian society: poverty amidst plenty. In India, the demographic problem of overpopulation coexisted with a rising trend of infertility. Women's identities were primarily shaped by relational and collective factors, leading to the development of a collective self. Scholars such as Sheila Rowbotham and Nancy Chodorow argued that women's sense of self was founded on the interdependence between the community and themselves. Women tended to associate themselves more closely with their mothers, whereas men fostered more isolated individualism (Friedan, 1988). Rowbotham also opined that women could not possess a separate and individual identity, as the dominant male culture constructed it. The WHO defined infertility as an illness of a man's or woman's reproductive system, considered as the failure to attain pregnancy after 12 months or more of consistent unprotected sexual contact. Some causes of infertility were preventable. Infertility presented medical challenges for those involved and deeply affected their emotional,

physical, and spiritual well-being. It distinctly impacted both partners, creating shared experiences and struggles. However, it was primarily women who faced issues related to infertility more than men.

The marginalisation of infertile women was a significant issue encompassing cultural, psychological, and social dimensions. Women often faced stigma, shame, and a lack of support, leading to stress, depression, anxiety, and low self-esteem. In several societies, a woman's individuality was closely linked to her ability to bear children, placing a disproportionate societal burden on them when they were infertile. There was also a need for increased access to affordable fertility care, and financial capabilities determined access to infertility treatment.

Women in most societies were not granted equal rights, but this began to change over time. Women eventually came into the limelight in various areas. In many cultures, the concept of motherhood was revered, which, in turn, provided women with status and power. The continuity of the family line was ensured through the birth of children, who were considered as a form of insurance for both women and men. In many developing countries, families rely on children for economic support.

Consequently, infertility could have significant economic implications. Childlessness or infertility is a medical issue that leads to numerous personal and social problems. It was considered a developmental crisis and public health issue, not merely an individual or medical problem.

In this paper, the researcher analysed the plight of five infertile women who faced marginalisation. These women had different socio-cultural backgrounds regarding their education, religion, occupation, and economic standing. They considered children essential for ensuring marital stability, viewing motherhood as the essence of womanhood. In most cases, the women, rather than the men, were targeted. Women undergoing infertility treatment experienced more financial, physical, and emotional stress compared to men. They endured exclusion, abuse, rejection, and stigmatisation within their families and even in the societal aspects.

In Kerala society, a childless woman was often addressed by derogatory terms like "machi." Some parents of small children hesitated to allow an infertile woman to hold their child. Often, these women were not permitted to participate in auspicious occasions, as it was believed that their presence would bring bad luck to those conducting the rituals. Women undergoing infertility treatment faced numerous invasive procedures, resulting in significant physical pain and emotional strain. Even when infertility was due to a male issue, it was rarely questioned, leaving the women to bear the brunt of the blame.

As a result of this marginalisation, infertile women tended to experience

greater emotional instability and mental distress during the treatment process. Spousal support during infertility treatment was crucial, as the emotional challenges the women faced required a great deal of patience and understanding from their husbands.

Methodology

The research paper explored the psychological and socio-cultural aspects of infertility among women. It sought to analyse the plight of infertile women who faced marginalisation. Although men also encounter issues related to infertility, women were found to be the most stigmatised. This qualitative study utilised the thematic case study method, with the primary sources of data collection being archival documents and interviews.

The investigators assessed the social dimensions of women who had been undergoing infertility treatment for at least three years or more. The study employed the snowballing technique, which was considered the most effective or alternative method to identify women receiving treatment. Women were often hesitant to discuss their infertility issues with outsiders, experiencing a phase of self-stigma, particularly during treatment. The researcher had to establish a good rapport with the participants, and gradually, they began to open up and share their personal stories.

The interviews were audio-recorded and transcribed for research purposes. The study followed various steps to identify the problem and the themes each woman emphasised. The researchers aimed to familiarise themselves with the situation, and the collected data was read and reread to ensure a thorough understanding of the information gathered during the study.

Participants

The present study included 5 participants belonging to different religions, educational backgrounds, financial statuses, occupational statuses, types of families, and treatments. It helped to identify the various aspects relating to their lived experiences about the treatment process and its outcome.

Objectives

- To understand the fractured identity of women undergoing infertility treatment.
- To gain an insight relating to challenges of infertility treatment from the perspective of female.

Infertile men were sometimes teased or rarely taunted by their friends. This study utilised data from articles and research papers on the effects of infertility. Reactions included feelings of shock and disbelief, denial, anger, loss of control, loneliness and isolation, guilt, as well as depression and anxiety, which often accompany the process of grief and loss. The socio-

cultural aspects of infertility were primarily related to religious and cultural factors. A woman's worth was often measured by her ability to bear children.

Discussion

A brief description of the participants and their socio-cultural setting is described below.

Five women from different social backgrounds were selected for the study.

1. Renu, an IT professional, came from a semi-urban area on the city's outskirts. She gained her education from different places in India, as her father worked in military hospitals. After graduating, she got a job at an IT company, and soon, she married Raju, who worked at the same company. It was a love cum arranged marriage. Renu was a jovial and outspoken girl; she got along well with her relatives and liked the company of others.

Renu and Raju got married at the age of 22. Initially, they did not think about having a child. After marriage, they were not interested in having children for 4 years. They have been married for 14 years and started treatment 10 years back. Slowly, things started changing for Renu; Raju's family was close-knit; they occasionally met, and even though structural jointness was not there, functional jointness was. Raju's cousins had children, and they used to come and play with Renu whenever they met for family events. Renu and Raju used to take their pets, Charlie and Flash, for all the functions they went to. Once, a cousin's daughter, who was only 3 years of age, asked whether Charlie and Flash were Renu and Raju's children. Gradually, her parents and in-laws started asking them when they would have children. They did not criticise them.

Raju's antinatalistic attitude is rooted in the personal and philosophical belief that children should not be brought into a world of resource depletion and pervasive dangers. This significantly impacted the couple's relationships and interactions with family and society. However, Renu's continuous and emotional plea to have their own child gradually changed Raju's stance. Renu began to think about having a child; she saw the attachment that was being showered on the parents, who were Raju's cousins. Maternal instincts started creeping into her mind. She began to pester Raju to try to get a child. Raju was not at all interested in having a child. He initially tried to rebuke and scold Renu, saying that they had agreed before the marriage that they wouldn't want a child. Renu tried to convince him that this feeling was quite natural, which almost every woman has. Over time, she recognised that her life would feel complete only with the birth of a child. This realisation led to contrasting desires between them, causing emotional discord. Renu's genuine longing for motherhood clashed with Raju's belief in not procreating, leading to emotional strain and misunderstanding.

Slowly, they started going to a private hospital, and many tests were done, which revealed that Renu had PCOD issues. During her treatment, she was emotionally disturbed, but she never gave up. Being educated and earning well, she strongly reacted to people who tried to shame her because of her infertility. Gradually, the relatives stopped pestering her, relating to questions of infertility. The questions that most of them asked were related to whether they had initiated any treatment and other questions relating to whose problem it was.

Renu felt very comfortable talking to her mother about her childlessness, and the mother was able to give her maximum mental support. Invariably, the mother would tell her that it is better to adopt if there is no natural course of becoming pregnant. She would always comment that if you can't have a biological child, a social child can be sought. Mother always said that "it is better not to have a child rather than losing it or having a child with mental or physical deformities."

If we have problems, we have to accept and move forward; if something is meant to happen, it will happen at any cost. The next step in initiating the treatment was to procure money for the treatment. They had taken a loan for the house, and as a result, there was some financial crunch after the failed IUI and IVF treatment. A one-year gap was taken after the first IVF treatment to raise funds for the second treatment. They did not want to borrow any money from their friends or relatives, so they decided to pawn the gold given during the marriage. Due to Renu's constant longing for a child, Raju noticed a change in his own mental state. He began thinking about having a baby girl, which led him to develop an interest in infertility treatment. Renu's thought process was very positive as she was forward-thinking, had strong principles, and had an opinion of her own. She thought that it would be better to have a child when the financial conditions of the couple improved. She says, "If you can't provide for the well-being of the child and look after the child with all the comforts, it is better not to have a child". Another thing that Renu emphasised was that children should be taught the norms and values of society; this will help them emerge as better citizens.

Renu believed strongly in religion, even though her husband was not like that. She is also a rational individual who very well understands her biological self, which in no way would help her achieve a normal pregnancy. She would take measures to satisfy the deities and get a child normally. Even though she did not expect a miracle, she Visited Mannarasala temple to offer prayers to the Snake deities, following the belief among the Hindus that if you do "Urulikamizhthal, "then you might be blessed with a child.

About sexual intercourse, she said that during the treatment time, it was always done with the intention to beget a child. When she became aware

that it was difficult, she didn't think of sexual intercourse from that perspective and realised that it was to be considered as a source of physical and mental satisfaction as well.

The couple was not bothered about who would look after them in old age. They said that even people with four or five children did not have anybody to look after them, as most of their children worked outside and could not come and be with their old parents when needed.

Renu and her husband regularly played badminton during their leisure time, and this has helped them maintain a strong physique. They were able to develop strong friendships with the other people who came to play. They had 2 pet dogs at home who demanded their constant attention, diverting their attention from negative feelings. Renu was upset at the way the service providers, the doctors and nursing professionals treated her. A humane aspect was missing in their approach. She was of the opinion that service providers specialising in infertility should provide emotional guidance and suggest necessary coping strategies to the couples who undergo treatment. Communication between the service providers and the patient should be honest, and conversations about personal feelings, fears, and expectations should be shared.

Renu believed in God and prayed fervently to have a child. God has not yet fulfilled her dreams. She couldn't convince Raju, as he was an agnostic. She hopes and prays that one day, her prayers and the treatment will yield a positive result.

2. Jaya is 38 years old and has a strong faith in Hinduism. She comes from a rural background. She is a very talkative and fun-loving girl from a very young age. During her school days, she had a lot of friends and enjoyed going to school to play with her friends. She used to care for her younger sisters just like a mother would care for her children. Jaya was interested in dressing up her younger sisters and tying up their hair. She studied in a government school and always dreamed about a boy who would look after her. She belongs to a lower-middle-income family. She was able to complete her education up to her school finals, and after that, she had to search for a job as her parents could not provide for her. Her father died when she was 8, the standard. She was very attached to her father. Her husband gradually filled the void of her father's death; theirs was a love marriage. She thought that he would look after her with so much love and care. She got a job in a textile shop through one of her friends. She faced a lot of problems during the early days of training. She was very pleasant to her clients, but adjusting to the new system took some time. At this juncture, she met Bipin, who was 2 years younger than her and could only complete education up to the higher secondary level. Bipin's family was not very keen on this marriage as they knew she would not fetch them any dowry.

Jaya and Bipin have been married for 7 years. They wanted to have a child of their own from the very beginning. She got pregnant after 6 months of their marriage but could not continue it to full term. The couple thought that they would get an average child after the first abortion. They waited for two more years, but nothing happened, and hence, they thought of approaching a private hospital even though they were financially weak. Their income from the textile shop was hardly enough to earn a living. According to Jaya, "Going to a private hospital will hasten the fertility process, whereas in a government hospital, it will be a delayed one". The waiting period at the Govt Medical College was too long. Jaya said, "In my dreams, I always see a healthy baby smiling at me and making giggling sounds; as soon as I wake up, I realise that there is no baby with me. I feel tears welling up in my eyes". This has occurred many times, and she says that God will surely answer her prayers one day. The most important thing in her life is becoming a mother and nurturing a baby. "Motherhood is the most divine thing in the world."

Jaya had her periods when she was 13 years of age and did not have any problems relating to her periods. She was taking medicines for heart problems for some time, but after she became pregnant, she stopped taking medicines as her heart problems had wholly healed by then. She became doubtful whether the medicines had made her infertile. The doctors were able to convince her that it was not related to the medicine as she had become pregnant soon after marriage.

Even though they had financial issues, the couple had already done two bouts of Intrauterine insemination (IUI), which was done in a private hospital, and as both of them failed then, the couple resorted to In vitro fertilisation (IVF). Both IUI and IVF failed. The IVF process cost them 2.5 lakhs, and they had to borrow 75000 Rs each from two relatives. Jaya was eager to sell gold ornaments as she thought the baby would bring her luck. Jaya was completely happy with the treatment provided by the doctors in the hospital. She was constantly repeating the fact that almost all of them who were getting treatment from the hospital were able to conceive. She believes that the right time has still not arrived. They couldn't continue a second round of IVF because of financial status. Jaya says that her husband has been very supportive and looks after her well, knowing that the issue is primarily hers. In the initial period, she even had a doubt whether her husband being younger than her might be one reason for infertility.

Even though her husband loves her dearly, sometimes they quarrel, and he calls her barren and a good-for-nothing person. This pains her a lot, but slowly, she reconciles with the fact and says that it is definitely her problem. Soon after the quarrel, the husband also recognises his fault and looks after her well.

The couple has decided not to go for infertility treatment for some more

days as they are really short of funds. They have a very frugal way of living. Bipin's mother stayed with them initially and was not very supportive. Her mother-in-law slowly understood that Jaya was having problems with infertility. Later, she understood the depth and intensity of Jaya's emotional turmoil and became very supportive. Jaya and Bipin try not to attend any events that take place in the family as they are constantly asked why they are not going for treatment and about their next course of action. This has made them stay isolated from their relatives, and many of their friends do not give them enough support. They have started searching the internet to find out about the causes of infertility. She says, "I do need only one egg to become pregnant and that one egg should be made as healthy as possible." Jaya thinks that some food items like avocado, fish, and nuts will improve her anti-Mullerian hormone levels, giving her a better chance of becoming pregnant. Antimullerian hormone (AMH), produced by ovarian follicles, indicates fertility in women.

Both husband and wife strongly believed in religion. They believe that this ill fate has happened to them because Bipin's father had killed a snake. They are trying to do the poojas to snake gods as a sort of repentance. They went to perform the ritual of uralikamizhtal in the Mannarasala temple. However, people over there said they were not supposed to do it as she had already become pregnant. Jaya strongly believes that she will become pregnant after eating quality food and exercising. The couple had a tough time during the Corona period as they were constantly short of money. The management provided them with only half a month's salary, which made their treatment plans suffer. Treatment was also not done in the infertility clinics as it was not of an emergency nature. They did not want to stay home even during the non-working days as they had nothing else to do.

Jaya tries to reduce visits to relatives' places and avoid gatherings, as they are very painful to her. When she sees other children, she feels sad and thinks that God has not been fair to her. She becomes upset for thinking in such ways. She plans to stay somewhere close to her textile shop when she becomes pregnant. Both of them have high hopes about getting a child. Jaya constantly refers to her "Unborn Baby" and thinks that the child will cast away all the gloom.

3. Shammi and Irfan lived in a semi-urban area; they lived in an extended family. Her husband's family lived together, and Irfan's two brothers, one brother's wife, and child Mia lived with them. Shammi got married at the age of 18 as soon as her father passed away. Irfan was a responsible boy; the alliance came through a relative. Shammi's in-laws were very good people; even though they lived in a community which was interfering, they did not pester Irfan and Shammi too much because of their infertility issues.

Shammi said, "I remain jovial and happy outwardly, but inwardly, I cry a lot." Why does God do this to me? For those who do not want any children,

God gives them plenty. "She mentioned the incident when three children were put in the amma throtle (the electronic cradle functioning under the Kerala State Council for Child Welfare). It has been instituted to provide a better life for abandoned children.

Shammi narrates, "When I see all the good things being put in the social media and Instagram, I squirm inside". Shammi had undergone two cycles of IUI; they wanted to try IVF, which is very costly. The couple has been trying to save 2- 3 lakhs for nearly 3 years. Irfan does not miss a chance to go for the small jobs that people call him for. He has been a very supportive husband. They had a strong bond with Mia, Irfan's brother's child. Mia was very close to Irfan and Shammi. She was taken care of well by Irfan and Shammi. Irfan often told Shammi that she should not care too much about Mia, fearing that his brother or sister-in-law would say something which would hurt Shammi. Shammi had a constant fear in her mind about whether Irfan would seek a talaq (divorce). Irfan tried to make her understand that he would not do such a thing. Shammi needed constant reassurance from Irfan's part to move forward. He was prepared to wait for years to have a child.

Shammi stopped her education at the age of 17. She couldn't complete her education but restarted it in the open school system. She said that it had helped her a lot, as she could focus more on her studies. They used to have classes only on Saturdays and Sundays, and she would wait for those two days to be with her friends. She hoped to continue her education and get a job so that from her pay, she could save money to pay for the infertility expenses and be of some help to Irfan.

Shammi has been trying to find solace in God by praying and appeasing God. They lived amid their relatives, who constantly tried to pass unsolicited advice. Some of them tell them about some infertility hospitals and recommend certain doctors. After some time, they would again come and ask them whether they had gone to the hospital which they had recommended earlier. They tell them to offer pidippannam in the mosques to get a child. Another thing they emphasised was reading the Surah Maryam, which would help her achieve pregnancy, quoting the story of Ibrahim and Maryam, who were childless and how Maryam was able to gain a child by Allah's mercy. In all situations, Shammi believed that a Muslim should accept and be content with the decree of Allah, even if she were to remain infertile for the rest of her life.

A thing that worried Shammi was the constant interference of Irfan's relatives. The relatives knew very well that Mia was Irfan's brother's daughter. Still, whenever she was with Mia, some odd ones would ask her whether Shammi was having a child of her own. Shammi gradually became reluctant to go out much with Mia, as she didn't want others to ask the same question again and again.

The couple had placed their hopes in medical technology's advancements, convinced that it was a means through which Allah's will could manifest. They had undergone numerous treatments in private and government hospitals, each one a testament to their enduring hope and determination. The doctors were optimistic, too, reassuring them that Shammi's age was not a barrier to conception.

The Intrauterine Insemination (IUI) attempts made her hopeful; they did it three times. Each cycle brought with it a mix of anxiety and optimism. They would hold hands, silently praying for a miracle as the doctors performed the procedure. The wait that followed was always the hardest, filled with silent prayers and hopeful glances.

4. Cyan, a 34-year-old medical professional employed in government service, had been undergoing infertility treatment for the past three years. Her husband, Yohan, was also a doctor. Cyan was a Catholic with a strong belief in God. They lived in an independent house with Cyan's parents and her grandmother. Being in the medical profession, the couple was well aware of their situation.

Cyan had been diagnosed with polycystic ovarian Disorder (PCOD), a condition caused by a combination of hormonal imbalance and genetic tendencies. She explained that PCOD led to numerous hormonal irregularities, making conception significantly more difficult. She had been prescribed Clomiphene tablets to enhance her fertility. Although PCOD was a common disorder affecting many women, Cyan noted that it was often treated as a source of shame and kept hidden, much like other issues related to menstruation.

The couple chose to undergo fertility treatments at a private hospital, as Cyan was reluctant to seek help at the government hospital where she worked. They hoped that private treatment would yield quicker results. Despite their efforts, including attempts at intrauterine insemination (IUI), the procedures turned out unsuccessful. Initially, Cyan was shocked by the infertility diagnosis and tried to deny it. After numerous tests and scans, she came to understand her situation fully. She had undergone three IUIs; during the second attempt, she became pregnant, but it was a tubal pregnancy and had to be terminated.

Knowing that they would soon need to pursue in vitro fertilisation (IVF), the couple faced ethical concerns regarding egg retrieval and other aspects of the treatment, leading to a dilemma about proceeding. Throughout this journey, Cyan's parents provided crucial financial and emotional support. The most devastating moment came when Cyan, pregnant following an IUI, was diagnosed with COVID-19. She experienced immense psychological stress during this period, and even the doctors could offer limited assistance. This was an incredibly isolating and challenging time for her.

Cyan was in for another shock when she visited her close friend after the friend's delivery. Her husband also accompanied her when she wanted to visit her friend who had a baby. Her friend was not very comfortable to see her. When her husband tried to take the baby, her friend did not give him the baby even though she was also a doctor .. Her friend thought that the child would have some ill luck if taken by an infertile person. Cyan was shocked beyond words, and her husband was very upset. It was revealed to Cyan that education alone does not change society's cultural aspects. They left the house immediately. After this incident, she decided not to go to any of her friend's houses, nor did she go to her friends' get-togethers, as she thought that the world does not have a place for infertile persons. Whenever her friends meet, they have many things to talk about their children; her friends constantly sideline her. Cyan never tried to open social media on Mother's Day or Daughters' Day as it would be full of emotional messages.

Themes Analysed in the Study

Concept of motherhood- Motherhood and infertility are two inseparable concepts. It referred to the challenges some women faced when trying to become mothers due to infertility. It also encompassed the emotional and psychological aspects of wanting to be a mother but struggling with infertility. The participants in this case study believed that motherhood is the essence of being a complete woman. According to Jaya, "Motherhood is the most divine thing in the world," Cyan thought that society adds or assigns a symbolic position to a woman only when she becomes a mother. She says that women who passed through the complex life trajectory of infertility identified themselves as incomplete women. Both Cyan and Jaya felt that they were incomplete without a child. Though Renu had the company of many children, she felt it was always better to have a child for oneself. Renu said that motherhood had an emotional bond that goes beyond biological ties. For her, being a mother involved nurturing and caring for her own child. Renu perceived motherhood as a role that required self-sacrifice and complete dedication. She valued the idea of giving up personal comforts and dreams to ensure a child's well-being. Shammi said that motherhood is considered a gift from God. She believed that it could be achieved with the help of doctors who would be the mediators of Allah in achieving the status of motherhood.

The Desire for One's Own Child

The desire for a child in an infertile mother can be overwhelming; it often becomes a central focus of her life. The respondents experienced deep emotional pain and felt incomplete without the ability to conceive and nurture a child. This longing can lead to feelings of frustration, guilt, and even jealousy when they see others with children. Despite the challenges, their determination to become a mother often drives them to explore every

possible avenue, from medical treatments to adoption.

Cyan had high hopes of rearing a biological child of her own. She often dreamt of having a child who would satiate her mothering instinct. The longing to become a mother is emotionally determined. Motherhood is a stage in a woman's development in the society's eyes. Social expectations forced the women to become ashamed of their childless status. Motherhood and the desire for a child result from a conscious choice that a woman makes at a particular stage of her life. When women make a decision to have a child, they give importance to certain aspects like age, financial position and relationship stability and, based on that, decide when the right time for having a child would be (Bell, 2013; Ulrich & Weatherall, 2000). Renu believed that a mother's role was to guide and nurture the child and shape it into a responsible and kind individual. Motherhood, for her, was about passing on values, wisdom, and life lessons. Renu believed that the necessary financial resources should be there to support and give a good life to the child. She was echoing the doubts that her husband always had in his mind. Renu had to struggle so hard with her husband to make him agree to initiate the treatment. They saved sufficient money for the treatment and for the pregnancy and aftercare of the mother and baby if she became pregnant.

Shammi was on treatment for infertility for nearly six years in the extended family in which the couple lived. Her husband Irfan's brother's child Mia, who lived with them, became her constant companion. She used to dress up Mia and do everything for her, but in spite of that, she longed to have a child of her own. The longing to have a child of their own blood made her pursue the dream of becoming a mother.

To be a Woman is to be a Mother

Through the process of socialisation, the mothering instincts are internalised by the woman. Even when the concept of deconstruction of motherhood is happening in modern-day societies, motherhood has become an indispensable aspect as far as many women are concerned, especially the female respondents of the present study. According to Cyan, motherhood is closely associated with marriage and family. Renu opined that the emotions of a mother emanate from an individual and cannot be sidelined. She did not want to have a child of her own during the initial years of their marriage. After some years, her yearning to become a mother became so strong. She could not control her emotions of becoming a mother. Hormones got the better of me," this statement reflected the internal shift in a woman who initially didn't want to be a mother but gradually developed the desire to have a child. Over time, she noticed subtle changes in her. She attributed this to biological factors, societal influences, and changes in her life circumstances. The once firm decision to remain child-free began to waver as she found herself increasingly

drawn to the idea of nurturing and raising a child. These evolving feelings and the desire for a child were surprising and confusing, contrasting with her previous outlook. Ultimately, it represented a natural and complex aspect of human emotions and identity, where what once seemed certain became open to new possibilities. She had a tough time convincing her husband, who did not want to have a child of their own, as it would bring about resource depletion in the world. Renu thought it was an automatic response that emerged in a woman's mind and could not be controlled by other external forces.

For Jaya, the identity of being a woman has always been closely tied to the role of motherhood. From a young age, she internalised the belief that to be truly fulfilled as a woman, one must experience the joys and responsibilities of raising a child. This belief became a cornerstone of her self-image, shaping her aspirations and understanding of her place in the world. Jaya had the thought that it was a natural process. As Jaya struggled with infertility, she found herself yearning deeply for the experience of motherhood, a longing that seemed to grow stronger with each passing day. Watching other women with their children, she felt a mix of hope and envy. On one hand, she saw in them a reflection of her desires—a life she wanted but couldn't have. On the other hand, she battled with her own feelings of guilt and shame for not being a complete woman.

Cyan, an educated doctor, thinks that infertility has quashed all her other successes in life. Infertility operates at another level for her. Renu believed that society could exist only if children were born. Women identified that becoming a mother is very important to them for a social, psychological, and physical sense of adequacy and completeness (Ferland & Caron).

Preoccupation with Motherhood

All the participants except Shammi are working. Cyan is a teaching doctor, and Jaya works in a textile shop. Renu worked in an IT firm. Shammi is a housewife. For Cyan and Jaya, they found that infertility treatment was similar to having a job, one which required changes in their daily routine. They had to take leave for their appointments; they had to be in the infertility clinics for a no of hours a day. Once the treatment started, they expected a positive result. When this did not happen, their first reactions were shock and disbelief. Once the shock and disbelief settled down, they again prepared their minds to equip themselves for the next infertility cycle. They tried to have control over their own bodies and tried to keep their body under surveillance constantly.

Cyan being a doctor, searched for sure fertility signs like vaginal secretions, which will enhance sperm motility and increase Basal Body Temperature (BBT), which happens during the time of ovulation. At the same time, Jaya thinks that the Anti-Müllerian hormone (AMH) plays a crucial role in assessing a woman's ovarian reserve and enhancing oocyte production,

which can be an important factor in infertility. When Jaya learned about AMH, she understood that higher levels might indicate a better potential for fertility, while lower levels could signal challenges.

Having heard this, she became interested in ways to boost AMH levels naturally. She learned that certain food items, such as eggs, avocados, nuts, seeds, leafy greens, and fish rich in omega-3 fatty acids, could potentially support ovarian health. She began incorporating these foods into her diet, hoping to improve her AMH levels and enhance her chances of conception.

For Renu and Shammi, the belief in a higher power was central to their hopes of having a child of their own. They thought that their faith would eventually bless them with the joy of motherhood. Although Renu had many children in Raju's family and Shammi had her brother-in-law's child in the same household - they longed deeply for a child of their own. The couple cherished the idea that having a child with whom they shared blood ties was more meaningful and fulfilling than anything else. They believed that such a connection would complete their family in a way that nothing else could. This conviction guided them as they held hope and faith in their journey to become parents.

Narratives of Fertility Challenges

The narratives of infertility revealed by the four women in the present study reflected the accentuated marginalisation they faced from others in society. Although it was a shared journey, the physically invasive techniques of IUI and IVF made the process far more painful for the women. Shammi tried to remain jovial outwardly, but inwardly, she cried a lot. Most of them perceived childlessness as a profound loss to their identity as women. This unique loss often remained invisible to others, isolating those affected. Women who grappled with infertility carried a heavy emotional burden, mourning the experiences they would never have—the joy of pregnancy, the miracle of childbirth, the journey of raising children, and the prospect of becoming grandmothers.

Cyan and Jaya think that not becoming pregnant can represent a profound sense of loss. This loss experience might not always be visible to those around them, and its depth may not be fully apparent to others. Cyan was very close to her husband; they used to talk about their infertility struggles, and this has helped her in one way. She did not share much of her thoughts with the other family members. Yohan wanted Cyan to continue with the IUI treatment and not go ahead with IVF treatment because of the fear of ethical issues relating to IVF. Even though Jaya is not educated much, she has tried to understand what her infertility issues are and has tried to understand the reasons or causes of her infertility.

Through the narratives of Renu, Jaya, Shammi, and Cyan, the researcher gained deep insight into the pain and suffering these women endured

during their infertility treatments. Each of them felt a profound discomfort in the way others around them stared or treated them, often with pity or judgment. This added to their emotional distress, making an already difficult journey even harder.

Despite these challenges, one positive aspect emerged: all women experienced unwavering support from their husbands. Their husbands fully understood their wives' emotional turmoil and stood by them every step of the way. Even though the men knew that the fertility challenges primarily stemmed from issues related to the women, they never criticised or blamed them with intention. Once, when Bipin quarrelled with Jaya over their infertility status. This pained Jaya very much. After that, Bipin became ashamed of what he had said and profusely apologised to her. The husbands provided consistent care, understanding, and encouragement to their wives. This compassion and support from their husbands made the women feel profoundly grateful, as it eased their burden and strengthened their bond during a time of great difficulty.

Shammi had cysts in her ovary, which contributed to her infertility. She felt that Irfan had been forced to accept her condition, and this filled her with fear that he might eventually seek a divorce. The thought of losing him due to her inability to conceive weighed heavily on her mind, adding to her emotional distress during an already challenging time.

During a heated argument, Bipin once blamed Jaya for their infertility issues. In the midst of the quarrel, he harshly stated that it was her problem that had led to their inability to conceive. His words cut deeply, leaving Jaya feeling hurt and isolated, as she had already been struggling with the emotional weight of their fertility challenges. This moment marked a painful point in their relationship, as it exposed the underlying tensions and frustrations they both felt but rarely expressed. Bipin fervently apologised to her for what he had said.

Reproductive struggles – Renu did not want to have a child for nearly four years, and after a prolonged struggle to convince Bipin, she was able to initiate the treatment. The subsequent tests found out that she was having PCOD. During the first IUI treatment, it was very difficult for Renu to make her husband cooperate with the treatment process. The second IUI treatment and the third IVF treatment was relatively unsuccessful. Jaya had an initial miscarriage; then, she took some medicines to enhance oocyte production. Two IUI's and IVF treatments did not yield any positive results. In the case Of Cyan, she did three IUI's; the second time, she became pregnant, but it was an ectopic one, and it had to be terminated. The third one did not yield any positive results. Cyan and her husband had many concerns relating to IVF, which was related to its ethical aspects, so they have not yet started the IVF treatment. Shammi had to make her periods proper, and she took much medication to correct it; after that, she

also underwent two IUIs, Which did not yield a positive outcome.

All the above cases show their resilience, compassion, and determination to move forward because they think it would produce the desired results. Infertility caused an unanticipated disruption in the expected course of their lives, which all of them dreamt about. Infertility prevented the expected sequence of events in the lives of many women, forcing them to follow a different path and go in a direction which some women described as 'scary' and 'uncertain' (Ulrich & Weatherall, 2000). Infertility has been equated with the experience of death. Coping with infertility is described by women as coping with the knowledge of the death of a close person or even the death of an unborn child (Ferland & Caron, 2013; Ulrich & Weatherall, 2000). When women compare infertility with death, it emphasises the pain and sorrow that infertility brings to a woman.

Infertility was a persistent sorrow for all the women. It has become an unceasing ache for all the participants.

Emotional Spectrum of Infertility

Procreation has been prioritised in Indian society, especially in societies like Kerala. Literacy does not play a huge role here. Regarding the psyche of ordinary people in Kerala, people continuously interfered in the matters of others around them. The quest for progeny is individualistic and emotionally challenging when situations like infertility occur. Different emotions can colour it. The emotional roller coaster is a term that has been described in almost all literature relating to infertility. For Renu, Who has a positive mindset and who has strong willpower, infertility struck the core of her existence. It pained her very much. Jaya was totally shattered when she understood about her infertility status. Cyan, the doctor who knew all the scientific aspects relating to infertility, also felt shame and guilt for her inability to conceive. the changes in her feelings during the menstrual cycle moved from the perception of hope that conception would soon occur. For Shammi, there is always hope in the initial stages of the cycle, and when failure occurs at conception, there is intense pain, sadness, and anger. Anger can be directed towards themselves, close relatives, pregnant friends, fertile partners, the world, and even God (Fernandes et al., 2006; Mete et al., 2020).

Cyan said that she became very hypersensitive at times during the course of the treatment. She got triggered for slight things which might not have been a concern at other times. Jaya tried to blame herself for not becoming pregnant. Even though Bipin was a considerate person in one of their quarrels, he blurted out that as the uterus is in the woman's body, it was because of her that they were not able to have a child.

Studies show that individuals who are medically responsible for infertility felt guilt or self-blame when they witnessed their partners suffering due to

their inability to reproduce. (Steuber & Solomon 2008).

All the women felt intense grief in a failed infertility cycle. In every failed attempt to conceive, they waited eagerly for the subsequent onset of the menstrual cycle. They experienced both grief and ambiguity. In Indian society, to overcome the death of near ones, there are rituals that are being done to overcome or heal the wounds. Rituals following the death of a loved one serve as a way to acknowledge the loss, offer closure, and provide a structured process for grieving. These rituals help the bereaved navigate their emotions, find support within the community, and gradually heal from the trauma of loss. The communal nature of these practices ensures that the mourning process is validated and respected.

In contrast, when it comes to infertility treatments, particularly when they result in miscarriage, the mourning process is often neglected or even discouraged. Jaya and Cyan had miscarriages. They experienced societal stigma as a result of infertility, which made it difficult for women. Miscarriage, though a profound loss, was mostly seen as a private matter. The lack of formal rituals for miscarriage in many cultures also contributes to the invisibility of this loss, leaving those affected without a clear path to mourn and heal. This disparity highlights a broader issue of how society views and handles different types of loss, often leaving those who experience infertility and miscarriage to grieve in silence. In the case of a failed infertility cycle, women are not able to mourn in a proper manner because of their loss.

Partnership Challenges in Infertility

When the couple decides to initiate assisted reproductive techniques for infertility, the agreement between the couple to move forward with the treatment comes into play. Emotional bonds and spousal support play a crucial role in the continuance of the treatment. Infertility affects spouses in different ways. In the case of Cyan, her doctor and husband gave her a lot of support during the treatment phase. Cyan says that the infertility experience made their relationship stronger. Cyan says that Yohan felt closer to her because he feels they have only themselves as they move forward in their life journey. For Jaya, it was different all the time. Bipin supported her most of the time, but once or twice, she was called barren by him, and he apologised profusely to her for using such a nasty word. Jaya sometimes became afraid that Bipin might leave her. Shammi also doubted whether Irfan would seek divorce because of her inability to have a child. In the case of Renu, she didn't have any such fear, as Bipin did not want to have a child. It was her desire to have a child.

Impact on relationships. Renu, who wanted to remain childless, gradually changed her mindset and wanted to become a mother. She gradually convinced her husband, who did not want to have a child. For her, the struggle to convince her husband was the initial struggle. Then, the next

blow was when she understood that she had infertility issues. For Jaya, she wanted to have a child from the initial months. She had a miscarriage six months into her marriage, and after that, she knew that things would not be smooth. For Jaya, failure to conceive after an adequate number of sexual intercourse led to denial, and she was not able to cope with the harsh reality for a long time.

Cyan showed reactions of anger and thought that it was an unjust situation and that they were punished for their faults. Hopelessness crept into the minds of Cyan and Jaya, and they constantly asked specific questions: Why me? Sometimes, they thought that infertility was a punishment for certain wrongdoings in their past life. Women tried to understand why this issue had happened to them, whether it was what they deserved, what they did wrong, and why they were deprived of having children (Ferland & Caron, 2013).

On the other hand, Shammi was so much influenced by the community in which they lived. Even though she gained much support from her in-laws and husband, the community members asked her many questions about her childless status and gave her unsolicited advice. This made her life more difficult. Cyan was a fun, loving, and compassionate friend to many. Her identity ultimately underwent a shift when she passed through the infertility journey. She slowly started avoiding her friends who had children. Cyan says that the world does not have a place for a woman who does not have a child. For Jaya, infertility treatment forced her to move away from her relatives who were close to her earlier because they asked her a lot of questions relating to her infertility.

The participant's world, hopes, thoughts, beliefs and desires changed in myriad ways. Women feel worthless and perceive others as pitying or even mocking them (Mete et al., 2020). Cyan stopped going to church when people started passing comments behind her, saying that being a doctor also has not helped her to get a proper result for her infertility treatment. Jaya, at times, feared that the stability of her marriage would be affected because of infertility. She feared Bipin would leave her and go if she could not become a mother. Jaya suffered from feelings of guilt about her sexual life, she feels frustrated and tries to blame herself for being infertile.

Social support refers to the safety network of family members, immediate relatives, and friends who help women cope with feelings and emotions. Cyan had a supportive husband, and hence, she was able to pass through the course of the infertility treatment process in a better way. Cyan stayed with her parents and grandmother. She did not get support from her mother, with whom she did not have much rapport; this was compensated by her father, who has been very supportive. Jaya could move forward with her treatment as she gained support from her husband. Occasionally, her husband taunted her, which did not last long. Cyan decides not to attend

any get-togethers because she feels that the world does not have a place for a childless woman. Once, Cyan and her husband went to a friend's house. Her husband wanted to take the child in his hand, but the friend was unwilling to give the child. This pained her very much. In Cyan's case, she received positive reactions from her husband that helped her to move forth in their infertility journey even though there were some adverse reactions from people around them, which was quite hurtful.

Jaya tried to avoid children and parents who came to the textile shop, whereas Cyan stopped getting together with her friends as they always discussed their children only. Renu tried to confront people who asked her questions relating to her infertility status. She was able to tell them strongly that she had been undergoing treatment for her infertility. This made the people around her feel hesitant to ask her prying questions. She was educated and, simultaneously, more authoritative and stronger.

Shammi faced many problems in the community in which she lived; she did not suffer any ill-treatment in her in-laws' place. Irfan supported her and tried to reassure her.

Coping Strategy

Cyan tried to make use of an active avoidance strategy to cope with her infertility journey; she tried to avoid children and pregnant women actively. She tried to avoid going to the church. Cyan isolated herself from other people around her.

Jaya, on the other hand, made use of a passive avoidance strategy to cope with her life circumstances of trying to cope with infertility. She moved away from pregnant mothers and children who came to the shop where she worked.

Renu tried to confront the issue of infertility actively. She initiated the treatment and convinced her husband to cooperate in the infertility treatment. Shammi tried to actively cope by engaging in studying, Shammi distracted herself from the stress and emotional pain related to infertility, thereby managing her emotional well-being. Shammi actively engages in constructive activity (studying), which has provided her with a sense of purpose and achievement. This proactive approach helped her manage the stress associated with infertility by channelling her energy into something positive and productive.

Religion Acts as a Mechanism to Cope with Infertility

Cyan occasionally visited certain religious places like Pota to pray and meditate to help her beget a child. She hoped and prayed that one day, the Lord would open her womb. This feeling kept her moving to achieve her desired end result.

Jaya also strongly believed in religion; she said that religious prayers are

her lifeline to moving ahead. She thought her father-in-law had killed snakes, so a curse had fallen on their family. They are trying to appease the Gods to help them have a child.

Society expects women to fulfil the role of mother; they make women feel incomplete if they are not able to bear them. Women also experience the feeling that their body is damaged and dysfunctional (Caballo et al., 2015; Ferland & Caron, 2013; Ulrich & Weatherall, 2000). Women have varying feelings towards infertility in different phases of their menstrual cycle. The first feeling of hope appears, followed by other emotions like anxiety, disappointment, anger and rage. Infertility affects the spouse in two different ways; in one way, it leads to alienation and in another way, it leads to greater intimacy among the couple. The feeling of weakness and the inability to control their lives or inadequacy to have a say in many of the matters relating to infertility make women more insecure. Drugs and hormones used in infertility treatment will bring about psychological changes in women.

Conclusion

In summary, the emotional impact of infertility is deeply individualised and complex, shaped by personal, social, and economic factors. Each couple's experience highlighted different aspects of this emotional landscape, from frustration and anxiety to resilience and uncertainty. Understanding these diverse emotional dimensions was crucial for providing empathetic and practical support.

Society always tries to put the brunt of infertility on women's shoulders. In this article, the subjective experience of infertility, the feelings, thoughts and problems faced by infertile women have been given importance. A thematic analysis was made use of in this study to assess the experience of trauma and pain related to infertility. The results of this article give an insight into the diversity of thoughts, feelings, ideas, behaviours and problems that can be found in women's narratives about experiences with infertility. Women undergo infertility tests and treatments; they often feel their privacy is invaded. Loneliness and frustration seep into their minds. They perceive marginalisation from those around them due to their inability to conceive. The emotional toll is immense. In patriarchal and pronatalist countries like India, infertile women have been stigmatised more compared to males. There exists a difference in the level of stigmatisation of infertile women. Usually, it is said that women who are economically well-off experience a lesser level of stigmatisation compared to lower-income women. This article sheds light on the fact that women have faced a sort of accentuated marginalisation while passing through the infertility cycle. Issues relating to infertility are not discussed in an open way in Indian society and more so in the Kerala context. Demographically, Kerala is doing better than other states in India; the health parameters are

pretty high. When it comes to women undergoing infertility treatment, they face many stigmatisations. Women can traverse this emotional crisis with the help of their husbands, relatives and friends. This support system helps them to steer forth in their life in a desirable way.

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