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Infertility and Social Support: A Comparative Analysis of Working and Non Working-Women.

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Abstract: Infertility is an unanticipated problem in the life of the sufferer creating an overwhelming stress and a prolonged state of crises. While as childbirth lends stability and security to the bride's relationship with other household members, insecurity and tensions remain among women who are not able to give birth to a child. Thus childless women face rejection by both family as well as society. In such circumstances love and affection from families and specific sources particularly from partners helps them to demonstrate more confidence, self-expression, sense of belonging and is positively associated with adjustment to the traumatic events caused by infertility.

KEYWORDS: Infertility, childlessness, social support, working women, non-working women. **I.INTRODUCTION**

Fertility is revered in almost all cultures and the ability to reproduce is perceived as a milestone in adult development (Notman, 1990:13). The desire to have children is as old as history itself, so much so that one who rejects parenthood is seen as selfish and unnatural (Krishnaraj, 2010:32). While childbirth lends stability and security to the bride's relationship with other household members, insecurity and tensions remain among women who are not able to give birth to a child (Patel, 1994). Childless woman faces rejection by both family as well as society. She finds herself as a nonconformist in a culture which glorifies motherhood, as her identity mainly rests on her fertility status (Geetha, 2007: 6). Childless married woman in India may be invisible in social science research but she is highly visible in her family and community (Riessman, 2000: 112).

Infertility may be defined as childlessness in a woman of reproductive age. Clinically, infertility is a disease of the reproductive system defined by the "failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse" (ICMART, WHO 2009). It is an unanticipated problem in the life of the sufferer creating an overwhelming stress and a prolonged state of crises (Forrest et. al, 1992, Comray et.al, 1988). While all cultures encourage childbirth, some emphasize the centrality of children more than others. In such societies, children play a major role for women gaining acceptance in family and community and confer the otherwise unavailable power on women (Hollos, 2003). Infertility is considered a deviance from the cultural norm and can also prove a ground for divorce, thus rendering the woman helpless (Sayeed, 2000). It leads to loss of social status, dignity in family and community which consequently leads to loss of self-esteem in women. They may experience blaming and in-attention at in-laws and a sense of humiliation for being childless(Azghdy et.al, 2015). Infertile women may also be subjected to psychological and physical abuse in the household and may affect their marital life with their husbands (Papreen, 2000, Serour, 2008). Thus socio-cultural set up greatly shapes the experience of infertility. Social pressure is directed mostly by in-laws and close relatives for not bearing a child (Daar and Merali, 2002).

II. SOCIAL SUPPORT

Infertility is a chronic illness because it continues over a long period of time and no immediate solution can be offered to cure it (Fleming and Burry, 1988: 37-41). It is well-documented that social support leads to better psychological adjustment in the patients suffering from chronic diseases such





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as cancer, vision loss or AIDS (Kalichman et. al, 2003: 315-316). Infertile women often feel isolated and alienated, thus they have difficulty in accessing social support (Hinton et. al, 2010: 59 and Berger et.al, 2013: 439). Love and affection from families helps them to demonstrate more confidence, self-expression, sense of belonging and helps them to be more optimistic in life. Supportive behavior from specific sources particularly from partners is positively associated with adjustment to the traumatic events caused by infertility (Mahajan et. al, 2009: 6 and Seidmahmoodi et.al, 2011: 148).

Social support is the level of compassion, companionship, kindness and attention received from family members, friends and others (Sarafi, 2002). It involves a network of family and friends that one can turn to in times of need. Studies reveal that women rely on social support to deal with reproductive difficulties such as infertility to a greater extent than men (Beutel et.al, 1999; Jordan and Revenson, 1999). A better social support leads to better adjustment to infertility whereas unhelpful support especially from well- intended others results in additional stress (Martins, 2012:371; Mindes et.al, 2003).

III. RESEARCH METHODOLOGY

The researcher has used primary data to collect the information. Exploratory and descriptive research design has been used by the researcher to collect the data. The research explores the kind of social support the respondents get from their in-laws, from husband and from neighbors and relatives. The universe of study consists of 20 working infertile/ childless and 20non-working childless women married for more than two years, living together with their husbands and are not using any contraceptives. The age group of the respondents falls in the category of 25-45 years.

Working women includes all those women in the age group of 25-45 years involved in a government or private job, spending 4 to 5 hours a day outside home and earning a regular income. These women have discretion to spend their money. **Non-working women** includes all those women in the same age group who are not involved in any job and are dependent financially on their husbands' or in-laws.

IV. OBJECTIVES

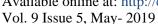
- 1. To identify and compare the social support of childless working and non-working women from inlaws.
- 2. To identify and compare the social support of working and non-working childless women from husband.
- 3. To identify and compare the social support of working and non-working childless women from relatives and friends.

V. FINDINGS

1. SOCIAL SUPPORT FROM IN-LAWS:

Infertility affects the couple to a large extent, but it is the woman who suffers more in our society. Our society is patrilocal in nature where a woman leaves her parental home to live with her husband and his relatives. It takes some time to adjust at her in-laws and in such case childbirth makes it easy for her to secure herself a place there. It was revealed from the field that a woman gives roots at her husband's place only after giving birth to a child. When a woman is not able to bear a child, she faces a lot of insecurity as far as her relationship with husband and in-laws is concerned. Pressure from inlaws makes her feel extremely uncomfortable and alienated (Dyer et.al, 2002). More insecurity emerges when her sisters-in-law give birth to children. In such circumstances her plight needs to be understood and she needs extra support from her husband and in-laws to overcome the pain.





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Infertile couples having supportive relationships report healthy emotional outcomes than those who have a poorer social support. Many studies show that social support which is a source of coping is an important factor influencing the stress caused by infertility (Rashidi et.al, 2011: 104). Even professional social support provided at workplace helps in reducing feelings of abandonment, helps strengthen coping skills and modifies attitude towards seeking treatment (Y.Yu et. al, 2014: 402).

TABLE 1

		WORKING WOMEN						
S.No		YES (FREQ)	%AGE	NO (FREQ)	%AGE			
1.	Do Your In-Laws Understand Your Pain And Agony	12	60%	8	40%			
2.	Do Your In-Laws Take Care Of You When You Feel Low	6	30%	14	70%			
3.	Have Your In-Laws Ever Blamed You For Infertility	7	35%	13	65%			
4.	Have You Ever Faced Taunts By In-Laws For Infertility	6	30%	14	70%			
5.	Have You Ever Been Harassed Physically By Your In-Laws	0	0%	20	100%			



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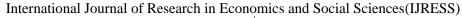
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	NON- WORKING WOMEN					
S.No		YES (FREQ)	%AGE	NO (FREQ)	%AGE	
1.	Do Your In-Laws Understand Your Pain And Agony	7	35%	13	65%	
2.	Do Your In-Laws Take Care Of You When You Feel Low	4	20%	16	80%	
3.	Have Your In-Laws Ever Blamed You For Infertility	12	60%	8	40%	
4.	Have You Ever Faced Taunts By In-Laws For Infertility	11	55%	9	45%	
5.	Have You Ever Been Harassed Physically By Your In-Laws	5	25%	15	75%	

The study reveals that working women received a better social support from in-laws as compared to non-working infertile women. More number of non-working infertile women (60%) were directly or indirectly blamed by their in-laws for childlessness. Hurtful comments were used for many nonworking women (55%), without knowing whether the problem lies with the male or female. It is normally the woman who is blamed. The study revealed that only 35 percent of non-working infertile women's in-laws were supportive towards them whereas 65 percent of them were non-supportive. They did not understand their pain of not having a child and were not concerned about their wellbeing. On the other hand 60% of working women revealed that their in-laws understood their pain and 30% of them felt that their in-laws consoled them when they felt low or felt lack of courage. None of the working women respondents faced physical harassment from their in-laws where as 25 percent of non-working women were harassed physically for their childlessness.





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2. SOCIAL SUPPORT FROM HUSBAND:

Social expectations can lead to strain in relationships of infertile women. Strain is experienced not just with the social relations sphere but in domains of marital relationship as well (Griel, 1997). Infertility generates emotions which can instigate both individual and marital problems. There is no denial to the fact that childless women need a great deal of support from family and relatives. A better support from in-laws proves to be of much help. Apart from the support from in-laws and other relatives, husband's support is most important. If a woman lacks support from her husband, she is devastated and may feel that she has failed as a mother and as a wife.

TABLE 2

		WORKING			
S.N		YES	PERCENTAG	NO	PERCENTAG
0		(FREQUENC	E	(FREQUENC	E
		Y)		Y)	
1.	Does Your Husband Understand Your Pain	12	60%	8	40%
2.	Does Your Husband Always Take Care You	8	40%	12	60%
3.	Does/Has Your Husband Ever Blame/Blamed You For Infertility	5	25%	15	75%
4.	Has There Ever Been A Fight On The Issue Of Infertility	7	35%	13	65%
5.	Does/Has Your Husband Ever Talk/Talked Of A Remarriage	3	15%	17	85%
6.	Has Your Husband Ever Harrassed You Physically	0	0%	20	100%
7.	Has Their Ever Been A Major Marital Discord	4	20%	16	80%
8.	Do You Think Love Has Diminished/Diminish es Due To Absence Of Child	12	60%	8	40%



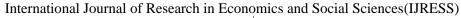


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		NON-WORKING	S WOMEN		
S.No		YES (FREQUENCY)	PERCENTAGE	NO (FREQUENCY)	PERCENTAGE
1.	Does your husband understand your pain	7	35%	13	65%
2.	Does your husband always take care you	6	30%	14	70%
3.	Does/has your husband ever blame/blamed you for infertility	9	45%	11	55%
4.	Has there ever been a fight on the issue of infertility	15	75%	5	25%
5.	Does/has your husband ever talk/talked of a remarriage	6	30%	14	70%
6.	Has your husband ever harassed you physically	4	20%	16	80%
7.	Has there ever been a major marital discord	8	40%	12	60%
8.	Do you think love has diminished/diminishes due to absence of child	16	80%	4	20%

The research reveals that many respondents got a better social support from their husbands as compared to their in-laws, but the degree of support significantly differed in working and nonworking infertile women. The study reveals that 60 percent of working infertile women's husbands as compared to 35 percent of non-working women's husbands understand their pain and 40 percent of working women's husbands as compared to 30 percent of non-working women's husbands take care of them when they are under stress. Infertility may lead to fights between husband and wife, which may affect the relationships to a great extent and may sometimes lead to a major discord between husband and wife. 25 percent of working women as compared to 45 percent of non-working respondents were blamed for infertility by their husbands. Their husbands often fought with them making one excuse or the other. 30 percent of non-working women's husbands as compared to 15 percent of working women's husbands talked of a remarriage thus creating extra pressure and stress on their wives. 20 percent of working women as compared to 40 percent of non-working women revealed that a major marital discord has taken place because of infertility. Many respondents were of the view that a child strengthens the relationship between husband and wife and the love diminishes in absence of children. The study shows that 80 percent of non-working women as compared to 60 percent of working women were of the view that love diminishes and has diminished between them and their husbands. Research suggests that there are more levels of conjugal harmony among literate





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women and incidence of second marriages is high among couples with low standard of living (Sayeed, 1999: 60). Lower level of education may lead to more psychological violence by their husband (Azghdy et.al, 2015: 413). The researcher came to know that 20 percent of non-working women were even harassed physically by their husbands, whereas none of the working women were harassed physically by their husbands.

3. SOCIAL SUPPORT FROM RELATIVES AND NEIGHBOURS:

Questions pertaining to infertility are quite common in Indian culture (Riessman, 2000: 119). Women's dignity and social status in family and society are linked to her potential to bear children (Daar and Merali, 2002: 16). Barrenness of women is considered a curse and a household without a child is considered to be unfortunate in Indian society. Majority of the respondents revealed that neighbors or relatives hardly understand what a childless person goes through. They throw questions regarding pregnancy arbitrarily on such women without realizing how the sufferer feels about it. They enquire about the doctor, treatment and ask about the problem and end up pitying or sympathising. Respondents revealed that they do not realize their pain but it is their curiosity to keep information which prompts them to ask such questions.

TABLE 3

		1 ABLE 3	<u>'</u>			
	WORKING WOMEN					
S.N		YES	PERCENTAG	NO	PERCENTAG	
0		(FREQUENCY	E	(FREQUENCY	E	
1.	Do you think relatives /neighbors understand your pain	3	15%	17	85%	
2.	Do you think you are being pitied by relatives/neighbor s for infertility	15	75%	5	25%	
3.	Have you ever been taunted by relatives/neighbor s for infertility	5	25%	15	75%	
4.	Do you think you are considered in- auspicious by your relatives/neighbor s because of your childlessness	8	40%	12	60%	



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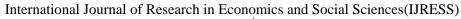
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	NON- WORKING WOMEN				
S.N o		YES (FREQUENC	PERCENTAG E	NO (FREQUENC	PERCENTAG E
		Y)		Y)	
1.	Do you think relatives /neighbors understand your pain	2	10%	18	90%
2.	Do you think you are being pitied by relatives/neighbors for infertility	17	85%	3	15%
3.	Have you ever been taunted by relatives/neighbo rs for infertility	9	45%	11	55%
4.	Do you think you are considered in- auspicious by your relatives/neighbors because of your childlessness	12	60%	8	40%

The study revealed that more number of non-working infertile women encountered negative comments from relatives and neighbours as compared to working women. Relatives and neighbors may end up in pitying or giving blessing which may further make infertile women feel deficient and abnormal. 75 percent of working women as compared to 85 percent of non-working women felt that they were being pitied for their condition by their relatives. Whether pitied in a positive or a negative way, it does not help them in overcoming the pain of childlessness. Infertile women often face taunts by relatives and neighbors. 45 percent of non-working women as compared to 25 percent of working women revealed that they were taunted by their neighbors/relatives.

Childless women may self-blame their luck and fate for their condition (Daar and Merali, 2002: 18). They may avoid going to functions, especially related to babies. Many working women revealed that they got less time for social interactions and to go in social gatherings which prevented them from encountering negative comments to a large extent. 40 percent of working women as compared to 60 percent of non-working women revealed that they avoid playing with some ones kids, because their parents may think that they may cast an evil spell. A large number of non-working women reported of being verbally assaulted by relatives for being barren and in-auspicious.





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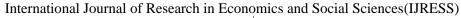


CONCLUSION

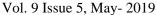
Infertility can consume many years of a person with no immediate solution. A better social support may result in better adjustment to the pain of infertility. They need compassion, love and affection from their families and friends to help them have confidence and be optimistic in life. Thus they need a strong social support which involves a network of family and friends that one can turn to in times of need. Supportive behavior from specific sources especially from partners is positively related with better adjustment to the traumatic events associated with infertility.

REFERENCES

- 1. Azghdy. S B H, Simbar. M, Vedadhir. A, "The Social Consequences of Infertility among Iranian Women". International Journal of Fertility and Sterlity, 8, 4, 2015, pp 409-420
- 2. Beutel, M., Kupfer, J., Kirchmeyer, Pl, Kehde, S., Kohn, F.M., Schroeder-Printzen, I., Gips, H., Herrero, H.J.G., and Weidner, W., (1999). Treatment-Related Stresses and Depression in Couples Undergoing Assisted Reproductive Treatment by IVF or ICSI, Andrologia, 31, 27-35
- 3. Comray. P, Valentine. D, "Reproductive Losses and Grieving". J. Soc. Work Human Sexuality, 6, 43, 1988
- 4. Daar. A.S, Merali. Z, "Infertility and Socisl Suffering: The Case of Art in Developing Countries. In: Vayena E, Rowe P J, Griffin P D, Editors". Current practices and controversies in Assisted Reproduction (Geneva: WHO, 2002), pp 15-21
- 5. De Mouzon. J, Nygren. K.G, Sullivan. E, Zegers-Hochschild. F, Mansour. R, Ishihara. O, Adamson. D, van der Poel.S, "International Committee for Monitoring Assisted Reproductive Technology (ICMART) and The World Health Organisation (WHO) Revised Glossary on ART Terminology". Human Reproduction, 24, 11, 2009, pp 2683-2687
- 6. Dyer, S.J., Abrahams, N., Hoffman, M., van der Spuy, Z.M., (2002) Men leave me as I cannot have children': women's experiences with involuntary childlessness, Hum Reprod, 17, 1663–1668.
- 7. Fleming, J., Burry, K., (1988) Coping with infertility, J of Social work and human sexuality, 6(1), 37-41.
- 8. Forrest. L, Gilbert. L.G, "Infertility: An Unanticipated and Prolonged Life Crises". J. Mental Hlth Counselling, 14, 42, 1992
- 9. Geetha, V., (2007) Patriarchy, Stree, Calcutta.
- 10. Greil, A. L., (1997) Infertility and psychological distress: A critical review of the literature, Social Science & Medicine, 45(11), 1679–1704.
- 11. Hollos. M, "Profiles of Infertility in Southern Nigeria: Women's Voices from Amakiri". African Journal of Reproductive Health, 7, 2, 2003, pp 46-56
- 12. Inhorn. M.C, Balen. V.B (eds), "Infertility Around The Globe, Infertile Bodies: Medicalization, Metaphor, and Agency by Griel A.L.".(London, England, 2002)
- 13. Jordan, Caren Tracey, A., Revenson., (1999). Gender Differences in Coping With Infertility, A Meta-analysis. Journal of Behavioral Medicine, 22, 341-58.
- 14. Kalichman, Seth, C., Eric, G., Benotsch, Lance, Weinhardt, James, Austin, Webster, Luke, Chauncey, Cherry, "Health Related Internet Use, Coping, Social Support, and Health







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Indicators in People Living with HIV/AIDS, Preliminary Results From a Community Survey." Health Psychology,22,111-6.

- 15. Krishnaraj, Maithreyi, ed, (2009) Motherhood in India: Glorification without Empowerment, Routledge, Delhi.
- 16. Mahajan, N.N., Turnbull, D.A., Davies, M.J., Jindal, U.N., Briggs, N.E., Taplin, J. E., (2009) Adjustment to infertility: the role of intrapersonal and interpersonal resources/vulnerabilities, Human Reprod, 24 (4), 906-912.
- 17. Martins, M.V., Peterson, B., Costa, P., Costa, M.E., (2013) Intercative effects of social support and disclosure on fertility-related stress, Journal of social and personal relationships, 30(4),371-388.
- 18. Mehta. B, Kapadia. S, "Experiences of Childlessness In An Indian Context: A Gender Perspective". Indian Journal of Gender Studies, 15, 3, (New Delhi: Sage, 2008) pp 437-460
- 19. Mindes, E. J., Ingram, K.M., Kliewer, W., James, C. A., (2003) Longitudinal analyses of the relationship between unsupportive social interactions and psychological adjustment between women with fertility problems, Social Science and Medicine, 56(10), 2165–2180.
- 20. Notman, M.T., (1990) Reproduction and pregnancy: A psychodynamic developmental perspective, In N. Scotland (Ed.), Psychiatric aspects of reproductive technology,13-24, American Psychiatric Press, Washington, DC.
- 21. Papreen.N, Sharma.A, Sabin.K, Begum.L, Ahsan.S.K, Baqui. A.H, "Living With Infertility: Experiences Among Urban Slum Populations In Bangladesh". Reprod Health Matters, 8, 15, 2000, pp 33-44
- 22. Patel, A., Sharma, P., Kumar, P., Binu V., (2018) Sociocultural determinants of infertility stress in patients undergoing fertility treatments, J Hum Reprod Sci, 11(2),172.
- 23. Rashidi, B., Hosseini, S., Beigi, Pooya., Ghazizadeh, Mahya, Farahani, M.N., (2011) Infertility Stress: The role of coping strategies, personality Trait and Social Support, Journal of family and reproductive Health, 5(4),103-110.
- 24. Reissman, C.K.,(2000) Stigma and everyday resistance practices, childless women in south India, Gender and Society, 14,111-135.
- 25. Sayeed, U, "Consequences of Childlessness For Women In Andhra Pradesh: Special Reference to Marital Stability". (2000)
- 26. Serour. G.I, "Medical and Socio-Cultural Aspects of Infertility In The Middle East". ESHRE Monogr, 1, 2008, pp 34-41
- 27. Sundby. J, "Sad Not To Have Children, Happy to Be Childless: A Personal And Professional Experience Of Infertility". Reproductive Health Matters, 7, 13, 1999, pp 13-19
- 28. Yu, Y., Peng, L., Chen, L., Long, L., He, W., Li, M., Wang, T., (2014) Resilience and social support promote posttraumatic growth of women with infertility: the meditating role of positive coping, Psychiatry Research, 215,401-405.