

**CHILDLESSNESS : A SOCIOLOGICAL STUDY OF MIDDLE  
CLASS MARRIED COUPLES IN KOLKATA**

**THESIS SUBMITTED FOR THE AWARD OF  
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## **CERTIFICATION**

Certified that the thesis entitled “**CHILDLESNESS : A SOCIOLOGICAL STUDY OF MIDDLE CLASS MARRIED COUPLES IN KOLKATA**” submitted by me for the award of the Degree of Doctor of Philosophy in Arts at Jadavpur University is based upon my work carried out under the supervision of Dr. Dalia Chakrabarti and that neither this thesis nor any part of it has been submitted before for any degree or diploma certificate.

**Countersigned by the Supervisor:**

\_\_\_\_\_

Date:

**Countersigned by the Candidate:**

\_\_\_\_\_

Date:



*Dedicated to  
Women who have hearts and not wombs*

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# **CHAPTER ONE**

## **INTRODUCTION**

In any successful marriage, the birth of a child is the climax of the happy union. The birth of a child fulfils the dream of the couples that they cherished for long. Couples soon after their marriage dream of having a family which is almost universally noticed among all married couples. However when they realize that they are denied of becoming parents, their dreams gets shattered. It is an innate biological urge to reproduce its own kind and leave behind a generation to continue the legacy. The pronatalist attitude that makes marriage successful only with the birth of an offspring suffers a big blow with the rise of a number of childless couples in society. The normative structure of our society lays down the role of the woman as a mother because she is endowed with the reproductive capacity and thereby is honoured when she attains motherhood.

Childlessness is an issue that requires elaborate discussion as there is a sharp increase of childless couples over the last decade. The term childless refers to the state of being where a couple who wishes to have a child is unable to reproduce. This inability to beget ones own child leads to the issue of childlessness. Children are a medium through which married couples achieve parenthood. Children are a symbol of eternal love between a husband and a wife and it strengthens the marital relation. The satisfaction of achieving the status of motherhood is all-encompassing as childbearing is a universal phenomenon. In the Hindu Philosophy, it is the sacred duty of the married couple to have a progeny. It indicates the final solemnization of the holy marriage. A woman is usually directed towards motherhood by the religious as well as social motives into which she is socialized from her childhood. A small girl is given a doll to play and taught to take care of the doll, give affection as if it was her own child. There universal

play tools , games, recreations that is given to a small child indicates the ultimate importance to motherhood in society. Children help the couple to expand themselves as it gives them a purpose to live. The inclusion of the wife into her husband's family is complete when she becomes a mother and gives a child or progeny to the family.

The research aims to look into the causes that have led to the sudden rise in the number of childless couples in the present world. There may be many factors that contribute to the state of childlessness such as lifestyle pattern of modern young couples, change of the status of woman due to high education and economic independence, the changed notion that motherhood is the sole identity of woman, postponement of the age of marriage and child conception and many more to count which end at being childless involuntarily. The research also aims to look into the impacts of not having child of one's own. Almost every second family has a childless couple who are engaged in modern assisted reproductive technologies, hoping for a child to be born. Childlessness disturbs the couples all through their life. As religion sanctions the birth of a child as an essential duty, anybody who fails to conceive considered it to be a curse. Society at large sanctions the need of children by attaching social stigma to childlessness. A childless couple therefore faces the trauma which at times becomes difficult to cope and forces the couples to enter into a cocoon in order to shield themselves from normative pressure. Involuntary childlessness has always been a serious crisis for women. Motherhood is revered all across all regions and cultures. The satisfaction of attaining motherhood is all pervasive as childbearing is an universal phenomena.

Children are the vehicle through whom the traditions, norms and values of the society are passed down to the next generation. From passing down of nomenclature to preservation of family



wealth all revolves around the birth of children in the family. Thus any strain caused due to the absence of children creates a social misbalance which demands sociological enquiry.

### **OBJECTIVES OF THE STUDY**

- To document the challenges of involuntary childlessness. The issue of childlessness is on the rise at an alarming rate over the past few decades. There is a need to document the factors that lead to childlessness. The mushrooming of infertility clinics and the demand of specialized infertility doctors in addition to the gynecologists indicate the severity of the issue.
- There is a need to explore the social causes behind the rampant phenomena of childlessness. Occupational stress, postponement of the age of marriage of women due to acquiring of higher educational qualification, voluntary delay of childbirth in order to pursue career may be some social factors that leads to childlessness. However the biological and the psychological factors cannot be ignored.
- To trace the effect of not having children. There are serious effects of childlessness on couples which may be social as well as psychological. Barrenness may make the couple feel the normative pressure of attaining parenthood. The couples may face the social stigma for being barren. This may also cause inter marital disputes , gradually leading to divorce in many families.
- To find out the alternative way of attaining parenthood. The modern assisted reproductive technologies are a light of hope to the childless couples who engage themselves into the

expensive treatment processes in order to beget a child. Adoption and surrogacy are the ways of attaining parenthood which are becoming common in the modern age.

### **THE PURPOSE OF THE STUDY**

The issue of childlessness is increasing at an alarming pace which demands serious concern as it plays a significant role in changing the demography of the society. There are a large number of couples who are victims of infertility and as a result unable to give birth to children. Even though infertility is considered to be a medical issue, recent studies reveal that there are social issues that have contributed to infertility.

The purpose of the research work is to investigate the cause for the sudden rise in the number of childless couples in India and specifically in Bengal. It is a common sight to find infertility clinics all over Kolkata. There has been a noticeable role played by printed media to project the issue of childlessness. Almost every day there is an article on the problems of becoming mothers, the causes that can be held responsible for childlessness among couples and the various treatment procedures to overcome the issue. Again, it is an important fact that there has been a drastic change in the life-style of young couples in Kolkata. Working couples lead a life of stress and strain that their work demands. Moreover individualistic spirits have lead to incompatibility among married couples.

I have confined my study among the respondents who are within the **age** group of 25 years and 45 years. As I have specified them to be married couples in the title of my study, there is a clear indication of their marital status. The respondents in my study comprise both working and non-working woman among the couples. The **sample size** of the respondents in my study

is- hundred childless couples and ten doctors who are infertility specialists. I had the initial size more but finally had only hundred respondents who eagerly completed the answers of the schedule and contributed to my study. The **time frame** of my study was 6 years. Maximum time was consumed in the data collection stage when I had to repeated visit the respondents for their valuable comments that enriched my study. The busy schedule of the doctors added to the cause of delay. Finally since the issue of childlessness is very delicate, repeated sessions of interview was required to have fruitful information.

I confined my study to respondents who belong to the **middle class** section of the society. I came across a large number of infertile couples who belonged to the middle-class section of our society while socializing with them frequently as I myself is a member of the same economic class. A middle class known by intermediate position in terms of economy has some unique characteristics which indirectly causes problem to childbirth in the modern days. Middle class is characterized by high educational attainment and commitment to career. Placed somewhat in the middle of the social hierarchy, they are influenced by modernity and progressive liberal thought patterns on the one hand and heavily laden traditions and values on the other hand. Being influenced by high aspiration both men and women of this class get involve into building of a promising career and in the process delay childbirth and parenthood. Infertility strikes hard and these results in the alarming rise of childlessness among the middle class section our society.

Childlessness is a problematic issue which affects the couple, their family and also the society at large and therefore an in-depth understanding and intervention is required to deal with the issue in a holistic manner. In order to have a complete understanding, one needs to delve into the socio-psycho dynamics that exists in the society. Looking at childlessness in

terms of a medical problem overlooking the personal and social issues would make it grossly narrow, concise and incomplete. A sociological study is therefore an essential effort that would enquire the causes of childlessness and also show the path to remove the issue in order to brighten the life and remove the unhappiness of the many childless couples in our society.

## **LOCATION**

The study was conducted in the metropolis of Kolkata. Kolkata is the commercial capital of east India located on the eastern bank of the Hooghly River. The city of Kolkata has 4.5 million residents and the metropolitan area includes the suburb with about 15.7 million. This makes the third most populous area in India and the 13<sup>th</sup> most populous urban area in the world. My study was conducted within Kolkata that is the urban areas of north, south, east and west of the city. Since the issue of childlessness is primarily an urban problem I limited myself to locating respondents from urban Kolkata. However the problem of infertility may also be found in rural area but as the number is negligible it fails to become a matter of concern. This is primarily a infertility based study of most well acclaimed clinics in urban Kolkata. I have collected data from many well known infertility clinics where it was easy to locate the respondents. As the issue of childlessness is sensitive it is difficult to approach the childless couples who are already stigmatized to give their views appropriate to my study. My respondents were eager to answer my queries as they have already recognized their problem and are readily dealing with it.

**FIG. ----- THE NUMBER OF CHILDREN BORN BY AGE AND**

**Table 1. Women's Number of Children Ever Born by Age and Marital Status: June 2014**  
(Numbers in thousands.)

	Total women	None	One	Two	Three	Four	Five and six	Seven or more
<b>ALL WOMEN</b>								
<b>All Marital Classes</b>								
15 to 50 years	75,444	42.4	17.0	22.3	11.7	4.5	1.9	0.4
15 to 44 years	62,683	47.6	16.7	19.9	10.1	3.8	1.6	0.3
15 to 19 years	10,202	95.9	3.1	0.6	0.3	Z	Z	Z
20 to 24 years	11,026	75.2	15.8	6.6	1.9	0.5	0.1	Z
25 to 29 years	10,679	49.6	21.2	18.8	7.0	2.3	1.1	Z
30 to 34 years	10,604	28.9	23.5	26.5	13.3	5.7	1.8	0.3
35 to 39 years	9,873	18.5	17.6	33.8	19.0	7.3	3.4	0.4
40 to 44 years	10,301	15.3	18.3	34.6	20.2	7.6	3.3	0.8
45 to 50 years	12,760	16.7	18.7	33.8	19.2	7.6	3.2	0.9
<b>Women Ever Married</b>								
15 to 50 years	41,937	16.2	21.3	34.4	18.2	6.9	2.7	0.5
15 to 44 years	30,797	17.9	22.0	33.5	17.3	6.5	2.6	0.3
15 to 19 years	237	70.1	28.3	1.6	Z	Z	Z	Z
20 to 24 years	1,697	43.7	31.9	18.2	4.5	1.2	0.5	Z
25 to 29 years	5,012	30.7	26.8	27.1	10.6	3.6	1.2	0.1
30 to 34 years	7,272	17.7	25.5	31.8	16.1	6.7	1.9	0.3
35 to 39 years	7,830	11.6	17.6	38.1	21.1	7.8	3.5	0.3
40 to 44 years	8,748	10.0	18.4	38.1	21.5	8.0	3.4	0.6
45 to 50 years	11,140	11.3	19.2	36.8	20.7	8.0	3.2	0.8
<b>Women Never Married</b>								
15 to 50 years	33,506	75.2	11.7	7.2	3.5	1.5	0.8	0.2
15 to 44 years	31,886	76.3	11.4	6.9	3.3	1.3	0.7	0.2
15 to 19 years	9,965	96.5	2.5	0.6	0.3	Z	Z	Z
20 to 24 years	9,329	80.9	12.9	4.5	1.4	0.3	Z	Z
25 to 29 years	5,666	66.3	16.3	11.4	3.8	1.2	0.9	Z
30 to 34 years	3,332	53.3	19.1	14.9	7.2	3.6	1.5	0.3
35 to 39 years	2,042	45.1	17.5	17.1	11.1	5.4	3.1	0.8
40 to 44 years	1,552	45.1	18.0	14.4	12.5	5.4	2.8	1.8
45 to 50 years	1,620	53.9	15.7	13.2	8.9	4.6	2.9	0.9

Z = Represents zero or rounds to zero.

For more information about CPS, including the source and accuracy statement, see the technical documentation accessible at: <http://www.census.gov/cps/methodology>

Source: U.S. Census Bureau, Current Population Survey, June 2014.

**FIG. FIGURE INDICATING THE NUMBER OF  
CHILDLESS WOMEN IN TERMS OF AGE AND**

**Table 2. Children Ever Born, Number of Mothers, and Percent Childless by Age and Marital Status, and by Nativity: June 2014**

(Numbers in thousands.)

	Total women	Number of children ever born	Children ever born per 1,000 Women	Number of mothers	Percent childless
<b>ALL WOMEN</b>					
<b>All Marital Classes</b>					
15 to 50 years	75,444	95,840	1,270	43,478	42.4
15 to 44 years	62,683	70,563	1,126	32,847	47.6
15 to 19 years	10,202	559	55	418	95.9
20 to 24 years	11,026	4,093	371	2,738	75.2
25 to 29 years	10,679	10,139	949	5,380	49.6
30 to 34 years	10,604	16,015	1,510	7,542	28.9
35 to 39 years	9,873	18,972	1,922	8,043	18.5
40 to 44 years	10,301	20,785	2,018	8,725	15.3
45 to 50 years	12,760	25,277	1,981	10,631	16.7
<b>Women Ever Married</b>					
15 to 50 years	41,937	79,667	1,900	35,164	16.2
15 to 44 years	30,797	56,153	1,823	25,280	17.9
15 to 19 years	237	75	316	71	70.1
20 to 24 years	1,697	1,514	892	956	43.7
25 to 29 years	5,012	6,707	1,338	3,473	30.7
30 to 34 years	7,272	12,833	1,765	5,986	17.7
35 to 39 years	7,830	16,339	2,087	6,921	11.6
40 to 44 years	8,748	18,685	2,136	7,873	10.0
45 to 50 years	11,140	23,514	2,111	9,884	11.3
<b>Women Never Married</b>					
15 to 50 years	33,506	16,172	483	8,314	75.2
15 to 44 years	31,886	14,410	452	7,567	76.3
15 to 19 years	9,965	484	49	347	96.5
20 to 24 years	9,329	2,579	276	1,782	80.9
25 to 29 year	5,666	3,431	606	1,907	66.3
30 to 34 years	3,332	3,182	955	1,557	53.3
35 to 39 years	2,042	2,634	1,289	1,122	45.1
40 to 44 years	1,552	2,100	1,353	853	45.1
45 to 50 years	1,620	1,763	1,088	747	53.9
<b>NATIVITY</b>					
Native Born	62,943	74,694	1,187	34,452	45.3
Foreign Born	12,501	21,145	1,692	9,026	27.8

Z - Represents zero or rounds to zero.

For more information about CPS, including the source and accuracy statement, see the technical documentation accessible at: <http://www.census.gov/cps/methodology>

Source: U.S. Census Bureau, Current Population Survey, June 2014.

## **CHAPTER TWO**

### **INTRODUCTION**

From the inception or initiation of the idea to conduct a research study to the final completion of the study, there are various phases that I as a researcher had to successfully pass through. These phases were the choice of title, the long span of reviewing literatures, framing or research questions and schedules, conducting research or collecting the relevant data, analyzing the data collected, interpreting the results with the support of theories and finally printing it in the form of a thesis. In order to complete the work by dividing it into phases a research design is required which was the first step in my research study. A methodology explains the origin of the research work and the purpose of the research in a specific manner. The research methodology explains why we want to have the research in a particular fashion and it also informs others that what we are doing is very much relevant and is a result of prior well arranged thought process. It guides one to what is to be retained and what need to be avoided, the weakness and the strength of any research study. Methodology explains the significance of the study and clarifies the way the study is conducted.

### **RESEARCH DESIGN**

A research design is defined as a definite frame work or a set pattern to conduct a research. It is framed with a deliberate intension of gathering relevant data pertaining to the study in a limited time span, with minimum expenditure and engaging minimum effort. A research design is a rational decision that the researcher needs to take in order to reach a final result of the research

work validated and maximized. In order to do so all irrelevant and unnecessary data needs to be eliminated by a conscious effort of the researcher. The intension to frame a research design may be viewed in the following reasons: - a) need to have a causal connection between the variables. a) Need to generalize a large group rather than a small section under investigation. c) Need to understand a behavior and its meaning in a specific context. d) To have the idea of a social phenomena and its connection with other phenomenon in a time frame.

Research design indicates the steps that the researcher needs to follow during the research process in order to successfully complete the study. The steps include:

- Framing and asking of questions based on theoretical orientation
- Selection of the respondent according to the purpose of the study
- Collection and recording of the data
- Analysis of the data
- Drawing results from the analysis of the data

Though there may be various kinds of research work, all social science research needs to follow the sequence of the steps while conducting the research work. There is also a need to consider some issues in order to make the research worthy- They are reliability; replication; validity. Reliability refers to the question as to whether the study may be repeatable disclosing similar result. Reliability is important as the research work may be a replicate of another work. Finally validity refers to the integrity of the results of the research work. Validity is established by testing the hypothesis as well as by setting up of causality between two or more variables. [Variables are the characteristics depending on which cases may vary, and a constant is when the variables are fixed and does not vary.]



In order to frame this research design, I had to deal with the nature of the research questions. Research questions were crucial in conducting my research as it guided me to various literatures which may be relevant in the study. Some questions which developed during the research process guided me regarding the type of research design. It helped me to decide what type of data to be collected and from whom it has to be collected; I could easily conduct the analysis of the data; My research questions were both open-ended and close ended as my study was qualitative and also to some extent a mixed method.

In this exploratory study, the research design had to be flexible which will helped me to search for different areas of study. In order to prepare a perfect research design I took to consideration the following factors which had to be taken into account seriously. They are:

- The means by which the information could be obtained.
- I had to clearly specify the reason for my study.
- The time that I had for my research work was limited. In other words there was a time frame of my study.
- The cost that was involved in conducting the research was also seriously taken into account.

## **EXPLORATORY RESEARCH**

Exploratory research as the name indicates refers to the goal of study into an unknown area. It refers to the way of acquiring knowledge of something new or unknown. It is often difficult to come to an accurate understanding and in order to do so the researcher in the exploratory study needs to cultivate the desire to find something new- to develop innovative idea and an insightful

thought. The aim of exploratory research would be \* to get introduced to facts, social settings and concerns or thoughts about the social reality.\* There is a need to create a picture in the mind of the researcher about the condition of the world around before getting into the study.\* It aims to direct the formulation of questions for future research work.\* It gives a new idea in the mind of the researcher.\* One needs to determine the chance and availability of means to conduct the research.\* To develop and frame techniques to find data and analyze these data.

The guiding factor in any exploratory study can be summarized as follows:

- The desire to gain a new insight.
- To apply basic investigation process at the initial stage before undertaking an in-depth research work.
- To renew and explain the concepts related to a research work
- To guide to a new form of research work.
- To develop a tentative conclusion regarding the phenomena under study.

Exploratory research may be conducted with the means of books and literatures related to social science, with the data collected from people with real life experiences and finally with the insights developed on particular social phenomena. The best way to undertake exploratory research is to use in-depth interviews or analysis of cases where there is a wide room for analytical study. Exploratory research always involves flexible methods as there are always chances of deviation as one proceeds in the research work. The most harmful criteria in an exploratory research would be the penetration of preconceived idea, fixed thought which would limit the exploratory aspect of research. The present researcher took up the exploratory study as the researcher wanted to gain knowledge of the causes and impacts of childlessness in society

which would open up new dimensions and areas to overcome the problem areas and rationally deal with the issue.

## **MIXED METHOD**

A researcher uses interpretative approach in order to understand how individuals comprehend the social world. The social world is created by the perception of the individuals through social interactions with the world around them. In order to understand a broader objective context and to relate experiences of people in context, the interpretative researcher uses both quantitative research and qualitative research as a means to understand social reality. This was exactly the reason why I used mixed method in my study.

Mixed research is a kind of research where the researcher or the team of researchers integrates features of both qualitative and quantitative research approaches. The method uses qualitative and quantitative research views or ideas; collection methods and methods of analysis for a wider purpose in order to have a broad and in-depth understanding (Johnson et al., 2007, p123). Researchers using mixed method constantly examine their study by comparing the results obtained from one aspect of study with the results produced from another aspect and accordingly make changes both in the design and in the process of data collection. Data analysis of mixed method is the process which involves the connection, combination and integration of both quantitative and qualitative data analysis strategies and methods. (Teddlie & Tashakkori, 2009).

Researchers engage in the use of mixed method as a research design when they need to combine quantitative and qualitative data in order to obtain a generalization. This combined method includes collection, analysis and integration of both qualitative and quantitative data into a single

study or a study that is multi-phase. (Hanson, Creswell, Plano Clark, Petska & Creswell, 2005, p224). The mixed method which is the process of combining qualitative method like in-depth interview or participant observation along with the quantitative methods like survey and experiment was of a great help in my study. Pictures and narrations which is a part of qualitative data many a times use numerical data of quantitative study helped me to enhance the credibility of the findings.

I had taken up mixed method in my study for various reasons. First, in order to gain a complete understanding of the research problem I required complementarity which is possible by incorporating a mixed method. Triangulation is used by me which refers to the use of more than one method in order to examine the same aspect of a research problem and find out the point of convergence of the data collection. Second, in order to study comparable data and have cross-validation, both triangulation and complimentarity is useful (Yauch & Steudel, 2003, p466). Third, mixed method help the researcher to achieve a total understanding of any research problem. This help in the development of a research project as the researcher can use the results derived from one method to develop or assist the other method. The fourth reason to use mixed method may be termed as “initiation” which means that the findings of one study may initiate the researcher to raise further questions and thereby require clarification. This initiates a new study and adds new insights to the already existing theories. At times the findings of one study may unravel a completely new research process of investigation Thus mixed methods are a useful research design which integrates both qualitative and quantitative in formations. Qualitative data may be used to throw light on the statistical results and give meaning to the statistical facts which may otherwise be considered as mere numbers. Quantitative data on the other hand are useful to establish generalizations of qualitative results.

In my qualitative analysis I deliberately used quantitative data in order to create innovative qualitative research questions. The mixed method helped me to gather particular issues relevant to the topic of study and that pertains to exploratory study. The quantitative data may ignite new hypothesis that may guide the researcher to study in depth. Moreover, through qualitative approach in mixed method I benefitted in gathering lived experiences of the individuals under study. Generally researchers use quantitative study in order to trace qualitative sample that is otherwise difficult to find. The quantitative method helped me to reach as many people as possible in order to mark a definite population of concern which may otherwise be difficult to locate. In this way the quantitative study that I took up at the beginning helped me to draw more relevant qualitative sample that would rightly represent the study. By linking the two methods at the data collection stage I could gain the validity and reliability of the findings. This leads to the mixed method of research which was possible by undertaking the mixed method of research.

The procedures undertaken by the mixed method are the predetermined and the emerging methods. It included both open-ended questions and close-ended questions. Other multiple forms of data were also drawn on the basis of all types of statistical analysis. In a mixed method, varied views of the world and diverse assumptions as well as more than one form of data collection are taken into consideration which helped me to get a overall view of my respondents.

However there are some difficulties in conducting mixed method research. First, the use of mixed method research depends upon the type of research questions that are addressed. In many cases, questions may be well answered by undertaking either the quantitative or the qualitative approaches. Second, mixed method research takes a long time to be conducted. The researcher needs to collect and analyze both quantitative as well as qualitative data in details which may be time consuming. Third, there is a need to collect and analyze the adequate budget before

launching into the mixed method research. To conduct both types of data collection the researcher needs a lot of fund to support the research process. Finally, the mixed method researcher requires familiarity of both quantitative and qualitative research methods. There is a need to rationalize the combination of both forms of data so that it can well be articulated in the study.

I have used the mixed method to numerically represent some issues to childlessness in order to give a clear picture of the exact situation. The graphical representations to show the percentage of the respondent's view enabled me to validate my study. The close-ended questions in the schedule could be properly interpreted through the mixed method. Though my study was primarily quantitative, some very relevant issues could be depicted through quantitative data. The mixed method used studies made in the survey method and also in the qualitative analysis and inter-related the two methods in order to have a clear understanding of the study. This is exactly the reason why I had taken up mixed method as my research methodology.

## **SURVEY RESEARCH**

Survey research is the most common type of social research. The term survey generally refers to the systematic way of collecting facts about any specific social group. Survey research is defined by others as a method of collecting data from a specified group in which the individuals are asked to answer a number of questions that are identical. In this context, survey is not a creative effort from the part of the social researcher. It may be as common as framing sets of questions by anybody. However, the task of the social researcher differs from the making of general sets of

questions. The General Household Surveys provide valuable data regarding marriage and fertility. This is exactly the reason why I have taken up survey research.

There are two principal modes of administering survey. One, using questionnaire and two, using interview as a method of collecting data. Both questionnaire and interview are based on a set of defined questions. In the survey method that uses questionnaire the respondent reads the printed questions and gives written answers based on the types of questions which may be open-ended or close-ended questions. In case of the interview, the interviewer asks the questions that he has written in his interview schedule and then records the answers of his respondents either by writing or by recording them in an electronic device. I had used both these methods where my respondents were both interviewed and asked to give their opinion in writing. The study of childless couples was difficult as the couples felt uneasy to discuss their problem which they considered to be a stigma. So some questionnaires were returned to me incomplete. However being aware of such a possibility, I distributed the questionnaires in large number and was finally successful to collect data from a hundred respondents. I initially approached the infertility clinics spread over urban area of Kolkata where the artificial treatment of childless couples was conducted. Taking permission from the doctors in the clinics I conducted the survey on my respondents. This large number of respondents was traced from more than seven infertility clinics in the urban area of Kolkata. The doctors at the infertility clinics were eager to answer in the interview sessions as they appreciated my effort to study this alarming issue. But, the busy time schedule of some doctors forced me to shorten the interview session and give them questionnaire specially made for the doctors like them.

In this survey research I had a specific intention regarding what kind of information will be helpful to me. I therefore framed the questions that would dig out information from the

respondents relevant to my study. I had been careful when I framed the questions keeping in mind that the respondents need to understand the questions properly in order to give good and valuable answers. The questionnaire and the interview schedule that I used were well accepted and were pleasing enough so that the respondents would eagerly answer the questions. The questions were regarding the issue of childlessness which was very carefully framed so that it does not disturb the sensitive mind of the respondents. I had to trace the location of my respondents which could not be done at random. Since the issue of childlessness is a very sensitive issue especially in a pronatalist society of Bengal, I took special care to identify the childless couples.

In the covering note enclosed with questionnaire, I had to explain the reason of my study clearly so that the respondents feel the need to answer them with thoughts and also spend some of their precious time towards the success of my study. I choose the survey research as it was a comprehensive method of collecting data about specific group of people identified as childless couples in this particular study. The printed questionnaire that I gave to my respondents were regarding their age, their educational background, their level of treatment, the number of years that they spent in the treatment process and many others. However, for some detailed information, I had some open-ended questions at the latter part of my questionnaire schedule for my respondents to answer the questions with interest and in comfort. Interview sessions were also conducted with the childless couples and the eminent doctors. The interview schedule had questions like the causes of infertility or the kind of life style that may lead to infertility mainly spoken by the doctors in the form of explanations. In order to have a good survey, the researcher had to present it well in an artistic manner. In such cases the respondents will be interested in giving good answers that will be valuable for the researcher. Bad and poorly framed



questionnaire and interview schedule can completely destroy the survey. I had to be very careful while framing the questions. I wanted my respondents to be fully engaged and so framed the questions sequentially which could be easily answered. The wordings of the questions were carefully chosen in order to avoid ambiguity that may be disturbing the respondents. Designing of questions took me quite some time because I wanted to be very careful in gathering proper information relevant for my study.

The questions were repeatedly framed, recreated, and reorganized. I had to be very careful to check on the undesirable questions which may disturb mental state of the respondents and draw a closure to their cooperating effort. Since childlessness has a serious social as well as psychological impact which is very delicate to handle, the question regarding the effect of stigmatization on the childless couples could not be put to them directly. Interview was a very important section where I had to spend a huge amount of time to convince them to participate in the interview session. I had to wait for my respondents to be over with the doctor's views for which they were anxiously waiting and then approached them to sit with me for a short session. I had to manipulate the questions according to the need and could not strictly maintain the sequence of the questionnaire. At this stage I became a auto ethnographers in some sessions that helped me to draw their attention and thereby acquire serious and detailed in formations very much relevant in my study. In spite of the fact that no social science studies can be truly value-neutral, I was cautious to study the respondent's opinions objectively. Through questionnaire and interview methods of the survey method I could collect valuable in formations that positively contributed to my study.

## **QUALITATIVE RESEARCH**

Qualitative research is a research style which was used in this study as it helped to gather interpretative perspective regarding the analysis of childlessness as a social phenomenon. In qualitative research the aim is to interpret the human behavior and the underlying motives that guide human action. It is a way of interpreting social reality with a meaningful understanding which was very much required in order to conduct the study on childlessness. One needs to participate in the minds of others or in other words take up other's roles in order to gather social knowledge. (Lofland and Lofland 1995:16). I intended to understand human behavior and delve into the meaning that people have about the world that surrounds them as these meanings govern the action of the individuals who are my respondents. My objective was therefore to describe people's behavior and actions and also to interpret the underlying meanings behind the actions.

In order to have an in-depth understanding of the social world, I took a long duration of time to complete my study. There was a need to develop a good rapport between the respondent and myself in order to expose and unravel the inner feelings during the long session of the interaction. In such an attempt, I found it difficult to specify the research issues and concepts at the very beginning of my study. It was noticed that in the course of the research process, and the way of collecting data, new ideas developed which redirected my research work.

In qualitative analysis, at the very beginning of the research process I had to develop a deep insight of the topic under investigation. Since the aim of the research work is to unravel the inner meanings that motivate human action, I had to engage in loosely structured questionnaire which could be manipulated according to the need of the situation. Qualitative research analysis usually deals with the issues that are delicate and sensitive. The subject matter are intangible and often

not easily manifested. While studying the issue of childlessness I was aware of the delicate sentiments of my respondents and accordingly interacted with the interviewees.

Pettigrew (1997: 338) opined that qualitative research is a sequential event both individual and collective where actions are unfolded over time and in context. The issues dealt in qualitative study are usually complex and often difficult to interpret. In such situations there is a need to be specialized in a way of collecting data, so that an in-depth knowledge of the research issue could be utilized. I had to remain patient as the research extended over a long span of time. In this method, unlike the quantitative method the data collected cannot be mathematically represented or measured. So I had to select the samples very carefully that would suit my needs exactly.

One way in which the qualitative analysis may be conducted is by undertaking the narrative form. In this way of narration of stories, incidents, happenings, respondents may share information with the researcher. Narrative practice aims to study what people say or what people do in certain situations and the meaning that is attached to their feelings and actions. In the narrative process the researcher need to be conscious of how the story is told and how far the story is meaningful and coherent in his or her research work. Auto ethnography is a type of ethnographic study that uses the experiences of the researcher as a source of data. I had engaged myself in auto ethnography as a method to gather in formations. I took a deliberate and systematic effort to share my personal life with my respondents so that they could open up their pent up feelings with ease.

In order to collect a good quality of in formations I had to assure the respondents the issue of confidentiality. Since the discussion entrails delicate feelings and emotions the respondent usually hesitates to speak it out as it is considered to be very private. However when the

respondents were made to feel comfortable and assured, they very eagerly spoke their hearts out which helped me to gather a valuable data. I encountered a respondent who expressed a kind of catharsis feeling when she was able to speak out the old pent up feelings to a stranger. The facts that I was unknown to any one of the family members made the respondent feel the ease to disclose her feelings. Therefore the trust factor is very important in any qualitative analysis.

When I framed questions in qualitative analysis the question contained the explanatory factor to issue of understanding of childlessness as a social phenomenon. Interpretation as well as observation has always been an integral part of this analysis. In the process of interpreting the meaning that underlies the human action, certain psychological, social, historical and cultural factors had to be taken into consideration that directly or indirectly shaped human feelings and actions. Qualitative analysis developed with the idea of the importance of the meanings behind human behavior. Interpretative analysis was thus an important epistemological stance in conducting qualitative analysis. The main objective of my qualitative analysis was to acquire knowledge of the social world by interpretative understanding of individual's actions and behaviors. The analysis helped to identify describing the meaning that people attach to the life-world experiences. The analysis helped to identify the effects or in other words the impacts of the social issue under study, on the respondents. I intended to trace the causes and impacts of the issue of childlessness on middle class couples.

## **PARTICIPANT OBSERVATION**

A qualitative analysis in a social science research involves Participant observation and ethnography as the two dominant methods of collecting information. Through ethnography and

participant observation, I tried to be completely involvement with the respondent and the social setting in which the respondent resided. Qualitative analysis is a interpretative method and therefore I had to develop special acquaintance with the individual or the group under study by completely involving or immersing myself into the social life of the study group. In order to gain access into the group and develop rapport, I had to spend extended time with the group I wanted to study. This became possible when I joined the group and participated in all the activities that the group went through in the infertility clinics. As a researcher, I observed while he participating and made notes of the observations other necessary in formations regarding my study. I had to visit the respondents frequently over a period that extended from a few weeks to a few months in some cases in order to get the data from the respondents.

The term ethnography refers to an additional method in research where the researcher undertakes the research process and also provides the written outcome by documentation. The word ethnography etymologically may be traced as ethnos (People) and graphei (write). In simple words, it refers to writings about and their culture. In order to undertake an ethnographic research I first had to find ways of understanding as how people see the world around them. In order to gather in depth meaningful understanding, I unlike structured interviewers used open-end questions in order to gather the sensitive issues. As an ethnographer I had to gather information from the insider's perspective which required me to establish relationship with the study group. An individual is a product of many complex roles which gets manifested in time and also gets injured in certain social situations. There is a need to observe the complexities of human relations in specific social settings and their underlying meanings. I intended to use ethnography is a process to understand how individual identities are shaped, maintained and the meanings shared with others in a social interaction.

There are two dominant ethnographic approaches in sociology. They are- 1) Auto ethnography; 2) Institutional ethnography. In auto ethnography, the researcher uses his or her personal experiences and feelings. Auto ethnography is a method based on the idea that any knowledge of the world is gained through personal experiences. The ethnographer in this method writes about themselves and their experiences of the social world. The present researcher also added her own experiences regarding the social impacts that influence childless couples. The second approach which is the institutional ethnography documents the individual's experiences within the large institutional framework. For example the institutions like family or religion may create an impact on the experience of people and their understanding of the social world. The present researcher found in her study of childlessness how couples specially the women face stigma in religious affairs and some couples face stress from the family for not being able to give birth to a child.

In order to conduct the study properly, I had to adopt several roles. a) As a complete participant, I at times became a fully functioning member where my true identity was not disclosed to the group. b) In the role of participant as observer, he becomes a full participant in the group life but in this role the group members are aware of the researcher's status and identity. This was the people at the reception of the clinic who were told about my study by the doctors when they helped me to gather in formations c) Again when I became a observer-as-participant, I took the role of an interviewer; I made observations but rarely participates in the group activity. d) In some cases, I took the role of a complete observer, when I refrained from interacting with the people.

It is very important for the participant observer or an ethnographer to gain access within the group that he wishes to study. There may be an issue regarding the degree in which the ethnographer participates and the degree to which he or she can be an active or passive

participant. (Van Mannen 1978). When he acquires strong acceptance within the group and the community, the researcher can reach the inside story of the community. In order to be well accepted, the ethnographer needs to acquire the culture of the group and also become well conversant with the language of the group. When the ethnographer gets fully adjusted within the group that he intends to study, he uses the method- 'Verstehen' or empathic understanding of the people, their lifestyles, cultures and also their social settings. When the researcher fails to achieve empathic understanding of the group, he remains to be an outsider, failing to understand the social and cultural life of the people under investigation. Through participant observation the researcher is able to learn the meanings underlying human behavior which is beyond the means of an outsider.

As a participant observer the researcher gains entry into the community life and becomes a part of the community even though he may not be a member. It may take a few months or even a years' time for the researcher to build trust with the community members who may then feel confident to disclose the inside stories of the community. In this study, I entered into the study group as an ethnographer but my disclosure became ethically mandate. It is true that only by becoming a full participant in the community that he can observe the social and cultural traits which may not be apparent otherwise. As the observation continues, there is a need to document or record the behaviors and events of the community. This is done by taking field notes which is the descriptive account of what the observer saw and heard as he participated in the group life. There was also a need to have a systematic record of the notes as I documented chronologically the full details so that I could gather a clear picture in the course of my study. It is the general view that the researcher documents all that he feels as relevant and significant. There may be instances when I was guided by my own values in selecting what is relevant and what is not. The

judgment of right or wrong may influence the researcher when the observation may become colored and biased. However I was aware of the fact that no social study can be totally value neutral. Moreover the study was a passionate and empathetic endeavor from my part of enquiry.

There was at times a problem associated with the way to reach the respondent. It became easier in such cases to gain access into the group by playing a covert role where permission of entry into the group was not necessary. While interviewing the childless couples in the infertility clinics I had to disguise myself as a patient waiting for the turn of the call to visit the doctor, which at times was quite stressful. In the covert role, the researcher gets easier access to the inside story and the inner feelings of the members of the group. Simultaneously I faced the ethical problem in the case of covert research. As the researcher, I never got the informed consent from the group that I intended to study. I was aware that it could be interpreted as violation to privacy. In the study of a social fact, I had to focus on the meanings and interpretations of actions of individuals in a social situation. This is exactly the reason why participant observation and ethnography became a pivotal strategy in the analysis of the sensitive issue that is the issue of childlessness.

## **SAMPLING**

Sampling or Sample design refers to the selection of a small section or a group from the universe or the total population in an organized and systematic procedure. Any sample design need to have the following characteristics in order to be worthy for the research work:

- A sample must truly represent the population.



- There must be a minimum of sampling error.
- A sampling design need to be aware of the available fund in the research process.
- The sample should be designed in such a way so as to reduce the possibility of biasness.
- The results of the sample should be applicable for further study.

There are some definitions relating to sampling design which is useful in order to have a clear idea of sampling.

- a) Universe/ population- Population in sampling design refers to the total number of items about which the information is acquired. A researcher needs to define clearly the population before starting the research work.
- b) Sampling Frame- A Sample frame consists of the list of items from which the sample is selected. The sampling frame is usually a good representation of the population. A researcher usually frames the sample according to the purpose of his study.
- c) A Sample Design- It is a set plan to obtain a sample from the sampling frame. It refers to the technique that the researcher adopts to select samples for his study.
- d) Statistics and Parameters- Characteristics of a sample is known as statistics while the characteristics of a population is known as Parameters.
- e) Sampling error- Sampling error refers to the inaccuracy that may result when the sample size fail to represent all the characteristics of a population.
- f) Precision- The reliability will be achieved only when the range of population average will lie within the level of confidence or within the range of the actual value. This is usually traced in quantitative analysis.
- g) Level of Significance- The percentage of the total number of time in which the actual value will be recorded within the determined precision will determine the level of significance.

Scholars define sample as a small segment of the population which is put under the investigation of study. It is considered as the subset of the population. Any sample selection depends upon the type of population that is whether the population is homogeneous or heterogeneous. When there is a varied group of population the sample is heterogeneous like the sample of the whole country or the whole city. But when the population is less varied, the sample may be homogeneous. This study has been confined to the middle class, characterized by its heterogeneous cultures, educational backgrounds, traditional beliefs and many more. In the study this heterogeneity became apparent as the respondents were from a varied background both economic and cultural but victims of the same infertility problem. This heterogeneous nature of the middle class enriched the study by the wide spectrum of opinions and views regarding the issue of childlessness.

Sampling method may be of two kinds- Probability sampling and Non-Probability sampling. Probability sample is usually designed when there is a good chance of the sample members to represent the population. In other words when all the members of the population have equal chance of being selected in probability sampling. Probability sampling can be of four main types- 1) Simple Random sampling which is the most basic type and which involves the chance of equal probability. 2) Systematic Sampling which refers to selection from the sample frame. 3) Stratified Random Sampling in which the sample is selected from the homogeneous population and which decreases the chance of sampling error. 4) Stratified sampling is possible when all the relevant information is available to the researcher. 5) Finally, Multi- stage Cluster Sampling comes in use when it is difficult to gather the population in a closed or narrow area. In such incidents the interviewer will be forced to travel all corners to gather information. In order to reduce the problem, the researcher takes the effort to cluster the samples. This is done when the

population is scattered over a large area. Multi-cluster eases out the steps to collect data which may otherwise be impossible.

The other type, distinct from Probability Sampling is the Non-Probability Sampling. Non-Probability Sampling would be of three types: First, Purposive Sampling- as the name suggests is based on the prior judgment or the purpose behind the study. Snow ball Sampling - the second type, is usually undertaken by the researcher when he selects an initial small group which gradually increases in size with the addition of contacts. Finally, the Quota Sampling is usually the sample reflecting the proportions such as gender, age, groups of income and many others. Quota sampling is used for commercial purpose and is very rarely used in the academic fields. I confined myself to the limited area of metropolitan Kolkata to narrow down my area of study. I used non-probability, purposive sampling as I had the intention of locating childless couples which I found in various infertility clinics scattered all over Kolkata. As the issue is very sensitive, the samples could not be collected at random. Snowball sampling was also taken as I got the contact of other infertility doctors from the doctors who were first approached by me.

Sample size is a very important factor in any research. The sample size depends on a number of factors that are taken into consideration in any research study. There may be three important factors that the researcher needs to keep in mind: \* the degree of accuracy that the researcher wishes to achieve;\* the degree of diversity of the population that the researcher undertakes in the study;\* the number of variables that the researcher refers in the study for an accurate data analysis. The decision regarding sample size depends upon the time and cost and the kind of data analysis that the researcher needs in order to get accurate results. It is true that larger the sample size, the greater is the precision or accuracy. However there is no guarantee that increase in sample size will increase the precision level but one can claim that it is likely to reduce the

chance of error. As the population size increases, there is less chance of accuracy of the sample size. I have taken the sample size of about one hundred respondents in order to reach to an accurate picture of the issue that is required to be explored.

There is also a problem of non-response from the respondents which the researcher needs to keep in mind. Most surveys have a large number of non-responsive elements. It is for this reason that the researcher needs to keep a certain percentage, approximately 20% of the sample size exceeding the minimum requirement so that in cases of non-response, the reliability of the data is not disturbed. The present researcher has taken up the sensitive issue of childlessness where the researcher had to encounter quite a number of non-responsive cases. As my subject matter is very sensitive regarding the issue like childlessness I encountered quite a large number of non-responsive cases. In order to overcome this particular problem, I have taken a bigger sample size so that the results could be adequate and accurate. Sampling is a very important aspect in any research work and any slightest error can make the entire research work worthless.

## **TECHNIQUES OF DATA COLLECTION**

### **QUESTIONNAIRE SCHEDULE**

Questionnaire is defined as a set of questions that the researcher frames and administers to more than one person in order to obtain information regarding a particular issue from the selected respondents. A questionnaire consists of several questions that are in the printed form send to literate respondents spread over a large scattered area. While framing a questionnaire I followed some rules and regulations which may be as pointed out: - (i) I framed the questions that tried to

search for information that relate to the research work only (ii) The questions were short yet framed in such a manner that would help to elicit relevant information (iii) I attached a body of proper instructions for the respondents to fill in the answers properly. I framed a questionnaire schedule with a cover letter which made it clear to the respondents the purpose of mu study. There may be two main purposes behind the administering of the questionnaire; they are – to collect information and to achieve the goal of the research work. In the cover letter I requested the respondents to complete the questionnaire as incomplete schedule may lead to a failure of the research work. In the cover letter I tried to make the respondents feel that their opinions are very valuable and encouraged them to contribute to the research work positively.

As a research scholar there are some important features that I had to keep in mind while framing questions. a) The words that I used in the framing of the questionnaire were simple and clear. I tried my best to avoid using jargons which may not be comprehensible to the respondents. b) I deliberately avoided ambiguous questions so that the respondents do not get confused, with more than one interpretations of the question. c) The questions did not ask about the personal status of the respondents being aware that in some cases the respondents may project their status as prestigious enough by giving false information, which may distort my study. d) I avoided any kind of negative questions and instead stressed that all questions should have a positive note. e) I deliberately did not keep much choice in the questionnaire that may confuse my respondents to give accurate answers. f) I tried my best to avoid any personal biased views as leading questions will not be helpful to elicit correct opinions of my respondents. g) I found it best to ask questions about sensitive issues indirectly keeping in mind that it may harm the respondents self respect. h) Long questions were avoided as the respondents may lose interest while answering them as they find it time consuming. i) Finally, a questionnaire usually has a particular sequence which

should be in line with the thought pattern of the respondents. I kept to the sequence strictly. The initial questions are generally prepared to build rapport with the respondent and are more detailed and difficult questions are kept towards the end.

Questions are of two main formats- \* Open-ended and \* Close ended. Open ended questions allow the respondent to express their opinion freely by writing elaborately what they feel. There are reasons for preferring open-ended questions-

a) The respondents while answering freely may open up with unusual opinions which may not have been possible in a fixed choice. b) The respondents understanding regarding particular issue can be properly judged in an open-ended view. c) Open-ended questions are good for exploring new areas of interest.

Open ended questions are useful in qualitative studies. I particularly used open-ended questions in order to trace the personal opinion of the childless couples which is otherwise difficult to trace. . However, the open-ended questionnaire took a lot of time as the respondents paused while expressing their views. Such opinions in order to be analyzed, needs coding that is used to derive the theme behind the answers of the respondents and it also resulted in the difficulty of writing down all the opinions of the respondents that was required.

The second format- Close-ended questions are the ones which have limited choice for the respondents to express their opinion. Some of my questions were close-ended in the schedule which was deliberately framed for the following reasons. a) It was easier for the respondents to answer which was very vital for me. b) Close-ended questions helped me to compare the answers and trace its relevance in my study. c) Close-ended questions are specific and this helped the respondents to have a clearer view of the questions. d) Close-ended questions finally limited the

biasness which may have cropped up as the respondent and I exchanged our personal views openly. I tried to use close ended questions in limited number because the difference of opinion may not be properly analyzed in close – ended questionnaire. Some enthusiastic respondents felt irritated when they were forcefully restricted from giving opinions. In order to compensate the situation, I added on an interactive session later with the valuable respondents.

The typologies of questions that I made for my study were as follows: - depends on the kind of information that the researcher seeks. \* Personal questions which tried to find personal information like- age, marital status, income and others. \* Factual questions were the ones which asked the respondent about others and also about the situations in which they may live. This dependent on the memory of the respondents otherwise the information may be incomplete. \* The informant factual questions refer to the questions answered by the respondents as if they were the informer of the facts. For example I asked my respondents about their stage of infertility treatment. Again I used informant factual questions when the respondents were asked about the cause of not having children and also about the causes that lead to infertility. \* Some questions were asked to decipher the attitude of the respondent towards a certain situation or in regard to a certain issue. \* Respondents were asked about their belief systems which may be grounded on religion or on political ideology. I had the intention to trace the cause of the beliefs and attitudes that the respondents have which is easily achieved by asking questions on the norms and values of the society. These questions were used to trace the impact of childlessness among the middle-class couples and to learn how society treats them for being childless. \*The interest was to test the knowledge of the respondent on a particular issue. This was done by asking questions which were knowledge based. These particular types of question

were used while interviewing the infertility specialists and gynecological doctors regarding the medical cause of infertility that finally leads to childlessness.

I tried to place myself in the position of the respondents before generating questions that would draw out appropriate answers. The merits of the questionnaire technique may be discussed below. A) It was relatively cheap even though it may be drawing data from a large number of respondents scattered over a large area. B) There was a scope of the respondents to answer the questions freely without being influenced. C) The respondents got enough time to answer the questions at leisure. D) It helped me to cover a large sample size that made the result more reliable. However I had to encounter some difficulties. i) There were a few incomplete questionnaires returned to me. ii) Questionnaire is useful for those respondents who are educated, with others I had to have interview sessions. . iii) It became difficult to trace reliability of the respondent's answers as the respondents seemed to have distorted some answers. iv) Finally, it is a slow method. And it took a long time because I had to repeatedly visit the clients to gather the schedule, many times returning empty handed. I also partly used the survey method in my research work.

### **INTERVIEW SCHEDULE**

Interview is a technique to collect data in both quantitative and qualitative research. In an interview the researcher or interviewer asks questions to the respondents through structured questionnaire or through informal interactions and then documents the answers or data in the form of writing or electronic recording. In a social science research interview, the interviewer aims to elicit information from the interview sessions according to what he requires for his study.



It is also interesting on the part of the interviewer that he can collect non-verbal information about norms and values from gestures or other body languages.

In my research study I chose structured interview as it helps to derive standardization in terms of the questions asked and the answers recorded. Most structured interview contain questions of various type which may be- \* closed, or having limited scope for the interviewee or the respondent to express his view. \* Open-ended interview gives the respondent a wide scope of expression \* pre-coded or coded interview is the one in which the interviewee gets limited with selected choice within which he is expected to answer. \* Coded answers help the researcher to analyze the data quantitatively. In this structured interview or standardized interview I gave structured questionnaire to the interviewee to answer or give their opinion. However at times there was a problem of understanding the questions which was dealt separately. The way or the manner, in which I asked the questions, differed with the type of respondents. I laid importance to recording the data properly as it may be hindered by my poor memory because I interviewed many respondents on the same day.

I also took up unstructured interview and framed the questions informally while interacting with the interviewee. The interview taken up by me was a qualitative interview which contained structured as well as unstructured interview schedule usually framed to draw the sensitive data from the respondent's especially in-depth interview. Engaging in focused interview the questions that are asked to the respondents were specific and very much relevant to the study. Oral history interview was conducted in some cases when the respondents were asked questions about the past events which he or she recollected from her memory. In order to conduct a successful interview, the interviewer should be well versed with the interview schedule. Under pressure of many difficult situations the interviewer may ask wrong questions or may ignorantly miss out

relevant questions that may hamper the data analysis. However I had organized myself well before conducting the interview session especially during the interactive session with the busy doctors who allowed only a few minutes to conduct the interview.

The respondents were approached with much care and cautious step so that they can be convinced to participate in the process of interview and also give up some of their valuable time. I had to introduce myself to the respondents properly mentioning the intension of my study and the rationale of the interview session. It was very important to develop a good rapport with the respondents as the issue was very sensitive. Once a good rapport is established in two or three sessions, the process of interaction became easy and smooth and the respondents felt comfortable to answer all the questions. At times a gap in the rapport development led the respondent to feel uncomfortable after a few sessions and I was asked to terminate the ongoing interview session. However this rapport was possible because it was a face-to- face interview sessions rather than distant calls over telephones. For this reason mainly I had engaged myself in the face-to-face interactive sessions. This helped me to read the expression and the body language of the respondent which provided me additional information. I had to alter questions, change the sequence, and add more questions as and when required in the course of the interview which forced me to make changes in the interview schedule. Reluctance to answer questions by the respondent may encouraged me to make such alterations. However I tried my best to stick to the interview schedule or be very close to it as it helps in drawing generalizations of the answers of different respondents. Since the topic deals with childlessness which is definitely a sensitive issue some respondents responded to very few questions.

There is a need to ask general questions at the beginning of the interview and gradually proceed to detailing questions. This is done in order to develop a rapport or a friendly relation with the

respondent especially in a qualitative study which becomes impossible if intriguing questions are asked at the onset. When there is a need to ask probing questions, I faced some difficulties in dealing with the respondents. When the respondents were left to answer close ended questions, the answer may not be helpful for the researcher to deduce conclusion. Again, I was conscious to ask probing questions as it may not be gladly accepted because it had the possibility to encroach into his or her privacy. I had to deal with the delicate issue of not being able to bear the child with the respondents and so at times could not ask probing questions which might disturb the emotional state of the respondent and draw a conclusion to the interactive sessions. I deliberately set up rapport with my respondents as the questions on childbirth may be considered by the respondent as very private and may be treated as a form of psychological pressure causing mental depression and was especially careful while conducting the research.

## **CONCLUSION**

Many of us live and observe the world around us with our common sense or on the basis of what others have taught us or else from our personal learnt experiences. However this common sense approach may at times overlook the impact of many external factors that may influence our observations. Careful, organized research study enables us to trace the facts that define a reality. Research methods like qualitative studies help the researcher to investigate individual's feelings, thoughts and sensitivity of the world in which one lives. Qualitative research provide rich, meaningful data and valuable insights into the complexity of human life. Through participant observation, the researcher is able to delve deep into the inner hidden informations which

otherwise is not possible to derive. Topics like childlessness is a very sensitive, delicate and a tabooed concept. As a researcher doing the research on such a topic required a lot of patience and a need to develop good rapport with the respondents. Moreover, mixed methods had been used to depict some numerically represented data along with the subjective data regarding personal feelings of the respondents. Being primarily a qualitative study, statistical interpretation of data was not a relevant part of my study. Being aware that any research study can be examined from various perspectives, a proper study method was decided which facilitated me to conduct the research study in an organized fashion.

## **CHAPTER THREE**

### **REVIEW OF LITERATURE**

#### **INTRODUCTION**

Literature review is a collection of study materials used by research scholars as a source of guide in the subjects relevant to the research work. I have taken the following reviews of literatures in order to have an insight into the various areas that may throw light on my study. It has guided me to the right direction by providing me valuable knowledge on various academic areas to which I was not exposed till the recent past. I have tried my level best to integrate them into a comprehensive and coherent source that paved the path to conduct my research study with ease and confidence.

### **CHILDLESSNESS—THE CONCEPT**

#### **THE CONCEPT**

Motherhood is upheld as the desired status of woman all over the world. The lives of childless women are dominated by social cultural discourses surrounding femininity, motherhood and reproduction (Earle and Letherby, 2007; Gillespie, 2000). In a country like India, childlessness is considered as a personal tragedy and couples unable to give birth to children are treated as social deviants. Childlessness is a state of marital relation where the couples experience a life time being childless. It is regarded in many ways as a misfortune or a sufferance that some individuals encounter in life.

Researchers have dealt with the concept of childlessness in India in close relation to Pronatalism<sup>1</sup>. Pronatalism is the approach to exalts motherhood and encourage parenthood for all. Motherhood may be featured in important institutions of society like churches, schools, advertising media, law, medicine as well as families. Social scientists in studying Indian society viewed that the society which is very much dominated by patriarchal family norms, the main task of the women lies in giving birth to a child. The pro-birth attitude that encourages reproduction encourages every married woman to become mothers.

It is believed that children strengthen marriage and are an expression of love that exists between a husband and a wife. For men too, birth of a child confirms the masculine identity. So the couples who are unable to reproduce suffer from a kind of crisis of their social identity. Life becomes incomplete for them as an important task has not yet being fulfilled. In a society that encourages and highly acknowledges parenthood, childlessness can be a stigma. Today, society holds the view that new couples should reproduce and this leads to any one not entering into this parlance—a deviant.

If we analyze history, childlessness has been a serious factor in the long past. There are many instances of adoption to replace the lack of progeny. Napoleon had broken up marriage with his first wife Josephine as she did not bear him any children and married another to reproduce an heir. Rani Laxmi Bai had to adopt a son to pass on the royal throne. These instances of childlessness especially in case of regal succession and among people in position power – show that it had enormous impact on politics, culture and society. For the common man, child not only gave social identity but was a support for them in their old ages both socially and economically. People who think child birth to be a way to uplift the social status in becoming parents—sudden

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<sup>1</sup> The term is taken from the Latin adjective form for "birth", natalis.

discovery of their inability to give birth becomes a trauma. It is a difficult state of life that they have to experience. They need to adjust to the unwanted status of not becoming parents when they wished to.

## **FACTORS LEADING TO CHILDLINESS**

There can be some factors that can lead to childlessness. First, person can decide at a young age that they would prefer a life without children round them, and would maintain it. Second, couples who would want to have children may delay or postpone pregnancy which may lead to an age when they are unable to produce children. Women lose their natural ability to conceive and continue the stage of pregnancy as they grow. From the late twenties to mid thirties, the fecundity rate declines causing problem in conception. Third, there may be a category where individuals wish to have children only when they have stable married life and remain childless if this steady marital union fails to be established. Finally, persons can be unable to bear children due to infecundity present from a young age.

Again in the late 20<sup>th</sup> century many societies were influenced by the feminist movement that gave both childlessness and parenthood a lifetime choice. With the feminist view that women are considered as a child producing machine and no better—many women internalized the perspective and remained childless. Researches explored women's view to identify reasons for childlessness (beyond infertility) which are—

To leave it too late to have children

Concentrating on career and paid work. (Campbell, 1985)

Disregarding gender roles assigned by culture.

Wish to have children not supported by the partner. (Veevers, 1980)

Some women on the other hand believe that one needs to have children in order to be whole, or that parts of oneself cannot be revealed in any other way than becoming mothers. Attainment of motherhood is also an effort to strengthen the woman's status. Woman's status is best recognized in her role as a wife and a mother. A woman who becomes a mother get praise in society as she upholds the normative role of motherhood. And the woman who fails to become mothers is treated as deformed personalities by the society. Society claims that couples who have chosen not to breed can never show what real love is. They are been selfish, irresponsible and deviant. Marriage and children is the façade, skylight of one's consciousness. Motherhood refers to biologically conceiving, carrying and giving birth to a child. Having a biological child seems a way of recuperating ones physical self in the world. People comment of resemblance with their children because they feel like leaving their physical traits behind in another child. One is not able to predict the strength of motherhood unless they feel the happiness of connecting themselves with their children.

Indian women in spite of having a steady career do not shrink from attaining motherhood. According to their views of life, their lives did not shrink into the daily ritual of baby care but instead gave a new layer to their identity. In fact women in India fear of losing the chance of motherhood in the way of perusing their career. Many face the threat of divorce for not being able to achieve motherhood. Motherhood is not considered a dull life in India especially by the educated middleclass women. In Indian families child rearing becomes a shared responsibility. Motherhood comes first to the full grown career among most middle class women. Many working women, even established managers hand over their children to the responsible maids and set out for work. Neither work stopped them from attaining motherhood, nor did motherhood



stop their career. Indian society may be termed as hyper social as the families are the public places for many relatives to live, grow and die. In such a scenario a birth of a child is naturally accepted everywhere in India.

Women become mothers in a social context. By going through the experience of having a child, a woman develops a self image in the midst of others in society. She enrolls herself as a member in the community of mothers and shares with them common values and cultures. Again for some women, who have very few opportunities of achievement, find bearing and rearing of children extremely gratifying. In other words children give them a social status which they could not have achieved otherwise. Parenthood changes one's lives. Many couples who initially delayed parenthood to pursue career, later when they became parents, opined that it was a great blessing for them. Life that was once boring, full of burdens and even at times conflicting now became relaxed, enjoyable and prized. Motherhood brought a new brand to life to many individuals. Many did not realize the intensity of motherhood as they never experienced the immense pleasure that the connectivity with this own children gave them.

Motherhood gratified the wish for continuity, for the shock and the pleasure of heredity and the cherishment of passing down the own personal traits and to the family. Having a biological child is like giving her physical self to the world again. Mothers and fathers many a times feel proud when they get to hear that their children resemble them. The pleasure of heredity gives a pleasure for the recognition of the family trait. Parents also wish to see their childhood or youth in their offspring. Children give parents a social identity of an adult status. For women especially, having children and becoming mother is a major role in life. It is noticed that fertility is inversely proportional to the high socio-economic status. Educated women delay marriage in order to

pursue their education and career. But women who have very few outlets or opportunities to achieve a status in society—bearing and rearing of children become extremely rewarding.

It is long being believed that one becomes prosperous if one has large and big families. The attitude of a woman to her role as a mother is fashioned by the socio-economic condition in which it arises. In an agricultural society the use of primitive tools for ploughing indicated less of good harvest and in such society's hands in large number was needed to till the land- thus sons were adorned. Again, it needed girl child to who would be wed and would ultimately bring forth children. Thus the primary role of women in agrarian society was to propagate just as the way the land was tilled to harvest crops. It is very much a thought of the day in the ancient agricultural society. It has been noticed that in the agricultural society—children provide hands in field work and are therefore considered assets. In societies like India, where government fails to provide old age care, children become the only means of assurance for them—providing the parents a home, a nursing care and a financial support. Children are desired as they are means of love and affection, someone who can be loved and someone who can give love. Children continue the marital relationship of the husband and wife by being symbol of the eternal love.

Generally every one desires to leave behind their traces in the world. Having children is one way of retaining ourselves in society even after we die. Offspring continues the family line, carries the family name and continues the ownership of family property. One attains immortality by having children.

## **CHILDLessNESS IN RELIGION**

However, now couples need to think twice before deciding upon the second child. Some educated couples feel that giving birth to more children is brought selfish as it adds new mouth to the limited resources of the planet. Many consider having children is a religious duty and children are blessings of god. Thus, religion plays a very important role in guiding the couples to have children. It is also noticed that the Jews have low fertility as their religious code did not emphasize procreation as a religious duty. Motherhood played a very significant part in ancient Indian social life. The girls in those days were socialized to be good wives and caring mothers. She was blessed with “mother of sons.”

The Dharmashastra and Puranas laid down the feature of a good woman. Women were to take vows to give birth to male children. The age old views of Manu say that a woman was created to fulfill the purpose of giving birth (E.P.W Oct 20-27, 1990). As this idea got embedded in social consciousness, motherhood became glorified. The most significant role that the women could play was to become a mother. The identity of a mother replaced her identity as a woman. Motherhood was considered as a divinely allotted role, failing which she was totally disregarded by the society. A woman who was unable to become a mother was incomplete and futile. A woman who was barren was not allowed to participate in many auspicious occasions. Since a woman from her childhood years are made to realise that she is potentially a mother, she automatically gets prepared for this allotted role.

In ancient India there were more than one ritual related to fertility and almost all of them were related to the women. The gratification that one gets by becoming a mother was so much internalized by the women folk that their behavior patterns were also molded accordingly. Many

married women were denied the opportunity to education or pursue personal vocation. Any kind of enjoyments were denied to them. Child bearing and child rearing were the one and only avenue left for them to prove their social identity. Motherhood gave them social status and respect.

### **INFLUENCE OF PRONATALISM**

Pronatalism refers to any attitude that is “pro-birth” or an approach in favor of birth of children, thus encouraging reproduction and exalting the role of parenthood. (Peck and Senderowitz, 1974: 2). Women in India are expected to become mothers following their marriage. Indian society is imbedded in some strong beliefs that give rise to pronatalist attitudes. Beliefs like— children are expressions of marital love and children strengthen marital bonds. Again it is believed that children are essential for physical and mental well being of both men and women and finally most people believe that having children confirms their masculine and feminine sexual identity. It is a kind of proving one’s ability to reproduce to kind to the society.

The pronatalist way of thinking also explains the success behind marriage. Children shape the purpose or the result of successful marriage and break of marriage and divorce is often attached to not having children. The strong pronatalist attitude leads to stigmatization of childless couples. Women are given status in society based on the societal values of achieving immortality by becoming a mother and contributing to the family security and prestige by offering them the heir to the family. The strong pronatalist attitude in India instills a belief in every individual that a married couple is expected to give birth soon after marriage. This is a natural product of a successful marriage. But when the couple fails to keep up to the expectation, that is when infertility strikes like a thunder on them, they get shattered. They face a huge gap between virtual

social identity and social identity in reality. They encounter a permanent damage in their social identity. As the couple encounters question from people and get disturbed psychologically. Infertility is considered in India as a crisis or limitation that stigmatizes couple as deviant or incomplete individuals.

### **THE WANT OF A CHILD**

Due to normative pronatalist ideology and discourses, women who do not have children challenge dominant social norms and moral rules (Carey, Graham & Shelley, 2009). Psychologist Lois Wladis Hoffman and Martin L. Hoffman (1973) have examined to find out why people have children. The study revealed that children comes as rewards or incentives that to their parents. Becoming parents assigns a social status, to women who try to achieve motherhood as a chief responsibility. It gives a sense of pride and achievement of actually producing and nurturing a child well enough so that the child is able to meet the challenges in life. Women who are confined at home, who do not have any independent economic status find bearing and rearing of children extremely gratifying.

Children to them are a thread to continue the generation and pass the family line, carry the nomenclature, uphold the family business and perpetuate family property. Immortality is achieved through children.

In some societies children are considered to be economic assets in old age. Parents depend on children to take care of them when they would be old and unable to financially support themselves. It is specially a common way of thinking in societies that lack adequate governmental support for the old and sick. In such context, childless couples feel helpless, deserted and depressed as they lack support of children to take care of them in their old ages.

Children also bring enrichment in the couple's life. Couples who may get alienated due to work pressure, mental disparities, and children act as the uniting force among them. Parents share their love, affection and also a sense of responsibility through the child. Children remain a living link even when the ties of the couple break either due to death or divorce.

Finally, religion plays a big role that motivates couples to have children. Society always considered bearing and rearing of good children as a virtue. It is a sacred duty of married couples to be fruitful or fertile and multiply or reproduce. The Hindu text lays down the duty of couples in the forms of 'Dharma', 'Praja' and 'Rati'. All married couples should fulfill their religious obligation of being responsible and caring husbands and wives; it is a sacred duty to beget a child and continue the family generation after generations; and finally couples need to have attraction and love both material and immaterial.

Child birth is considered to be very important for the continuation of human race. This fact is recognized by different societies and different cultures over a span of time. In Biombo region in Guinea-Bissau, it is found that in order to continue the line of descent in the family unit, a Papal woman is expected to bear a child.(Einorsdottir, 2004, 64). Lineage is traced through the mother's side and therefore the woman has a social pressure to reproduce and reproduce a girl child. Society views woman's major duty as child bearing. Among the Adyghes (Djandar, 2008) a woman attains her status of womanhood only after childbirth. It is only through pregnancy and childbirth that the woman gains membership of her husband's family. In the rural Shanxi Province of northern China, there is national policy such as low cost in hospital delivery, many benefits for child rearing which largely affect preference of child birth. These studies disclose the fact that across different societies and culture child bearing continues to be vital.

There can be immense societal and familial pressure on women to deliver children. Most societies and most culture view having children as an intrinsic part of being a woman. Womanhood in several places has been made identical to motherhood. Women are addressed as mothers in extreme respectful approach. This indicates that when she is not able to deliver children, the woman loses her identity of the mother and remains to be an incomplete woman. A woman's status is incomplete when she is childless. Regardless of the rationale behind the increase in childlessness in modern decades, female childlessness continues to be characterized by western society as unusual, unwelcome and socially unexpected (Gillespie, 2000; Lothorby, 1999; Park, 2002).

As parenthood is highly valued, couples who remain childless are stereotyped as individualistic—as one who avoids social responsibilities and also one who are not prepared in social life. It is also believed that childless couples reject not only the responsibilities but also the cherishment, happiness of parenthood. Going against natural parenting is also believed to be going against God's design. God has assigned roles to married couples to lead a successful conjugal life and procreate. When couples fail to have children, they are considered to be working against God's wishes. Sociologically these couples also fail to uphold the function of social institutions like marriage and family.

Modern educated and career loving couples view children as a lifestyle option rather than a gift of God. With the modern, secular thought pattern prevailing, couples often think whether to have a child. Children are not viewed as a gift from God that follows a happy conjugal act. Having a child is either planned or deferred due to many reasons that are considered more important in the modern life. Deliberate delay in conception with the help of modern technology or planned abstinence leads to complication in childbirth in later life resulting in childlessness. These

couples are characterized by less traditional and conventional in their gender roles. It is to be noted that children are not considered as pathway to achieve social identity. Traditionally femininity and motherhood was identical. Motherhood was a mandatory role and failing which the women was term defective and not properly developed. However, it is to be noted that the role of motherhood and female identity is still perceived as central in all culture and all regions of the world.

## **CONCLUSION**

Even in the western countries childlessness is considered as unconventional, not desirable and deviant. Due to the dominant pronatalist ideology and discourses, in the western world, women who do not have children seem to challenge the dominant social norm and moral rules. They are recipient of exclusion from society at different times and different places. Social exclusion refers to exclusion from social relations and established institutions. The childless couples face disadvantages due to their incongruence with social norms—being a woman without children. The exclusion that the couples face are not material and economical but rather social deprivation. Across the globe, motherhood is understood as a fixed, natural and fulfilling practice—synonymous to female identity (Gillespie, 2000). Thus, childbearing is considered the inevitable and appropriate outcome of adult life (Letherby, 1999; Park, 2002) and consequently womanhood has become conflated with motherhood (Gillespie, 2003).



## **MOTHERHOOD- A CONCEPT IN BENGAL**

India has always been a country that upheld the pronatalist ideology. The glorification of motherhood reached its peak in India more than anywhere else. Pronatalism indicates an attitude that is pro-birth or in the favour of birth. It encourages reproduction and exalts parenthood. (Peck and Senderowitz, 1974:2). In simple words, Pronatalism is the attitude that exalts motherhood and assumes or encourages parenthood for all.

In Bengal, the term Motherhood has always played a significant role in the entire social life. It is considered to be an obligatory role of all women. On any special occasion where one seeks blessings from the elders of the family, the notion of blessing revolves in bearing and rearing of children. Girls are always blessed to be good, obedient and mothers of hundred sons. Hindu marriage that is prevalent in Bengal influenced the society and its culture greatly. Hindu marriage is known as a socially approved union of man and woman that aims at procreation, pleasure and observance of certain obligations. The main aims underlying a Hindu marriage are:- 'Dharma'- religious duty; 'Praja'- progeny; 'Rati'- sexual pleasure. A girl is expected to fulfill these three aims to have a successful married life. Among the three, the desire for 'Praja' or progeny is regarded as one of the sacred purpose of marriage in the 'Hindu Shastra Karas'.

The Vedic text has influenced the culture of the society for many years. Even the Vedic texts pronounced the preference of a male child." A barren woman could be cast away (Parivrtti) because she was possessed by Nirrti." (Manusamhita, IX: 4). The supreme emphasis on fertility produced this idea of a woman being possessed by Nirrti, a negative concept of spirit that is exceedingly ugly and wholly evil but whose special function is to destroy everything good. In this context the barren women were not allowed to attend auspicious occasions. Thus the view

that the barren woman was possessed by Nirrti is a direct corollary of society's subconscious assumption that the woman's primary obligation to society was to reproduce. Motherhood is considered as the cherished ideal of the life of a woman, as Manu observes, to be mother were women created. (Manusamhita: 141). He as the lawgiver, grants several concessions to her; such as pregnant women are exempted from paying toll-tax, no punishment if the path of the king is made unclean. On the contrary, a barren woman is looked down as impure and Brahman is not allowed to take food from them (Manusamhita: 142). The earnest desire to avoid childlessness or the stigma of barrenness is a universal phenomenon. Across the world as well within the boundaries of Bengal, It has been a universal feature to find women craving for progeny, a tendency among women to observe vows, and conduct prayers supplicated for fertility. Motherhood is not only an imposed value on women, but often women were conditioned to regard it as the summum bonum of life; they often deplored barrenness and many a times suffered untold torture from the rituals directed towards fertilization of the womb. Little attention was given to male impotency, but it was always the women who paid socially and emotionally for childlessness.

In many Bengali Literature, there are characters of women who take pride in the motherhood status and condemn and ridicule the unfortunate childless women. These literatures reveal the social value regarding begetting a son which was readily internalized by a large number of women in Bengal. In Bengal girls are viewed as potential mothers. They are therefore trained, accustomed and socialized to play the role of a mother with perfection as the role of a mother is considered to be divine. However when a girl fails to fulfill the role, she gets burdened with enormous grief and sorrow. Her failure in becoming a mother gives the girl a social status and an identity of being wholly inauspicious, incomplete and a futile being. Social motivation to

attainment of motherhood is thoroughly assimilated, imbibed and unconsciously internalized by women. In Bengal married women were denied the opportunity for education or personal vocation. They did not have social or political identity and therefore childbearing was the only way through which they could prove their social utility and common respect with the family and in the society at large. The woman has thus been brought up in an ethos that taught her that she was potentially a mother and from her girlhood, she was ready to accept this socially allotted role.

The ideology of motherhood was given enormous importance in the cultural life of Bengal. The religious cultural and the aesthetic domain have been politicized with the help of the notion of motherhood. It is to be noted that the ideology associated with motherhood have led to draining of the real power from a woman and instead creating a myth about her strength and power. This glorification of motherhood in colonial Bengal was only in the domain of ideology which was based in the philosophy of deprivation for women.

Bengal, through ages honored Motherhood. The colonial rulers were forced to put up a public image into a unique native symbol that would distinctly mark a colonial Bengali man from the foreign ruler. This native symbol was none but the “Bengali Mother” whose power increased as the Bengali society made an entry into the nationalist phase and started feeling the experience of colonialism. This statement was made by Michael Madhusudan Dutt also known as “Bengal Renaissance”. According to Dutt, woman as mothers was the central thought which started in the conservative nationalist era and continued to be present in the liberal social reformist era. This indicated its presence both in the occidental and oriental ideology. (Murshid, 1983, pp175-198). This indicated its presence both in the occidental and oriental ideology. (Chatterji, 1989, pp 236-

37). In Bengal, the word mothers stood for ladies who had generous affection and endless strength for the family.

In Bengal motherhood was considered in a very positive light. Story goes as in one turbulent monsoon night Vidyasagar swam the river to keep the prior appointment that he made with his mother. In other incidents, mothers are even justified for the greatness of their sons. Ramakrishna Paramhansa suggested when he complimented the mother of the great religious reformer and the founder of Brahma Samaj- Keshab Chandra Sen by pointing out that “people will celebrate her entrails” – he implied in these words that her son has glorified her womanhood. Thereby mothers were seen as the ultimate identity of Bengali women. Bengal as a geographical region is situated at the gangetic plains and is naturally bountiful in green vegetation and fertile alluvial soil. This bounty of nature that Bengal possesses is compared to the bounty of fertile mother in the soils of Bengal. Respected poet of Bengal – Bankim Chandra Chattopadhyay in his poem described fertile Bengal in the words- “Sujalang, Suphalang, Shasya Shyamalang Mataram”- saluting the soil as his own mother. In these words is the underlying meaning that Bengal is just like the affectionate mother ready to lift her children on her warm lap. It is to be noted that the nationalists conceived their own country as the great mother figure in keeping with the sanction derived from the religious practices of Hindu Bengal. In the way of representing the country as a Hindu mother the nationalists injected into the minds of the freedom fighters to safeguard and protect their country as they would protect their own mothers.

On the other incidents, there are times when the mother is projected as a all- suffering mother. To use the words of Swami Vivekananda, “that marvelous, unselfish, all-suffering and ever forgiving mother” (Vol 8:58). In the situation of a fragile colonial society, the motherland is metaphorically viewed as a mother who provides constant solace to the humiliated son and also

as an inspiration to uplift the downtrodden spirit of her son. In the divine form, the mother is viewed as a divine ideal or the destructive Shakti ready to destroy the evils who try to harm her children. The role assignment of motherhood has its roots in popular religious practices prevalent in Bengal. Anthropologists of Bengal were drawn towards the mother Goddess while tracing the local mother cults in the various practices at the rural level. Some of these have been related to realities such as fever epidemics (Nicholas 1982:198-207) or in the social nobility of rural classes like Mashishyas in rural Bengal (194-198). Commenting on the importance given to mothers in Bengali culture, Ralph Nicholas observes, Mother herself is a person to be worshipped in Hindu Bengal. In this however she is no way different from the father (1982:192).

In the words of Sashibhushan Dasgupta, mother worship occupies a special place in the Indian society. There has always been a prevalence of mother worship even in the early societies. Belief in some form or the other in the mother goddess in good old days of many of the races, Semitic<sup>2</sup>, Hellenic<sup>3</sup> Teutonic<sup>4</sup> and Nordic<sup>5</sup> alike. In India, from the past to the present, the religious consciousness revolves around the concept of mother and this has influenced the whole nation through ages (Dasgupta, 1953:49). For the creators of Vedic Literature, The Aryans who as Sukumari Bhattacharya has shown were worshipers of Sun; it was no mean matter that Aditi – the mother goddess is seen as the mother of Sun (Bhattacharya, 1970:160).

Motherhood is noticed as a site of struggle in colonial India and the unadulterated concept of motherhood was built into the concept of motherhood in the east and the west in the writings of the main disciples of Ramakrishna: Swami Vivekananda and his disciple Sister Nivedita. In the

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<sup>2</sup> It is a term for people or cultures that speak or spoke the Semitic languages. The terminology was first used in the 1770s by members of the Gottingen School of History, who derived the name from Shem, one of the three sons of Noah in the Book of Genesis

<sup>3</sup> *Hellenic* is a synonym for Greek.

<sup>4</sup> Denoting the Germanic branch of the Indo-European language family

<sup>5</sup> Nordic countries, the northwestern European countries, including Scandinavia and Fennoscandia

midst of the western audience, Swami Vivekananda used motherhood to assert distinctiveness of Indian culture-Now the ideal of woman in India is the mother, the mother first and the mother last. In the west, the woman is the wife. The idea of womanhood is concentrated there as the wife. To any ordinary man in India, womanhood is conceptualized in terms of Motherhood (Vivekananda, Vol8:570). Sister Nivedita distinguishes the worship of a father among the Semitic (Judaism and Christianity) and the worship of a Mother among the Aryans. In the opinion of Sister Nivedita - a woman gets a prime position among the Aryans. As wife in the west, lady and queen of her husband- as mother in the east – a goddess throne in her son’s worship – she is the bringer of sanctity and peace. (Nivedita, 1967:16).

In Sister Nivedita opinion Mother Worship in the west centered on Virgin Mary in the form of being gentle and dear which was an incomplete form of worship. It is in India, she feels, that “the thought of the mother has been realized in its completeness.” The completeness arises from the assimilation of the destructive Shakti into the motherly tenderness that generates confidence. The following is the description given by Sister Nivedita: The eastern world accepted the figure of a nude woman dark in complexion with two hands in the act of blessing and two hands with weapons defeating the devil while standing on a man covered with ash. (Nivedita, 1967:20). According to Nivedita Mother Worship in the east helped her to define the humane nature of the society as against the western shackles of the men.

Women’s reproductive domain is thus abstracted, even fetishized, as Tanika Sarkar suggests (Sarkar, 1987:2011).The nationalists used spirituality as a weapon and in doing so glorified motherhood as an important means of representation of spirituality. (Chatterjee 1989:29). If the worship of the mother goddess was the exclusive domain of Bengal/ India, the land itself became

a major source of “mass contact”<sup>6</sup> (Sarkar, 1973). It helped to spread the message of Swadeshi, both economic and cultural which erupted in Bengal at the turn of the century.

In an early Sanskrit text of the fifth and the sixth century, we get the reference of Bharat Mata or Mother India. This ancient redeeming image of the Bharat Mata as the presiding deity Shakti is taken up in a big way in the nationalist phase of Bengal. There were of course loyalist songs sung to Mother Victoria<sup>7</sup> in the pleading style of Ramaprasad (Sarkar, 1987:2001), but these were not marked by the interlocking crisis of power and resistance that marks the nationalist use of the icon for which Bankim sets the tone. His message of Vande Mataram Became a battle cry and the extremist nationalist movement took it up in Great Spirit.

In the words of Tripathy, an escapist mood which sought respite from the inexorable grueling debate with the western culture, technology and material power in the protective womb of the past (Tripathy, 1967:2). The nationalist obsession with motherhood can be felt in the following words: A new acute consciousness of the inexorable march of history with which India had never kept in step of technological time with a westernized notion of progress as its goal, produced intolerable anxieties and a violent desire to break out of its frame by a return to a past , to one’s mother, a reversion to the womb, to a state of innocence, of pleasure where the infant is as yet indifferentiated from the mother, as yet unaware of his own distinct self(Sarkar 1987:2011). The nationalists tried to integrate the destructive image of mother goddess with the affection of one’s own mother and by doing so, the nationalists help to domesticate Shakti within another nationalist image of the ideal joint Hindu family. Sister Nivedita in the following words includes the political significance to the civic pageantry of Durga Puja. The almighty mother of the

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<sup>6</sup> Mass Contact in terms of patriotism during the Swadeshi movement of India.

<sup>7</sup> Mother Victoria-- 24 May 1819 – 22 January 1901. Queen of the United Kingdom of Great Britain and Ireland from 20 June 1837 until her death. From 1 May 1876, she had the additional title of Empress of India.

cosmos shines out in the life of humans in the form of a mother in the a family and in a country. (Nivedita 1919:324).

The extremists like Aurobindo and Bipin Chandra Pal read deep political messages in Bankim's crisis-ridden images of Durga and Kali. Interestingly it is in these two forms that the Puranic goddess Chandi was believed to have emerged in the colonial period (Nandy 1980: 8-9). The image of the destructive mother goddess led to the involvement of the nationalist with the motherland, which has been exploited and ravished by foreign rulers. Aurobindo Ghosh a revolutionary figure claimed that he knew his motherland as his own mother who he adores and worships. He wanted to rescue the mother from the Rakshasa or the demon, in other words from the British rule. I know my country as my mother, I bow to her, I respect her. If a Rakshasa sits on the body of the mother and tries to suck blood from her, what does the son do? Sit and eat with ease... or run to the mother's rescue? (Tripathy, 1967:42).

Tagore's patriotic songs about motherland reflected the cultural fabric of Bengal. Motherhood was the most significant emblem that was specific to Bengali culture. Tagore's representation of motherland, eschewed, as far as possible the Hindu revivalist tones of the mother goddess- he was more inclined to present her as the natural land, her soil, and fruit inspired him more effectively. At least in one presentation of a mother, i.e. Anandamaya in Gora, Tagore has given his note of dissent to Hindu Orthodoxy (Bhattacharyya 1989:56). It is to be noted that the ideology empowered the women ultimately to set a way to reinforce the social philosophy of Deprivation for women. It gave a signal to all women to sacrifice everything for the men folk.

Ashapura Devi's (1909-1995) writing of the trilogy on Independent India between 1965 and 1974 (Pratham Pratisruti or First Promise (1965; Subarnalata 1967; and Bakul katha 1974 ;),



explored the significant boldness and implications of mothering and maternal instinct. While narrating in her trilogy, she brought to light the stories of the three generations where women were made subjects of their own discourses. Ashapura Devi in her works attempts to challenge the colonial, reformist and nationalist notions of maternity. The nationalist ideology was framed in the orthodox mind in glorifying women's lives. It was generally viewed that Bengali mothers had to attend the unspoken call of renouncing any form of self-fulfillment to idolize the notion of motherhood. In a woman's life childbearing and nurturing was the only social gratification. The Bengali mother had no control over her choice of motherhood which amounted to a form of slavery in the men's world. To add to the sad situation of the woman, it needs attention that many women died trying to produce a child and again many were deserted for their failure to produce a male child. The ideology of motherhood conceptualized women as being specially equipped for reproduction and invested with an essential maternal instinct. In Ashapura Devi's narrative, women's struggle to free them incorporates the history of torment and loss. The price that the patriarchal society paid was unimaginably terrible. This loss however could not be traced by the nationalist discourses that celebrated motherhood.

Glorification of motherhood is a myth. Barring a few exceptional Bengali women, the ideology of motherhood strengthened the social practice of exploitation and humiliation of women. Bengali mothers thought little about their daughters, neglected their upbringing and in the process upheld the patriarchal control within the Bengali families.

# **THE MIDDLE CLASS**

## **INTRODUCTION**

The middle class, as the name denotes is a section of people in the middle of the social hierarchy. In common terminology, the middle class is a social group in between the aristocratic class and the working class. It is a non-manual occupational group situated between the rich aristocrats and bourgeois on one side and the poor working class on the other end. The middle class is a referred class as the incumbents' non manual occupation gets more respect than the laborious manual work of the working class. Again the class is socially inferior against the group who holds huge property and also controls political power. In short, the middle class is a social group who fall in between the working class and the aristocrats in accordance to the social and economic parameters.

The middle class is a macro-social group of individuals or categories of individuals marked by unique general attitudes towards life. The middle class do not fall in the middle strata of society's income distribution. Middle class salaries and income rates are determined by the middle class occupations which in turn are dependent on middle class values. The middle class owe everything to their own efforts and achievements in terms of resources, educational qualifications and working skills. The middle class value makes them self-made individuals characterized by autonomous thoughts, independent attitudes and liberal outlook. Those who are referred as the middle class comprise of the people employed in professions, managerial and administrative positions, technical occupations and service sectors like teachers, lawyers, civil servants, doctors and professional managers.

## **MARXIAN VIEW OF MIDDLE CLASS**

Karl Marx and Frederic Engels used the term “Middle-class” in two different ways. First, from the historical point of view, the middle class is defined in the sense of the French word bourgeoisie as that possessing class which is differentiated from the so-called aristocracy. ([Friedrich Engels: Preface to “The condition of the Working Class in England: From Personal, Observation and Authentic Sources,” in: Karl Marx and Friedrich Engels: ‘Collected Work’, Volume 4; Moscow; 1975; p.304]). Second, while speaking of the modern capitalist society, middle class may be referred as petty bourgeoisie.

Petty Bourgeoisie is a class that stands in between the bourgeoisie and the proletariat. Common English dictionary would define Petty bourgeoisie as little bourgeoisie. Lenin defined the term petty bourgeoisie as “an owner class of a small means of production where members of the family instead of hired wage laborers are engaged”. A petty bourgeois is the owner of small property”, (Vladimir I. Lenin: Note to: ‘To The Rural Poor, in: “Selected Works”, Volume 2: London: 1944; p254).

The petty bourgeois has divided allegiance with two distinct classes- as a worker; he has interest common to the proletariat, while as an owner he has his interest common to the bourgeois. The independent petty bourgeois is divided into two persons- he is the owner and also his own wage laborer. (Karl Marx: ‘Theories of Surplus Value’, Part 1; Moscow; undated; p.395). Petty bourgeois “are forever vacillating between the proletariat and the bourgeoisie”. (Joseph v. Stalin: 1953; p.143, ‘The Logic of Facts’, in: ‘Works’, Volume 4: Moscow; 1953; p.143).

The division of the two distinct classes in the capitalist society also gives birth to a section of employed persons who take up the supervisory function. They supervise the maximum surplus

value for the capitalists from the worker's produce and again they themselves being exploited, identify their interest with the proletariat a class from which they have sprung as a separate class. The managers who supervise the exploited workers develop an interest common with the bourgeoisie. In a capitalist production large group of workers are compared to an army where the managers' act like the commanding officers and foremen act like the sergeants. (Karl Marx: 1959; p.332, "Capital: An analysis of Capitalist Production, "Volume 1: Moscow).

However, due to the small size of their own means of production, the petty bourgeois, in a capitalist society have a danger to sink into the proletariat class." The lower level of the middle – class gradually merge with the proletariats, partly because of the little capital that they possess with which they are unable to compete with large capitalists and partly because their skill gradually loses its significance in the new method of production. (Karl Marx & Friedrich Engels: "Manifesto of the Communist Party", in: Karl Marx: ' Selected Works', Volume 1; London; 1943; p.213). The working class gradually increases in number when a section of petty industrialists merges into their ranks. (Karl Marx: 'Wage – Labour and Capital,' in: "Selected Works", Volume 1: London: 1943p.280).

Thus with the development of capitalism, society gets divided into two polarized classes- the rich bourgeois and the poor proletariat." As one accumulates wealth, at one extreme, he also accumulates misery, pain of toiling, and degrading morality at the opposite extreme. (Karl Marx: 'Capital: A Critique of Political Economy'. Volume 1: Moscow; 1959; p.645). This class does not own property sufficient enough to make the employees work for them. There is a need to work hard in order to survive for the middle class. Members of the middle class have divided interest – one, a wish to own and preserve property, second, the interest of owning property is but against the capitalist class.

Ashoke Rudra (1989), in the Marxian structure, considered “Intelligentsia” to be the ruling class along with the industrial capitalist and the landlords. He defined the intelligentsia, generally meaning non-manual laborer, as consisting of the following groups or strata:

- All white collar workers in the organized private sector, including clerks, but excluding peons & messengers), drivers and sweepers.
- All public servants from the top to the lower-division clerks, excluding the group D of the public sector employees (peons, sweepers etc).
- Teachers, doctors lawyers engineers architects and nurses in the organized sector or private practice.
- Writers, journalists, artists, advertising and entertainment industry, professionals in both sectors and the self employed.
- Professionals, politicians and trade-union leaders.

### **TRACING MIDDLE CLASS HISTORICALLY**

Middle class in India may be defined as a class that comprises 26 percent of Indian Household. It refers to the fact that about 70 percent of Indian Household live on incomes that are poor and at least 40 percent of the Indians live below poverty line. It is to be noted that for any noticeable change in India, it is the middle class – the politics of and by the middle class that led to sea-change in the cultural and political life of independent India. Referring to the middle class today, we usually refer to a set of people who are usually urban, engaged in white-collar work and among whom education, occupation and income are the elements of definition.

To be a middle class, one needs to inhibit a particular orientation towards modernity. It generally involves open-minded and egalitarian set of people to follow the rules of law not directed by personal interest but far-sighted enough to live within one's means. The middle class embrace science and technology in public affair dealings. Again this class has been setting aside the loyalties of caste and kinship, in the recent past only to attach oneself to new associations based on merit and workplace identities. Leela Fernandez (2006) points out that the concept of middle-class has taken on a different set of meanings that is singular to this point of Indian history. It has come to embody India's transition to a liberalizing nation. To be a part of middle class is to express oneself through consumption and to express one's identity as being distinct from the lower classes through a set of cultural markers that proclaim one's "good Taste" and "style" (Sheth 1999b).

Sociologists and political scientists writing on the middle class in India have a tendency to foot their analyses on macro-level data about the country's population and economy such as the demographic correlate between caste and class. More grounded empirical accounts have focused primarily on patterns of consumption, relating them to the formation of cultural identities and orientations towards modernity (Breckenridge 1995; Donner 2008; Jaffrelot and Vander Veer 2008; Mankekar 1999; Mazzarella 2003; Rajagopal 1999; Srivastava 2007). From the 19<sup>th</sup> century, the growth of capitalism became dependent more on science and technology with regulatory state apparatus. This led to the growth of an intermediate class which was determined by white collar occupations and professions, salaried and self-employed, with increasing education and income which is intermediate between capitalists and manual workers. This class, known as the middle class is large fractions which throws up intellectuals and politicians and play an important political and ideological role. The importance of this middle class grows with

the growth of economy all over the world, especially in developing countries with a shift towards service sectors and also in terms of both the share of the Gross Domestic Product (GDP) and employment.

One of the best suited data to define middle class house hold can be the Market Information Survey of Household (MISH) databank of the National Council for Applied Economic Research (NCAER). The MISH provided data based on large sample of 300,000. Households are classified into five income groups namely low, lower-middle, middle, upper-middle and high. The MISH data-derived distribution of households by five income groups ( in rupees per annum) in 1998-99 on the basis of the income reported by the respondent head of household:

HIGH	Rs 140,000
UPPER-MIDDLE	Rs 105, 000-140,000
MIDDLE	Rs 70,001- 105, 000
LOWER MIDDLE	Rs 35,001-Rs 70,000
LOWER	Rs UPTO Rs 35,000

Based on this classification Sridharan, (1993) differentiated between three ways of conceiving of the middle class: a) Elite middle Class which includes the very rich b) Expanded Middle Class which corresponds to the High and the Upper Middle income groups c) Broadest Middle Class which corresponds to High, upper middle and middle income groups. In terms of the population or how expansively the middle class can be conceived, it is claimed that about 55million people fall under the elite middle class, 115 million under the expanded middle class and 248 million people comprise the broadest middle class out of a billion in 1989-1999 study.

According to the National Sample Survey Organization (NSSO) data, during 1999-2000, in the broadest middle-class, the salary earners were 35 percent, in the expanded middle class they were 42 percent. Taking the urban areas only, in the broadest middle class in 1999-2000, the salary earners were 49 percent, in the expanded middle class they were 51 percent and in the elite middle class they were 54 percent. One would need at least a monthly income of Rs 10,000 to be able to live in Kolkata, assuming a family of four, plus parents. People who earn less than Rs 10,000 cannot live in Kolkata proper and must go out to the suburbs. These people are culturally middle-class but financially lower middle-class. (Ray and Qayam 2009:42).

The relationship that the Indian middle class have with the politics of inequality have indicated the role of the middle class in establishing the discursive terms of the hegemonic projects that links the elite socio-economic group with the modern nation state. The historians claimed that the formation of colonial middle class was based on the accumulation of educational and cultural capital. The middle class had access to English education and modern form of professional employment. These resources came to distinguish this social group from the traditional elites, and led to particular forms of connection with and dependence on the colonial state (Haynes 1991). Again this middle class rested on political claims of public representativeness which made it within the realm of democratic civic life. The middle class developed distinctive political claims which gave them a leading role within the ruling hegemonic bloc of the newly founded Indian Nation. It was Satish Deshpande who opined that “the middleclass is a class that tends to articulate the hegemony of the ruling class”. (Deshpande 2003:139).

The middle class represented a central social group serving as an agent that both shaped and was a primary target of nationalist discourses of development as well as of specific state policies. Historians of colonialism and the Indian Nationalist Movement have demonstrated the central



role of the Indian middle class in shaping the model of the modernist national development that would be consolidated in the initial decades of post independence India. The new Indian middle class was a form of social group with a political construction and which operates as a proponent of economic liberalization. The middle class is not always known by its structural basis. The middle class has a new character not in terms of its new entrains but as a process of production of a distinctive social and political identity that represents liberalization. In other words, the urban middle-class represents a hegemonic socio-cultural embodiment of India's transition to a liberalizing nation.

According to Satish Deshpande, a historian and a sociologist, the Indian middle class was the protagonist to make India a modern nation. India, as the world knew, had to be independent, democratic as well as modern and it was the middle class, engaged in projects of modernity as well as national projects of industrial and technological development made India, into a modern nation. In order to be modern, India had to adopt science, inventions, developments and march towards progress, and again on the other hand, India being a traditional nation had to reject the aspirations of modernity. This aspiration to modernity is of a great significance to all middle class Indians. The importance is not in the existence and the non-existence of modernity – but in the power of the idea of modernity. The modernization of Indian society percolated to bring about improvement of the domestic sphere- like legislations regulating marriage, widow remarriage, and many other modern principles for the management of the home. The scientific rational management of the home reflected in the development of scientific rational nation.

During the British period, Kolkata was divided into two parts- the north where the old zamindars lived and the south where the English speaking colonial apparatus was noticed. The first rural migrants to the city came to work as domestic servants in the posh districts of the English and

settled in the bastis within walking distance of the opulent colonial mansions(Chakra borty 2000; Sarkar 2002; Sinha 1978;). Thereby the city of Kolkata recognized the necessity of service class from its inception. Since the British Capitalist system radiated from Calcutta, The city became the centre of the orbit of the production and circulation of goods and services (Mukherjee 1977). During the first four decades of the 19<sup>th</sup> century many emerging bhadralok entered the city along with the elites in the large buildings and the workers found place in the huts. However, with the passage of time the scenario changed.

### **MIDDLE CLASS IN BENGAL**

India's globalizing middle-class, form the younger generations of bhadralok, consisting of executives, professionals, clerks, teachers who participate in global economy, and at the same time practice the traditional cultural lifestyles. However the older generations of bhadralok who may be in the late sixties and above are more engrossed in the feelings of nationalism and have a definite idea of traditional household. Both the older generations and the younger generations of bhadralok strongly hold on to Kolkata's culture of servitude (which has its root in feudalism), and yet consider themselves as the vanguard of Indian culture. In Bengal, the clear division of the bhadralok group and the poor uncivilized class can be noticed in caste-inflicted class divide within the bhadra household. A distinction is deliberately kept between the employers (Bhadralok) and the servants in terms of bodies, dress, behavior, language, mannerisms and also in the level of socialization. There is always an anxious effort to keep the two classes distinct from each other. Bengali middle class at large, hold on strongly to their class through labour practices at home, in their reluctance to engage in manual work, in the eagerness to control

others behavior and above all their constant struggle to uphold such distinctive nature. And in doing so they create to form “modern –middle-class Indians”.

## **CONCLUSION**

The middle class being geographically scattered industrially as well as politically dispersed, cannot unitedly act as a class. This class is also politically conservative not revolutionary in nature and have a tendency to hold on to the old order. Marx expected middle class to disappear as capitalism develops. When successful members of the middle class would move into bourgeoisie while the unsuccessful would move into the working class. Later Marxists attempted to point out that there was a decline in the middle class as there was a strong tendency in capitalism to polarize the society into two classes. However, in spite of the inroads to capitalism, the decline of the middle class is yet to be noticed. In the midst of the polarization of the classes, new middle class grouping was created. The group consisted of small business people, shopkeepers, small producers and other professional and managerial personnel and also some intellectual personnel. Among others, some well paid working class members as well as small independent traders also considered themselves as members of the middle class. This middle class have attracted the attention of many sociologists who have devoted their attention in explaining the basis of the middle class existence, in the causes of its stability and growth, its position into the class structure and the effects of its existence between the proletariat and the bourgeois.

## **BIOLOGICAL PERSPECTIVE**

### **BASIC TENANTS**

Infertility is a widespread problem all over the globe. The WHO states about 8% to 12% of the couples face problem in the conception of a child. In countries like India, where the society is overpopulated, the problem of infertility has not been the focus of family planning programmes. The control of population boom thus overshadowed infertility. In India more and more men and women are encouraged to use contraception methods, medication and sterilization to reduce unwanted births. Infertility was thus overshadowed by increasing number of unwanted and unplanned pregnancies, but it is also to be noted that there are a large number of men and women who are unable to have children that they desire, where the problem looms large. In the recent past, however the silence concerning infertility has been broken and the ways to deal with the infertility problem has changed. The social consequences of infertility in many countries vary from economic hardships to social isolation. Many countries have children with the idea that they will take care of the parents in old age. The Culture of the orient gives a special value to reproduction. The values embedded in society along with the socio-cultural norms that dominate the community cause psychological crisis among infertile couples.

Past researches reveal that infertility and its related treatments are very stressful. The term infertility refers to the term of duration of exposure to the chance of conceiving. However, infertility may also refer to the period when the couples were exposed to the chance of pregnancy—when they did not consult the doctor. It is at this period that the couples are exposed to maximum stress. The hope to conceive every month and the failure to conceive every menstrual cycle creates stress in the couple. Individuals who learn that they are infertile pass

through a stage of denial, shock, depression, frustration and anger. Relation with the partner start to deteriorate and they develop a sense of blaming themselves for the cause of infertility. On the larger scale, the couples also have spoilt relation with other members of the family or their friends. They get advices from all corners which may be unwanted and even misleading. The couples may isolate themselves from the families and friends who have children. Finally the couples suffer from anxiety related to sexual dysfunction and other types of marital conflicts.

Men and women are affected by infertility in different scales due to difference in the socialization of them. Men and women are socialized to think, feel, express and act in different ways. Women are seen as caretakers of emotions and providers of relationship. Women take the responsibility of everything bad that happens to them including being the victim of infertility. Women in infertile couple step forward to protect their husband from the failure of conception. Not only do they physically hold themselves responsible but also suppress their emotions in front of their husbands to protect them. Women often visit doctors by themselves, undergo test and medical investigation by themselves. In their opinion, husbands are unable to spare the office hours as the income loss due to forceful leave may be harmful to them. This is done often to protect the husbands from the contact of medical practices that may be traumatizing at times. Males in the infertile couple try to repress their own feelings and anxiety regarding the treatment. They try to get away from the anxiety by focusing their energy in their work where they seek success.

While delving into the motives and desires for children, there is a need to understand the socio-cultural and psychological impacts on infertility. It is a normal idea that men and women can readily produce children after they are married. It is a universal social norm that marriage leads to family when the couples beget a child. It is also believed that marriage stabilizes with child

birth and brings in happiness. Children are important to carry the family lineage, to provide financial support at old age and also as taking care of parents at their old age. All these factors enforce each couple in begetting a child. Child bearing thus becomes indispensable in the institution of marriage. Couples, even those with higher education and affluence, attempt to have a boy rather than a girl child. Couples postpone the stopping behavior until they have a son. Fertility decline may have reinforced or increased the sex ratio at birth in India .

Woman who are childless often express their desires turned into grief, guilt and loneliness. They fear their old age when they would have no one to take care of them. In such situations women deal with the problem in two ways – avoidance and confrontation. They start avoiding social gatherings where others attend with their children. They find their house to be dark and deserted without the voice of children. Then on the other hand men deal with the situation differently. Most men engage themselves in hard work, try to be away from home and keep a distance from their wife. Other men, take it in a stance—take into alcohol consumption or into extra marital affairs.

In India, childless women face termination of marriage through divorce. They are subjected to harassment, humiliation and mental torture. They may encounter stigmatization and ostracization from festivals and family celebrations. As the wife is more often blamed for the cause of childlessness, she feels humiliated and depressed. Generally, women start losing their self-respect and acquire low self esteem. Infertility in India is thus not only a medical problem but also a social and cultural problem. Life style and habits may disturb the treatment process of infertility. In many cases life style pattern can be traced as the cause to infertility. Thus in dealing with infertility treatment these need to be seriously taken into account. The age at which women are seeking to have their first child is one of the most commonly cited reasons. Age is

well established as being negatively correlated with fertility. Women are marrying later, and delaying at first birth longer (OPCS, 1990). The combined effect may be an important cause of childlessness.

It is often viewed that exercise may be positive for any health problem. However it is found that—men who are athletics or who run 100 miles a week and who ride cycle 50 miles in a span of seven days—actually have low sperm count and sperm mortality. Excessive low fat level alters their hormonal balance. Again antioxidant vitamins, particularly A, C and E vitamins actively alter the sperm quality in men. Exposure to water hotter than body temperature damage sperm production effecting pregnancy. The sauna bath which is becoming very common and desired life style leads to low sperm count for a temporary period. Research has revealed that men who are high smokers have low sperm count and abnormal shaped sperm cells which affect their mortality. Quitting the habit of smoking can help in improving the semen quality. It is also to be noted that women who are smokers during their pregnancy period may undergo miscarriages. Smoking tobacco is known to have a deleterious effect on fertility. Men with borderline infertility may have alcohol as the straw that breaks the camel's back. The direct toxic effect that works on the tissues of the testicles leads to infertility. Alcohol damages lives effecting hormonal balance in the reproductive system. Coffee drinking among women may also create problem in pregnancy. Even male fertility is affected by having caffeine consumption. Finally recreational drugs like cocaine or heroin leads to loss of sexual desire and damages sperm producing tissues, thereby leading to male infertility.

Many medicines may have adverse effect on the health. Therefore, generic name of some medicines are dealt with the infertility specialist during the treatment. Some medicines with their generic names are listed below that may cause male infertility—

1. Ketoconazole- (nizorol) used to treat fungal infection.
2. Sulfasalazine (azulfidine) used to treat ulcerative colitis.
3. Valproic acid—(Depakene) used to prevent seizures.
4. Spinalactone (aldactone) used to treat people with hyper tension or liver and heart failure.

Stress also plays an important role. Stress can alter the hormones produced in the brain and the pituitary glands. This messenger hormone if changed in any way slows down sperm production in the testicles, leading to infertility. Excessive consumption of junked food, irregular eating habits, habits of smoking and drinking and finally sedentary occupation have negative impact on fertility. Ovulation is effected by psychological and emotional stress. It is found that emotional stimuli may stop ovulation to occur via hypothalamic pituitary ovarian axis which may cause tubal spasm. Contraceptive practice plays a controversial role in fertility. Vessey et al (1986) suggests that there is some negative impact of the contraceptive pill on fertility. Working women may delay pregnancy by consuming contraceptive pills that undermine ovulation. The use of intra-uterine contraceptive devices may lead to pelvic infections contributing to infertility. Sometimes sexually transmitted diseases and sexual promiscuity cause tubal blocking and may also damage reproductive organs.

In developing countries like India, Genital Tuberculosis may be held responsible for primary and secondary infertility. Tuberculosis though persistent through many years may cause destruction to a great extent. Ectopic pregnancy<sup>8</sup> in women may be a result of genital tuberculosis leading to miscarriage, premature labor and intrauterine fetal death. From the general review of the available evidence (Thomas and Forest, 1980, Wren 1985) it seems that the most frequent causes

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<sup>8</sup> A pregnancy in which the fertilized egg implants outside the uterus.



of infertility are sperm defects, ovulatory disorders and tubal problems. However, it is important to keep in mind that with improved measurement techniques comes changes in the evaluation of fertility status. It is frequently pointed out that sperm viability is particularly poorly understood. Investigation of vasectomy samples of known fertility reveal that some men acquire pregnancies in their partners with sperm samples that may be considered to be sub fertile if evaluated by an infertility service (Stanway 1980). Similarly, the assessment of adequate ovulation has changed substantially in the recent years. The endocrinology of ovulation can detect more subtle difficulties, which in the past, would have led to a diagnosis of unexplained infertility.

### **CAUSES OF INFERTILITY AMONG WOMEN**

It is generally noticed that infertility among women may be due to the following reasons: --

- -Blockage of Fallopian tubes
- Loss of tubal functions—ectopic pregnancy
- Tubercular endometritis
- Ovarian destruction
- Endometrium inflammation.

#### **A. PHYSIOLOGICAL FACTORS**

I) Screening for tuberculosis is a very important aspect in detecting infertility. Genital tuberculosis poses a serious diagnostic dilemma. Improved investigational techniques and immunological tests led to increased awareness of genital tuberculosis among clinicians.

There may be investigations like endometrial curettage, Laparoscopy<sup>9</sup> or Hysteroscopy<sup>10</sup> or Ultrasonography<sup>11</sup> which could reveal the cause of genital tuberculosis.

The way to overcome this problem of genital tuberculosis—IVF or In vitro Fertilization is the only useful treatment. If genital tuberculosis damages the endometrium irreversibly causing implantation failure—gestational surrogacy affects the only hope of success. Treatment of tubal disease is surgery or micro-surgery.

Some cause of tubal damage may include—

- Infection caused by bacteria and viruses transmitted sexually lead to inflammation and total damage. Hydro-salpinx is a condition when the fallopian tube is occluded at both ends leading to fluid collection in the tube.
  - Appendicitis or colitis is some abdominal diseases that may cause inflammation of the abdominal cavity affecting the fallopian tubes.
  - For women in many cases surgeries of the abdomen and pelvic can lead to adhesions which may cause a blockage of the passage from where eggs may come out of the ovary. Pregnancies occurring in tubes can damage the tube and can be life threatening.
  - Finally, congenital defects-- when a woman is born with tubal abnormalities associated with irregularities in the uterus may cause infertility.
- II) Disorders in ovulation are the most common reason for infertility. Poor ovulation may be due to hormonal problems which are known as anovulation. Complex balance of hormones and their interactions lead to good ovulation. When the ovaries fail to produce normal follicles where eggs mature, anovulation occurs. Ovulation fails to occur if the eggs are immature which again reduces chance of fertilization. Polycystic ovary

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<sup>9</sup> It is a surgical diagnostic procedure used to examine the organs inside the abdomen

<sup>10</sup> It is a method used by the doctors to look at the lining of the patient's uterus

<sup>11</sup> It is a diagnostic imaging technique based on the application of ultrasound.

syndrome is the most common disorder which may cause—Amenorrhea<sup>12</sup>, Anovulation<sup>13</sup> and Infertility. The condition is characterized by less production of FSH; there can be normal or increased level of LH, estrogen and testosterone. Undeveloped eggs may be an outcome due to the dysfunction of the hypothalamus and failures of ovary.

- III) Serious damage of the ovary may lead to failure of ovulation. Sometimes surgeries to remove cysts from the ovary may cause a damage and totally stop ovulation.
- IV) Early or premature Menopause is an unexplained cause of anovulation. Some women cease the menstruation before normal age as their natural supply of eggs have depleted. Low body weight and extensive exercise may cause premature menopause.
- V) Follicle problem may be yet another cause to infertility. This is the problem of un-ruptured follicles which fails to rupture even if they are produced every month.
- VI) Endometriosis is very common affecting 30% to 40% infertile women. For these women, the chance of fecundity that is the chance of becoming pregnant diminishes to a large extent. The problem occurs when the lining of the wall of the uterus called endometrium grows excessively. Such growth may also occur in the fallopian tubes or ovaries. The symptoms like long painful menstrual periods, urinary urgency, premenstrual spotting may indicate severe endometriosis. Endometriosis has been derived from the term ‘Endometrium’ – a tissue inside the uterus wall which builds up and sheds each menstrual cycle. In endometriosis the tissue forms outside the uterus wall which is termed as a ‘Growth’ or ‘Implant’. This tissue outside the uterus wall has no way to leave the body resulting in internal bleeding, internal scars and so on. Researchers claimed that the cause of endometriosis may be due to the use of toxic chemicals entering the body in more than

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<sup>12</sup> An abnormal absence of menstruation.

<sup>13</sup> The failure of the ovary to release ova over a period of time generally exceeding 3 months.

one way. Though there can be no simple or absolute cure for endometriosis, self help approaches can help one to regain good health.

- VII) Abnormal uterus fibroids and polyps may also cause infertility. In many cases obstruction of the uterus and fallopian tubes lead to infertility. Septate uterus may lead to recurrent miscarriages or the inability to conceive. Inconsistent cervical mucus among females may hinder the adequate amount of sperm to swim easily to be implanted in the uterus wall. Too little estrogen or too much progesterone may cause hormonal imbalance leading to infertility.

## B. BEHAVIORIAL FACTORS

As it is commonly known that many personal habits and ways of life may seriously affect health and may even cause infertility among couples. However, these variables can be regulated to increase not only the chance of pregnancy but also the overall health of the couple.

- I) Proper diet along with good amount of exercise is required for optimal reproductive functioning. Both overweight women and underweight women have problem during conception.
- II) Smoking is harmful for both men and women. Women who are smokers risk the state of pregnancy by miscarriages. If they complete the total pregnancy period, they may have either premature birth or underweight babies.
- III) Alcohol intake by women also increases birth risk. Alcohol at high level in the mother causes Foetal Alcohol Syndrome.

- IV) Drugs such as marijuana, cocaine intake by pregnant women may cause severe retardation and kidney problem in the baby. All kinds of recreational drugs should be strictly avoided during pregnancy or during the time of conception.

### C. ENVIRONMENTAL FACTORS

Environment in general and workplace may be loaded with toxin or chemical contents. The toxins which are known as reproductive toxins may lead to mutations, birth defects, abortions and even infertility. Some chemicals may be listed that cause problem in conception.

- I) Lead---exposure has been proved to be harmful in fertility factor often leading to artificial abortion.
- II) Medical treatments like X-rays or exposure to radiation like radiotherapy or chemotherapy have lead to ovarian problems.
- III) Ethylene Oxide, chemical use for sterilization and also in pesticides have been proved to cause miscarriages and birth defects.

### CAUSES FOR INFERTILITY AMONG MEN

Infertility among men may be caused due to many factors extending from hormonal imbalances to physical as well as psychological problems. Some of them may be discussed below:--

- I) A minor percentage of male infertility may be caused due to hormonal issues. The Hypothalamus pituitary endocrine system regulates the chain of hormones among men that damage the testes from producing sperm. When gonadotrophic releasing hormone [GNRH] fails

to be released in the adequate amount by the brain it may stop testosterone synthesis and sperm production.

- The pituitary fails to produce Lutenizing Hormones (LH) and Follicle Stimulating Hormone (FSH) which affect sperm production.

Hyperprolactinemia—an increased level of prolactin may reduce sperm production. It may also reduce libido and cause impotence. Hypothyroidism—or low thyroid hormone level cause poor semen quality, poor functioning of the testicles and low libido. Reduces iodine intake and replacement of thyroid hormone can uplift the sperm count.

- Increased level of adrenal androgen when there is suppressed pituitary, leads to congenital Adrenal Hyperplasia. Symptoms may include low sperm count, increased amount of immature sperm cells and low level of mobility of the sperm. The problem may be treated by cortisone replacement therapy.
- Pan Hypopituitafism or complete pituitary gland failure leads to low hormone growth and low LH and FSH levels. Symptoms such as lethargy, impotency, decreased libido and loss of secondary sex characteristics may be noticed. The only way to overcome this problem is by supplementing the missing pituitary hormones like LCG that stimulate testosterone and sperm production.

II) A variety of physical problem may lead to male infertility. The process of sperm production may be disrupted due to physical problem located in the testes or the penis. This leads to low sperm count and abnormal sperm morphology.

- Varicocele is a problem of the enlargement of the internal veins that contain sperms that may drain blood from the testicles to the abdomen. Problem of varicocele is diagnosed by the physical

examination of the scrotum aided by Doppler stethoscope and scrotal ultrasound. However, surgery can be the best method to cure the varicocele problem.

- There can be a problem of transplanting sperm from the testicles when the pathway may be blocked due to damaged sperm duct. Again tuberculosis or sexually transmitted diseases may block epididymis or tubes.
- torsion is caused due to supportive tissue abnormality. When torsion pinches blood vessels that feed the testes, testicles get damaged. This may lead to permanent male infertility.
- Disease like mumps, small pox, typhoid, influenza can cause testicular atrophy. A low sperm count and low sperm mortality are the indicators of this problem. This condition can be treated by hormonal replacement therapy or surgery.
- The genetic condition called klinefelter's Syndrome is called when each cell in the human body has additional X chromosome. Instead of having one Y and one X chromosomes, the men with this disease are conditioned with one Y and two X chromosomes. These men may have peanut sized testicles and enlarged breasts. This problem needs early treatment through chromosome analysis. There can be yet another problem of retrograde ejaculation into the bladder rather than out of the urethra. In such cases the urine gets dissolved in the ejaculated liquid causing infertility. Surgery of bladder neck can restore normal ejaculation.

III) Psychological problem can also affect male infertility. Erectile dysfunction is a very common problem suffered by most infertile men. Anxiety, guilt, low esteem worsens this situation. Impotency can be caused by disabilities, high blood pressure, heart disease, stress e.t.c.

Psychological problem may also cause premature ejaculation at least 30 seconds after penetration. Physical incompatibility between partners may also cause premature ejaculation. Artificial insemination is the only remedy to the problem. At times men fail to ejaculate during

the sexual intercourse even if they are functional during masturbation. This may be defined as ejaculatory incompetence and is a rare psychological problem. If medication and behavioral therapy fails, artificial insemination therapy is the remedy.

### **INFERTILITY—ITS TREATMENT PROCESSES**

It is to be noted that about 5% of the couples living in developing country like India experience primary infertility—which is inability to have children. Secondary infertility occurs when the couples are unable to conceive or carry pregnancy to the full term following the birth of one or more children. Experts claim that about half infertility cases may have physical origin while the rest remained unexplained. While determining as to which treatment would be the most appropriate we may come across a variety of options, medications and potential treatment protocols. In treatment process not only efficiency but also the cost effective factor needs to be taken into consideration. Further as reproductive medicines evolve almost every day, guidelines for management and funding requires regular revision.

Depending on the seriousness of the cause of infertility, gynecologists treat the patients. Patients usually visit their own family physicians that may in turn refer them to a known gynecologist. However if the case becomes serious, an infertility specialist is consulted. A well equipped infertility unit with appropriate facilities of investigation is the right place for the patients to be treated.

Any infertility care units have been categorized into four levels with authorized treatment process. The different levels of infertility care units may be: -- LEVEL IA, LEVEL IB, LEVEL II and LEVEL III. At level IA, the gynecologists need to have a post graduate degree with



appropriate knowledge of reproductive endocrinology and imaging. This level will not have the IUI unit for sperm manipulation and thereby do not need accreditation under the guideline. Level IB is an infertility care unit which is entitled to perform IUI under the supervision of a gynecologist with a post graduate degree. This level need appropriate accreditation. Difficult cases which may involve untreatable single defects in either partner or multiple defects is usually referred to higher level infertility care units involving extra corporeal gamete manipulation (IRM. Vol. 63 FEBRUARY 2012)

## **DIFFERENT TREATMENTS FOR INFERTILITY**

### **A. Guidelines for IUI**

All over India there has been a wide controversy regarding the IUI treatment process. IUI involves manipulation of the gamete along with the laboratory processing of the sperm. Gynecologists who are trained in reproductive endocrinology are competent to perform IUI and the doctor does not require accreditation. However, the laboratory where the semen is processed needs accreditation. The IUI process can be explained in simple words. IUI involves the direct replacement of the processed, concentrated sperm with high mortality washed free from seminal plasma and cell—into the uterus and close to the ovulated oocytes. Studies have proved that excellent ovulation should be combined with IUI in order to get better fertility. It is helpful for the anxious couple to achieve pregnancy at a low cost. In case of ovulation problem, there is a need to monitor ovulation by serial ultra sonography known as follicular study. This study confirms the time of ovulation. The procedure includes intra uterine insemination in which the sperm is positioned inside the uterus with the catheter during the time of ovulation. However, if

the fallopian tubes are blocked, surgeries are required before any other treatment. Laparotomy is now replaced by laparoscopic surgery.

### B. Guidelines for Invitro-fertilization

The most advanced treatment process is invitro-fertilization (IVF) commonly known as test tube baby. In this treatment process, eggs and sperms are collected outside the body and made to fertilize in the laboratory. Then the fertilized embryo gets transplanted inside the uterus.

Severe cases of impairment of the tubes are the principle reason for in-vitro fertilization, which enables fertilization of eggs and return to the uterus for implantation and development. The little known action of the tube itself in the very early stages of development may account for the high failure rate of this treatment, at least 70% with three embryos, 92% with one (cited, Winston, 1986).

In order to have a good treatment there is need to have well designed ART clinic with sterile and non sterile areas. The investigative study of the ART clinic may reveal the following:--

The non-sterile area may include:

- i) A room where the patients are received and seated.
- ii) A room with privacy where the investigation can be carried out.  
If a male doctor needs to investigate the patient, he needs to be assisted by a female attendant. The room is well equipped with gynecological instruments.
- iii) Store room is required to store sterile items under both refrigerated and non-refrigerated conditions.
- iv) A computerized record room is kept to store the data in times of analysis.

- v) Facilities should be kept to sterile and auto clean the items which may be used in in-vitro culture laboratory.
- vi) Steps need to be taken to make the clinic vermin proof to that insects are out of reach, as no pesticides are allowed in the In-vitro clinics. Pesticides are harmful as it can toxicate the gametes and embryos.
- vii) Semen collection room should be in an isolated corner, secluded and near the laboratory. The WHO specifies special container for the collection of the semen. It must be sterile, non toxic and maintained at body temperature. The room has to have a washroom with soap and towel which should not be used for any other purpose.
- viii) Care must be taken in maintaining the semen processing laboratory equipped with laminar airflow. It should have separate area for safe disposal of biological wastes and laboratory items like syringes and glass slides. All workers working in the laboratory should be immunized against hepatitis B and tetanus.

The sterile areas may be as follows:--

The sterile area is one which has the operation theatre, an area secluded for intra-uterine transfer of sperm or embryos and also an adjoining embryology laboratory. A sterile room is protected by a place or area to change the footwear, a station to scrub, and also a room where one can change into sterile garments. In order to have good circulation of air, the room may have air filter and air conditioner machines. A good operation theatre is required for proper surgical endoscopy and picking up of ovum. Rooms should have tables to conduct the intrauterine procedure for transfer of embryos is required. An embryology laboratory is a must for controlling temperature and humidity. The laboratory need to be washed regularly with disinfectants and use of any kind of carpet on the floors is strictly forbidden.

The embryology laboratory needs—

- A Thermostatically controlled heating plate
- A stereo microscope.
- A routine high-powered binocular.
- A high resolution inverted microscope.
- A micro-manipulator.
- A CO<sub>2</sub> incubator.
- A hot air oven.
- A laboratory centrifuge
- Equipment for freezing embryos.
- Liquid nitrogen can.
- A refrigerator.

Importantly, appropriate steps must be taken to identify the gametes and embryos so that there is no mixing up. All materials from the operation room such as culture dishes and falcon tubes for sperm collection must bear the name of the patient. At times the infertility clinics do not have all the facilities to perform the necessary procedures to diagnose infertility under the same roof. However the infertility clinic must have easy access to laboratories that are able to process immunization of hormones such as FSH, LH, prolactin, HCG, TSH, Insulin, Progesterone and testosterone. The procedure involved in conducting ART requires a well—organized teamwork between the gynecologist, the andrologist and the clinical embryologist supported by a counselor and a programme coordinator or director.

The clinics need to engage the gynecologist who is well trained, conversant and knowledgeable in male and female infertility. The doctors should have knowledge in reproductive

endocrinology and any kind of endocrine disorder. The infertile couples need to be interviewed to study their history. A proper physical examination is required, laparoscopy need to be performed to find out the state of the uterus and fallopian tubes. The couple is then given proper advice on planned relationship.

Andrologist studies about male infertility. However, in India, it is the urologist with the post graduate degree who treats male infertility. He is usually trained to diagnose and treat male infertility. It is the work of the andrologist to record histories, maintain records, refer the couple to the gynecologist and carry out appropriate ART procedures. Embryologist must have good knowledge in mammalian embryology, reproductive endocrinology, genetic and molecular biology. He must be conversant in semen analysis, in cyro preservation of semen used in cell and tissue culture. The work of the embryologist is to process and culture the gametes and embryos before handing it over to the concerned gynecologist.

A counselor in the infertility clinic has important role to play. Though he is not separately trained for ART, he should however have knowledge in various causes of infertility and its social and gender implications the psychological stress that is experienced by the couple in this treatment process is also taken care by the counselor. Finally, the programme coordinator or the director should be a senior person who needs to have good experience in all aspects of the ART process. He needs to guide the team, look into the administration, enquire about stock, maintain public relations, take hold of the financial expenses and also carefully keep patient's records.

### C. Gynecological Endoscopic surgery

A greatest revolution in the field of gynecology is the development of Endoscopic or Keyhole Surgery. Open surgeries to deal heavy or irregular menstrual periods—pelvic pains associated with menstruation—benign ovarian cysts and tumors—endometriosis, ectopic pregnancies or

polycystic ovarian problems. Laparoscopic surgery is usually involved in such problems. A hysteroscopy enables the surgeon to observe the uterine cavity through the cervix and operate the uterus without cutting it open. Laparoscopy is a procedure which involves a small incision or cut in the patient's abdomen in order to insert the laparoscope and examine. The incision is also called "belly-button surgery" as it is made near the navel. The laparoscope helps the doctor to look into the abdomen and also to get a photographic record of the internal part of the abdomen. As a diagnostic procedure, the laparoscope helps the doctor to have a closer view of the abdomen or the reproductive organ in order to recommend appropriate therapy. It helps to locate a cyst (sac filled with liquid in the ovary), tumor (mass due to uncontrolled growth), fibroid (benign overgrowth of uterine muscle), adhesion (fibrous tissues in organs).

Another investigative process is hysteroscopy. It involves inserting the telescopic camera through the vagina into the womb to view the internal parts of the womb. Pregnancy may be delayed in case a polyp exists. In case the tubes are blocked, catheters are used to open the mouth of the tubes.

The advantages of such surgeries may include:--

- Superior cosmetic value associated with small cuts.
- Post operative discomfort gets minimized.
- There may be very low risk of infection.
- Post operative adhesions which are minimum.
- It requires short stay in hospitals.
- Recovery to normal activity quicker.
- Avoidance of premature menopause due to ovarian failure through traditional process of hysterectomy.

To conclude, all the above mentioned treatment processes allow reproductive organs to function properly. It is also helpful to women who can preserve their fertility potential along with their personal wishes. These also give a happy feeling with minimum discomfort , low cost and quicker recovery.

### **ETHICAL AND MORAL RESPONSIBILITIES OF A.R.T. CLINCS**

It is of much concern as how ethically and morally these ART clinics function. Though technical advancements give hope of parenthood to many infertile couples, yet the legal rights of semen donors, embryo donors or surrogate mothers can never be totally neglected. Each art clinic have their own ethic committee comprising of ART practitioner and scientist who are experts in this field. Some experts like the clinical embryologist, a social scientist, a judiciary member, and a person well versed in comprehensive theology make up the ethics committee.

ART clinics take up the ethical responsibility of providing the service to the economically weaker section of the society. There can be two ways of achieving this goal:--

- Service can be offered at the cost price and exploring the scope of low-cost of IVF. Setting up of modern ART clinic is an expensive affair. It needs dedicated staff for the long term services. The public sector needs to open up ART clinics to provide service to the poor. It can be the government who can encourage the all ready existing ART clinics to serve the weaker section at the cost price.
- Cost of drug is a very important factor. The concerned ministers must take a close look at the cause of the high cost of ovarian stimulation. Local pharmaceuticals industries should start

manufacturing gonadotropin. Follicular stimulating hormones should be manufactured by indigenous industries to counter the multinational companies.

- There is an urgent need to document database that would cover data on all aspects of infertility. Many cases ignore the molecular etiology while overcoming the male infertility aiming at providing a child to infertility couples. This may be highly risky in the process of curing infertility.

### **Consequences of Infertility**

Motherhood for women is the most important role in India. Childlessness as well as childbearing therefore has a special concern in the so-called moral society. Indian society considers motherhood to be the total fulfillment of adult female identity and procreation is seen as the reification of the total bond between a man and a woman.

Infertility leading to childlessness therefore affects the woman's life in various ways. For the women the experience can be both complex and painful, both at psychological and personal level. Women undergo periods of intense social isolation from her partner, her family's social circle and from society at large. Women who have been interviewed expressed despair and also a sense of uselessness of having a life without a child. Thoughts of self-inflicting crimes have also taken place in the minds of the interviewed women. Consequences of infertility lead to a life where the woman excludes herself from all ceremonies considering her to be of ill omen. Women who have children at times feel for the infertile women—but are more interested to respect the cultural taboos accompanied by fear. Social and cultural contexts placed these infertile women in a special position. The women even develop low self-esteem when she blames herself for being unable to bear a child. Some women even fear divorce.



Women who are desperately eager to have a child, urgently look for the solution to their problem. They look forward to pursue their treatment process without considering the impact of the hormonal treatments on them. These infertile treatments are unpredictable, long drawn roller coaster of hope and disappointment. The treatment may not end with the birth of a child but the process definitely leaves a deep impact in the minds of the women. Women start blaming themselves for not being able to give a heir to the family. Women usually take the responsibility of childlessness on themselves thus protecting their husbands from the failure. Men are usually asked to accompany their wives to the infertility clinics but the women guard the men as they have more important work to attend to. Men, too, take the advantage of being dominant financial provider and repress their emotions of not becoming the father by avoiding the visit to these clinics. However the men have a pragmatic ambivalence towards fatherhood and show their silent acceptance if they fail to become a father. It is also noticed among the husbands that being unable to fix the problem and get the desired goal, they suppress their feelings totally. It is in turn misunderstood by their wife as ignoring or not taking care of her and her mental state. But in most cases the husbands are unable to control their emotions as they strongly feel for their wives. On the contrary men already have an avenue to establish themselves and totally engage themselves in the workplace, where they find their success.

The impact of infertility is different among males and females. This is due to the innate nature of the two genders to the issue of a child. Even though child birth may bring happiness to men and women, the psychological impact on the men and the women are different. The female along with her sadness suffers from isolation, despair, loss of identity and finally a sense of failure. She may start planning herself and easily step into depression. Men suffer from medical, financial and emotional pressures too. Men, too, develop a sense of failure to prove his masculinity. As a

result there is a tendency among the infertile couples to distance themselves, to a life of separation. There are phases of oscillation when the couples may come close to one another and again times when they would distance themselves. This according to the psychologists may be important criteria to determine whether the couples would remain together during and beyond the experience. During the process of treatment the couples hold the candle of hope and are optimistic of the result or outcome. But when they encounter repeated failure with each menstrual cycle, they start realizing the bleak hope for the future. They start to accept the never ending struggle in the journey of parenthood. There is need for a good communication, a need for sharing the burden of despair and recognizing the psychological and emotional state of the couples.

Some common emotional feelings that the couple experience are as follows—

1. Couple feels—a loss of state—of not being able to beget a child that they long desired. They start believing that they had a futile marriage as they cannot step into the second stage of being a parent.
2. A feeling of anger engulfs them when they witness other couples easily becoming parents when they wished to.
3. Females among the couples experience a state of denial. She decides to continue the treatment to its maximum level as she keeps the hope of getting the positive result.
4. Shame is the obvious consequence of such couples. They feel the diagnosis have made them less masculine and less feminine.
5. Couples feel a lack of control to their honest effort in the process of infertility treatment. Even though they spend time, money and hold on to their patience, they realise that they have no control in the treatment process.

6. Marital stress also affects the couples in the sexual intercourse. When the couples are forced into sex during the period of high ovulation, the act becomes a chore than an enjoyment. Men often suffer from performance anxiety leading to the feeling of guilt and shame.

Finally, couples are financially stressed during the long drawn treatment process. The endless phases of the treatment become a burden on the couple. Deciding upon which treatment to continue, when to stop or what can be the alternatives to the treatment—put a tremendous pressure on the couple. The pressure of society on the couple cannot be ignored. As the sub-fertile couples witness friends and relatives expanding their families, they tend to believe that pregnancy can never occur. Women's menstrual cycle reminds her of her failure to conceive which leads to psychological stress in them. Among couples who are working or pursue career, childbearing doesn't become a priority for them at the beginning of their married life. These couples may decide to have a child when the female partners are already in their mid-thirties—when chance of natural conception declines. There comes a stage later in their lives when they start blaming themselves for leaving things too late. When the couples start suffering from infertility, the women consider infertility as a part of their failed identity while the men consider infertility as a problem to be dealt with.

As the treatment of infertility is concerned—the present situation over-medicalizes the medical performance which leads to a complete destruction of the enjoyment of sex. The failure to conceive also puts a stress on the couple's relationship. The woman tries to make her position in the family of procreation secured by becoming a mother and providing succession to the family tree. Else these women fear divorce and desertion by their husbands. They doubt the stability of their marriage. Divorce and permanent separation are consequences of some childless marriages.

The institution of marriage gets sanctioned and reinforced with the new entrant in the family from the couple. Some society undergoes polygyny as a result of childlessness. Instances can be cited when the women are labeled to be bad and unable to give birth to a child. Women themselves encourage men to marry and replace his partner with a fertile woman. Unsympathetic in-laws may blame the daughter-in-law for not being able to give a child to the family. Sophisticated women may blame the women as careerist, selfish and even as less interested to become a mother. Thus the consequence of not bearing a child falls directly on the women.

### **Coping with Infertility**

Infertility is a joint problem where no individual partner can take the sole responsibility. Therefore, in order to cope with infertility, the couples needs to work as a team, sharing good and bad, advantages and disadvantages of the problem. There are couples who claim that infertility has distanced them, taken away the love that existed. Others however believe that infertility brought them closer, developed a strong emotional bond between them. Nevertheless the couples, who finally become successful by begetting a child, can never forget the stressful period during the infertility treatment.

In the process of infertility treatment when one partner is diagnosed with the problem—he/she starts feeling guilty at the prospect of depriving the spouse of the happiness of becoming parents. The couples needs to visit the doctors together specially for discussions about treatment options. Both need to be present to take the doctor's advice. It is easier for the doctor to disclose the truth and come forth with the harsh reality. The couples at this juncture can support each other emotionally. The couple may be given an option of going through in-vitro fertilization intra-cytoplasmic sperm injection-donor insemination adoption-or remaining childless. In such cases

the partners will have different initial reactions or priorities. They need to come to a strong decision as to whether to continue with the treatment or give up their aspiration of a genetic child.

Among the couples some ethics should be respected. The partners should not keep any matter hidden from each other. The wife should take the consent of her husband if she seeks for a donor insemination. Again partner should never threaten the other of divorce if they fail to become parents. Infertility makes people question their faith in God. They try to resort to varied religious rituals, to appease God in order to get a child. But when they fail to conceive they get angry and many give up the faith in God. They tend to question the divine judgement as to why were they selected as childless couples and not others. They refuse to accept their destiny and question their life determinants. The most difficult part of the treatment of infertility is to decide as when to stop? When the treatment indicates a complete closure it becomes traumatic for the couple. The doctors may disclose the truth as further treatment will not take them to any desired end. Stress piles on them as they now need to decide to stop or else to go further seeking another opinion from another infertility specialist.

Doctors may advise the couples to stop the treatment for two reasons—

- One can never be sure of conception and as to when pregnancy is to be ascertained.
- There is always a chance of natural conception even without treatment.

Some couples may not feel like continuing the treatment as they are against the advanced treatment like IVF and its hidden hormonal impacts. Excessive hormones may cause other kinds of complications in future. It becomes extremely difficult for the couples to cope with the psychological stress and strains during the treatment process. As the stress becomes a part and parcel of the whole treatment process. Some couples tend to lose their life's pleasure when they

are forced to encounter more than one displeasures during the treatment process. Proper counseling may make the couples strong enough emotionally to decide to stop the treatment. Some couples may suffer from an obsessive disorder when they pursue their treatments without fail. For some couples to take the decision of stopping the treatment may be traumatic. Many think of how the larger family would react to their decision. Finally, couples may stop treatment but continue to pursue the means of achieving one that is through adoption.

## **SOCIOLOGICAL PERSPECTIVE**

### **BASIC TENANTS**

Social phenomena may be studied from various perspectives. Society and social behavior is studied by sociologists from micro level that is the analysis of society from small social patterns to macro level when sociologists analyze society from larger perspectives that is mainly dealing with broader social patterns. Sociologists generally involve three primary theoretical perspectives in the study of society, namely, the functionalist perspective; the conflict perspective; and the symbolic integrationist perspective. It is through these perspectives that sociologists try to explain how society influences people, social forces existing in society, and human behavior that influences society at large.

Functionalism is a macro perspective which explains different aspects of society which are functionally adaptive establishing relationship between different parts that make up a society. According to the functionalist perspective each part in the society is interdependent. Different institutions like the family, the state, the religion, the law and the education system, naming a few are interdependent among themselves which finally lead to the functioning of the society as

a whole. Any part of society produces order stability and productivity which forms the social structure functional to society.

According to this perspective, society is held by social consensus which means members forming society agree upon each other and work together towards the functioning of the society as a whole. Functionalist believes that any society is build upon the solidarity of its members noticeable in both traditional as well as modern society. In the views of Emile Durkheim, a functionalist- both mechanical solidarity as well as organic solidarity based on social consensus exists in society. In traditional society, mechanical solidarity exists in the form of similar values and beliefs as well as simple, similar pattern of work. In contrast, modern society is characterized by organic solidarity- a social cohesion that arises when people are interdependent in spite of believing in different patterns of values and beliefs. Functional sociologists study the relationship between functions of smaller parts and the functions of a whole which may or may not exist in an overt or covert manner in society. According to functionalist, Robert Merton, any human function that contributes to society may be of two types- Manifest functions that are noticeable and apparent. The other one is Latent function which is unintentional not easily noticed in society.

The functionalist perspective focused on the functions of family of family as an institution in order to maintain stability in society. Any family performs four basic functions for its individual members and society at large. The four main functions would be- "sexual", "reproductive", "economic" and "educational" functions. It is generally accepted that the primary function of a family is the sexual function along with it is the reproductive function. The sexual function refers to the regulation of sexual activity between the husband and the wives as sanctioned by the society. Society also lays down the norms concerning the sexual activity outside the family in

order to maintain stability within society. The reproductive function is related to bearing and raising children. The family provides society with new members and assumes responsibility for raising them.

From the functional perspective, family and marriage is considered to be the building blocks of society. These social institutions exist in society to maintain the stability of society. Both marriage and family provide a structure in which children can be produced and raised. They also provide a structured way in which sexual relations are regulated so as to fulfill the sexual desires with any conflict. Again family as an institution give a sense of belongingness to its members by providing them love, affection and security. Marriage as a social institution gives sanction to the individuals to fulfill their emotional and sexual needs which ultimately results in the birth of children. Marriage and family gives husbands and wives a satisfaction of becoming parents and the happiness involved in bringing up children as desired and required by the society at large. The stability of relationship that marriage promises makes it the most suitable institution to give birth to children, to rear and socialize them to society's norms, values and goals. Thus for society, the institution of marriage ensures the regulation of sexual activity for adult members along with the socialization and protection of children born as a result of that sexual activity.

The Conflict Perspective is a macro level sociological analysis. The conflict perspective owes its origin to the writings of Karl Marx on Class and Class Struggle. This perspective stands against the functionalist view of order and stability in society and instead focuses on the negative role played through conflict, struggle and aversion. The conflict view challenge status quo and social order - propose social change which may also take the form of a social revolution. Though the conflict theorists believed that the key to conflict was rooted in the economics of society, they also opined that the potentiality of inequality present in society led to social conflict. Social



groups based on race, gender, religion, ethnicity, politics and economics have a strong role in society which is not always that of consensus. They also inbreed conflict and often aspire social change. In any society, there may exist conflicting groups with conflicting values which may cause one group to compete against another. These inevitable competitions among groups often cause conflict demanding social change.

According to conflict perspective, all marriages are not rosy. Marriage as an institution can be a suitable ground of conflict between a husband and a wife. Many view marriage as a ground for subjugation of women in a society ruled by a patriarch. It is generally admitted that conflict is bound to occur between two people who are intimately connected to each other. Husbands and wives are no exceptions. From ancient society to recent past, husbands have had more power than their female counter parts which was not gladly accepted by the woman folk. This resentment among the wives crystallized which demanded a change in the society. Over the span of time wives in the family took over the stronger hold both in the economic and the social affairs of the home front. In some cases the change was so drastic that it finally led to the breaking down of marital bond through the divorce of the husband and the wife.

The third major perspective is the Interactionist perspective. The interactionist view studies society through micro perspective. Sociologists in this theoretical view, use symbols and interpret the meanings of the symbols to study the various levels of interactions among the human beings. According to Max Weber, Individuals act according to the interpretations of the meaning of the world around them. It is the people living in the society who attach meanings to symbols and then act according to their subjective interpretations of symbols. In the process of interactions the symbols which have meanings attached to it need to be interpreted in the same meaning between the interacting individuals. If the meanings are not shared by the individuals

there will be a difficulty in communication- which may also lead to miscommunication. Marriage as a institution has intricate meaningful symbols which need to be properly interpreted. From the interactionist perspective marriage is what people make of it, how people interpret it. In some marriages, partners feel fulfilled and complete with one another while in some other there may be a feeling of subjugation and dissatisfaction. Cultural traits and symbols constantly change in society in terms of its meaningful interpretations. Through the passage of time, cultural ideas and meanings have changed in terms of the ideas of household; work at home by men and women and also in the role of mothering children.

### **Functional Perspective**

Functionalism is an approach that aims to access an action or social process in terms of its consequences for the relevant social unit. As a consensus theory, functionalism shared norms and values as fundamental to society and focus on social order based on tacit agreement in society. Functional analysis focuses on the interdependences of social institutions in order to work out collective structures in society. Members in a society have interest served by participating in these institutions and have strong desire to abide to the obligations prescribed by such arrangements. There is a need to identify the functioning adaptation and adjustment of the actions and processes observed. The key question of any functional analysis of a social action or process was to identify the contribution played by it in the maintenance and change of a given social structure. (Durkheim, 1950; Merton 1949)

According to some scholarly views, Functional analysis is a tool reserved to the observer where every observed action was thought to have some functions and that everything could be explained by the contribution that it makes to the social whole and vice-versa. According to others, functional analysis was simply a descriptive or a exploratory tool in any scientific task

like causal analysis. Functional analysis was just restricted to the description of a context where some very special conditions would occur: some institutions whose functioning was unintended by the actions involved; where such functioning was beneficial to at some of them and where such benefits were not linked by those who enjoyed the benefit to the specific behavior enacted. (Merton 1936)

Talcott Parsons opined that actions of people were guided by more structural concerns like power of social norms, sanctions and regulations. Parson was guided by Max Weber, Emile Durkheim, Vilfredo Pareto and the economist Alfred Marshall - to construct a "Voluntaristic Theory of action". This study rested on - "the unit act" which involved meaningful human behavior. It included - the actor, the future- oriented ends or goals geared towards "the attainment of actors own rationally pursued and calculated ends";The mean which would be required to pursue the ends would include parts of both the external terrain and his or her own body over which the actor has control and also those conditions within the external terrain over which the actor had no control, which he cannot alter or prevent from being altered.( Parsons 1968:43-51), and passim ; Parson 1949 cited in Hamilton 1985:74;) and finally , central to Parson's concern there would be a " normative orientation" of action through which the actor brings all these dimensions together in a determinate manner which informs both the ends and the means chosen.

Parsons emphasized the role of norms and values in guiding unit act. He tried to delve to find out how values (actors ideas) and norms (rules of conduct in society) become institutionalized so as to regulate the goals of the actors and the means they choose to reach their goals. According to Victor Lidz- Actors who share normative standards are able to develop reciprocal expectations of one another. Concrete expectations often differ according to specialized roles, but actors in

different roles and pursuing different ends may yet agree on the expectations appropriate to each of the parties engaged in common relationships. By focusing on the shared elements of normative order and common grounds of expectations, Parsons was able to analyze the integration of social action. (Lidz 2003: 384; original emphasis)

Generally, Parsons study of structural functionalism that dealt with actor's goals and actions was based on four functional imperatives which he encapsulated in his famous AGIL Scheme. AGIL referred to a function which is "a complex of activities directed towards meeting a need or needs of the system." Parson believes that there are four functional imperatives that are necessary for (in other words the characteristics of) all systems. - Adaption (A), Goal Attainment (g), Integration (G) and Latency (L) or Pattern Maintenance. Together these four functional imperatives are known as The AGIL Scheme. In order to survive any system must perform these four functions:

- 1) Adaption: A system must cope with external situational exigencies. It must adapt to its environment and adapt the environment to its needs.
- 2) Goal Attainment: A system must define and achieve its primary goals.
- 3) Integration: A system must regulate among the interrelationship of its component parts. It also must manage the relationship among the other three functional imperatives.
- 4) Latency :( Pattern Maintenance): A system must furnish, maintain and renew both the motivation of individuals and the cultural patterns that create and sustain the motivation. (A, G, I &L).

Parson designed the AGIL Scheme to be used at all levels in his theoretical system. Parson used the AGIL model in his discussion of the four action system. According to Parson, The behavioral organism handles adaption by adjusting to and transforming the external world. The personality system performs the goal attainment function by defining the goals and channelizing the resources for the attainment of the same. The controlling of the component parts of a social system is through integration and finally the cultural system performs Latency by motivating the actors to follow norms and values in their actors.

Parson was in favour of the ordered structure of society and discussed little regarding the issue of social change. In his view;-

- Societies have the property of order and interdependence of its parts.
- Systems tend towards self - maintaining order, or equilibrium.
- System may be static or involved in ordered process of change.
- The nature of one part of the system has an impact on the form that the other parts can take.
- Systems maintain boundaries with their environments.
- Allocation and integration are the two fundamental processes necessary for a given state of equilibrium of a system.
- Systems tend towards self - maintenance that involves the maintaining of boundaries and of the relationships of the parts to the whole, control of environmental variations and control of tendencies to change the system from within.

A social system consists in a plurality of individual actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms

of a tendency to the "Optimization of gratification" and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols. (Parsons, 1951:5-6)

Functional prerequisites of a social system were the main focus in Parson's discussion. In simple words, Parsons was concerned with the maintenance of order within the social system. According to Parson- the integration of value patterns and need dispositions was the "fundamental dynamic theorem of sociology." (Parsons, 1951:42) The key importance of a social system, in Parsons Opinion was internalization and socialization. Parsons tried to show how the norms and values get transferred to the actors within the system through internalization. "The combination of value- orientation patterns which is acquired (by the actor in socialization) must in a very important degree be a function of the fundamental role structure and dominant values of the social system." (Parsons 1951: 227).

In Parson's view, actors are passive recipients, from their childhood they learn how to act and follow the norms, values and morality of society. The need-dispositions of society through the process of socialization bind children to the social system. Socialization is a life-long process which inculcates the values in the childhood and on which one encounters in adulthood.

In spite of conformity induced by socialization all through the life, there are individuals who do not conform to normative social system. The only option is to have social control in order to bring conformity. But a system is best run when social control is sparingly induced- some variation and deviance may be tolerated in society. Thus social system must allow different opportunities to express themselves without threatening the integrity of the system. Social control and socialization are the two mechanisms to maintain equilibrium in society.

Without deliberate planning on anyone's part there have developed on our type of social system and correspondingly in others, mechanisms which, within limits are capable of forsaking and reversing the deep-lying tendencies for deviance to get into the vicious circle phase which puts it beyond the control of ordinary approval and disapproval and reward-punishment sanctions.(Parsons,1951:319)

Personality is defined as the organized system of orientation and motivation of action of the individual actor. The basic component of the personality is "need-disposition". Parsons and Shils defined need-disposition as the most significant units of motivation of action. (1951:113). They differentiated need-dispositions from drives, which are innate tendencies- "physiological energy that makes action possible". (Parsons and Shils, 1951:111). In other words, drives are better seen as part of the biological organism. Need- dispositions are thus "the same tendencies when they are not innate but acquired through the process of action itself." Parsons & Shils, 1951:111).Need- dispositions are drives that are shaped by social settings and which force actors to accept or reject objects presented in the environment. Parsons differentiated three basic types of need-dispositions: The first- is the one in which the actor seeks love and social approval; the second- when actors internalizes values in order to observe cultural standards; third- there are role expectations that leads actors to get and give appropriate responses. However, this makes an actor a passive personality where he is either impelled by drives dominated by cultures or more usually , shaped by combination of drives and cultures, ie needs and dispositions. Parsons considered culture to be the active binding force in the social world. It is through culture that actors mediate interactions. The norms and values of society are embodied in culture is internalized by the individual in the integration of personality. Culture as a patterned and ordered system of symbols are oriented towards actors and institutionalized in the social system.

In the views of Malinowski, the creation of culture was a result of the activities undertaken to satisfy man's basic needs. Culture for him was deliberately created to meet the basic needs like food, shelter protection and reproduction. Culture also helped to meet man's instrumental imperatives as man started creating tools and weapons. When man accepted the values, norms and sanctions of society through cooperation and regulation - he met the integrative need. Malinowski's analysis of culture was entirely instrumental- a structural and functional analysis of a total society. According to Malinowski, " man in his instrumental activities, lived by norms customs traditions and rules." In the analysis of the three levels of needs- basic, instrumental and imperative - there is a definite interconnection like-the instrumental imperatives growing out of activities to satisfy basic needs; again the integrative needs or imperatives growing out of the complexity of instrumental institutions etc. In the sequential way - socialization begins in the family and neighborhood group which later influence other institutions where adults are actively involved. For example- family was the crucial group in fulfilling the functions of socialization which remains to be a universal fact in all human societies. According to Malinowski, instrumental and integrative needs were experienced in society just as the basic needs in terms of it being necessary and indispensable. Malinowski, like his predecessors as well as his contemporaries viewed society as a continuous process of creativity or re-creativity which referred to many strains and obstacles in the march of progress. Malinowski had a conservative bias while recognizing the value of tradition along with the diversity of culture. For Malinowski, Culture should be an independent element and should not be imposed on anyone with the application of force of either ammunitions or monetary wealth.

A social theory is a product of modernity and is none but the reflection of the nature of today's world. Social Theory needs to provide a general interpretation of the social forces that have



shaped the modern world. Modern thought attempts understand the totality of forces at work in the making of modern society. Social theory is preoccupied with the search for a principle of social integration which would be capable of reconciling the contradictions modernity and imposing unity on a disordered and fragmented world.

Functionalism reigned sociological paradigm during the mid-twentieth century as shown in the works of Talcott Parsons (1951). Functionalism explains feature if a society or social system as making an essential contribution to the maintenance of the society or the social system. Functionalism basically analyzed part/whole relationships. The whole (the social system) have certain needs, requisites, survival requirements, or other requirements— expressed in terms of the “state”— (such as a state of equilibrium or a state of integration)— of the system as a whole. The whole was composed of internally related subsystems that were (either individually or in concert) fulfilling some survival function for the whole (social system or society).

Sociologists use the functional perspective to explain why certain social institutions like family, marriage form a structure within a given society. It is assured that for something to exist, it must have a purpose within the social system. If the part within the society that is marriage and family did not fulfill its function of procreation and childbirth, then the system whole would falter and finally fail to survive. Since one of the main function of marriage is to give birth to the cold and legitimize its status in society by forming a family— infertility leading to childlessness disturbs the family and marriage structure in the society. The social equilibrium of a family is retained by the birth of a child. In this context, childless marriages and family disturb the equilibrium present in the society. Functionalist perspective aims to focus on the institutions like kinship, marriage and family in terms of their functions in maintaining the equilibrium of the society. It was A.R. Radcliffe Brown ( 1914,1922,1924,1935) who maintained

the Durkheim an tradition of emphasizing the importance of the integrative needs of these institutions and then analyze how these structures especially kinship relations and terms operate to meet the integrative requisites.

In contrast, Bronislaw Malinowski (1913, 1944) extended functional analysis towards Herbert Spencer's tradition where he emphasized that there are distinct system levels such as biological social and cultural which have their own distinctive requisites. Based on the principles laid down by Spencer and Talcott Parsons - Malinowski (1944) posited four basic requisites at the social system:

- 1) Production and distribution.
- 2) Social control and regulation.
- 3) Education and socialization.
- 4) Organization and integration.

According to Talcott Parsons (Parson 1951; Parsons et al.1953); social universe can be understood in terms of four distinct types and levels of "action system"- (Culture, Social, Personality and Organic/ behavioral) — with each system having to meet the same four functional needs:

- 1) Adaption- ( Distribution of environmental resources
- 2) Goal Attainment- (Directing resource towards goals)
- 3) Integration (coordinating system parts).
- 4) Latency (managing tensions within parts and generating new parts).

In the action system, the adaption function adjusts to the transforming external world. The personality system tries to attain goals by mobilizing resources to them. Finally in the integrating function, the social system controls the component parts.

Finally, the cultural system performs the latency function by providing actions with the norms and values that motivate them for action. Talcott Parsons became increasingly interested in how values (action's ideals) and norm (rules of conduct in social interaction) become institutionalized so that the goals of action and the means they choose to pursue those goals are regulated by the same normative standards of conduct- "over which the actor has no control, that is which he cannot alter, or prevent from being altered." (Parsons 1949 cited in Hamilton 1985:74).

According to Parsons, any satisfactory framework for the social sciences has to account for the autonomy of purposeful actions and the autonomy of the complex institutional order. The centre of Parson's analysis is the means— end—scheme implying that actions strive to attain goals within social situations— which do not determine them. he defined his analytic scheme as voluntaristic precisely because it implied that actions play an active, not only adaptive, role: they are in a social world where there is a distance or gap between the actual and the desirable or between the desirable and the desired. Social action has to be seen as a tension oriented to reduce as gap (Parsons 1937, 2007).

The best and most concise statement of Parson's position may be found in his analysis of double contingency interaction (Parsons 1968). His starting point is that interacting actions have a double problem: to understand the other partner's actual goals and preferences and to coordinate with him or with her in ways that are practically effective. To do so, however requires the action not only to decide which the best course of action is but also to anticipate how the partners will react to such selection.

The actor is knower and object of cognition, utilizes of instrument means and himself means, emotionally attached to others and an object of evaluation, interpreter and symbols... The actor

acts on a goal outcome contingent on successful cognition and manipulation of object in the environment, but since the most important objects involved in the interaction act too, it is also contingent in their action or intervention in the course of events. (Parsons, 1968:167).

Parsons acknowledged also that the functioning of such normative expectations cannot be described as a simple system of rules, such as those accepted by utilitarian thinkers. The complexity of the interaction between voluntarist actions needs both a shared definition of the situation in terms of significant and broadly defined priorities (values) and specific expectations pertaining to particular identities or roles (norms). The first element, he is careful to stress, provides a basic definition of reality that may be taken for granted (a definition of the desirable, not necessarily of the desired), shared by a plurality of differentiated and diversified nations independently of any specific interaction. The second element provides interaction specific rules of conduct which may be settled, otherwise in case of conflict- through shared definitions. From Ego's point of view, the existence of shared values allows him to anticipate what Alter presumably wants or requires; the existence of shared norms allows him to anticipate how Alter Ego will react to his actions and to anticipate the kind of sanction his actions will receive. Through his analysis of the double contingency of interactions, Parsons made an elegant argument in favour of the necessity of narrative elements for any social relationship that keeps an ongoing minimal degree of social order.

cultural system stood at the top of Parson's action system, and Parson's (1966) labeled himself as 'cultural determinist'. Parsons conceived of culture as the major force binding the various elements of social world— the action system. Culture mediates interaction among actors and investigates the personality and the social systems. Culture embodied in norms and values

comprise the social system and in the personality system culture is completely internalized by the actor.

Parsons defined cultural system in terms of its relationship to the other action systems. The culture is seen as a patterned, ordered system symbols that are objects of orientation to actions, internalized aspects of the personality system, and institutionalized patterns in the social system (Parsons, 1990). Since culture is symbolic and subjective, it is readily transmitted from one system to another through learning and socialization. This made Parson to view himself as a cultural determinist.

An Individual actor organizes his motivation of action and in doing so develops his personality. The main component of personality is " need- disposition". Parsons and Shils defined need - disposition as the "most" significant unit of the motivators of actions." (1951:113). They differentiated need from drives, which are innate tendencies- "physiological energy that makes action possible." (Parsons and Shils, 1951:111). In other words, drives are a part of the biological organism. Need-Dispositions are then defined as "these same tendencies when they are not innate but requires through the process of action itself." (Parsons and Shils, 1951:111). In other words, need—disposition are drives that are shaped by the social setting.

Need —dispositions impel actors to accept or reject objects presented in the environment as to seek new objects if the ones that are available do not adequately satisfy need—dispositions. Parsons make a differentiation between three basic needs of man. First, the need which makes man seeks love and approval from social relationships. Second, which man uses to internalize values in order to observe cultural standards. Finally, there are the role expectations that lead actors to give and get appropriate response.

There was one group of sociologists for whom Talcott Parsons was the major figure to establish an adequate theory of the social system, able to provide a consistent set of structural references for the analysis. Others argued on the contrary that the most urgent thing to do was to “normalize” functionalism, making functional analysis a standardized tool of analysis available in the principle to any researcher. This required the decoupling of functional analysis from system theory and the establishment of strictly methodology requirements for the satisfactory development of functional analysis.

While Talcott Parsons is the most important structural—functional theorist, his student Robert Merton authored some of the most important statements on structural functionalism in sociology (Tiryakian, 1991). Merton criticized some extreme and indefensible aspects of structural functionalism. But, his new conceptual insights helped to give structural functionalism a continuing usefulness.

The most successful attempt to normalize functional analysis was carried out by Robert King Merton (Merton 1936, 1949). Merton wanted to provide the outline of a guide for an adequate and fruitful functional analysis.

Merton made it clear from the outset that structural-functional analysis focuses on groups, organizations, societies and cultures. According to Merton- object in the structural-functional analysis must- “represent a standardized— that is, patterned and repetitive item” (Merton 1949/1968:104). Robert Merton had in mind such things as “social roles, institutional patterns, social processes, cultural patterns, culturally patterned emotions and devices for social control e.t.c.” (Merton, 1949/1968:104).

Merton identified a certain number of requisites an adequate functional analysis had to satisfy. Firstly, he defined as viable for functional analysis only standardized social units; secondly, the

analysis should account separately for subjective dispositions and unintended objective consequences; thirdly, the unintended consequences had to describe as a net balance of various — positive and negative, manifest and latent consequences; fourthly, the functional consequences should be related to specific structural units, whose requirements should be made object of a separate analysis;— eventually the analysis should provide a satisfactory education of the mechanism through which such requisites are satisfied, of the possible functional alternatives (actions or processes that could provide the same outcome in a different way) and structural constraints (the range of variation in the item acceptable in the given structural conditions.

According to Merton, the focus of structural functionalist should be on social functions rather than on individual motives. Functions, according to Merton redefined as “those observed consequences which make for the adaptation of adjustment of a give system ”(1949/1968:105).

The earlier functional analysis disregarded the fact that- one social fact can have negative consequence for another social fact. In order to rectify this mistake, Merton developed the idea of dysfunction. Merton developed the idea of a dysfunction. Just as structures and functions contribute to the maintenance of other parts of the social system, they also could have negative consequences on them. In order to answer whether positive functions outweigh dysfunctions, or vice versa Merton developed the concept of net balance. For Merton, there must be levels of functional analysis. Functionalist and restricted themselves to analysis of society as a whole, but Merton made it clear that analysis could be done on an organization, institution, or group.

Merton introduced the two functions - manifest functions which are intended and latent functions which are unintended. Actions have both intended and unintended consequences. This is also related to another of Merton’s concept— unanticipated consequences. Actions have both intended and unintended consequences. Although everyone is aware of the unintended

consequences, sociological analysis is required to uncover the unintended consequence—which is the very essence of sociology.

Peter Burger (1963) has called this “debunking” or looking beyond stated intentions to real effects.

Merton pointed out that a structure may be dysfunctional for the system as a whole and you may continue to exist. Merton contends that not all structures are indispensable to the working of the social system. Some parts of our social system can be eliminated.

Merton (1968), while analyzing the relationship between culture, structure and anomie defined culture as “that organized set of normative values governing behavior which is common to members of a designated society or group”— and social structure as “that organized set of social relationship in which members of the society or group are variously implicated (1968:216)”.

Anomie occurs when “there is an acute dysfunction between the cultural norms and goals and the socially structure capacities of members of the group to act in accord with them.” (Merton, 1968:216). That is, because of their position in the social structure of society, some people are unable to act in accord with normative values.

To conclude, functionalism is defined as a tool for the research of functional equivalence, the selection of the actual action or process. Observed needs to be justified in the lights of the existence of another structural problem that take place at the same time. Functional analysis cannot be developed in isolation—there is a need to understand it within the understanding of the structural interdependence of functionally differentiated parts.



## **MARXIAN PERSPECTIVE**

Karl Marx was one of the great Victorian thinkers who were dedicated in the making of an adequate science of society for the purpose of changing and improving the society he saw about him. Marx is known for his contribution to the making of science of society.

Marx's intellectual efforts sprung from a deeply and genuinely felt humanity and his entire work was the outcome of a complete and unswerving moral commitment to all those qualities that add up to the freedom and dignity of the human person.

Karl Marx often sounded like an economic determinist as he seemed to consider the economic system of paramount importance and to argue that it determined all other sectors of society—politics, religion, idea system and so forth. Although Marx did see the economic sector as preeminent, at least in the capitalist society, as a dialectician he could not have taken a deterministic position, because the dialectic is characterized by the notion that there is continual feedback and mutual interaction among various sectors of the society. Politics, religion and so on, cannot be reduced to epiphenomena determined by the economy, because they affect the economy just as they are affected by it. Despite the nature of the dialectic, Marx still is interpreted as an economic determinist.

According to Agger (1978) Economic Determinism was an interpretation of Marxian theory between 1889 and 1914- the period of the Second Communist International. This period highlighted the early Market Capitalism, the period from which its imminent demise was predicted. Those Marxist who believed in economic determinism saw the breakdown of capitalism as inevitable. Frederick Engels, Marx's collaborator and benefactor, along with Karl Kinsky and Edward Bernstein while interpreting Marxian theory discussed the inevitable decline of capitalism. This is because there is inevitability in every aspect- in the improvement of technology, in the demise for profit by the capitalist and it is also that the workers aim always for

shorter hours of work with higher wages. The workers always aim at the conquest of political power and overthrow of capitalist rule. Finally there is also the inevitability of socialism because victory of the proletariat in the class struggle is inevitable. (Kautsky, cited in Agger, 1978:94) Marx with passionate disgust and anger attacked the harsh treatment and conditions of the wage earning people: The humiliation and indignation to which the overwhelmed children, women and men were subjected to, the physical toil, illness and poverty that they suffered.

Marx was convinced, like many other thinkers that not only that the vast social transformation brought about by science, technology and manufacturing industry constituted a radical movement from traditional agrarian society to something qualitatively new in human history, but also that— when its turmoil were over— it would provide the basis for a new and improved condition of human life such had not been experienced before. Like other thinkers too, he believed that the efforts to understand the social processes were afoot, and the political efforts to create such a society, required a rigorous scientific study of man and society.

In historical Materialism, Marx tried to interpret the material conditions of human life which include the activities and the relations that they produce- the human experience, personality and ideas. The historical materialism that is a hallmark of socialist feminism shows clearly the school's indebtedness to Marxian thought. However, the socialist feminists move one step beyond in three crucial ways:- In redefining material condition- in evaluation of ideology and in their study of domination. First, they broaden the meaning of the material condition of human life Marxian's typically mean by this idea the economic dynamics of society, particularly the ways in which goods of a variety of types are created for and exchanged in the market. In these various exploitations arrangements, which make some wealthy and some poor, they locate the roots of class inequality and class conflict.

Socialist feminist analysis include economic dynamics and also, more broadly, other conditions that create and sustain human life: the human body, its sexuality and involvement in procreation and child rearing; home maintenance, with its unpaid invisible round of domestic tasks; emotional sustenance; and the production of knowledge. In all these life— sustaining activities, exploitative arrangements profit some and impoverish of all these basic arrangements of life production and exploitation is the essential foundation of the theory of domination. Socialist feminists accept the Marxian analysis of capitalism's class relation as a explication of one major structure of oppression. But they reject the Marxian analysis of patriarchy as a by—product of the same economic production. Instead they endorse the radically feminist argument and proof that patriarchy, while interacting with economic conditions is an independent structure of oppression.

Socialist feminists focus on two sets of knowledge: - knowledge of oppression under capitalism and knowledge of oppression under patriarchy. They unified the two know ledges of oppression under one banner which they termed as Capitalist patriarchy. (Eisenstein, 1979; Hartmann1979; Kun and Wolpe1978.) However the term became more popular as "Gender Oppression" which referred to a relationship in which one party, the dominant make at will the other party subordinate. The socialist feminists explain this domination as structural- the structure of domination is patterned and reproduced by the wills and intentions of individual actors. Women are central to socialist feminism in two ways. First, as a primary topic of analysis and, second, as location of woman in the vantage point of all domination. Thus all socialist feminist confronted the prejudice and oppressive practices addressed to the woman community. (Eisenstein 1994: Lorde, 1984) Marxian Feminism is a relatively dormant theory in contemporary American feminism, it remains important as an influence on socialist feminism. Its foundation was laid by Marx and Engels. Marx and Engels while laying their major concern on social class oppression -

occasionally paid their attention to gender oppression found in their work- The family, Private Property and The state, written by Engels in 1884. The major argument of the origins is that woman's subordination results not from her biology, which is presumably immutable, but from social relations that have a clear and traceable history and that can presumably be changed. Woman's subordination is best noticed in the family. The institution Family has its root words in "famulus" which means servant and it refers to the system in which men command woman's services. Although the ideology of contemporary societies treats family as fundamental and universal feature of social life, Engels and Marx use archeological and anthropological evidence to show that in the chronology of human existence, the family is fairly recent relational invention, and that for much of prehistory men and women lived in kin structures in which women enjoyed relative autonomy primarily because they had an independent economic base as gatherers, crafters and distributors of essential materials.

In the origin of the family, Private Property and the State, Engels declared that in the equality of the sexes was one of the first antagonisms within the human species. According to Frederick Engels (1884) the first class oppression was noticed in the oppression of the female sex by the male which coincides with the development of antagonism between man and woman in a monogamous marriage. Inheritance which is the key to his economist account was the first matrilineal but with the increase of wealth became patrilineal. The wife in the communists, patrilineal family is a public servant with monogamy she becomes a private one. Engels effectively reduces the problem of women to her capacity to work. He therefore gave her psychological weaknesses as a primary cause of her oppression. He locates the moment of her exploitation at the point of the transition from communal to private property. If ability to work is the cause of her inferior status, ability to work brings her liberation. The emancipation of women and their inequality with men are impossible and must remain so as long as women are excluded

from socially productive work and restricted to housework, which is private. The emancipation of women becomes possible only when some are enabled to take part in production on a large, social, scale and when domestic duties require their attention only to a minor degree. The position of women, then, in the work of Marx and Engels remains dissociation from, or subordination to, a discussion of the family, which is in its turn subordinated as merely a precondition of private property.

Women are essential and irreplaceable; they cannot therefore be exploited in the same way as other social groups can. They are fundamental to the human condition, yet in their economic, social and political roles, they are marginal. Within the world of men their position is comparable to that of an oppressed minority. In any advanced industrial society, woman's work is considered marginal to the total economy. Unless there is a total revolution in production labour situation will always place woman within the world of man. The problem of the subordination of women and the need for their liberation was recognized by all the great socialist thinkers in the 19th century. It is part of the classical heritage of the revolutionary movement. Fourier (1841) was the most ardent and voluminous advocate of woman's liberation and of sexual freedom among the early socialists. In his opinion a change in a historical epoch can always be determined by the progress of the woman towards freedom and the relation of a woman to man, of a weak to the strong- is evident with the victory of human nature over brutality. Any emancipation can be measured by the degree of emancipation of woman. Marx quoted this formulation with approval in *The Holy Family* (1845).

Engels (1884) in *The Origin of the Family, Private Property and the State*, declared that the inequality of the sexes was one of the first antagonisms within the human species. For Engels, woman's physiological weakness may be the main cause of her oppression. Since she is

oppressed because of her inability to work due to physiological weakness, she can gain liberation only when she achieves her status of work. As long as women are restricted to private household work and not allowed to participate in socially productive work, it is impossible for woman in general to gain equal status with men. According to Bebel, Engels disciple, woman became slaves much before the slave system started or women may be the first human being to taste human bondage. Woman was the first human being that tasted bondage; woman was a slave before the slave existed.” He acknowledged with Marx and Engels, the importance of physical inferiority in accounting for woman’s subordination, but while stressing inheritance, added that a biological element— her maternal function was one of the fundamental conditions that made her economically dependent on the man .According to Marx, the master treated the slave like any other neutral thing like the cattle or the soil which are the natural prerequisites to production. In such a situation, the slaves living body, however reproduced and developed by him - is not originally his own, but appears as his prerequisites. This is preeminently woman’s condition. For far from woman’s physical weakness removing her from productive work, her social weakness has in these cases evidently made her the major slave of it.

Woman’s biological destiny as mother becomes a cultural vocation in her role to socialize children. In bringing up children, woman achieves her main social definition. Her suitability for socialization springs from her physiological condition; her ability to lactate and occasionally relative inability to undertake strenuous workloads. Marx's enriched sociological analysis by showing the change in the nature of society due to practical and technical activities of man, by their property relations and class relations. He showed how property relations became crystallized into power and authority which finally had to be broken to liberate large sections of men in society. Marx’s sociology was not a new element in the working of a science of society,

but it was a powerful new over—emphasis upon this one dimension. As such, it was of considerable importance and worth.

### **INTERACTIONIST PERSPECTIVE**

The interactionist perspective is one of the dominant theoretical perspective in sociology. This theoretical perspective tries to view activities of individuals in their daily life. The proponents of this theory study how individuals create, use and interpret symbols in order to communicate with each other. They also study how individuals in society create and maintain impressions of themselves, how they create and maintain impressions of themselves, how they create the self identity. From the view of this perspective, social life is understood as a complex fabric woven of countless interactions which has meaningful existence. Interactionism is a micro sociological branch of study that deals with the interaction of the individuals. Among the many branches within the theoretical perspective- Symbolic Interactionism is one major subdivision that helped sociologists to study human interactions in society. It is a branch which aims to study how people in general create meaningful understanding in a social interaction.

Symbolic Interactionism is an approach that builds on the social formation of symbols, shared meanings which are used in communication both within the self and in interaction between social agents. The term Symbolic Interactionism was coined by Herbert Blumer but the sources of symbolic Interactionism also includes work of Chicago sociologists like William Isaac Thomas, Robert Park, and Everett Hughes. According to the interactionist perspective people possess only a general capacity for thought but this is shaped and refined in the process of social interaction. Symbolic Interactionism functions through a process which Blumer calls "self - indication" (Blumer 1969: 83): the acting unit is "the self"; the self acts "in and with regard to the

situation:" and action is "formed or constructed by interpreting the situation," (Blumer1969:85). Interpretation consists of three steps, according to Blumer: first, the acting self must "identify the things" the action is to deal with, such as tasks, opportunities, obstructions, distractions. And resources; second, it must "assess them in some fashion "; and third, it must "make decisions on the basis of the assessment" (Blumer 1969:85). The self constructs actions by interpreting situations and interpretations are established through joint and reciprocal processes. According to Blumer, "previous interaction" generates "common understandings or definitions of how to act in this or that situation," which , he continues , "enables people to act alike"(Blumer 1969:86).

Like Blumer, William James in his work *The Principles of Psychology* (1890) being influenced by Darwinism but not totally convinced claimed that human action is creative and reflexive. James did not conceive human organism as merely a product of external forces but they are active in realizing, creating its own circumstances out of adaptive necessity. James regards mind as a selective and interested agent in the creation of its own future. "Only those items which I notice shape my mind," opines James, and what is noticed is not accidently achieved, which would lead experience to be "an utter chaos," but comes out of "selective interest"(James 1890a: 402; emphasis in original). For James, emotions are the core basis or source of selective interest. From Jamesian pragmatism, action is creative because it generates through transformative process the possible future. By reflexivity, James mentions that actors have an emotional apprehension of intention and consequence. According to Blumer, actions might move from impressions of their situations to conceptual interpretations of it through a cognitive process of identification, assessment, and decision making (Blumer 1969:85). According to James, impression is transformed into conception through the mediation of emotion (James, 1956:117). William James (1890) distinguished between self as stream of consciousness, "I", and self as



object of perception, “me”. In this way, reflexive knowledge is possible because “I” can be aware of “me”, and people can thus know themselves. However, people’s self knowledge is not particularly accurate. People tend to reconstruct who they are without being aware of having done it, as Tony Greenwald (1980) has noted. Although people may be aware of who they are in terms of their attitudes and preferences, they are rather bad at knowing how they arrived at that knowledge (Nisbett & Wilson, 1977).

Building upon the work of William James, Cooley viewed that the objects of the social world are the constitutive parts of the subjects mind and self. The "self" for Cooley is not first individual and then social; but it arises out of a dialectics through communications. In the attempt to illustrate the reflective character of the self, Cooley compared it to a looking glass. "As we see our face , figure , and dress in the glass, and are interested in them because they are ours, and pleased or otherwise with them according as they do or do not answer to what we should like them to be, so in imagination we perceive in another's mind some thought of our appearance , manners, aims deeds, character, friends and so on, and are variously affected by it." Thus individuals self evaluation and self - feeling derives from their apprehension of how others perceive and assess them. (Cooley 1964.184-5). In the notion of the looking glass self; G.H.Mead argued that one’s self conception is derived from seeing others as others see them. It was found that people did not tend to see themselves as others saw them but instead saw themselves as they thought others saw them.

According to symbolic Interactionism, associated with the work of the sociologist G. H. Mead (1934), the self arises out of human interaction. Mead believed that human interaction is largely symbolic. When we interact with people it is mainly in terms of words and non- verbal cues that are rich in meaning as they symbolize much more than what is available in our actions.

According to Mead, Society influences individuals through the way they think about themselves, a process that is continually updated as we interact with people. We use symbols that must have shared meaning if we want to communicate effectively. Interacting effectively also refers on being able to take the role of the other person. It means seeing oneself as others do- as a social object, “me”, rather than a social subject, “I”. The views that society generally has of the world are understood in terms of interacting symbolically with others. In this process one takes the role of the others, as one sees themselves as others do. Self conception is thus the reflection of the society.

The idea of self- monitoring that is central to Cooley's looking glass self is elaborated in Mead's notion of role-taking, in which the self has social agency through its capacity to anticipate the intentions of others. Social Psychology for Mead is the discipline that "studies the activity or behavior of the individual as it lies within the social process. The behavior of an individual can be understood only in terms of the behavior of the whole social group of which he is a member, since his individual acts are involved in larger, social acts which go beyond him and which implicate the other members of that group."(Mead 1934:6-7) The essence of self, according to Mead is in its reflexivity. The Individual self is individual only because of its relation to others. Through the individual's ability to take in his imagination the attitude of others, his self becomes an object of his own reflection. The self as both subject and object is the essence of being social.

Emotions are central to symbolic interactionist understandings of social life: No study of either symbolic interaction theory or sociology of emotion is possible without the sharing of one another. (Franks 2003; Sandstorm and Kleinman 2005; Sandstorm et al. 2001). Again symbolic Interactionism is increasingly fundamental to sociological understandings of social inequality (Schwalbe 2005a), which guide us a better understanding of society. Symbolic Interactionist'

understanding of social inequality and emotions are grounded in the sociological challenge to conventional ideas about emotions as inborn or has general responses to external stimuli. Most Interactionist acknowledge the physiological aspects of emotions and asserted that feelings are social, that is they are constituted and sustained by group processes. They are irreducible to the bodily organism and to the particular individual who feels them." Thus, Interactionist fix their analytical attention on social conventions and norms that shape the feelings that people typically experience and define as natural (Cahill 1995; Franks 2003). In the study of emotions, integrationists' explore how individuals use their own capacity to have their feelings in conformity to what is expected out of them by the society. As Hochschild (1979) finds that people can work on their feelings as they try to create within themselves a proper response to a situation. Our sense of responses reflects socially determined "feeling rules" - cultural norms as how we are supposed to feel in a situation.

As self emerges in the context of social interaction, so also society emerges through what Blumer (1969) called "joint action". Society refers to patterns of interaction made up of individuals signaling and interpreting each other's - and their own actions. These interactions contribute to the development of selves and society. Blumer (1969) offered three premises for the study of social reality: People act toward objects based on the meaning those objects hold for the actor; the meaning of the objects is negotiated through social interactions; and because the meaning of the objects is subject to people's interpretative processes, meaning is mutable. Symbolic Interactionism thus highlights individual accountability and addresses the structural, cultural and material conditions as people experience and reproduce them in their day-to-day lives.

Selves are constructed, modified and played out in interaction with other people. Since the self that one projects has an impact and influences others to react, there is a need to control the self

that one presents. In the presentation of self in everyday life, Erving Goffman (1959) mentions about impression management to theatre, where people play different roles for different audiences. There are evidences that show how people behave differently in public from the way they do in private. Further research work reveal that high self monitors adopt strategic self-presentation strategies because they typically shape their behavior to project the impression they feel their audience or the situation demands, whereas low self-monitors adopt expressive self-presentation strategies because their behavior is less responsive to changing contextual demands.

Dramaturgical theory provides another foundation for symbolic interactionist studies of emotion. (Goffman 1959).Goffman's work explored people's active, consistent negotiation of meaning, social convention and impression. People engage in "impression management," which is a try to make positive impressions on others which may help to save face keeps social life moving and maintains pattern of interaction. Impression management helps us to avoid making a bad impression or to recover from embarrassment or shame that the bad impression brings.

Susan Shott refers to” construction of emotion by the actor, “a process that is “greatly influenced by situational definitions and social norms.” (Shott 1979: 1318). According to her, “within the limits set by social norms and internal stimuli, individuals construct their emotions; and their definitions and interpretations are critical to this often emergent process” (Shott 1979: 1323). Emotions are not mere cognitive responses to physiological , cultural or structural factors but interactive processes best studied as social acts involving self and other interactions. Emotions are self-feelings” and that emotions terms, such as anger, hate, guilt, and so on, refer to mental states, interactional experiences and judgments of others... that persons feel and direct.... towards themselves. These mental states are grist to symbolic interactionist interpretation. Symbolic Interactionist concern in terms of social organization, meaning making, and social

control was noticed in what Shott (1979) has called “role- taking emotions”, such as guilt, embarrassment, shame, and empathy. Role – taking emotions require a social self: we cannot feel shame without having developed a generalized other; guilt can wrack us even when no one is around because we feel accountable to societal prescriptions (Shott 1979).

A common criticism of symbolic Interactionism and the sociology of emotions is that they are exceedingly “micro” in their focus. Blumer opined that instead of using institutions such as education, government, the family as the units of analysis, sociologists should instead explore the joint actions of people who reproduce those institutions. In this process, symbolic Interactionist better understand the conditions supporting the continuation of institutions and the day-to-day lives of those whom the institutions touch (Blumer, 1969). Symbolic interactionist view individuals as neither an entity who stands away from society nor a passive repository of culture. Social life can best be understood by viewing group processes, interactions meanings and feelings. As Mead (1934) and Blumer (1969) wrote- one cannot understand individual actions without understanding shared meanings, social constraints and context.

Labeling theory has its roots in the symbolic interaction theory and also shows how people define and construct their identities from society’s perception of them. The labeling theory analyzes social processes that involve “Labeling” of positive or negative characteristics of acts, individuals, and groups. According to Charles Hutton Cooley, “Society and Society “is twin born. For Cooley, a person’s self grows along the communication with others. The self is not first individual and then social but it is the dialectical process developing through communication. Cooley emphasized on the reflective character of the self which he showed while comparing it with the looking glass self. By comparing with the looking glass self, Cooley tried to show the imagination that one has as he perceives in the other individual’s mind. Society

for Cooley is an interweaving and interworking of mental selves. According to Cooley, man's sensitivity to the thought of others, the responsiveness to the attitudes, values and judgment is what marks human life in society.

Most sociological theories make a clear distinction between the self and the body. G.H. Mead provided the original philosophical basis of symbolic Interactionism and wrote in *Mind, Self and Society* that- "We can distinguish very definitely between the self and the body. The body may be there and operate in a very intelligent fashion without there being a self involved in the experience. The self has the characteristic that it is object to itself and that characteristic distinguishes it from other objects and from the body. (Mead, 1962, vol.1:136). It was found that most proponents of Interactionism argue that the self is realized through performance. Crucial to self performance is the presentation of the body in everyday life. It is possible therefore to interpret Goffman's sociology as not the study of the representation of the self in social gathering but the performance of the self through the medium of the socially interpreted body. The important focus of his study is the breakdown of the micro-social context through events which discomfort the self and social interaction. These include embarrassment and stigma. The body is thus crucial to both the micro and the macro orders of society. The body is the vehicle for self-performances and the target through rituals of degradation of social exclusion. Intimacies and exclusions focus on the body as the means of indicating the self (Garfinkel, 1956; Weitman, 1970). Sociology of body would thus embrace sociology of deviance and control, since mortifications of the self are inextricably bound up with the mortifications of the body. The sociology of body is a study of the problem of social order and it can be organized around four issues. These are reproduction and regulation of population in time and space, and the restraint and representation of the body as a vehicle of self. The sociology of body is analysis of how

certain cultural polarities are politically enforced through the institution of sex, family and patriarchy. This institutionalization is itself subject to certain major transformations of society such as the transformation from feudalism to capitalism and the saliency of the four dimensions like reproduction, regulation, restraint and representation is historically conditioned.

“Social groups create deviance by making the rules whose infraction constitute deviance, and by applying those rules to particular people and labeling them as outsiders.... (Becker H. 1963). Deviance is not a quality of act the person commits, but rather a consequence of the application by others of rules and sanctions to an “offender”. The deviant is one to whom that label has successfully been applied; deviant behavior is behavior that people so label.” Articulated by sociologists Howard S. Becker in his influential book *Outsiders: Studies in the Sociology of Deviance*, (1963).

According to the Labeling theory, deviance is defined by society when a generally accepted rule or custom is violated. Deviance represents a value judgment that is applied to individuals who fails to conform to the social norms. It is the social group who projects rules and definitions into otherwise neutral behavior to create deviance. Deviance is explained as violation of social norms or rules that is followed by social disapproval and sanctions. Acts become deviant when society declares them as unacceptable. Thus deviance involves a social value judgment that is passed upon those individuals who do not conform to social norms. Prior to the development of the labeling theory, deviance theory was concerned with the causes and consequences of various forms of deviances. It was the labeling theory that shifted its attention from those engaged in deviant behavior to those who make rules that design some men and some women as deviants. Labeling theory pointed out that deviant acts like any other social act involve interactive relationships.

The main purpose of labeling an individual as deviant is to have social control or a pressure of the social norm on the individual-to term him as “normal”. Any social control begins with the assignment of the undesirable label that is closely associated with social disapproval and stigma. Any person who violates social norm becomes a deviant and faces social pressure to conform to the norms of society. Resisting the pressure calls for social alienation and stigmatization of the person. According to Howard S Becker (B.1928) deviant behavior is a product of a learning process in which people tend to redefine their conception of normal. That which is considered as deviant, according to Becker is assigned by the powerful social group. In other words, deviance is not inherent in human behavior but it is a product of a labeling process in which some activities are called “inappropriate”, “sinful”, “unlawful”, or “sick”. (Outsiders, Becker: 1973)

One of Goffman’s most interesting work is *Stigma: Notes on the Management of Spoiled Identity* (1963b). Goffman was interested in the gap between what a person ought to be – “Virtual social identity” and what the person actually is “actual social identity”. Any person who has a gap between these identities gets stigmatized. In other words Goffman refers to a situation where a person can be always stigmatized in one context or the other. When people are initially labeled deviant, society treats them differently- with greater suspicion and restrictions- and with lower level of tolerance. They are socially ostracized, considered socially evil. The pejorative labels that the childless women receive from society may prevent them from being successfully integrated into society. Deviant labels bestow a stigmatizing master status unto individuals that increase the potential for further deviance. Labeling theorists emphasize that power inequality exists between those who have power to impose labels and those who are stigmatized by them. Labeling theorists claim that moral entrepreneurship serves the vested interest of some at the expense of others.



The goal of the interactionist is not to understand the micro – individual. They instead aim to understand the processes within groups, organizations, culture in order to draw generalizations about the meaningful interactions among people living in society.

### **FEMINIST PERSPECTIVE**

Feminism is a holistic theory concerned with the nature of woman's global oppression and subordination to men. In modern usage, feminism is invariably linked to women's movement and an attempt to advance the social role of women based on the belief that women are disadvantaged because of their sex; and this type of advantage can or should be overthrown. In the early years, gender divisions were considered to be natural and the male – female division of society based on simple facts of biology.

Women were believed to be best suited at home as they could bear and suckle children, while men with greater physical strength were better suited at outdoor work. The feminists opined that all men and women regardless of sex possess the genetic inheritance of becoming a mother or becoming a father. In other words they felt that men and women should not be judged by their sex but by their individual qualities of personality. The goal of feminism is therefore the achievement of genderless personhood.

The sociological theory – Feminism starts with the criticism that the prior sociological theories failed to take account of women. It failed to explain, make sense of and deal with what is going around the world from the perception of women. Feminism like any other sociological theory is a world view and need to make a sense of the social world which is meaningful and intelligible. There are various perspectives of looking at the ways women are subordinated in society and ways women can be emancipated. The ways to deal with the above mentioned issues have been dealt by various feminist theorists and they are not unified among themselves in their own

explanations. As of the present day scenario, there exist seven feminist perspectives: Liberal/Reformist, Marxist, Radical, Dual – systems, postmodernist/post-structuralist, materialist and Black feminist. All these perspectives deal with the ways women are oppressed and also put suggestions for overcoming it.

Liberal feminists are interested to bring to light the immediate forms of discrimination against women and also propose to fight legal and reformatory ways to overcome the problems. Marxist Feminists claim that the major cause for woman's oppression is the exclusion of women from public production and the woman's fight for emancipation is integral in the fight of the proletariat to overthrow the capitalists. Radical feminists view patriarchy or the male control over women as the main cause to women issues and propose that women must fight to unleash themselves from this control. Material feminists argue that women as a social class are exploited and subordinated by men as a class. Dual-system feminists club the two aspects and argue that women are exploited both as an aspect of capitalism and of patriarchal relations. An end to capitalism alone would not end the oppression on them but they also need to fight and free themselves from the clutches of men. According to the postmodernist and the post-structuralist view, the foundation of social divisions can be traced through language and they challenge to construct a discourse from the woman's point of view- sociology for them is a product of a masculine attempt to objectify and control the world. Finally the Black feminists view that there is a need to fight against the radicalized women and fight for the liberation of the black women and the also the black men at large. Thus the feminist perspective in their various ways to delve into the problem trace to explain the subordination of women.

Women are human beings just as much as the men. A woman's sex is irrelevant to her rights and she is entitled to full human rights. It is to be noticed that certain restrictions are imposed on

women disregarding their own wishes and interests. In more than one cases women are denied equal rights to men as are not allowed to have the freedom as the men. It is generally noticed that men are judged on merit as the individuals they are but women are judged by society in terms of their accomplishment as females or in other words their capacity of fulfilling their roles of a woman. Feminist researchers try to project the various areas in which women are discriminated against men and treated differently from men. For the feminists the two genders – the male and the female are socialized in different ways of life and have different expectations demanded from society. In order to liberate women from this shackle there is a need to demonstrate equal potential of both men and women and provide equal opportunities to both men and women in all spheres of life.

In the view of the radical feminists, women's oppression is fundamental and primary. All women are oppressed and exploited across time and space, across culture and race. Patriarchy or the system of male domination is prevalent everywhere and family happens to be the centre of all forms of oppression. Radical feminists do not deny the biological difference between men and women but they question the social meaning given to them. Women's oppression is noticed in various aspects of life including women's biological capacity for motherhood. According to the radical feminists gender inequality is the primary form of social inequality. They deny that women's subordination in society has anything to do with their biological inferiority. The radical feminists address all women to create a new identity for themselves based on their biologically inherited femaleness which has been deliberately distorted by patriarchy. Female subordination is the main concern for the radicals and they find ways that would help the women to emancipate themselves from planned institutionalized form of patriarchy. The radical theorists claim those

women's desire, women's likings, and women's subjective understandings have been denied by men in society from time immemorial.

Marxist feminism tried to explain the subordination and exploitation of women in capitalist societies. Prior to industrial capitalism, the family or household was the site of production. Parents and their children worked together to reproduce themselves across generation. The work that the women did, like cooking, planting, caring of old and sick as well as childrearing was central to the economic activity of the extended family. The Marxist feminists pointed out that the female domestic labour – like reproducing and maintaining the work-force – should be considered an aspect of production which worked to the benefit of capital. In addition to this, the Marxist feminists claimed that women's role in labour market was greatly influenced by the domestic identity – that made their relationship to production distinctively different from men's. The feminists observed that female labour is mostly concentrated in low paid works such as cleaning, nursing and childcare and this excluded women from public sphere which may be the source of their oppression. Women, few in numbers, even if they are found to undertake paid labour still tend to suffer from the effects of part-time or out-work which they often endure because of their additional commitments to household and childcare. Marxists tend to assume a “universal history of family” – the family is subsumed within the economic framework of capitalism as a pre-given structure. A distinction between wage labour and domestic labour is almost exclusively defined as “work” and thus obscuring the economic value of domestic labour. Marxist feminists set out to show how the family – a form which predated capitalism – does fulfill an economic role within capitalism in the relations of production and human reproduction. It is evident that since production and reproduction of labour take place substantially within the family through the labour of the housewife – it becomes clear that her labour is one way or

another crucial to the generation of surplus value. Marxist feminists highlight the economic importance of the household and they simultaneously explode the popular myth that homemaking is something to which women naturally aspire. For the working class, the household is the site of major divisions where all men benefit from the privileges bestowed upon them by the fact of their masculinity. Women then are subordinated both at work and at home. For the feminists, the conception of the family unit headed by the male bread-winner tends to obscure and deny women an independent social status in public life. The institution of the family itself provides an obstacle to female self-determination- a class primarily designated by the family bread- winners earning potential. Marxist feminists argue that the Marxists were unable to explain why women are excluded from public sphere and are a huge group of unpaid workers in the domestic sphere. For the Marxist feminists women did not become subordinated in the capitalist society but were subordinated already and it was felt that they would remain subordinated even after the over throw of the capitalist system. In the opinion of the Marxist feminists women in the capitalist society were exploited because they were excluded from wage labour and their role in the domestic sphere reproducing the relations of production. In the study made by a Marxist feminist- Michelle Barrett in her book- *Women's Oppression Today* (1980) regarding women's exploitation in capitalist society she rejects the simple explanation of biological difference between men and women where women are treated inferior to men and that their role is as a wife and mother. She argues that the Domestic Labour theory failed to explain the fact that the unpaid domestic labour is the cheapest way of reproducing labour power and also fails to explain why it is the women who are at work in the domestic front and not the men. For Barrett (1980) there is a need to analyze that women's social position is exploited by capital and that they have a dependent and powerless relationship with husbands and fathers. For her, it

is the men who wield power over women even within the working class. According to Barrett (1980) the key to women's oppression is the family or the household system. Familial ideology defines the nuclear family as natural and universal and specifies the natural division of labour where men are the provider of economic resources and women as care giver and provider of unpaid domestic labour. The family ideology maintained that women's natural role is the domestic labour – that is the wife and the mother-which gradually became incorporated in the capitalist system and accepted by the organized working class of the nineteenth century. However Barrett has been criticized as she failed to explain as to why it is the capitalist interest to exclude women as cheap laborers.

The Materialist feminists claim that women have shared interests because they are all exploited and oppressed by men. Women are then a class that is in conflict with other class- men. It is argued that while other sociologists claim occupational class inequality as primary, research work revealed that sexual inequality is primary and more fundamental than occupational inequality. Thus woman oppression cannot be treated as secondary and less important to occupational inequality. While the wage-laborer sells his labour power, the married woman gives hers away; exclusivity and non-payment are intimately connected. To supply unpaid labour within the framework of a universal and personal relationship (marriage) constructs primarily a relationship of slavery. Materialist feminists like Monique Wittig (1979) and Colette Guillaumin (1985) have claimed that to give birth is not a biological process nor a natural given but a social-historical construction of “forced production” They argue that birth is planned and women are programmed or socialized to give birth. Women are forced to behave in the way that is seen as natural which has lead to the creation of two discrete biological divisions leading to the development of an over-gendered society. According to the materialist feminists women and

men are class in themselves just as the economic or the political class but they are not eternal and a biological class. There is a need, according to the materialist feminist to eliminate the sex distinction itself. Wittig (1979) argues that- “Our fight aims to suppress men as a class not through a genocidal but a political struggle. Once the class ‘men’ disappear women as a class will disappear as well, for there are no slaves without masters. (Wittig, 1979.p.72)”

The dual feminists or the socialist feminists opine that there is a need to have a dual analysis that needs to articulate Marxist class theory with feminist theory of patriarchy. The dual feminists question the relationship of women to the economic system as well as the relationship of men to women. The dual-feminist Hartmann (1978) points out that the categories of Marxism are sex-blind and that patriarchal oppression preceded capitalism and will undoubtedly succeed it as well. In order to understand the subordination of women in capitalist societies, she suggests, it is necessary to articulate Marxist with patriarchal perspectives- that is to show the specific form that female exploitation takes in capitalist societies. In order to understand the oppression of women fully, it is absolutely necessary to examine the sexual division of labour in the domestic sphere as well as in the labour market, and the relationship between the two. Woman’s reproductive labour limits their access to the labour market, but the limited range of wage labour that woman can access is what directs and drives them to marriage. The predominant ideology of marriage and motherhood act as a cover to limit them in the labour market. Sylvia Walby (1988b) points out that in the capitalist society the key sets of patriarchal relations are found in the domestic work which is also significant in the determination of gender relations. She points out that when patriarchy is articulated in the capitalist mode of production, patriarchal relations in paid work are of central importance to the maintenance of the system. The form that patriarchy takes under capitalism is different from the form that it takes in other socio-economic

systems. Patriarchy predates capitalism, but it takes new forms with capitalist development. However the development of industrial capitalism has led to many changes. Women are not allowed in certain kinds of paid jobs especially the skilled jobs. However in the stage of capitalism they lost the right they previously held over property. In the stage of capitalism men acquired new power in public sphere which women were barred. According to Walby, the interest of patriarchy and of capital is not necessarily the same: the main basis of tension between the two lies in the exploitation of women's labour.

The Black feminist's theorists, question the issue of ethnic differences, racialisation and racism in feminist theory and research. According to the racial ideology, one group of people is naturally superior to another group in terms of skin colour, language, cultural patterns diet and so on. (Anthias and Yuval Davis, 1993) It is not just that racialised groups are different, but they have been racialised – they have been constituted as inferior, subordinated groups. It is necessary to recognize that radicalized women have a unique standpoint- they share with white women a history of patriarchal oppression and with the Black men the history of racialization. In other words their standpoint is racialised as well as sexualized. Black Feminists have argued that the universal theories of white feminists do not make sense of or give adequate explanations for the unique experiences and structural location of black women. Within the feminist theories black women are treated as 'the other' 'just as women are the 'others' in the mainstream theories. There is a need to recognize that the experience of Black women is different from that of the white women- which is central to the arguments of Black feminists.

The Post modern theorists argue that we simply do not live in a post-modern world but that post modernism is itself a way of thinking and a style of theorizing. Postmodern theory abandons explanatory goals and argues that there is no power outside discourse (Baudrillard,



1988). Postmodern feminists reject the naturalism of biology. Sex difference, they argue, does not exist before being brought into consciousness through language. Postmodern feminists reject the idea of substituting feminist theorists for male stream ones, because they reject the possibility of true knowledge and argue that there is a multiplicity of truths. It is therefore required to focus on knowledge rather than truth as there is no truth as there is no reality “out there” that can be the arbiter between competing truth claims. There can be no one truth, no privileged knowledge or producers of knowledge. All knowledge is historically and culturally specific, the product of particular discourses. The emphasis in post modern theory then is on heterogeneity, multiplicity and marginality and on the production of knowledge as opposed to truth- on the existence of multiple realities. There is a rejection of general / universal theory and an emphasis on the analysis of the local and specific. Postmodern and post-structuralist feminist theory rejects the view that feminist knowledge is in any way more adequate than other forms of knowledge. There is they argue, no way of arbitrating between competing truth claims.

Feminist theory encapsulates the idea about social life and human experiences about different woman centered perspectives. Feminist theory is women—centered in three ways. First, its major ‘object’ for investigation, the starting point of all its investigation, is the situation (or the situations) and experiences of women in society. Second, women are treated as central subjects in the investigative process: It aims to see the world from the perspective of the woman. Third, Feminist theory is critical and acts on behalf of woman- It aims at producing a better world for women and in general the humankind. Studies in Modern Feminist theory shows that- Women are present in most social situations. Where they are not, it is not because they lack ability or interest, but because there have been deliberate efforts to exclude them. Where they are present, women have played roles very different from the popular conceptions of them such as passive

wives and mothers. Women are actively present in most social situations to which many scholars, publics and social actors have been blind to their presence.

And finally, feminists have probed a fourth question:” It also shows that the invisibility, inequality and role differences in relation to men, which generally characterize women’s lives, are profoundly affected by a woman’s social location— that is, by her class, race, age affection preference, marital status, religion, ethnicity, and global location. Feminist theory did not emerge out of a theoretical vacuum, and the making of feminist theory is both a subject itself and one which has a great deal to say about both the content and the context of feminist theory. Feminist theory cannot be complete without recognizing social theory and also contributing to it.

The major proponent of a functionalist theory of gender has been Miriam Johnson (1988, 1989).Miriam, a functionalist and a feminist discusses the failure of functionalism in neglecting woman's disadvantageous position in society. She shows that Talcott parsons in his functionalist perspective have being gendered biased specially in his study on family. He fails to explore the social inequality, domination and oppression that woman face inside the family. Johnson locates much of the origin of gender inequality in the structure of the patriarchal family, in place in almost all known societies. Family is distinct from any other public institutions. It socializes children and helps to induce in the child values of society and social cohesion. Functionalist claim that family needs two adults who will specialize in particular roles. The father takes up the formal instrumental role of relating the family to the outside world. This role is also concerned with job and money making or income generation activities.

The mother assumes the “expressive roles” which focuses on relationships within the family. the mother is responsible for providing love and support that is needed to hold the family together, This included the task of maintenance of harmony and the internal emotion affairs of the family.

Historically women under patriarchy whatever their class and race, have been assigned to the tasks of social reproduction such as child bearing, child rearing, housekeeping, food preparation, care of the ill e.t.c.

There are a number of different ways in which culture both presents and influences childbirth, and other aspects of women's healthcare. Childbirth can be seen as a right of the father, with the women to fulfill a duty. Childbirth can be seen as a medical or religious phenomenon, with the actions at the birth event being dictated according to some rules. There is a huge variety of practices and attitudes towards pregnancy and childbirth and these depend on the nature of the culture and the position of the women (and men) within the society. The experiences of women in childbirth vary greatly within a culture, depending on the views of a woman, her socio—economic status her habits and authoritative power.

There are four themes that characterize feminist rehearsing of gender inequality. First, men and women are situated in society not only differently but also unequally. It is always noticed that women get less of the material resources, social, status, power, opportunities of self actualization that the men do in any social location based on class, race, occupation, religion, nationality or any other factors. Second the inequality is due to a set organization of society and not significant biological difference between women and men. Third, although individuals may vary in terms of potentials and traits- there is no natural variation between sexes. But in reality, there exists gender inequality where women are situation ally less empowered than men to realize the need they share with men for self—actualization. Fourthly, all inequality theories assume that both women and men will respond easily to egalitarian social situations and structures. Thus the theorist of a gender inequality present a picture of social life in which gender differences are more durable, more penetrative of personality and less easily changed.

In their Declaration of Sentiments issued by the first women's right convention at Seneca Falls, New York in 1848, the signers declared that all men and women are created equal. The Creator has given them some inalienable rights- such as - life, liberty and pursuit of happiness. In order to secure these rights, governments are instituted with powers. Liberal feminists, thus, rests in the belief that:

- 1) All human beings have capacity to reason- to become moral agencies and to have self-actualization.
- 2) In order to secure these capacities, there is a need to have legal universal rights.
- 3) The inequalities of men and women are constructed by society and not by biological nature.
- 4) Any social change for equality can be achieved by appealing the public in an organized manner with the force of the state.

Contemporary liberal feminism's explanation of gender inequality turns on the interplay of four factors— the social construction of gender, the gendered division of labor, the doctrine and practices of private and public spheres and patriarchal ideology. The sexual division of labor in modern societies divides production in terms of gender and spheres denoted as 'public' and 'private': women are given primary responsibility for the private sphere while men are given privileged access to the public sphere. The two spheres constantly interact in the lives of women and both the spheres are shaped by patriarchal ideology and sexism. On the one hand, women find their experience within the public sphere of education work politics and public sphere still limited by practices of discrimination, marginalization and harassment. (Benokvaitis, 1997; Ruskin and Padovic, 1994; Ridge Way, 1997). Women in private sphere find themselves "time blind" because the moment they return from their paid employment, they engage themselves in the second shift of home and child care, overwhelmed in the ideology of intensive mothering.

(Hochschild, 1989, 1997; Shelton 2000). Women's ability to compete in career and profession is hindered by the demands of the private sphere (Waldfogel, 1997).

One classic theme is liberal feminist analysis of gender inequality in the problem of achieving equality in marriage. In Jessie Bernard's study, *The Future of Marriage* (1972, 1982). Bernard analyzed marriage as at one and the same time a cultural system of beliefs and ideals, an institutional arrangement of roles and norms and a complex of interactional experiences for individual women and men. Culturally, a marriage is idealized as the destiny and source of fulfillment for women; a mixed blessing of domesticity, responsibility and constraint for men. Experimentally there are two marriages in any institutional marriage—the men's marriage and the wife's marriage. In the wife's marriage, she affirms the cultural belief of fulfillment—normatively experiencing powerlessness and dependence—an obligation to provide domestic, emotional and sexual services and the gradual 'dwindling away' of the independent young person she was before marriage. Recent works show that Bernard's analysis still holds for most marriages (Steil, 1997, Dempsey, 2002) but at the same time some couples try to achieve egalitarian marriage following the ideals of liberal feminists (Schwartz, 1994). Simon de Beauvoir, the great icon of feminism, and feminist theory endorses and understanding of male and female which is organized around a rigid binary decision. The single theme that runs through de Beauvoir's work, her fiction just as much as *The Second Sex* and her the work on non-fiction, it is her revolt against the assignment of women to a social and emotional absence of agency. Whether it in creating a heroine (in her novel she came to say) who murders a female's rival for a men's affection or in *The Second Sex* and the four volumes of autobiography, where female activity is discussed, de Beauvoir exhorts women to step out of the socially defined strictures of being 'The Other'. The 'Other' is, the male, who possesses above all else the human

capacity to impress upon the world an individual will. In contrast to this, women are, in de Beauvoir's view, creatures who spend their lives following the footsteps of men, ever willing to do their bidding and accept their definitions of reality. Notwithstanding de Beauvoir's famous remark that "women are made and not born" and it is up to women, rather than men, to reposition the social meaning of their gender. Many writers too claimed that the "nature" of gender was highly unstable and something that was, quite literally, 'made up' in different social contexts.

Jessie Bernard (1973) has suggested that there is 'her' marriage and 'his' marriage, two different things, and that men benefit more from marriage than women do. Married women are more likely than single women or than single men to suffer from mental illness, while married men are the least likely to do so. Women often get married from economic necessity, because they cannot earn sufficient to live on and therefore it is only through marriage that they have potential access to a decent living wage. Single women are thought to be in need of the protection of a man and it is an additional pressure towards marriage. Men, on the other hand, gain both economic and social advantages from marriage- they are cared for; they enjoy the unpaid domestic labour of their wives and often unpaid help with their employed role as well. Women help their husbands by entertaining colleagues and clients, by doing unpaid clerical work, by acting as telephone answering service and in some cases a wife is seen as essential or nearly essential for a man to be able to carry out his work role (Finch, 1983a). Most wives are expected to organize their activities to fit with their partners' working hours – and to tailor what they do to his 'needs.'

Feminists have suggested a number of reasons why married life does not turn out to be the ideal that is portrayed for women. Ann Oakley (1982) has suggested that women experience four areas of conflict in family life:

1. The sexual division of labour means that women are expected to be responsible for domestic work and childcare. This means that women become economically dependent on men and have no access to money that they see as their own.
2. Conflict arises over the different emotional needs of men and women. Women are expected to deal with the frustrations and anger of husbands and children but have no one to whom they can turn themselves.
3. Economic and physical differences in power between husbands and wives mean that women can experience lack of control over financial resources, an inability to engage in social activities and even physical violence from their husbands.
4. Male control of sexuality and fertility means that men's needs are assumed to be the more important. Women are expected to "please" their husbands, to give in to their sexual demands, and to have and to care for their children.

Veronica Beechey (1986) has suggested that two assumptions underlie familial ideology:-

- a) [that] the co-resident nuclear family... is universal and normatively desirable.
- b) [and that] .... The form of sexual division of labour in which the woman is the housewife and mother and primarily located within the private world of the family and the man is wage-earner and breadwinner and primarily located in the 'public' world of paid work, is universal and normatively desirable.

For 200 years western feminism has made a determined effort to acquire the same public and private civic status for women as that of men. In the 19th century, feminists in the western world fought for the right to vote, to higher education and professional training. Various writings on the history of sexuality have pointed out that for two centuries women have fought for their right to

control their bodies and also fought to attain social recognition as independent sexual agents. Motherhood was long the stopping block to the discussion of the public emancipation of women, but the two world wars and the consumer revolution of 1950s very effectively put paid to the idea that mothers could remain, without paid employment, in the home and dependent on the support of a man.

Judith Butlee's work *Gender Trouble* (1990) is very significant because it not only disconnects ideologies about masculinity and femininity, about biologically assigned male or female but also the set of ideas which assumes the "natural" order of gender. In making gender a matter of both social construction and a degree of individual choice, Bulter rejects any assumption that our gender identity is in any sense natural. Gender is thus not a given feature of the social world but thus not that is acquired, "made" in the sense that de Beauvoir's view; they are always in the process of being made in that of Judith Butler's feminist sociological theory - that grows out of feminist theory in general- the branch of the new scholarship of woman that seeks to provide a system of ideas about human life that features woman as object and subject, doer and knower.

In the view of many feminists, Women are subordinated and exploited because of the fact that women have children. The biological fact of "mothering" enabled men to subordinate women- with women placed thereby under the protection of men (Firestone 1974). Patriarchal religion has been regarded as a major basis for the socialization of women into subservient roles. (Millett, 1977). Christian ideology has contributed no little to the oppression of woman...-as they could take only a secondary place as participants in worship, the deaconesses were authorized to carry only such lay tasks as caring for the sick and aiding the poor. Marriage was held to be an institution demanding mutual fidelity; it seemed obvious that the wife should be totally subordinate to her husband. (De Beauvoir, 1972:128).



## **RELIGIOUS PERSPECTIVE**

### **VIEW IN CHRISTIANITY**

Among the many religions that has its origin outside India but found a home here in India, Christianity is the oldest. Christianity has been derived from the Greek word “Khristos” or ‘Christ’ which literally means ‘anointed one’. Christianity is a monolithic religion based on the life and teachings of Jesus Christ of Nazareth. The teachings of Jesus are presented in the New Testament of the Bible. Christianity is the biggest religion of the mankind in terms of its followers. Jesus born to the humble believers Joseph and Mary was sent by God as a savior to humanity. Christians therefore call him the Messiah to show people the path to salvation. Christians believe that Jesus is God incarnate and “true God and true man” or fully divine and fully human. Jesus by being human suffered the mortal pain though He never committed sin. As being fully divine he was raised from dead by God when he ascended the throne and is seated at the right hand side of God in His Kingdom. Christians or the followers of Jesus Christ consider the resurrection of Jesus to be the corner-stone of their faith and the most important event in human history. In the beliefs of Christ, the death and the resurrection are two core events on which the Christian doctrine and theology is based. Trinity is an essential doctrine of mainstream Christianity. Father, Son, and the Holy Spirit represent both the immanence and the transcendence of God. God is believed to be infinite and God’s presence is perceived through Jesus Christ and the Holy Spirit. The three- The un-begotten Father, The begotten son, Christ and the Holy Spirit proceeding from the Father and the son are omnipotent and eternal. Christianity comprises of three branches such as the Catholicism, Eastern Orthodoxy and Protestantism which is further divided into smaller denominations.

Christianity as a religion has more than 2000 years of history and is a dominant religion all the parts and corners of the world. Christianity entered India during the first century A.D itself. One of the 12 Apostles of Jesus Christ by name St Thomas, and St Bartholomew are believed to have brought Christianity to India in 50 – 52 A.D. In accordance to the well- established tradition, St. Thomas <sup>14</sup>was initially reluctant to go to India and convert its people. He hesitated because he felt that he did not have the strength enough for it. It is believed that the Lord assured him of His Grace. St Thomas became more successful in the South, particularly in Kerala where he could convert a large number of people. The association of the church with the foreign powers such as the Portuguese, the Dutch, the British and the French – helped the later development of Christianity in India.

Christianity believes that God has created man not to lead a life by himself. God created woman along with men so that man may establish a marital relationship with the woman and set up a family. The Old Testament provides numerous early perspectives on marriage. Genesis 1:27-28 provides a full account of marriage as designed and instituted by God. According to Genesis 1: 27-28- God created man in the image of Himself, in the image of God. God created male and female and blessed them saying- "Be fruitful, multiply, fill the earth and conquer it." Thus God desire was to have increased humanity, multiply and fill the earth.

In the New Testament too, God restored the dignity of marriage. References of marriage in the New Testament abounds. As God's son Jesus has come to the earth to fulfill the Laws of God- He is the way, the life and the truth. (John 14:6) There are instances in the New testament where we find that Jesus attended many weddings and even performed miracles in the weddings. This participation of Jesus in the weddings indicates Gods approval in the institution of marriage.

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<sup>14</sup> He is known as Judas Thomas by the Syrian Malabar Christians

In the age where everyone is concerned about his or her "rights", it is not wrong to feel that everyone has the right to have a child. In Christianity, it is believed that our lives are not made of "rights". Rather, we have been given the responsibility, and God has graciously bestowed us with many such responsibilities in the forms of gifts. WE need to remember that children are not objects of rights but they are gifts from God. God has chosen to bless some with precious gifts and chose to withhold the same for some. Infertility whether permanent or temporary is a state in which God has places some couples. If we see children as gifts rather than a guarantee, then we may readily accept in a proper attitude, Gods will for our lives. God does not always give us what we want- even though we may desperately want it. We must be content and we must acknowledge that the Lords Grace is sufficient and that He is wiser than we are. According to the Christian faith, marriage was designed to provide companionship, to provide sexual fulfillment and to produce children. However the bible does not rank these purposes in any particular order and therefore there is no need to either over-emphasize or de-emphasize the purpose of marriage.

Marriage is an exclusive relationship. In any marital relation, a husband and wife are said to become one flesh. (Genesis2:24; Mathews 19:15; Ephesians 5:31). Even though there have been instances of many polygamous marriages in the bible, monogamous marriage is considered to be the ideal one. In the present world monogamous marriage is the only permissible form of marriage. It is also to be noted that Bible does not state possibility of intimate companionship, sexual fulfillment or child bearing outside the marital bond. The biblical scriptures lays down those babies are expected to be born only within the marital relation. Marriage is a special union among the Christians. Childlessness, difficulty to conceive or the issue of infertility should be shared by and borne by the spouses equally. In the traditional marriage vows of the Christians-" for better, for worse.... in sickness and in health." Thus according to God's will both the partners

in the marital relationship should share the burdens. Children are not the sole and sacred purpose of marriage among the Christians. It is believed that if God has chosen to withhold that blessing from one spouse, He necessarily chose to withhold it from the other.

In Christianity men and women were encouraged to be fruitful. The system of religious norms governing a woman's body was based on three group interests- The perpetuation of family line, the conservation of domestic property and the preservation of the ancestral inheritance. These three interested the Jewish attitude to children. Sterility in women was regarded as a divine punishment and the notion was combined with the belief that having numerous sons was the symbol of patriarchal power. Among the male offspring, the eldest child was the most important since he would become the head of the household and inherit the major share of the family property. This was found in the Old Testament, Where the principle of primogeniture was overruled by favoritism- Abel and Cain, Jacob and Esau. Again in the biblical story of Joseph and the coat of many colours, where Joseph was the son of Jacob's old age, we notice the principle of ultimo geniture or the inheritance by the last born male child in operation.

In the mythology of the Old Testament World, the themes of paternity and infanticide were very important. Under the polygamous system of Old Testament patriarchy, barren wives did not pose any problem as they could be easily supplemented by additional wives. The story of the patriarch Abram in many respect reveal these themes. Abrams wife Sara failed to provide children because she was barren and instead offered her Egyptian handmaiden Hager as a concubine through whom Abram fathered a child named Ishmael. God then formed a covenant with Abram and this was symbolized by the circumcision of Abram and all the men of the tribe. Abram and Sarai changed their names to Abraham and Sarah. The covenant was validated by the fact that Sarah at an extreme old gave birth to a son called Isaac. As a test of the covenant God asked Abraham to

sacrifice Isaac by burning, but an angel intervened as Abraham proved his willingness to sacrifice his own son at the will of God. Abraham's intention to sacrifice Isaac was deflected to the ram. With the death of Sarah, Abraham took another wife who gave birth to many children. Since Abraham meant "the father of a multitude", the circumcision rite also stood for the willingness of other tribes to join in a covenant with God and the people of Israel (Epstein, 1959). The rite became a sign of inclusion and of exclusion (Douglas, 1970).

Another interpretation gives the view that circumcision was a symbolic alternative to infanticide. There was a suspicion that the first born male child may have been the product of sexual encounters prior to marriage between the wife and another father, and the solution to this doubt was to slaughter all such offspring's. Later it was suggested that the essence of Judaism and Christianity is the management of the infanticidal impulse. Circumcision is the symbol of the slaughter of children with the knife; baptism, of drowning in water. In the circumcision rite, the "children" of Yahweh as father of the people were accepted into the community and the infanticide impulse was redirected. It is mentioned in the bible that anyone who trusts in God, will be able to have children. The scriptures lay down the following commands of God. Genesis 1:28 (KJV): And God blessed them: and God said to them, be fruitful and multiply, and fill the earth. Jeremiah 29:6 (KJV): Take wives and become the fathers of sons and daughters- multiply there and do not decrease. Psalm 127:3 (KJV): Behold children is a gift of the Lord: and the fruit of the womb is a reward.

God blesses us to be fruitful and multiply. Therefore it is wholesome and most natural that we desire to bear children in obedience to His commands. God specializes in making His people "vigorous" in childbearing. (Exodus 1:19 NIV). There are many examples of divine help in childbearing in the bible. It is mentioned in the bible that there were at least seven women who

were initially childless, however finally they did have children after several years. They were Sarah, Rebecca, Rachel, Samson's mother, the second wife of Elhanan, The wife of David and finally Elizabeth, wife of Zachariah. (Genesis 17: 15-21, Genesis 25:21, Judges 13, I Samuel 1:6-20, Luke 1:5-25).

Hebrew 11:11 says, " Through faith also Sarah herself received strength to conceive seed, and delivered a child when she was past age, because she judged Him faithful who had promised." However Bible promises do not just fall on us, they aren't automatic. First, Gods promises must be discovered and known. According to the bible - "My people perish for lack of knowledge." In other words, people fail to enjoy something that God wants them to have, all because they have not discovered the scriptural provisions in the Bible that give them the Knowledge and assurance that is rightly belongs to them. These promises once discovered must be treasured and must be believed. They must then be appropriated and acted upon."

In the summary of the benefits and curses of the Law given to Moses by God- we find that -- If the Nation were to be obedient there would not be any childless couple or even animals among the people. Thus God himself has the power to shut up the wombs of women or open it as he wishes. (Exodus 23:26, Deuteronomy 7:14). When God chooses to close the womb or even open it- there are profound reasons for doing so. When god blessed the woman with sons- each of these sons played a vital role in the history of the Nation of Israel and their spiritual or symbolic counterparts in the future. "He gives the barren woman a home, making her the joyous mother of children. Praise the lord!" Thus the bible scriptures indicate the importance of a child to a couple.

## **VIEW IN ISLAM**

Islam is one of the major religions of the mankind. More than one-fifth of the people of the world are Muslims. They are found in large numbers in nations such as Indonesia, Bangladesh, Pakistan Iraq and Iran, Kuwait, Saudi Arabia, Afghanistan, Yemen, Libya, Morocco, Tunisia, Algeria, Turkey, Sudan, Albania, Yugoslavia, Lebanon Philippines, China and India.

Islam is the second biggest religion in the world. In terms of the number of followers it is only second to Christianity with all its sects. Islam emerged in Arabia during the 7<sup>th</sup> century A.D., when its founder the Prophet Mohammad migrated from his native city of Mecca to Medina. Prophet Mohammad the architect of Islam was very much disturbed by the decadence in the religious life of the Arabs. He sought an opportunity to stabilize their political life, improve their religious life and chasten their moral life. He placed before them new values of life and tried to unite them into a community of faith. The new community came to known as the community of ‘Islam’. In the religious sense the word ‘Islam’ means ‘surrender’ or ‘submission’ to the will of God (“Allah”) and obedience to His Law. Islam postulates only One God, that is ‘Allah’ and only one Holy and authoritative Book, that is,” Quran.”It is believed by the Muslims that God had been sending messengers to guide humanity and correct its mistakes and also to find the right way to live. Muslims believe that Prophet Muhammad was the last and the ablest of all the messengers. Hence his teachings and messages should be regarded as authoritative and final. The message of Allah got delivered to Mohammad through the angel Gabriel. These messages made known to the world through the Prophet’s revelations are contained in the noble book, the Quran.

It is to be noted that the Muslims do not consider Prophet the founder but the consolidator of Islam. According to them, the original founder of Islam is none other than God, Allah Himself. There are three principles that are considered sacred by all Muslims. They are –A) Belief in the

God Allah, the Supreme Lord of the Universe, Omnipotent and Omnipresent and the sustainer of the world and mankind. B) Acceptance of the supremacy of Prophet Mohammad and his teachings and C) The Holy Quran which consists of the sacred views and teachings of Mohammad. One who does not accept these principles or any one of these cannot be called a Muslim.

During the earliest decades after the death of the Prophet, certain basic features of the religious organization of Islam were singled out and formulated as the “Pillars of Islam”. They are as follows:-

- 1) Profession of Faith [Belief in one God Allah (Iman)]: The first pillar of this faith: “there is no God but the God Allah”; Mohammad is the prophet of this God. The membership of this community depends on this faith.
- 2) Reciting Prayers [Salah]: The second pillar consists of five daily congregational prayers. Every Muslim male or female must offer prayer [namaz] five times a day that is before sun-rise, between midday and afternoon, in the later afternoon, immediately after the sunset and before retiring to bed].
- 3) Alms Giving [Zakat]: The third pillar is the obligatory tax called”Zakat<sup>15</sup>”. Every Muslim must give a portion of his wealth to the needy and the poor and this is called Zakat. It is believed that such payments make rest of one’s wealth religious and legally pure. According to Quran, this Zakat can be given to the poor, to the needy, the prisoners of war, to the newly converts, to the Muslims in debt, to the Muslims in service of the cause of god by means of study or propagation of Islam.

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<sup>15</sup> The literal meaning of the word “Zakat” means purification.



- 4) Fasting [Sawn]: A Muslim is expected to observe “fast’ during Ramzan, the 9<sup>th</sup> month of the Islamic calendar. Fasting refers to abstaining completely from food, drinks, intimate intercourses and smoking from the break of the dawn till sunset. It is believed that by fasting one remains fresh in thought and action; protect oneself from committing sin and abstaining oneself from lying.
- 5) The Pilgrimage [Hajj]: A true Muslim is expected to go on a pilgrimage or Hajj to Mecca, the birth place of Mohammad at least once in his lifetime. The performance of Hajj is obligatory for every Muslim male or female who is mentally, physically and financially fit.

As for the marriage contract (‘aqd), it has four conditions that facilitate its establishment and dissolution:1) Permission of the guardian; if not, then [that of father]2) Consent of the women whether virgin or non-virgin 3) the presence of two witnesses and 4) A declaration like ‘ijab’ and ‘qubul’ which is pronounced by the husband, the guardian of the woman or the representative of the two parties in the agreement of the contract of marriage. Marriage in Islam has been proposed for more than one reason. It is proposed that man and woman should be united in such a way that it may benefit the superior position of human beings, through marriage. Reproduction is the natural outcome of marriage and it serves to continue man’s existence through his progeny who would succeed him. Glorious Qur’an points to :[ Among His signs is that He created for you spouses of your own kind in order that you may repose to them in tranquility and He instilled in your hearts love and affection for one another; verily, in these are signs for those who reflect (on the nature of the reality).] (Ar-Rum 30:21) It is for this reason that prophet Zakariyyah (Zachariah, peace be upon him) supplicated to Allah saying: (And Zachariah, when he cried unto his Lord: My Lord! Leave me not childless, though Thou art the best of inheritors,) (Al-Anbiya’21:89) and (Lo! I fear my kinsfolk after me, since my wife is barren. Oh, give me from

thy presence a successor. Who shall inherit of me and inherit (also) of the house of Jacob. And make him, my Lord, acceptable (unto Thee).) (Maryam 19:5-6)

It is due to the reproductive quality of man that the species of humans grow and multiply, which makes nation strong in number and potential to fight the enemies. Reproduction of human beings is important as it preserves the entire human species all around the globe till life comes to an end. Allah, Exalted be He, says, (O mankind! Be careful of your duty to your Lord Who created you from a single soul and from it created its mate and from them twain hath spread abroad a multitude of men and women.) (An0Nisa'4:1) and (O mankind! Lo! We have created you male and female, and have made 'you nations and tribes that ye may know one another.) (Al-Hujurat 49:13) In Islam marriage is considered as the only way to establish a family which is the nucleus of society. The feelings of love, mercy care sacrifice; cooperation gets manifested through relations like motherhood, fatherhood, and parent-child and among siblings. Through marriage the family boundaries expand by the inclusion of in-laws aunts and uncles and their children. Marriage strengthens kinship relations. Allah, Exalted be He, says, (And He who hath created man from water, and hath appointed for him kindred by blood and kindred by marriage; for thy Lord is ever powerful.) (Al- Furqan: 54)

There are eight qualities that are sought in a woman which mark a happy and successful conjugal life in Muslim marriages. They are – Piety, Good Character, Beauty, Dowry, Childbearing, Virginity, Good lineage, not a close relative. Piety is a fundamental requisite. A woman should be virtuous and religious. Her religious principles, when strong will give her strength to be virtuous and steady and if it is otherwise the woman may humiliate her husband disgrace him and make his life miserable. It is also said that, women should not be married for her beauty only as beauty may destroy her. Again she should not be married only for wealth as she may be an

authoritarian and dictate her husband. A woman ideal for marriage should be a religious woman as not only will she be following the religious duties honestly but also boost up her husband's religious faith. Absence of her piety may also destroy her husband's religion.

Good character is the second quality. In case of an ill-tongued, ill-mannered woman becomes a wife, more evil than good will be generated from her which will harm religious life of her husband. It is believed in Islam that the worst characteristics of a man may be the best characteristics for a woman like stinginess, pride and cowardice. It is considered that if the woman is stingy, she will preserve her own and her husband's possessions; if she is proud she will be very careful in terms of what words she utters in front of others, and if she is cowardly she will be afraid to move out of her house without being accompanied. All these are considered to be the good qualities that a woman should possess.

The face of beauty is the third quality which is desired because through it enrichment is attained. Even though it is natural for a man to be attracted to good-looking women however marrying a pious woman is more encouraged. This does not mean that cherishment of beauty is ignored but it is proposed that one should not marry a woman only for her beauty. Beauty may make marriage desirable but at the same time may distract one from religious beliefs. For the Almighty God has ascribed to the woman of paradise this description in the verse, "The good and beautiful" [Qur'an 60:70] (by 'good' He meant "those enjoying good manners"); in the verse "of modest gaze" [37:48]; and in the verse "lovers ('urub), Friends" [56:37]. In other words a good woman that one would wish to marry should be the one who makes her husband happy, is obedient to what her husband commands her to do and guards all his possessions in the absence of her husband. The fourth quality is that her dowry should be small. Marriage should not be motivated by greed for wealth. It is believed that a woman is blessed if she is married and if she

bears children quickly and also in the fair amount of her dowry. Just as it is not good for the woman's dowry to be expensive, similarly it is not right for the man to enquire about the possessions of his wife. All these otherwise is considered as a trading transaction which corrupts the essence of marriage. Fifth quality that a woman needs to possess is the ability to bear children. If she is known to be barren that men should avoid marrying her. It is said that one should marry a loving child-bearer. The sixth quality is that woman should be a virgin in the time of her marriage. In the Islamic faith, virginity is respected as it has three advantages- in the virgin marriage the husband and the wife feel very close to each other which positively influence their conjugal life, the man would love the woman as his own and on the contrary would hate the woman touched by another man, the virgin would continue to love her first husband all through her life. Seventh, the wife should have a good religious and righteous background as bringing up good children depends upon the mother. Finally, the wife should not be a close relative as it is believed that it would lessen the desire, and the child born may be undernourished and unhealthy. Marriage is therefore a strong mutual commitment and a shared responsibility between a man and a woman from the day they tied their marital knot together.

At the very beginning I would like to apologize as there may be minor discrepancies between the interpretations made in the study and those of the respected Koran scholars.

The Quran is the holy book of Islam, composed of 114 suras or chapters. For all Muslim believers- Quran is the word of God as revealed by Angel Gabriel to Prophet Mohammad. In the Islamic faith, the first and the foremost and the most reliable and highest form of religious law for all faithful Muslims is contained within the Holy Quran. It is sacred to all muslims and acts as a guide in each and every aspects of their life. In all Islamic societies, the main purpose of marriage was and still is procreation, which is also an obligatory religious duty. The advent of a

child is always welcomed and is considered as a blessing. It is regarded as an essential factor to strengthen the marriage bond and also for the perpetuation of the line of descent and also in enlarging the Islamic community. This is an edited excerpt from the chapter- "Adab an - Nikah" from Imam Ghazzali's "Ihya Ulum-id-din" translated by Fazlul Karim. There are five benefits of marriage and the first benefit as mentioned is - "To beget children". This is the main purpose of marriage among the Muslims. The aim of marriage followed by children is to engender and preserve human race.

There are four main objectives that one achieves through procreation. These are- a) to increase mankind; b) Islam is propagated by increasing the number of followers of Prophet, p.b.u.h. ; c) parents will hope to leave behind children who will pray for them; d) and if a child dies before the parents, the prayers of the child in paradise will be very beneficial for the parents. In Islam, it is believed that God has created man and woman with the where withal to produce and raise children. The uterus is a fertile field and both the male and the female organs are tools for cultivation. He also created sexual passion in both the male and the female for the bearing of children through the use of the organs. This indicates the presence of God and His design. The Prophet has already substantiated this in the statement- "Marry and keep a family." He, who does not marry, destroys these seeds and allows these tools to lie useless and dormant and thereby goes against God's wishes. To have one's child is a universal desire. For all Muslims, the desire to have children also stem from the desire to fulfill a religious obligation. In the words of God- "So now have sexual relations with them and seek that which Allah has ordained for you (offspring)". (Q2 [Baqarah]: 187)

The Prophet (Salallahu alayhi wa sallam) also emphasized procreation as a major goal of marriage. Maqil bin Yasar (RA) reported that a man came to Allah's messenger (Sallahu alayhi

wa sallam) and said," I have encountered a woman of honour and beauty but she cannot bear children. Should I marry her?" He said "No". After asking him two or more times, Allah's prophet (Sallahu alayhi wa sallam) said: "Marry the woman who is loving and can bear many children, because I will boost of your numbers on the Day of Resurrection." --- Abu Daweed.

Prophet Zakariyyah cried out to Allah in His old age: "O my Lord! Grant me from You, a good offspring. You are indeed the All-Hearer of Duaa." (Q3 [Al-Imran]:38). A house in which no child is born is seen to lack God's blessings. Childlessness may also result in divorce as it is a valid ground on which marriage can be terminated. The practice of polygyny in Islam originated from the view of procreation. The virtuous woman who takes care of the house abets religious beliefs and any interruption in these preoccupations disturb ones feelings in the heart and hinders the course of life. For this reason Abu Sulayman al- Darani' declared, "The virtuous wife is not of this world, for she liberates you for the hereafter. Her contribution to feeling [the man] is by both taking care of the house and by satisfying sexual desire." Muhammad b. Ka'b al-Qarazi said in interpreting God's words, "o Lord!

Give unto us in the world that which is good" [Qur'an 2:201]; he meant a virtuous woman. The Prophet said, "Let each among you have a grateful heart; a tongue which invokes [the name of God]; and a faithful, virtuous wife who assists you toward the hereafter." "Behold how he has equated her with invocation and thanksgiving." [Qur'an 16: 97]. However, Muslims recognize that all life and death happens according to the will of God. To strive for a child in the face of infertility is not considered as a rebellion against God's will. The Koran tells us of the prayers of Abraham and Zachariah who pleaded to God to grant them offspring. Koran tells us how God deals with those who face infertility. "To God belongs the dominion of heaven and earth. He creates what he wills. He bestows male (offspring) upon whom he wills. Or He bestows both

males and females, and He leaves childless whom he wills. For He is All-Knowledgeable. All - Powerful." (Quran 42:49-50)

## **END NOTE**

P.b.u.h. is the short form for "peace be upon him" which is an expression used by Muslims to indicate reverence towards The Holy Prophet Muhammad.

## **VIEWS IN HINDUISM**

"Asato ma sadgamaya; Tamaso ma Jyotirgamaya; Mrityoramitamgamaya"

"Lead me from the unreal to the real; Lead me from darkness to light; Lead me from death to immortality".

Hinduism is one of the oldest religions known and still dominates to be one of the major religions of the world. The Hindu religion is also known as "Sanatan Dharma", meaning "righteousness forever" or "that which has no beginning or end". In other words it is an eternal religion that exists from time immemorial. It is difficult to trace the time when the religion was born. It is believed that the 'Rishis' or saints known as 'seers' while meditating got the vision of God and the words spoken to them by the Divine power were passed down the generations through sruti and smriti. According to them, Hinduism is a relentless pursuit or search for "truth". There is only one God and one Truth. The Hindu Vedas proclaim – "Ekam Sat, Viprah Bahudha Vadanti"<sup>16</sup>. It is revealed that Hinduism is not a religion but a way of life. Hinduism is a religion which believes in tolerance and universal acceptance. In Hinduism, tolerance is not

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<sup>16</sup> There is one truth, only men describe it in different ways.

simply a matter of policy but an article of faith. The word “Hindu” is not of Indian origin. The Persians who invaded India in the sixth century B.C. gave the name Hindu while referring to the river ‘Sindhu’ when they mispronounced the river Sindhu as Hindu. Thus the people of the land of the Sindhu River came to be known as Hindus.

Hinduism is known for its broad outlook. It allows total freedom to its followers in matters of faith and worship. It does not prescribe any particular way of worship and never forces its believers to follow any particular way to worship God. The philosophy is that there are “as many minds as many faiths” all of which lead to the single Truth. Hinduism is not a uniform, monolithic or a single religion. It allows many sects within it and so Hinduism is also known as a collectivity of sects. Again, Hinduism is associated with idol worship. Other than the idols the Hindu’s worship the forces of nature. God is understood in Hinduism in two ways 1) as an abstract entity 2) through concrete manifestations. Over the years Hindu’s divided into two religious philosophies which gives two different approach to the realization and search of God. (i) Astika [Brahminic], that believed in the authority of the Vedas; and the (ii) Nastika [Non-Brahminic] that rejected the authority of Vedas the best example would be the Buddhist and the Jain religion. The Hindu theology is very complex and deals with abstract concepts like atman(soul), Paramatta(divine soul, Punarjanma (rebirth), Karma(actions), Papa(sin), Punya (good deeds), Brahma(divine power), Dharma(religious duty), Moksha (salvation) and many others.

Motherhood in a Hindu society has been worshipped from time immemorial. The Hindu marriage is based on three principles like- Dharma, Praja and Rati. The desire for praja or progeny is regarded in the Hindu shastras as the most sacred purpose of marriage. Motherhood played a very significant part in ancient Hindu social life. It was obligatory and a girl from her



childhood was socialized to play the role of a good wife and a good mother. At marriage, she was blessed to be "mother of sons".

Discussing the views of Hindu religion, one has to face many difficulties as Hinduism is not a mere religion but a set of beliefs and norms and a way of life. It has a great number of books recognized as scriptures which collectively claim authority over the life's of the adherents. Indian society is largely structured and influenced by the norms of Hinduism. The philosophy of Hinduism was based on Vedic laws. The society of Vedic Aryan, their culture, law, religion and social structure are compiled in the Vedas. The Vedic literatures depict the role of a woman as mothers in ancient India.

The marriage and family represent social and religious institutions which is the most important and sacrosanct. The Rig Veda states marriage necessary for becoming a house-holder, performing sacrifices and playing a part in procreation. The status of woman in Vedic society, are assigned only when she attains marriageable age and establishes a home through marriage. The man accepts his wife as a joint partner of his house-hold, in the presence of his relatives and in the presence of the supernatural witness- the marriage gets solemnized and sacrosanct. The woman carries her duty towards her husband by becoming bearing the child of her husband and thus plays a part in the continuation of the family into which she was born. It is to be noted that from the inception of the human civilization, procreation and rearing of children continues to be an important aspect in society.

The Vedic period- glorified motherhood and preference was laid in begetting male progeny. All rituals associated with marriage, conception, gestation and birth was attached to male progeny. In

the book- "Abhijnanashakuntalam"<sup>17</sup> the seer's wife blesses the pregnant wife with the glory of having a heroic son. It is found in the Vedic literatures, that immediately after the marriage was solemnized, the newly wedded couple prayed to God seeking the blessing of a son. The ceremony of grabadhana, prayers are offered to have a male child. In the Atharva Veda there is a special prayer that asks for a male child. In the Vedic texts, we find the mention of the barren woman who was cast away. It is believed in the texts that two sprits may be present in the woman's body - parivriti<sup>18</sup> and nirrti<sup>19</sup>. A childless woman was believed to be possessed with the negative spirit nirriti and thus was cast away. It was indicated by the supreme emphasis on fertility that a barren woman can destroy everything good. The Dharmashastras and the Puranas also lay down numerous vows for woman to have children. The presence of a full-fledged Goddess - "Shisti" who granted children and increased fertility indicate the importance of giving birth and becoming mothers.

Manusmriti gives us a good amount of information about the position of woman in the Vedic times. Manu gives importance to marriage and family and mentions that the man and woman who becomes husband and wives are created to procreate and perform religious rites together.(Manusmriti,52). According to Manu, the duty of the wife is to produce children. "Mother" is the object of great reverence for children in Indian religion and culture. Mother is in the image of the earth and bears all the troubles and pain for her children as mother earth does. Again Hindu ideology stresses on total submission and obedience of the children who respect their mother only after the divine goddess. Hindu mythology has more than one story where the children worship their biological mother as idols in the temples. Thus mothers are worthy of

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<sup>17</sup> Well-Known Sanskrit play penned by Kalidasa. The Sanskrit title means "pertaining to token-recognition-Shakuntala".

<sup>18</sup> Noun for female sex with positive spirit

<sup>19</sup> Goddess of Poverty and Corruption indicating negative spirit in women

worship. "Matri Devaya Bhava" is the call of praise to mothers in Hindu philosophy- explaining the basis of glorification of motherhood in India.

Motherhood is a cherished ideal in the life of all women and according to Manu, "woman is created to be mothers." (Manusmriti, 141) A barren woman is considered as impure and a pious Brahman does not accept food from them. In Hindu philosophy, a woman's body is a space where culturally coded norms of a desirable woman are inscribed. A woman is socialized in such a way that she inculcates the code of conduct pertaining to motherhood. She is socialized to be a vehicle for male sexual satisfaction and reproduction and its natural corollary- childbearing, rearing, and nurturing. In the patriarchal agrarian Indian society- the woman's body is considered as a fertile piece of land where the husband sows in her the seeds. The wife bears the child and just as the land gets harvested, the father claims the child borne by his wife as his child. In other words in a patriarchal Hindu society, the wife fulfils her social obligations, her religious duty towards her husband by begetting a child. The Hindu philosophy revealed woman's exclusive confinement to reproductive function and all emphasis is given on the domain of motherhood. Woman's capacity for mothering and abilities to get gratification from it has been strongly internalized and psychologically enforced into female psyche. The identity of motherhood revolves around the idea of bearing and rearing the male child (Bhattacharya, 1990). Hinduism has its own system of values and moral which is imbibed by all Hindus as Hinduism is a way of life. Harmony is the essence of Hinduism. Hinduism is dynamic and has undergone many changes over the years however maintaining its essential elements and features. The Hindu believes that the whole world is his home and the entire humanity is his family. – "Vasudhaiva Kutumbakum".

## **PSYCHOLOGICAL PERSPECTIVE**

### **BASIC TENANTS**

Social Psychology may be defined as a scientific approach to comprehend the thoughts of people, their feelings, their relations with others and also the influence that one has on another. (Myers, Spencer & Jordon , 2009).The process in the social interactions in our society such as thinking, feeling, and relating to individuals or groups are precisely the kinds of processes that comprise the subject matter of social Psychology. Social psychology has enormous potential in the prevention and reduction of social problems. A core assumption of the field of social psychology is that the behavior of individuals is strongly influenced by the social situation and context. In other words the aim of social psychology is to understand how and why people are influenced by social factors. (David Myers, Steven Spencer, Christian Jordon, 2009).

As a part of psychology, social psychology tries to study human interactions, the causes and manifestations and the various psychological processes engaged in it. According to Gordon Allport, social psychology is a scientific investigation of thoughts, feelings and behavior of individuals which get influenced by the real, imagined and the disguised presence of others. (Allport, 1954a, p.5) What makes social psychology a distinct science is the last part of the definition- (influenced by the actual, imagined or implied presence of others). Explaining this phrase in the easier form is- one may be physically be present in the midst of others-that is close or far in distance where one actually interact with others,- in imagined presence one may imagine being in presence of others with various kinds of anticipation, - but the implied presence human interactions assigns meaning to things. The social meaning is constructed and gets transferred through language as no social interactions are possible without language. The best example of implied presence is norms. Norms are attitudinal and behavioral uniformities that

define group membership and differentiate between groups. These norms explain the presence of other people and try to define behavior even in the absence of other people.

Social psychology has always developed theories of cognitive activity in order to explain any type of social behavior. Since the late 1970's social cognition has dominated the field and had an enormous impact on social psychology. Cognition is a mental activity that occurs in the minds of the people who make sense of the perceptual information in order to plan and program me what we do and say. Cognition cannot be observed directly, so we infer it from the expression of people from their actions, writings and sayings. Through the process of cognition we can gain the understanding of how and why people behave in the ways they do. Behavior is best understood as a function of how people perceive their world and manipulate and interrelate these mental representations. In social psychology, social cognition focuses on how cognition affects our social behavior. How feelings affect, emotion, mood influence and is influenced by social cognition. People constantly think about others in the process of interaction which also involves cognition. We form impression of people we meet, have described to us or encounter in the media. We communicate these impressions to others and we use them as bases for deciding how we feel and act. An important aspect of social cognition is to form impression on and perception of people.

Emotions are the motivating factor in our everyday social interactions. Emotions act as a shaping agency in self control as well as social control in the case of individuals as well as groups. Culture happens to be an important element in the definitions of emotions, emotional socialization as well as emotional labor. In order to understand the emotions of our society we must we must draw from our society's emotions. From Goff man's (1961) early work on the encounter, through Hoch child's (1979,1983) work on rules of feeling and emotional labor with

Gordon's (1990), work on emotional socialization, culture has been paramount to our understanding of emotions. Reviewing dramaturgical and cultural theorizing on emotions, it highlighted the work of Goffman (1961, 1983), Hochschild (1979,1983) , Rosenberg (1990,1991), Thoits (1990), and Clark (1997).

Culture helps us to understand what constitutes emotions. Gordon (1981) differentiated biological emotions from social sentiments. He referred to biological emotions as closer to the psychological concept, which involves the bodily sensations and gestures in response to some emotional stimuli. In social sentiments, the concept of culture is cardinal. Social sentiments are defined as patterns of sensations that are socially constructed and which include gestures of expressions and meanings that are culturally oriented to explain the relationships to an object or another person. (Gordon 1981:566) In other words, Social sentiments are thus more so a sociological concept because the sentiments are defined by culture and require socialization to be learned by individuals. According to Gordon (1981) and Thoits (1990) emotional experiences have four components. Gordon (1981) opined that emotions are composed of 1) Sensations of the body; 2) Gestures to express 3) Situations or relationships in society and 4) Culture of emotions in society. Along these same lines, Thoits (1990) describe the components of an emotional experience as the appraisal of a situational stimulus, changes in bodily sensations, display of expressive gestures and cultural meanings. For both Gordon (1981) and Thoits (1990), the culture of emotions and its meanings have impact on all the three components. Gordon (1981) emphasized emotion as the vital element in defining social sentiments. The importance of culture can be noticed in emotion vocabularies, emotion beliefs and emotion norms. These three elements (vocabularies, beliefs and norms) comprise the emotion culture of

our society. Essentially, the content of any emotion culture includes emotion vocabularies, beliefs, and norms (Gorden1981).

C. H. Cooley (1964) on his work- the looking glass self, linked emotional reactions with the conception of the self. He mentioned that feelings of pride or shame result from individual's perceptions of how they appear to others and how others are believed to judge the appearance. The connection between the self and emotions are analyzed in the work of Rosenberg (1990, 1991). Rosenberg explains the impact of culture on emotional displays and discussed the connection between reflexivity and emotions. Reflexivity refers to the ability of individuals to see themselves as objects and act back upon them. Rosenberg mentioned two types of reflexivity- cognitive reflexivity which is memory, perception to bear upon the self as an object. Reflexive agency, on the other hand, refers to becoming an active agent in creating an outcome for the self. Rosenberg (1991) claimed that there are more than one reasons for the individuals to be engaged in emotional displays. The first reason is to demonstrate conformity with norms. This explains the moral character to our actions. Another reason for emotional display is as a means toward obtaining some outcome or goal. Rosenberg's (1990, 1991) work establishes that culture is critical to identifying and displaying our emotions. Rosenberg's work supports the argument that culture is significant for understanding emotional experiences in connection to the self.

E. Goff man's study (1959, 1961, and 1967) of dramaturlogical approach is essentially a cultural approach. Goff man in his study dramatically presented the comparison of social interaction and social life. Actors perform on stages according to cultural scripts in order to create their performances. According to Goff man, there are four aspects of a situation that one need to look into while determining how the interactions proceed. These are - the appearance of people, the setting, what the individuals say about themselves and the past experience with other individuals.

Thus we find that people constantly look for the appearance and behavior of others in order to guide their interactions. In any interaction, emotional display acts as a clue in the understanding of an interaction.

Culture plays a vital role in any social encounter. Any kind of attention in society is focused by culture which makes verbal communication possible. By delineating perception, culture can create solidarity- which can be noticed in the display of encounters in society. In Goff man's view, culture guide actors at all levels of social interactions. These cultural scripts are usually composed of a number of dimensions- like- forms of talk, use of rituals, framing, use of props, and categorization of situation along with role-making and expressiveness. In Goff man's view, in society, a person can assert a positive value for himself when he is in stroke with others during a certain contact, through his face (1967:5). The choice of face is determined by a social situation and thereby determined by culture. When an actor' behavior falls out of line with his or her chosen face, the actor needs to readily ease out embarrassment and restore face. Thus in any social situation- cultural scripts are important not only in the choice of face but also in an attempt to restore face. For Goff man, there can be two ways to restore face- the first- in avoidance- which indicates avoiding people or situations that might threaten face. The second way was to restore face through corrective face work.

In the work of Kemper (1990), any change in the dynamics of our relationships creates an impact upon our emotional reactions. Cultural knowledge is critical to understanding how people evaluate changes in social relationships. Kemper (1990) showed how changes in power and status in a relationship affect emotional reactions. In Kemper's theory all relationships can be characterized by power and status which is none but cultural constructions. In other words, the relative power and status of participants in a relationship are impacted by cultural expectations.



Emotional socialization is a process whereby individuals come to learn their emotion culture. In order to achieve emotional competence, children must be socialized into a society's emotion culture. Emotional socialization has been impacted by external socializing agents but also has been impacted by an individual's self - locus. According to Turner (1976) an institutional locus for the self is defined by adherence to societal norms while the impulsive locus is defined by spontaneous action. When applied to emotions, institutional meanings are those that are seen when an individual controls his or her emotions in line with societal standards. The impulsive meanings of emotions are those spontaneous and uninhibited expressions of emotions. These different emotion orientations further lead to the implication that the same emotion can have very different meanings depending on an individual's self- locus.

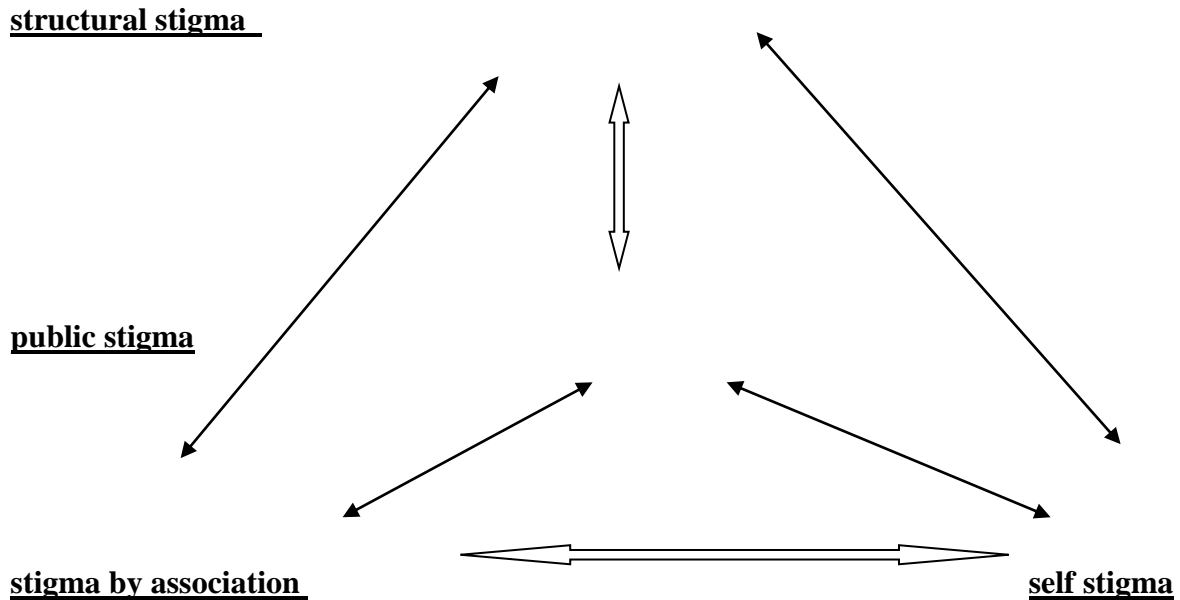
### **STIGMA**

The term stigma refers to any physical or social attribute or signs which so devalues an actor's social identity as to "disqualify from full social acceptance." (Goffman, 1964). Stigma refers to a kind of label that the society assigns to an individual due to his or her inability to satisfy the social expectations. All of us face the stigmatized situation at some point of time or the other in our lifetime as it is impossible to adhere to each and every social normative life patterns. In a society where Pronatalism is highly respected, childlessness becomes a stigma. In Goffman's book- *Stigma: Notes on the Management of Spoiled Identity* (1936b) he explained that there exists a gap between "virtual social identity", which means- what a person ought to be and "actual social identity" which means what the person actually is. Generally, in any society, anyone who faces a gap between the two types of identities is stigmatized.

The term stigma originated in Greece when the two Greeks used it for the cuts and burned marks that were made on the skins of the criminals or slaves to identify them as tainted, and that these people should be avoided (Goffman, 1963). Today the word stigma has crossed the boundary of physical mark and it is accepted as a mark of social disapproval - identifying one with spoiled social identity. Stigma is expressed in terms of difference and in devaluation of an individual in compare to others in society. Stigma is not innate but is developed in a social context, through social interaction. It is a social construction and therefore it varies from one society to another.

Stigmatization in society may be both overt and covert. Overtly it may be expressed through avoidance, social rejection and even dehumanization. In a subtle covert way, Stigma may be expressed in nonverbal expressions and discomforts; It may also be expressed in a social situation where both the stigmatized individual and the non stigmatized individual is present. Stigma is very close to power. Stigma is applied by those in power in order to exploit and dominate people. Stigmatization may act as a threat that may force one to become a conformist. Again stigma is used by the power holders and authoritarians as a way to keep people away from the ones who were considered diseased or deviants. Thus Stigma was used as a norm enforcement. Stigmatization can be divided on being societal, interpersonal, and individual. Pryor and Reeder (2011) articulated a conceptual model that explains stigma. Building on the previous theories (Herek, 2007), the model depicts the interrelated manifestations of stigma.

Four types of stigma----- (based on Pryor and Reeder 2011)



Public stigma refers to the social and psychological reaction that people have regarding a person who is in stigmatized situation. Self stigma refers to the impact of possessing stigma. People's association with stigmatized person is known as –Stigma by Association and the stigmatized position that social institutions and ideological systems grant is known as Structured Stigma. In the study of involuntary childlessness we find perceptions of social norm of reproducing after marriage have played a fundamental role in stigmatization of people. The negative impact of childlessness is related to the pronatalist view of marriage that is prevalent in all societies. Endorsement of fertility norms of having and wanting Children is across the globe overcoming barriers of age, sex, religion ethnic and social identity. Commitment to parenthood is related with the perspective that considers children as a blessing and barrenness as a punishment. Women's

sexual and psychological adjustment is related to childbearing as all institutions in society - social or psychological continue to emphasize the importance of motherhood as a major female role. Thus childlessness faced by the individuals becomes a Public stigma. Society at large considers the woman who is unable to bear a child as abnormal, deviant and thereby suffers from spoiled identity.

Individuals come to know that they are infertile or involuntarily childless only in the later part of their life after they are married. Internalizing the pronatalist attitude, the social identity of men and women revolves around the expectation of conceiving, bearing and rearing children. Childless couples start developing SELF STIGMA. They feel that their inability to give birth to children is a negative attribute. They believe to possess the stigma of being unable to have children- develop a sense of failure. This self stigma may also result in a serious consequence of not disclosing their problem even for treatment. Many childless couples hide their problem, avoid social contacts and refuse to come to terms with their physical inability. Self Stigma also led to a feeling of anxiety, isolation and conflict among the childless couples. Many a times, their fear of stigmatization had a damaging effect as when they finally addressed the problem for treatment, it was a delay. Thus infertile couples felt personally stigmatized- suffered from self stigma.

Stigma may also be felt by people who are associated with the stigmatized individual. Along with the childless woman who faces the stigma of infertility, it is also the man or the husband who faces "courtesy stigma". (Birenbaum, 1975: 348; Goffman, 1963). The stigma that the husbands of the infertile woman face is based on STIGMA BY ASSOCIATION- being associated with a person who has a stigmatized attribute. However this is not the same with woman who are fertile but have infertile husbands. Woman in most cases kept the word hidden.

Woman may have husbands who have low or non-existent sperm counts and therefore not likely to conceive. These women protect their partners and do not disclose the real cause of infertility. Statements like “private issue”; "personal;" were offered to avoid further discussions. This view shows that infertility of women was more stigmatized and that failure to conceive is perceived as the woman's problem.

Our social and cultural institutions continue to emphasize the importance of motherhood for the female role. Woman's sexual and psychological adjustment is attached to childbearing. In India, compulsory motherhood and marriage are two stigmatized concepts. Like a divorced woman, a married woman who is childless, in India is marginalized. The medical term of infertility is readily replaced by the social term childlessness in India. It is to be noted that woman construct their lives in a different way when they do not become mothers. The ideology of compulsory motherhood leads to structural stigma and legitimizes childbearing as the main task for woman.

Remaining childless after marriage challenges strong cultural beliefs about the “ordinary and natural” life course for Indian women. Women who are childless feel reduced in the eyes of others because they were not mothers. Women who were not respected in social context- gain a high position immediately after childbirth. Giving birth to children changes the whole image of womanhood. STRUCTURAL STIGMA is very strong in India with secular, religious and ideological pillars strongly emphasizing and establishing motherhood. Only if a woman has children, she can gain a good position in the family. Several couples have marital conflict because they are unable to reproduce. Fertility significantly improves the wife's moral status, therefore motherhood is mandatory.

Sigma can be detrimental for psychological well-being of an individual. Stigma resulting from perceptions of norm violation may lead to the feeling of guilt and shame in the individual. People may be affected by stigma when they are negatively treated by people for possessing the stigmatized condition and finally they internalize the stigma by reducing the self worth accompanied by psychological wellbeing.

Stigma is attached to labels or names given to the non-conformist individual. The label describes the person's inability in the social context. It is noticed that people high in stigma consciousness perceive more discriminations than people in low stigma consciousness. Cultural values that produce stigmatization have a distressing affect on infertile couples. Labeling results from the cultural values present in the society.

Individuals who believe that childbearing is a natural outcome after marriage may suffer very strongly when they fail to become parents. In such situations they become victims of "actual social identity". Women face discrediting encounters, annoying comments that threaten their welfare. The environment in which the childless woman lives determines the kind of stigma that she encounters. In the Indian context, most women face the repeated question about their family status, how many years they have been married and how many children they have. These questions may be upsetting and may lead to psychological setbacks.

In India, where infertility is a deviant act of nature, societal reaction to childlessness is very harsh. The women who may be virtuous in all aspect loose her total identity when she fails to become a mother. Any kind of deviance from the set norm of 'motherhood ' leads to stigma among the childless women. Thus woman who are unable to bear children become victims of permanent spoilage of identity. It is an established fact in society that the primary function of all

Women is --bearing and rearing of children. Therefore when the women are unable to give birth she is labeled as demon- ill-fated and so on. The value of mother hood varies over a woman's life and its meaning is contextual in other ways as well. In cultural representations all around the world, biological reproduction has been fused with woman's bodies (Ginsberg and Rapp 1995) and consequently fertility problems are seen as woman's failings.

Stigma attached to Involuntary Childlessness reveals pronatalistic social values for self definition of childless women. Women who are childless themselves believe that infertility is discreditable- as something negative- representing some sort of failure. Self- labeling, self identification is also a result of stigma which dominates the society. A woman through the socialization process internalizes the normative social meanings and the accompanying attributes.

Involuntary Childlessness can be conceived as a kind of physical disability. It is a chronic condition that meets bio-psychological social role and legal criteria for disability. Most cases of involuntary childlessness are medically diagnosed as the consequence of some form of physical impairment.- they may be disease-related or genetic malformations of the male or female reproductive organs. Certain form of involuntary childlessness may be related to psychological factors, although the numbers so afflicted appears small. (Weinstein, 1962) Involuntary childlessness also meets a social role definition of disability. (Nagi, 1966) in that couples are prevented from reproducing, a social role expectation that has great relevance in western society. Finally, involuntary childlessness is treated legally as a form of disability. For example, many adoption agencies in the United States and Canada require valid documents to proof infertility before they accept adoption applications for infants. Unlike visible disabilities like paralysis or

disfigurement, involuntary childlessness is a discreditable or potentially stigmatizing attribute in that it is not readily apparent. (Goffman, 1963)

A childless couple usually faces stigma in society. A mark of disgrace is attributed to the couple by the society at large. In a society where Pronatalism is highly respected childless couples are stigmatized. The couples are socially discredited for not being able to give birth to children and are rather classified as undesirable, rejected, stereotyped, rather than accepted. Often prejudice and fear associated with the stigma of childlessness stops couples from seeking medical help and treatment.

To conclude, stigma has a serious impact on childless couples. It is deeply hurtful, and isolating. Stigma marginalizes people and inhibits them from playing active role in the community.

## **DEPRESSION**

Depression means different things for different people. For some depression means feelings of unhappiness that are uncomfortable but do not seem to hinder daily activities. For many others, depression means a kind of sickness which is characterized by serious moods of depression, appetite loss, weak concentration and the problem to function on one's own. " Professionally, the word depression means several indicators of disorders. Depression can be a symptom in many situations like-- being sad. When it is a syndrome, depression is a collection of signs and symptoms that bunched together. Depression even though is a psychological dysfunction may also be present in other diagnosed disorders in some secondary form. Lastly, depression in order to be a nosologic category requires cautious investigations during which other latent and not so important diagnostic categories get diluted. The common belief is that there are discrete



nosologic entities which are ultimately proved to be etiologically distinct from other distinct entities, however associated with prognosis and other responsive treatments.

Depression is thus a mood state characterized by a sense of inadequacy, a feeling of despondency, a decrease in activity or reactivity, pessimism, sadness and the related symptoms.

Depression is a mental state of generally feeling low and sad. Everyone occasionally feels sad but when the feeling of sadness has a prolonged effect we assume it to be a state of depressive order. Sigmund Freud (1917), and Karl Abraham, (1911), both described depression as a complex reaction to the loss of a loved person or thing. Depression or melancholy, as Freud called it, was grief out of control. According to Freud, when depression occurs in a person's life due to a break in the relationship, there is a tendency to replace the image of the lost person within. This results in a kind of an emotional outburst related to the lost person. (I.e. both longing for and anger toward him or her).

Depression affects both men and women but statistics reveal that more women than men are diagnosed with depression in a year. Depression creates a mental state which stops individual from functioning normally. Signs of depression may include- feeling persistently sad, anxious and empty. It may also include feeling of hopelessness and pessimism; feeling of guilt and worthlessness and even helplessness to change the situation. The behaviorist movement, theorized that depression occurred due to the weakening of behavior in the course of an interruption of an accepted way of behavior that had been positively sanctioned by the social environment.

The likelihood of having depression is higher for women than for men by a ratio approximately 2:1. The prevalence of depression among individuals presenting to primary care physician has

been demonstrated to be as high as 25%. Despite improved treatments of depression, there is evidence that the incidence of affective disorder is increasing with each generation. The presence of increased level of stressful events preceding the onset of depression has received considerable empirical support (Brown& Harris, 1978); however, the real discrepancy noticed due to stressful events was in predicting depression of only about 10%. In order to understand the relationship between the two better, investigators have increasingly examined the role of moderating variables, such as coping style, social support and personality (Cronkite& Moos, 1995). Therefore individuals who are unable to meet the needs or variables are subject to depression. For example, Pronatalism, an established ideology in the Indian society reinforces motherhood and individuals who fail to achieve motherhood may suffer from depression.

Depression is commonly noticed among childless couple and women who fail to cope with the stress. seeps into depression. The first level of depression seeps in when the childless couple fails to conceive after some treatment process. In every cycle of the treatment process the couple has hope and belief followed by despair and heart break. Repeated failure gives a feeling of depression, a sense of loss and a feeling of helplessness. Women are more prone to depression as society holds them responsible to produce progeny. Women who are homemakers get more depressed as their only view to life, at one point of time lies in begetting a child and becoming mothers. Men on the other hand overcome the feeling of loss as they engage themselves into rigorous work. Couples who decide to go for infertility treatment after trying to conceive naturally may undergo depression after a few months. Any kind of treatment kindles a light of hope and failure to which they get depressed. Life events like childbirth, plays a major role in societies that upholds Pronatalism. There is a sense of guilt that the woman suffers towards her husband and her in-laws for being unable to continue the progeny of the family.

Society upholds mothers and women feel incomplete if they fail to become mothers. Childless couples feel themselves to be incomplete and failures in the midst of relatives and friends. Children bring happiness and give individuals a vision of hope for the future. It is when this important event in life goes absent, couples get in the state of depression. It is at this stage that people who tend to experience negative emotions and who also exhibit self-expression in their social interactions are exhibiting a pattern of behavior recently termed the Type-D for distressed-personality type. It is commonly noticed that couples who are childless isolate themselves from social participations. They fear encountering unpleasant comments. In the Indian scenario, women who fail to become mothers are in many occasions seen as an evil omen, criticized and ostracized.

Children are considered as caretakers and caregivers of old aged parents and are very much valued in society. Couples who do not have children suffer from depression as they feel they will not be taken care of in their old age. Depression seeps in as these childless couples grow old and realize the need of support for their living. In Indian families' social, economic and psychological support are given to the parents by their children. Any disparity in this idealized family structure brings unhappiness. Couples start blaming each other inability. Aaron Beck's (1967)The cognitive distortion model of depression claimed by Aaron Beck (1967),explained there is always a tendency to misinterpret facts negatively by depressed persons, and focuses on negative aspects of a situation visualizing a hope-less future. Any problem or misfortune experienced becomes one's own fault. The depressed individual blames these events as his or her own personal defects.

Among the business class, children are important to carry on the family business to the next generation. Large property owners insist on having children to distribute their property among

their own heir. Couples, who belong to such cultural background, suffer from peer pressure which turns to be a stress on them. There is also pressure from parents on the couple in desire to have grandchildren as a source of enjoyment. We find optimist and pessimist couples differ in their ways of coping with stress related to childbirth and may engage in specific plans for dealing with stress. They also seek to obtain social support-- the advice and help of others.( Carver etc al, 1993). Optimist couples make specific plans to focus on the problem of childbirth. They tend to seek medical help- contacts from relatives and friends and even house physicians. While the pessimist couple goes through denial, ignore the problem distance, themselves from others and even at times give up all hopes. They may not seek appropriate help, even when they know that something is seriously wrong. Not having children is similar to any serious loss and it involves the experience of grief by the childless couple- There are some mental stress on the couple. At the beginning of their realization of not being able to conceive the couple goes through a stage of denial. They are unable to come to terms with accepting the reality of not having kids. Next the couple starts blaming each other for their failure. The woman expresses remorse when she fails to become a mother and also suffers from guilt. When the fear of the reality of involuntary childlessness sets in, there is a sense of panic and anxiety in the couple. Finally the couple may face physical grief like insomnia, unexplained body aches, nausea, fatigue and headaches.

Depression may be defined thus as expression of depressed feelings and moods and even loss of interest. According to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition(1994), usual indications of depression include reduced energy; high emotion of worthlessness and guilt; loss of ability to think, concentrate and make decisions; loss in appetite, weight, sleep and psychomotor activity; and finally having repeated thoughts of death or even suicide. Women, who fail to produce children, feel less in their identity. Society holds

them responsible with the sanctified role of mothering a child. This notion gives the woman a 'feel good' experience when they give birth to a child after much effort in the form of treatments. In this same context many women are left with emotional scars after battling infertility. Woman who fail to be successful after prolong fertility treatments are at a greater risk of mental health problems. They feel depressed as they are unable to relate themselves to their peers. It is not enough to achieve womanhood unless one achieves motherhood. And woman socialized in the principle of motherhood finds herself incomplete - lesser than others - or an incomplete woman. There is a need for the childless couples to overcome the state of depression and accept the unpleasant reality. They may resort to mental health professionals, therapists or counselors. Support groups may come to their help who are specially trained to help involuntary childless couples. There is a need for these couples to connect themselves to people who can share their experience and become a source of comfort. Couples therefore need to come to terms to reality of not being able to have children. They need to take time to recover physically and emotionally from any medical treatments and realize that these treatments complicate the ability to cope a life without children.

## **SOCIAL ISOLATION**

Human beings in general seek companionship as life becomes richer in human contact. However as man engages in a variety of relationships, one feels the need of solitude and create "one's own space". Human lives in a community involve social contact and solitude, engagement and disengagement. The multidimensional way of relating to persons, places and things which is fundamental to personality development and social wellbeing, is the social construct of belongingness. (Hill, 2006). If belongingness refers to connectedness then social isolation refers

to distancing of an individual both physically and psychologically from his relationship with other people. Therefore, social isolation refers to loss of one's position within his/her group.

Social isolation refers to complete or near complete detachment from society. It may be a voluntary act whereby individuals deliberately distance themselves from others in his or her social periphery. Social isolation can be an issue for anyone despite their age, gender or occupation. Social Isolation may take place when people confine themselves at home for days or weeks at a stretch without any communication with family or friends. People who intend social isolation willfully avoid contact with humans and even if they are forced to go out in public, their interactions are brief and superficial.

Our self-concept develops both from personal characteristics and social identity. The social identity of mothers develops from the group identity of the community of mothers. Woman who is unable to become mothers compare themselves with those around them and become aware of the social identity and how they differ from others.

In our discussion, we would like to relate social isolation in terms of feeling of loss, when women unable to bear children experience with her group. The isolation may be voluntary or involuntary. Infertile woman who are incapable of bearing children often distance themselves from others with a deep feeling of shame, guilt and stigma. This type of social isolation is voluntary where a deliberately attempt is made to distance oneself from others. The state of being lonely, depression, sad and frustrated is the outcome of social isolation.

Motherhood, which is very much an acclaimed concept, connects women to community of mothers. Children get connected to their parents to form a family. Progeny connects couples to their ancestors. When this connection gets disturbed due to one reason or the other, it creates a

gap in social connectivity. A woman who cannot become a mother get depressed of not being able to establish the connection and gradually folds herself into the shell of loneliness. The woman now becomes aware of constricting social networks and declining participations. In course of time she starts feeling sad, depressed and develops anger, despair and low self esteem. Depending on the emotional and physical needs of a person--other than the most loyal friends--many may drop out of the individual's social support system (Tilden& Weinert, 1987).

Social isolation of self may lead to loneliness. Loneliness is a situation experienced by the individual as one where there is an unpleasant or inadmissible lack of certain relationships. There are situations where the number of existing relationships is small and desirable and there may be situations where the intimacy that one desires may not be realized (De Jong Gierveld, 1987, p.120). Thus the sociological status of the individual may be turned into the psychological state in the person. In this study, we find woman who are unable to become mothers, deliberately distance themselves from social gatherings. The stigma of being an ill-omen, evil, and ill-fated leads to situations where women are not allowed in auspicious occasions. Society in a large way makes the individual conscious of her marginal state and forces her to stay away from company. Gradually, long periods of social distancing leads to loneliness in these women. In India, the prime objective in a woman's life is to become a mother that is to procreate and bring up the child. In such situations, she is unable to achieve this; she becomes socially isolated from other women folk in her society.

It is generally viewed that woman should get married and procreate. The Hindu philosophy opines that one's life remains unfulfilled if one fails to procreate. Thus not being able to procreate attaches a stigma on the concerned person. The possibility of the inability being revealed may force the woman to isolate herself from all social gatherings. She deliberately

paralyzes all social interactions. Success leads to increase of self respect and self esteem whereas failure can lead to very low self esteem. Just like positive evaluations help one to achieve positive thoughts about oneself, negative evaluations breeds negativity or low esteemed thoughts. The renowned social-psychological experiments of Rosenthal (1966) have shown that positive expectations elicit positive behavior and vice-versa. Women who fail to conceive and become mothers even after several tries, suffer from low self esteem. They encounter negative evaluations that others in the society make about them. Since Motherhood is held as the highest achievement that a woman aspires childless women have to try hard to cope the stress of negative self esteem through social isolation.

The loss of social role due to infertility may force to cocoon oneself from social life. Women rating themselves in the context of the significant other feel worthless and rejected. Women not being able to provide a child to the husband start to blame her. They do not get the comfort zone when they are in the midst of all those women who are mothers. This sign of low integration indicates the depressive mental state of women. Women who become mothers gets tied up in their daily activity of upbringing the child. Mothers get totally involved in the upbringing of the child which takes up much of the time in the day. While women who are childless get totally free of any child related work, and long to be engaged in spending happy hours with children. They get marginalized as they cannot participate in child related conversations. Finally she feels sad and frustrated when she forcefully curbs her feeling to be a mother. These childless women also close down their social networks of friends and relatives.

Social isolation can be characterized by feeling of boredom and marginality or exclusion (Weiss, 1973). Boredom of a childless woman is due to lack of any fruitful work and therefore boredom itself becomes a task to keep them busy. The state of being excluded from the desired group



refers to marginality. Other feelings ascribed to social isolation include- loneliness, anger and frustration. Thus, the feeling of shame, guilt and stigma that the childless couples face may lead to social isolation. Women who fail to become mothers partially or totally isolate themselves from their family, friends, her community and finally the society. She deliberately encapsulates herself as she suffers from low esteem of her social status. Social isolation may thus lead to a self imposed lonesome life.

## **GRIEF**

Grief may be defined as an intense emotional state caused due to the loss of some tangible or intangible object with whom one may have a deep emotional bond. Grief may be understood as a set of psychological, behavioral, social as well as physical responses that may have a serious impact in a bereaved person's life in more than one ways.

Grief is defined by most people as an emotion exhibited due to involuntary loss. Any kind of loss gives rise to grief and the varied emotions related to grief. Our study of grief in sociological analysis is based on attachments and opens up possibilities for the renewed study of social bonds. In other words, grief is regarded as a set of psychological, behavioral social and physical response that can create an impact on a bereaved person's life in a variety of ways. Grief is a kind of emotion engaged with the face of loss which is beyond retrieve. Grief is defined by some as a negative emotion that involves suffering and sadness and also enshrouded by death.

Grief may range from a weak state of emotion to an intense state of emotion. In a state of grief, the individual have mixed feelings, encounter confused and unorganized experiences have a feeling of anxiety remorse and also feels sympathetic for those in a greater loss. Intense grief,

however, elicits considerable mental and physical distress; it is a searing disruption that not only inundates the bereaved person's emotions but also destabilizes his or her self (Charmaz 1997)

From the perspective of sociology of emotions, grief is a complex emotion constructed from multiple other emotions. In contrast, Bonnano (2001) argues that grief is not an emotion because he defines an emotion as ephemeral, uni-dimensional, immediate and evoking instantaneous coping responses that sociologists would view as feeling states or perhaps, a basic emotion. Experiencing intense sorrow combined with other feelings make grief a complex emotion. Bonnano is correct on two points: Grief lasts and it consists of numerous feelings. It is not a transitory feeling, although transitory feelings are part of grief. Grief is often considered as a lasting experience. This means that grief reemerges and floods the person again and again – hours and days. However, grief does not constitute total bereavement. In certain times and situation survivors may like to experience the good times that they had spend with their deceased or feel proud and satisfied by the way they handled the difficult time.

In addition to the sorrow that is liked to grief, one also may experience feelings of shock, disbelief, numbness and even alternative feelings of fear, anger, anxiety and depression. Many a times grief may lead to somatic changes such as loss of appetite, disturbed sleep, feelings of weakness, disorientation and many others.

Intense grief causes persistent suffering. At the time of grief, the person may feel that nothing can really ease the pain. In the initial stage, the person not only feels the void of loss but also the lack of its reality. Consistent with other life disruptions, the survivor's world has irrevocably changed (Becker 1991). Yet the deceased remains present in consciousness and expectation

despite his or her irrevocable physical absence. Parker (2000:326) states, grief “arises from an awareness of a discrepancy between the world that is and the world that “should be”.

Grief is not a linear process, it ebbs and flows. It is usually noticed that sorrow, sadness and suffering are most intense in the weeks and months immediately after the loss, but feelings of distress and sorrow lessens over time. What were long periods of painful feelings and pining for the lost attachment become “pangs of grief” (Parker 1972:39) that emerges with memories of shared moments or better times. Bereaved persons experience such pangs as episodic suffering, a temporary inability to handle immediate activities, uncontrollable feelings of sadness, fear, or remorse and often loss of composure.

In the view of many westerners, grief is an act towards loss and therefore the experience of grief is constructed. Averill and Nunley (1993) not only view grief as a social construction to act on, but also as a role. We see grief as an experienced emotion that can lead to assuming a role, whether survivors embrace that role or have it foisted upon them. The feeling and defined emotion may differ from the role. A person may be denied the role as Doka (1989, 2002q) and Fowlkes (1990) conform us. We cannot separate a survivor’s role or prescribed roles from the structural and situational conditions of his or her life. Studying intense grief gives clues to relationship between an individual’s emotions and self-concept, significant attachments and social structure and culture.

The dominant theoretical perspectives on grief are derived from psychology and psychiatry. “Mourning and Melancholia<sup>20</sup>” a paper by Sigmund Freud (1919/1957), mentioned the psychological function of grief. According to Freud, grief is to withdraw emotional energy

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<sup>20</sup> A feeling of deep sadness

(Cathexis<sup>21</sup>) and become detached from the loved ones (decathexis). The underlying notion to this is that people have limited amount of energy at their disposal. As a consequence, one needs to liberate himself from the bounded energy and then only can he reenter in to a new relationship and activities. Freud believed that the mourner has to work through the grief very carefully reviewing thoughts and memories of the deceased (hypercathexis). He also mentioned that although the process of working through the many cause of intense distress, it is very much necessary in order to achieve detachment from the loved one. In grief individuals go through stages of denial, anger, bargaining depression and ultimately acceptance. Individuals, in other words, needs to go through certain stages or phases in order to come to terms with the loss.

Rondo (1993) suggested that bereaved individuals typically go through three basic phases: avoidance, confrontation and accommodation. Rondo (1992-93), a psychologist, has integrated sociological ideas in developing her concept of complicated grief, which refers to any psychological, behavioral, social or physical symptom(s) that interferes with recognizing the loss, responding to it, remembering the deceased, relinquishing the attachment, moving into a revised mould and investing in it. Rondo's approach emphasizes a linear progressive model of grieving, but she intends to shed complicated grief to pejorative judgments inherent in categorization that pathologize grief. According to Rondo (1992-93), unexpected death complicates grief, particularly when it is violent, traumatic or mutilating. Expecting a death allows the dying person and his or her survivor's time to prepare for death, whereas an unexpected major loss can overwhelm survivors and render them unable to function (Rondo 1984). She believes that an initial struggle to acknowledge and understand what happened is a common response to all losses. This phase is called "avoidance" because initially people are

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<sup>21</sup> The concentration of mental energy on one particular person, idea, or object

expected to avoid reality. Once the reality of loss is acknowledged, a person is expected to enter the confrontation phase, where grief is experienced and expressed. Finally, in the accommodation phase, the symptoms of grief decline and the mourner begins to accept the loss.

According to Worden (1991) grief encompasses four main tasks: \* It accepts loss as a reality; \* It experiences the pain involved in grief; \* It accepts the need to adjust to the environment without the deceased; \* finally to emotionally replace the deceased and move on in life. Additional tasks have been identified by Stroebe, Schut and Stroebe (1998), who in their dual process model of coping with loss, described secondary stress and related cognitive processes that, may cause additional distress and anxiety. They described the so called restoration tasks that include the need to accept the reality of changed world, to take them off from the pain of grief, to adjust and reconstrue the subjective environment itself and to develop new roles, identities and relationships.

Freud (1917/1957) contrasted normal with pathological grief (i.e. Clinical depression or “melancholia”). By describing the former as encompassing profoundly painful dejection, a loss of interest, and an inhibition of activities, whereas the latter was characterized by feelings of guilt, self re-approach and low self esteem. As a general guideline, pathological grief may be defined as a deprivation from cultural norm which may involve extreme limits of mourning in the passage of time with the general indication of grief. Even though grief is accepted as an individual experience, scholars disagree among themselves regarding the basic meaning of the term. There are four sources that contest among themselves in terms of defining grief.

\* First, scholars disagree about the particular characteristics of grief. There is a lot of debate regarding, when someone experience it, where its locus resides, to what extent is it an accepted

human experience and others. Even though some scholars may agree among themselves that grief is an individual emotion, they disagree to give grief its typology – whether it is “normal” or “pathological” grief (Stroebe et al 2001). \* Second, grief may have various meanings, character, emergence and implications. Most scholars (Rando 1984; Catherin Sanders 1999, Worden 1991) have focused on grief as an object of internal work, and Freudian assumptions permeate their conceptions of grief. Social constructionist ideas have emerged and reconstructed these conceptions (Averill and Nunley 1993; Charmaz 1980, 1997; Lofland 1982, 1985; Stearns 1994), and post-structuralist views exert some current influence, particularly among British sociologists (Seale 1998; Small 2001; Walter 1999a, 2000). Social constructionist and past structural views have taken the study of grief out of the clinic and directed their study on how people experience it. \* Third, views of grief, its meanings, and consequences have risen, reified as real, and as treated as universal. Sociologists and historians like (Charmaz 1980, 1997; Curren 2001; Doka 1989, 2002a, 2002b, Fraser 1997; Lofland 1982, 1985; Seale 1998; Stearns 1994, Walter 1997, 1999a) have challenged clinical views of grief even though explicit sociology of emotion influenced only a few of them. \*Fourth, definitions of grief, mourning and bereavement are mixed and have created confusions. Definitions of grief, bereavement and mourning offered by Stroebe et al. (2001:6), give the idea that grief is a subjective emotional response to loss with mental, physical and social manifestations. Grief consists of person’s distressing subjective feelings and physical sensations that emerge in response to loss. Since scholars do not entirely share definitions of grief, bereavement and mourning- what we treat as grief, other scholars sometimes call bereavement or mourning (Catherine Sanders 1999).

Two major perspectives on grief have psychoanalytic antecedents: a) attachment theory (Bowlbey 1980; Freud 1957) and b) projective identification (Klein 1984). Attachments refer to

the bending emotional investment in the other person, animal, or object and can vary in intensity (Shaver and Tancrady 2001). Projective identification means attributing aspects of self to another person. In psychoanalytic views, the purpose of grief is to detach the projected attributes from the deceased and reintegrate them into self. Thus, many scholars who adhere to attachment theory assume the following: 1) grief should be resolved 2) detachment from the deceased represents its successful resolution and 3) survivors must work through grief to accomplish detachments.

The meaning the people attach to define grief indicates how they act towards it. The clinical terms of “normal” and “pathological” grief accompanied by the terms “neurotic”, “abnormal”, “and dysfunctional” – indicate the bereaved person’s behavior and functioning. “Delayed”, “unresolved”, “chronic” and “inhibited grief” allude to the bereaved person’s state of mind and suggest that his or her grieving is going amiss. An implicit notion of “feeling rules” (Hochschild 1979) resides in these metaphors because they contain rules that inform when the timing of grief should be and how to handle it.

For many professionals and bereaved persons, grief is work: clients must work their way through and out of grief. Thus, the metaphor of “grief work” informs what people do and influence their actions. For Worden (1991), a leading proponent of grief counseling, the bereaved have tasks to work on in conjunction with their counselors. Grief becomes something to “handle”, “manage” and “resolve” and grief work demystifies the grief process and makes it amenable to rational intervention.

Charmaz (1980, 1997) opines – “work is the metaphor and guiding logic for resolving grief” (1997:230). The dominant way of framing grief and of understanding how to think, act and feel

about it hearkens back to our Protestant heritage (Charmaz 1980, 1997). Grief work with its attendant tasks reflects Protestant values of stoicism<sup>22</sup>, individualism, rationality, privacy, progressive improvement and systematic hard work. Residues of the Protestant ethic influence through its cultural rules and schedules to overcome grief.

Grief work encourages survivors to aim towards future goals, avoid dwelling in the past, adopt a utilitarian stance, and assume individual control for resolving grief (Charmaz 1997).

The Protestant ethic encourages judgments of success and failure of social and self-worth and of diligence and deservingness. The following assumptions about grief flow from this ethic: 1) Some bereaved individuals are more deserving of sympathy and support than others, 2) coping with grief is a private matter 3) the bereaved individual needs to work at resolving grief 4) lack of will and work can cause the bereaved to fail at grief work and 5) not everyone's grief is acceptable. These taken-for-granted assumptions are played out as unexamined truths in definitions of grief and practices towards it.

Sociological conceptions of grief take into account the social structures in which attachments are situated. The social structures of modernity transformed how people dealt with death and ultimately experienced grief (Stearns, 1987). Beginning in 1912 with Durkheim (1965) to the present, structural conceptions address norms that prescribe or proscribe grief and constitute its content. Grief does not simply reside in the bereaved individual because it emerges from relationships, attachments, expectations and obligations. It is embedded in social life and situational locations. How, when and to what extent individuals express grief all reflect the social fabric.

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<sup>22</sup> The endurance of pain or hardship without the display of feelings and without complaint.



Literature on grief focuses on the following views: \* Grief is an emotion; \* Grief consists of varied feelings, both transitory and relatively enduring; \* Grief is socially shaped and controlled but individuals as well as collectivities interpret and enact it; \* Current cultural and professional practices reduce grief to an individual problem; \* Contemporary definitions and debates about grief are social constructions meriting sociological scrutiny in its own right.

From sociological conceptions, emotions are rationally and socially constructed, a challenge to the everyday view of emotions as irrational and natural. The constructionist perspectives on emotion emphasize that both felt and expressed emotions result from an individual's socialization into the emotional culture of a given group. Expressed emotions are clearly constructed: The culture of any group contains norms of emotional display. Any felt emotions are also constructed. Historical and cross-cultural studies suggest that events which may be similar often evoke different emotions across time and culture. Again emotions felt across time and culture are not the same: Individuals in different cultures experience different emotions.

Lofland (1985) argues that four factors are likely to lead to variation in the experience of grief across time and culture. As these factors vary, the felt experience of grief also varies. First, the level of significance of specific relationship is culturally and temporarily specific and so as it changes, the grief in the response to loss would also change. Second, the definitions of the situation of death vary; and exposure to frequent death weakens the experience of grief; third, the character of self varies; the modern focus on self-reflection and emotional self-understanding likely leads to intense experience of grief. Fourth, interactional settings vary; modern sustained grief requires control over space and time, access to privacy, and time for self-reflection. Sociologists of emotions have the tools to place grief in its structural, interactional and situational context.

A sociological view of grief can be dealt in terms of attachments and in the analysis of social bonds. Grief is placed within a social context and requires agency and social constraint for its position in a social milieu. In this context social researchers can view how social situations and structure create emotional responses and also to ignore others who do not create such emotions. By comparing such studies, researches address the conditions in which grief arises, is defined and changes. By doing this one can draw a link between social structure and individual experiences.

Sociological viewpoint claims that emotions arise under a particular condition and have consequences. There is a tendency to look more into attachments in studying grief and also in the positive treatment terms of “healing”, “coping”, and “adaptive mourning”. Recent practitioners and researchers try to remove grief from the realm of pathology and instead focus on meanings and processes. Sociologists now study grief and emotion simultaneously.

### **SHAME & GUILT**

Shame appears to be common emotion, (Lewis 1971). Shame is a feeling of embarrassment or distress when one commits a wrong or something foolish. Shame also results from loss of repeat or dishonor of some individual. Shame and guilt arise when individuals feel that they have transgressed the cultural codes and failed to live up to the cultural codes of the society. These cultural codes are social influences which direct the thoughts, feelings and behavior of individuals. As Robert Cialidini and Noah Goldstein (2004) have observed, there are explicit social forces that people are conscious of and which act to influence them.

Group norms have a power effect on people. People made perceptual judgments alone; they relied on their own estimates as a reference frame; however, when they were in a group, they

used the group's range of judgment to converge quickly on the group mean. People need to be certain and confident that what they are doing, thinking, and feeling is appropriate. In Sharif's arguments, others behavior is used as a frame of reference in order to make a social comparison in a social context. Average central or middle positions of such frames of reference are perceived to be more correct than fringe positions. Thus people tend to adopt them, as Sherif points out that these social norms are associated with the group in order to bring consensus within the group.

Influenced by Sharif, Solomon Asch (1952) opined that conformity is a rational process which people create from the norms of other people's behavior in order to have an appropriate behavior for themselves. It may also refer to the strong desire to change one's behavior under the group pressure. The strong group pressure demands conformity from individuals and its failure it may cause guilt and shame. Lewis argued that shame is an emotion that focuses on a person's self, making the individual feel small, powerless and otherwise in disfavor with others. The individual, when experiencing shame, must observe self as both an insider and outsider, viewing self as unworthy from within as well as from the perspective of others. Shame leads individuals to be concerned with others' evaluation of self.

Psychologist's belief that Informational Influence and Normative Influence may be the two processes of social influence that may be responsible for conformity. (Deutsch & Gerard 1955). Our tendency to accept the view of others as evidence about reality is called informational influence. At this stage individuals feel confident that our perceptions beliefs and feelings are correct. Our tendency to conform to the positive expectations of others is called normative influence. Need for social approval makes one "go along with" the group so that any kind of disapproval may be avoided. Normative influence comes in to play when we believe the group has the power and ability to reward or punish us accordingly to what we do. This also gives us

the feeling that individuals are under the surveillance by the group. Normative influence this creates surface compliance rather than cognitive changes.

Social interaction and social existence depends on people knowing who they are and who others are. One's identity and self concept underpin our everyday life and these identities regulate how we interact with others. Social interactions and perceptions that influence society are base on the cognitive constructions of self identities. However the self and individuals operate at many levels. Individuals have a trans- situational self in that they carry a general view of themselves from situation to situation, but they also have a situational self that is activated in specific encounters and expressed in particular role identities (McCall and Simmons 1978; Stryker 2002).

Shame attack only a specific role in a situation, and although individuals seek consistency between their numerous identities n situations and their trans- situational self, there is considerable cognitive slippage between the two (Turner 2002).In contrast to shame, which attacks the whole self, guilt is about a particular behavior that is perceived by a person to have violated moral codes. Guilt never points at the negative self in total but only focuses at the bad things done by the individual. As a result, guilt is less painful, leading people to experience emotions such as remorse and regret while motivating them to confess, apologize and repair. Guilt increases the likelihood that individuals will role-take with others because guilt motivates them to adjust their in a way that facilitate cooperation with others (Leith and Beumeister 1998).As a result, guilt can lead to greater interpersonal attunement and indeed, sympathy and empathy of others. In general, since guilt is not as harmful an emotion for the person because the entire self is not under siege, Tangney (1991) labeled guilt a “Bad” feeling and shame an “ugly” feeling.

Lewis' distinction between guilt and shame is supported by a variety of studies (Tangney and Dearing 2002). Shame and guilt are ambiguous concepts while guilt is an emotion that clearly arises when individuals perceive that they have violated moral codes. Shame is less obviously connected to moral codes. Shame arises when individuals sense that they have behaved incompetently in a situation (Turner 2002). Although such behaviors are seen as violation of moral code, it may not always be the case. The person may gaze into the "looking glass" and simply perceive that he or she has not behaved competently. Shame is private rather than public, the negative evaluation is based on one's self evaluation than social evaluation from others, and shame may not attack the whole self.

Guilt is seen as the moral emotion because it fosters responsible normative moral behavior. While shame promotes illicit, self destructive behavior. Guilt arises in response to a deep negative feeling that may be accompanied by shame. Guilt does not arise in case of a specific behavior. In other words, specific behaviors do not have to be committed for one to feel guilty (Moris 1987). If one does others a favor, they feel obliged to reciprocate. Judith Regan (1971) showed that people would comply more often if they had previously received a favor. Similarly, guilt arousal produces more compliance. People who are induced to feel guilty are more likely to comply with a later request (Carl smith & Gross, 1969). Again, individuals may feel for wishing harm to a closer other (guilt from "the state of mind"), for gaining from something that cannot be replaced as fair or deserved from the belief of the wrong work that have been done by others with whom one identifies, is known as vicarious guilt.

Although there are "guilt-prone" individuals and that these individuals focus on specific behavior rather than the whole self (Tangney and Dearing 2002), it is noticed that the intensity of all emotions is rather low.

Guilt should not be attached to shame. In other words, there is “shame-free guilt”. Guilt without shame does not create an abnormal and pathological indication in individuals. Shame is usually associated with depression, anxiety, eating disorders, low self esteem and other subclinical pathologies. In guilt, when one feels bad for having done a bad thing, the negative feeling is restricted to the objectionable behavior and not generalized to the self as a “horrible person”. It is also known as “mal- adaptive guilt” (Tangney and Dearing 2002). People feel bad and develop a shame when they do something wrong which makes them feel low and worthless. At this point they can commit deeds that may be against the moral code. Only in such cases, guilt is mixed with shame.

Tangney and Dearing (2002) maintained that shame is a destructive emotion because it leads to the activation of defense mechanisms and the transmutation of shame into anger directed outward. However, guilt is an emotion that leads to role-taking, sympathy, empathy and atonement. Shame has an adaptive purpose and it is an effective mechanism for social control in order to ensure conformity to normative expectation (Tomkins 1963). But when one behaves against the normative behavior, shame tends to be internal control behavior. Shott (1979) showed how shame encourages normative and solidarity generating behavior. The re-integrative shaming which Braithwaite mentioned is one in which the person’s act is disapproved but the whole person does not come under attack.

Tangney and Dearing (2002) argue that shame has a purpose during the earlier years of evolution but as society became complex there was a process to differentiate self from behavior and also in the ability to role take that to differentiate self from behavior. Thus shame became the moral emotion of the past while guilt is the moral emotion of the present.

Societies across time and places have revealed that guilt and shame operate to keep behavior in compliance with normative expectations, at the same time these emotion serve to maintain group and moral codes (Turner 2002). Shame and emotion make individuals self conscious of their behavior and act in a way that would help a person to avoid the pain of shame.

It is difficult to acknowledge shame (Turner 2002) and the intensity and frequency with which shame has been experienced determines the chance of repression that may occur in an individual.

When individuals experience mild shame they usually repress the emotion and instead use it as a basis for behaving more competently and morally. Scheff (1990) opines that shame is acknowledged, individuals re-attune their relations with others which promotes solidarity.

## **THE SOCIOLOGY OF THE BODY**

### **INTRODUCTION**

Sociology as a theoretical discipline had shown little interest in the study of the body. “Body” as a concept had been outside “the social” and thereby did not quite fall into the area of sociological inquiry. In order to understand the reason to exclude ‘bodies ‘from the field of enquiry, we need to delve into the origin of sociology as a discipline. There can be four theoretical traditions in sociology of the body. The first, demonstrate that the body is not a natural phenomenon but a social construct. Second, the body represents social relations of power. Third, sociology aims to examine the experience of embodiment in the everyday world. Finally, sociology being influenced by anthropology studies the body performances of acquired practices and techniques.

Modern Sociology in its epistemological foundation rejected the nineteenth century positivism that is belief in biology, in explaining human behavior in terms of biology. (Parsons, 1937). The subject matter of sociology has been the meaning underlying human interaction and therefore it would be wrong to reduce it to the field of biological enquiry. The theoretical development of sociology was very much influenced by evolutionary biology which can be noticed in the work of Herbert Spencer (Peel, 1971) and Patrick Geddes (Boardman, 1978). However, it is also argued (Foucault, 1973) that the emergence of social science was closely connected with the growth of rationalized medicine through the collection of health statistics with the growth of urban population in the nineteenth century.

Sociology in its field of profession took a long time to include sociology of body in its field of study. However the concept of human body had its intellectual presence felt in social anthropology where the ethnographic studies could not ignore the existence of body. The anthropological contribution can be documented in the work of Mary Douglas, whose *Purity and Danger* (1970), continues to influence theories of body. Many anthropologists have made significant contributions to the analysis of body decoration (Caplan, 2000), to the analysis of body states in relation to healing and trance. (Strathern 1996), and in general to the idea of bodily performance such as in dance as an expression of cultural values (Hahn 2007).

## **BODY AND SEXUALITY**

As the modern world faces varied range of problems revolving around human body which requires serious attention, modern sociology takes up the study of body as a major issue. The human body is a part of political and cultural complexity since the time it has been a product of



medical and biological sciences especially in the application of human reproduction. It is also to be noticed that many social movements such as disability movement, feminism and environmentalism have been associated with human body. The body as a topic of research is increasingly important in studies of modern sexuality (Richardson and Seidman 2002; Seidman, Fisher, and Meeks 2006). In the study of stem cell research, which claimed the principle that we can live forever, (Appleyard, 2007.) women in the wrong side of their fertility age can claim an unlimited right to reproduce through assisted reproduction. This clearly shows the importance of the subject matter of sociology of body. Again there are many political and ethical issues relating to human body which modern society needs to address and which becomes an important subject matter of sociology of body. The body of an individual is subjected to social regulations for the interest of the population. The notion that the body is a area of anti-social desire is not a physiological fact but a cultural construct which has significance in its political implications. In all society, social reproduction is not entirely the responsibility of an individual. Even though modern society allows freedom of choice to individuals in matters of sexual behavior, there are serious laws and regulations regarding abortion, infanticide, illegitimacy and prostitution. Thus sociology of body is a political sociology, since it deals with the authoritative struggle of the state over the sexual desire of individuals.

### **SOCIAL CONCEPT OF BODY**

Sociology of body at the onset developed as a section in British Sociology at the beginning of 1980's (Turner, 1984). Sociology of body also resulted into the strong development of medical sociology through the journal *Sociology of Health and Illness*. The French feminist theory played

an important role in the development of Sociology of body (Evans and Lee 2002; James and Hockey, 2007). Sociological studies of the body were a part of interest in terms of the impact of consumerism on the representation of the body in urban societies (Featherstone 1982), in the “mask of aging” and in bodily practices that are based on gender discrimination. (Featherstone and Hepworth 1991). Finally the Journal of Body and Society was found in 1995. Erving Goffmans work ‘The Presentation of Self in Everyday Life’ (1959) and his another work ‘The Stigmatized body’ (1964), or the work by Norbert Elias on ‘The Civilizing Process’ (1978) shows more than one study made on Sociology of body.

The sociology of body involves the study of the personified nature of the social actor, the cultural representation of the human body and the social nature of performances like dance and sports, and in the reproduction for population growth in the social structure. Modern sociological theory, influenced by feminism or cultural anthropology or post-modern thought- influenced sociologist to analyze how the naturalness of human body is a social construction, a social fact. In other words the human body is a cultural convention which gets reinforced through socialization. Modern Sociology has a dominant view that the body is socially constructed and this has been intimately associated with radical social movements. The radicals use a critical tool through constructionism in order to project that the body is not simply a natural object. (Radley 1995). Sociology of body has been a subject matter in medical sociology in disability studies and also in radical feminism where sociology is used to deconstruct the dominant, hegemonic interpretation of the body. The difference of the mental state -as passion of the females and the reason of the males is socially constructed and it forms the cultural source of patriarchy. Thus sociologists have criticized the claim that body is a natural phenomenon which gets support from the existing relations of power and authority of the patriarchal system.

In the work of Judith Butler (1990, 1993), on the theory of identity construction through language, interpellation, and performativity has greatly involved the study of Sociology of body. The radical sociologists challenge the existing social boundaries by emphasizing the fluidity and volatility of the gendered body. According to many feminist writers the female body is permeable (Shildrick, 1997) or unpredictable and impulsive. (Grosz 1994).

## **BODY AND STATE**

While studying sociology of body, there is a need to draw a distinction between body (and society) and embodiment (or performances). In a comparative analysis, one can personify the sovereign state as the King or a body and the embodiment as the practice undertaken by the court officials. Christianity of the medieval period viewed the purity of the pope's body as a representation of his spirituality and established the fact that popes are blessed with long lives even in this corrupt world. (Paravicini-Bagliani 2000). The studies about practice and embodiment have been developed by Pierre Bourdieu. Bourdieu drew the distinction of "hexis" and "habitus". According to him, "hexis" refers to deportment or the gait by which people socially present themselves. "Habitus" refers to dispositions through which tastes and preferences are manifested or in simple words the habitual ways of doing things. These terms were used by Bourdieu while studying the everyday 'habitus' of social classes in France in *Distinction*. (1984). The body is represented by aesthetic preferences of different social classes like in French culture- Mountaineering and tennis require flexible slim bodies of middle and upper-class while the working class sports like wrestling and weightlifting require a totally different body and "habitus."

## **SOCIAL CONSTRUCTION OF BODY**

In *The Second Sex* (1972a), Simon de Beauvoir, gave an argument that women are not born but they are constructed as female through the various social and psychological processes. The main contribution of feminist theories have been to disrupt the hegemonic view that the difference between male and female bodies can be taken for granted as if the difference was due to nature. The Feminists of the 1970's established the difference between biologically determined sex and social construction of gender roles. Many empirical researches revealed how medical categories were used to achieve political and social subordination on women leading to further physical illness and psychological disorders.

Social research on bodies in popular culture has explored how women's bodies were literally constructed as consumer or sexual objects, for example- the application of medical technology (Davis 2002; Negrin 2002). Cosmetic surgery that involves the actual reconstruction of body was deliberately designed to expose and to challenge the alliance between medicine, market and aesthetics in a consumer society where the female body was physically and socially reconstructed. Body is also understood as a cultural representation of social organization and power relations. This approach has become a common aspect of art criticism and history. (Alder and Poinyon 1993), and has been fundamental to social anthropology. The human body has been a persistent metaphor for social and political relations throughout human history. Social functions have been historically represented through different parts of the body. For instance, we refer to "the head of the state" and "the head of the corporation" to talk about organizational power and leadership, while the heart has been a rich metaphor for life, imagination and emotions. It has been understood as the house of the soul and the book of life and "tables of the heart" provided a perspective into the whole of nature (Doueihy 1977). In other cases, we define

social order in terms of the balance or imbalance of the body. A severe political disturbance was defined as poor social digestion. Again in the discourse of management theory, it refers to good managerial team as healthy management team.

The notion of “lived Body” was developed by the French philosopher Maurice Merleau-Ponty in *Phenomenology of Perception* (1982). In creating the phenomenology of everyday world, he tried to understand human consciousness and perception. This idea of lived body and lived experience inspired researchers to work on body, experience and identity. Traumatic experiences resulting from disease or accident leading body damages in many cases transforms self-image and notions of identity. Sociological research has concentrated how damaged embodiment can have a major implication for self-understanding and how shared narratives of trauma can be valuable in sustaining an adequate sense of self worth (Becker 1997).

## **CONCLUSION**

Sociology of body has also been influenced by the social philosophy of Foucault. Foucault described a conceptually important division between the study of individual’s body and the study of population. In the first area of the “anatomy-politics of the human body”, Foucault (1979:139) examined how various forms of discipline have regulated individuals and in the second, he referred to the “bio-politics of the population” (1979:139), involving the regulatory controls of population. Anatomy-politics concentrate on sexuality and reproduction involving clinical inspection of individuals whereas bio-politics of population employed demography in order to manage populations. In the “anatomy-politics” discipline in life becomes important while in “bio-politics”, society achieves surveillance and regulation of population. Thus Foucault study of

body revolves round the idea of discipline and regulatory control which is collectively known as “governmentality”.

Any policy that influences reproduction can be described as “eugenic”. Sexual act is still regarded as a private matter and therefore state and legislations have not made reproductive activity a public concern. But new reproductive technologies have major consequences and therefore eugenics cannot be left entirely to individuals making personal decisions regarding their goals to reproduction. These technologies have laid implications regarding how bodies are reproduced and who owns them. New technologies indicate that humans are able to acquire different types of embodiment which will also influence different ways of thinking about the body. Reproductive technology and new patterns of aging have been a relevant subject matter of sociology of body. The research occupied by sociology of body deals with three concepts- body, self and society which inspires a new intellectual debate.

## **THE GLOBAL MODERNITY**

### **INTRODUCTION**

According to Giddens (1991) the character of high modernity refers to the awareness of risk, a constant watch, a desire to seek information and a special consideration to value of money and the value of expertise. Modern society is characterized by its reflexive nature where social activity is guided by constant flow of information, continuous revision and analysis. Modern society is dependent on the acquired knowledge from books, television or expert consultation for whatever it does including the traditional aspects like kinship and childrearing rather than

depending on natural habits or authoritative dictations of the elders. Modernization at its heights leads to disruption of the solidarity of meaning systems and separates individuals from families, fragments communities and disregards the relevance of sacred and moral values. Due to globalization and modernization there has been a denial to the legitimacy of superior attachments to Church and God. The world has now become a pluralistic society where there lies no single driven culture or choice.

### **GLOBALIZATION AND CULTURE**

There has been an emergence of a common global lifestyle and quick merging of ideas due to the rise of electronic communication and individual mobility. Globalization, instead of establishing homogenization or integration led to expanded connectedness and breaking up of territorial boundaries. Through constant flow of images electronically and through tourism- there lies the flow of culture from one corner of the world to another. The final outcome of globalization of ethnic culture and religiosity would be the creation of a common but highly differentiated area of value, taste, style, and opportunity which can be accessed by all individuals without much effort in order to acquire self expressions or self consumptions. The globalized culture therefore, allows continuous flow of ideas and information values and tastes that are passed down to individuals who are in constant move or through electronic media. Globalization of culture refers to in – weaving of differentiating trends into a homogeneous culture. When consumption becomes the main form of expressing oneself, both material and non-material things like Kinship, art, culture, and affection becomes items of commodity. In a modernized world things are given its value in terms of its capacity to exchange rather than its utility. The capacity to consume is captured in terms of its tastes, fashion and lifestyle that lead to social differentiation.

The consumer culture that is created by mass media gets hyper-stimulated (Baudrillard 1988), under the post modern condition.

The fruits of an ethos get mobilized as a result of cross- culture contact on one hand and on the other hand, the culture contact rings the bell of its destruction. Culture contact takes place through trade, technology and exchange of ideas. In the initial years, the native culture remains intact; the smaller and poorer culture in spite of gaining helps from the wealthier retains its purity and intactness. Over years, the wealth of the larger culture starts disrupting and upsetting the balance of the poorer culture. The culture that the poor possess directs the output according to the taste of the dominant and rich culture. In the process the culture possessed by the small and poor, forgets the art of making high quality goods that it once specialized in and gradually there is a decline of the smaller, poorer culture. In the view of Eade (1997:25), the idea of culture was sociologically treated with an emphasis on boundless and traditional coherence. Culture binds individual's ideas and meaningful constructions within specified social and political space. However globalization threatens this concept. For Some scholars, culture cannot be tied to a specific location because the meanings inherent in culture are generated by people who are always on the move and globalization promotes physical mobility. The major cultural impact due to global connectivity is the breaking down of territories. Roland Robertson (1992:8) mentioned that globalization is the intense form of consciousness of the world. Global unification has led to changes in the hearts and the family practices of individuals.

For Harvey, in the core of capitalism, there was another phase of destruction of space in the context of time (1989:293). By this he meant that with the dissolution of distance due to satellite technologies and communications, there has been a rush of images globally. With the collapse of special barriers the world has become a small area where capitalism thrives. As consumption



becomes global, the product that was once a rare international product now becomes globally available all over the world and even produced in low cost labour countries. Consumer culture moves across the globe and exerts control over individuals. Capitalism transforms people into consumers by altering their self images, their wants and also in guiding them to accumulation of wealth. (Friedman 1990; Sklair 1991). Cultural affectivity is noticed in consumer culture that is a part and parcel of globalization and post modernization. In the influence of modernity, work is no longer considered to be a calling or even a way of self expression. One chooses whether to work as occupation is no longer a way to gain material wealth but it is a way to gain esteem status. With English being the lingua- Franca of global communication, modernity along with technological communication has created a world culture or global culture.

Globalization is problematic in terms of the complexity that it shows in the interplay of communication, culture and capitalism. (Fredric Jameson, 1998). In the time of capitalist cultural production, globalization, being a communicational concept transmits cultural and economic meanings. Globalization indicates the exports and imports of culture. Though it may be hidden under business programs, cultural penetration across nations is much deeper than any other penetration. It is easily notices how developing nations imitate the cultures of the western world in their attire, gesture and gait. This leads to cultural homogenization and indicating the destruction of local cultures. Globalization may also mean unification and standardization. Through globalization the western cultures get exported and become valid to people all over the world. The Marxian theorist Nestor Garcia Canclini (1989) considered the concept of culture as hybridization where contacts and borrowings that was possible due to globalization was healthy and progressive for society and therefore proliferation of new culture was positively encouraged. This leads to a good debate in the modern era. However, Jameson views that production of

culture is the production of everyday life and it led to the expansion of economic system all over the world.

Zygmunt Bauman (1998) was of the opinion that the modern world is driven by “Social Liquidization” which means that the state of liquidity of politics, culture, society and even human relationship. In Bauman’s view the global area of communication and technology along with multinational capitalism does not stop at penetrating into social institutions and cultural processes but also probes into the private life of humans. In his sociology of globalization he points out that human experience is in a liquid state. There is no long term thought, no strong durable human bonds that influence the experience of self and others, of expectancies and risks and of space and time. The effect of globalization directs all to move on. Being immobile is not a realistic option in the world which is permanently changing. It is noticed in this changing society that there are a few who gladly accept change and become global. Some, however, hold on to their locality, to their own known space which is not at all appreciated in the modern game of life.

### **GLOBALIZATION AND PERSONAL LIFE**

Globalization has penetrated human personal life and according to some scholars it has destroyed the soul. There is a reduction of the private life in the everyday experience. One has failed to have developed an independent thought or a mindset of one’s own. The modern psyche is framed much by the television serials that may feature middle class romantic dissatisfaction. In the modern world the sudden renewed dependence on religion is more than a legitimate quest, a result of psychological poverty. Modern man and woman have a psychic life that indicates the

stress ridden life, the interest to achieve, to spend money generously in life and to die after the fullest form of enjoyment in life.

A modern man is a narcissist who is aloof from all things that surrounds him. He may go through sufferings but has no remorse for it. He is often carried away by valuable objects that give him short time pleasure but he has no satisfaction in possessing it. Thus the modern man unknowingly loses his soul. The modern man also suffers from neuro-chemistry<sup>23</sup> of his body which gets expressed in the form of depression, insomnia<sup>24</sup>, anxiety and many others. The modern man gets encapsulated in the impact of mass media which makes him a dreamer thereby he tries to find solution to his sufferings. However the psychic life gets blocked and destroyed when the individual life gets divided into two- physical sickness which requires medical treatment and desires which makes him a dreamer glued to the world of mass media.

This modern individual often requires psychic treatments when the troubles in his life aggravated and get exposed in the form of sexual and relational difficulties, difficulties in expressing oneself to others and experiencing life as empty and mechanical. These symptoms according to psychoanalysts are features of false personalities, psycho-somatic situations which need to be dealt seriously. This may get expressed in biological functioning leading to more than a case of difficulty in reproduction. Thus childlessness becomes a common feature in modern life. This gives a picture if how modern individuals are currently constituted. The modern world does not have pleasure-pain economy at its base, but it is pleasure that exists endlessly. There is pleasure at the beginning, pleasure in the middle and pleasure at the end which is the part and parcel in the life of a modern man.

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<sup>23</sup> **Neurochemistry** is the specific study of neurochemicals, including neurotransmitters and other molecules (such as psychopharmaceuticals, neuropeptides, or gastrotransmitters) that influence the function of neurons.

<sup>24</sup> Habitual sleeplessness; inability to sleep.

## THE RISK OF MODERNITY

Beck (1992) defines “Risk” as the probabilities of physical harm caused due to technological or other processes. Sociologists and Anthropologists have observed risk in the following ways: First, it is the social institutions and organizations that manage and control risking activity. Second, the quality of social relationships determines the magnitude of risk. Third, there is a social dependency on institutions and actions which make them alien, obscure to people who are affected by the risks. The risk society<sup>25</sup> tries to make up the faults of modernity that was laid down in the industrial societies. Traditional culture and its encroachment into private life is very much opposed in risk societies.

All social crises appear to have its origin in the individual. The process of individualization that was a feature of the bourgeoisie system took a different form in modern capitalism. The characteristic of free wage labor of modern capitalism was accompanied by features like labor market, mobility of labor, education and changing occupation. Formal education gave the individuals its required credentials which further led to individualized career options in the labor market. The mobile individual required by the labor market gets into conflict with the family, neighborhood, friends and even with the ties of regional cultures. Individualization is also generated when traditional form of settlement gets replaced by modern urban housing projects. People from diverse cultural background mix together and the social relations in the neighborhood get loosely organized.

Individualized conditions of existence forces people to plan their own life for the sake of material survival and in the process status based social environment and class based culture and

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<sup>25</sup> *Risk society* is the manner in which modern *society* organizes in response to *risk*. The term is closely associated with several key writers on modernity, in particular Ulrich Beck and Anthony Giddens.

life-style loses its prestige and honor. As a result, there develops a condition where individuals in choosing their social identity, engages into risks. Opposing the traditional way of life that the larger group adheres, individualization develops the variation of lifestyles and other forms of life. With the fading out of traditionalism, there rise new needs and urgency for the individual in particular and the society at large.

The life world is reproduced by individuals themselves. The individuals become agents of education and market in order to support themselves materially. The consequence of free social class as a result of the fading social inequality is very much noticed in the development of free gender status. There is a change in the status and condition of women. Inside the family, there is a scene of multiple ambitions among the members which got its expressions in the conflict of pursuing high education, in considering household work as monotonous and the feeling of disgust in parenting children. With the acquiring of education and economic freedom, women do not think twice to divorce their husbands. The post industrial society promoted the end of moral uphold in the family noticed in the – end of the fate of gender; end of parenthood and sexuality; end of taboos related to marriage and household. There is no standardized way of life in reflexive modernity<sup>26</sup>. The dominant labor market, the education, the social laws, fashion of medical and psychological knowhow guide the individual. There is a feeling of “life of one’s own” which is the expression of ultimate individualization.

There is individualization in the relation to sex where men and women get liberated from the traditional ascriptive forms in search of a “life of their own”. The social relationships get diluted and the ideals of marriage and bonding are no longer a dominant one. Diverse professional lives

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<sup>26</sup> A term devised by the German social theorist Ulrich Beck, which refers to the way in which advanced *modernity* 'becomes its own theme'.

of the spouses, the decision to have children, the decision regarding the type of conception give a way to the possibilities to choose. Decision on the responsibility of children is influenced by the professional career of the parents. Excessive individualization with the ignoring of traditionalism may lead to aggravating conflicts in private relationships. The consequence of reflexive modernity is the new consciousness of the women expressed in equal educational opportunities and partnership in professional and family life. The women are no longer tied to their destined status of compulsory household work. Coming out of the confinement within the four walls indicate their ultimately liberation from the constraints of gender differentiation.

Reflexive modernity brings up a noticeable change in the arena of the family and in the conception of motherhood. With the increased use of contraceptives and other family planning measures along with legal termination of pregnancy becoming common, one cannot be certain about the string tie of motherhood to the traditional female role. Begetting children and attaining motherhood is no longer considered to be a natural fate instead children are now wanted as a result of intentional motherhood. Against the traditional family norm, many young generation women can decide by co-participating with her husband when and how many children to have or whether to have children at all. With equal opportunity to attain education women have strong career motivation and this liberates them from the lifelong support of their husbands.

The lives of women in risk society becomes complex as they are pulled to and fro by the contradictory life that they achieve from liberation on the one hand and the inherent desire to reconnect themselves to the ascribed role on the other hand. At this juncture they have to encounter questions posed from several corners- the family may question them if they fail to fulfill the maternal role; questions are placed by the husbands that their personal career ambition have spoilt the husbands professional achievement and finally severe divorce laws with no

proper social protection may pose a challenge. These bring to light the contradictions that individualization has brought in the life of women. Again the degree of liberalization may result in divorce and remarriage, and pre-inter –extra marital relationships cannot be over-ruled. This is due to the fact that marriage is often considered to bring an end to the career of a woman along with the additional responsibility of child rearing. This creates a risk in the relationship between a husband and a wife. The large numbers of marriage counseling books available in the markets indicate the consistent risk factor.

## **CONCLUSION**

The ideals that people set for themselves put the modern individual in a state which is beyond the possible achievement. As a result of extreme individualization, modern man strives to be always different from others which ultimately put dilemma in his life. Sociology aims to explore the meaning of human life that has been the product of the modern world. In the process of investigation of the whole world, sociology encounters multiplicity of thoughts and events in the horizon of the world and aims to bring them under a single umbrella and depict a holistic picture of the world.

## **CHAPTER FOUR**

### **THE CAUSES OF CHILDLINESS**

#### **INTRODUCTION**

Child birth continues to be the most important aspect for all individuals. Women bear a responsibility to bear a child and therefore infertility leading to childlessness becomes a social stigma for these women. These women are always eager to subject themselves to all forms of medical interventions in order to bear a child regardless of the physical, psychological and economic costs that these may entail. By doing this there women restate the socially defined ideal of motherhood which gets established as a woman progresses from a wife to a mother after her marriage. However the fact of giving birth to children has changed over a few decades. There has been an alarming fall in the number of childbirth all over the world. More than one reason can be held responsible for this change. There can be a social cause, a medical cause or even the interwoven of the two causes. Infertility refers to lack of the ability to produce child after the couple had normal intercourse. This particular issue has taken up an alarming dimension in the present day.

Fertility may be broadly divided into three stages- intercourse, conception and gestation. Intercourse may be a determinant factor in terms of the age of entry into the sexual union-the reproductive period spent by the couple in their married life. Conception variable refers to the chance of conception that the woman has once the intercourse have taken place. In the stage of gestation fetal mortality either by miscarriage or abortion may be the determining aspect. Fertility is determined among women who are within the age of high fertility, the contraception used by the couples during the initial years of marriage, induced abortion due to more than one



personal issues and finally during post-partum there is a possibility of not to conceive due to breast feeding. In the broader social perspective- economic conditions, cultural norms and physical environment in which the couples live determine their fertility. The socio-economic characteristics of the couple itself can be a determinant to their capacity to be fertile. The reproductive history of the couple, such as nuptiality, childbirth experience, history of infertility in family may also influence their capacity to give birth to children. In the past few decades- the numbers of childless families have increased. This increase may be due to aging of the population opting to get married along with more and more couples deciding not to have children. Whatever be the cause, the rate of infertility has taken a serious medical dimension.

The findings of my study reveal some of the factors that came up to the light from the discussion with both the doctors and the respondents. These are the facts derived from the discussion:

### **MEDICAL CAUSE TO INFERTILITY**

The social pressure to bear a child is immense in India as well as in Bengal. At times there is a pressure on the woman to become pregnant in the first month after their marriage. As women are often subjected to social ridicule that they become desperate to go for medical treatment as soon as they fail to conceive within a few months. It is very common that they very quickly subject themselves to all forms of medical intervention in order to bear a child regardless the physical, psychological and economic costs that these treatment processes may entail.

Findings in the study revealed many cases where physical illness or dysfunctions of the organ lead to infertility. Interviewing the doctors specialized in infertility treatments some valuable data has been found that shows the cause of increased number of infertility cases in the couples leading to childlessness. About 90% of the doctors gave the reason of infertility as ovulatory

dysfunction, tubal failure, hormonal imbalance, endometriosis, polycystic ovary, presence of fibroids and even congenital abnormality. Another cause revealed by the doctors that may lead to infertility is genital tuberculosis. Tuberculosis may lead to reproductive dysfunctions. There may be other physiological reasons like increase in age that often leads to hormonal disbalance, capacity to conceive and many other complications relating to child birth. Some of the factors that may be a part of medical aspect may be discussed below:

- Individual
- Social

### INDIVIDUAL FACTORS

#### ▪ **Age Factor**

Age is an important factor relating to child birth. The modern society witnesses a change in the age of woman who becomes mothers. Woman of today on an average get married not below the age of 26 or 27 years. Even in the case of arrangement made by the parents the girl is given some years to pursue their studies and build up a career. As a result there has been a situation where woman nearing 30 years start planning for a child. However biological science reveals that due to hormonal changes a woman starts losing her capacity to conceive from the age of 28 years. There develops many complications that act negative to conception.

In the table below we find that the maximum number of childless woman lie in the ages between 30 to 40 years (60 %) It is the time when woman tries to conceive yet are unable to do so and resort to medical help. About 34% women, below the age of 30 years have strong hopes to conceive and often consult doctors when there is a delay in the conception. Only 5% are found in

the age group of 40 years and above. It is a stage when women accept their failure to conceive and give up treatment.

Age	Percentage Of Childless Women
LESS THAN 30	34
LESS THAN 40	60
MORE THAN 40	5

**Table 1: Age-wise Percentage of Childless Women**

In regard to this factor of age in terms of capacity to reproduce, a renowned doctor gave his valuable comment- He mentioned about age of the egg. It is generally noticed that for a woman the increase of age affects the quality of the ovum's and the eggs. This directly affects the chance of pregnancy in the woman and even if she becomes pregnant there is high risk of abortion and miscarriage. Normally woman who are young may face 20% risk of miscarriage but when the age increases and becomes more than 35years, pregnancy may not last the full gestation period. Woman of 35 years and above always have the risk of losing pregnancy. Moreover, the chance of reproducing abnormal child increases after the age of 35 years. Age also may cause high blood pressure and diabetics which affects the smooth period of pregnancy. This may lead to - Intrauterine growth retardation, in other words the child's growth stops in the mother's womb. Premature delivery may take place which also affects the growth of the child inside the womb.

The table below indicates the relation between age and risk of miscarriage among women:

<b>CATEGORY</b>	<b>PERCENTAGE</b>	<b>Risk Factor</b>
LESS THAN 30 YEARS	35	LOW RISK
LESS THAN 40 YEARS	60	MODERATE RISK
MORE THAN 40 YEARS	05	HIGH RISK

**Table 2: Percentage Breakup of Relation between Age & Risk Factor**

As age increases, women loose the capacity to hold the fetus in the womb for 9 months of gestation period. Thus we find maximum number of miscarriage takes place above 40 years, which is the wrong side in terms of age for conception.

Therefore age is an important factor under medical cause to infertility.

- **Stage of Treatment**

In the issue of childlessness an important point to notice is the stage in which the couples are placed in the course of treatment. At the preliminary stage the couples continue the treatment process even though it incurs time and money. But as one passes through a long passage of time complications in the treatment process increases and we find larger number of women undergoing the treatment process tend to meet failure.

The table below reveals that the problem of childlessness is on the increase in our society. Almost 60% of the couples have the advanced or the matured stage of treatment.

<b>STAGE OF TREATMENT</b>	<b>PERCENTAGE</b>
PRILIMINARY	39
ADVANCE	60

**Table 3: Percentage Breakup of Stages of Treatment**

Doctors express concern in the advance stage and may also advice alternatives to child birth. The preliminary stages of treatment have also been noticed among many couples to have reached a substantial number. It may thus be concluded that a large number of couples in the modern society are childless couples.

- **Physiological Illness:**

The issues of childlessness have reached an alarming level of concern which initiated medical science to study the cause of childlessness concerning the physiology of the couples. Doctors have engaged in research work to find the cause of childlessness and also to find the ways to reduce the pain of remaining childless. Some valuable study by different renowned doctors all over Calcutta is noted below.

Studies reveal that about 5 to 13 % of pulmonary TB patients develop genital involvement; Genital TB is responsible for 5% of all pelvic infection. Worldwide incidence of female genital tuberculosis in infertile population has been reported as 5-10% with the range varying between- 1% in USA and about 10% in India. Tuberculosis is an ancient disease but remains as elusive even in the twenty-first century, causing silent yet massive destruction and devastation. The mode of spread of TB is usually haematogenous or lymphatic or sometimes via direct contiguity with an intra abdominal organ or peritoneal lesion. Initially the fallopian tubes are involved, and

then dissemination to other organs occurs subsequently. Primary genital tuberculosis is rare, but has been reported in woman when sexual partner had active genito-urinary infection. 90% of cases involve women less than 40 years of age suffering from female genital tuberculosis.

Fertilization occurring in the fallopian tube also known as Ectopic pregnancy may be a serious problem in their ability to conceive. According to a renowned doctor infertility may be defined as the inability to conceive in spite of regular unprotected coitus. In his opinion female infertility may be due to endometrial problem, tubal problem or less ovulation. In the words of another doctor, male infertility may be due to azoospermia, oligospermia or obstruction in ejaculation. Among the woman folk- an ovulation, tubal blockage and endometriosis may be some common causes to infertility.

Ectopic tubal pregnancy (ETP) may occur in woman's reproductive life after the treatment of infertility. Infertility treatment becomes complicated and must be recognized early to simplify the treatment strategy, which must be directed towards optimizing subsequent fertility. When it occurs during infertility treatment, it marks a reproductive failure which always results in psychological setback. Among 1119 patients conceived after treatment of infertilities in a five year period between 2002-2007, sixty eight ETP were detected. More than 50% of them resulted in intrauterine pregnancy (IUP) after ovulation induction within a period of one to one & half year following the occurrence of ETP. Regardless of the treatment strategy, there is a need to have a subsequent ongoing IUP- the ultimate goal of treatment. However, ETP resulting from fertility treatment is a specific entity and better knowledge of it should help to improve diagnosis and prognosis, which simplify treatment and optimize subsequent pregnancy outcome.

Broadly, infertile couples may be categorized into three groups: a) Those having a single defect either in the male or the female partner. These single defects may be either treatable or untreatable. Examples of single treatable defect are ovulatory dysfunction, oligospermia and minor anatomical defect like tough hymen in the wife or phimosis in the husband. Single untreatable defect may be azoospermia, premature ovarian failure, or absence of uterus and vagina. b) Infertile couples with multiple defects such as defects like azoospermia in husband and tubal block in wife will not respond to medical or surgical treatment. ART or adoption will be the rational choice. c) The third group consists of people who do not display any clinical problem yet are unable to conceive. They are grouped under the nomenclature of unexplained infertility.

It is found that every 20 out of 100 woman have poly cystic ovary which may be a cause of infertility. Polycystic ovary is a kind of ovary that is larger than the usual size of the ovary and contains a large number of small cysts. The cause of polycystic ovary syndrome (PCOS) is not yet medically known. However there can be a family link to it. Abnormal hormonal level can cause polycystic ovary and from such ovaries there is a chance of release of testosterone beyond limit. This can be traced through blood test and ultrasound sonography. This problem may also lead to other related problems like resistance to insulin which may cause diabetes. Few may also suffer from endometrial cancer.

Some may have an idea- Are Contraceptive Pills a poison? Oral Contraceptive Pills may cause pregnancy after it is stopped. That is why many doctors advice immediate try for pregnancy. In some cases reverse or rebound effect of the suppressed hormones may lead to pregnancy. These contraceptive pills may also cause ovarian cyst, pelvic infection and may also stop growth of uterine polyp which may directly lead to infertility.

A renowned gynecologist- mentioned the rate of rapid increase of childless couples in the present society. He made a note of the following problems faced by childless couples. According to him, Endometriosis is probably the most focused issue in female infertility. The close association of endometriosis with infertility either as a cause or an effect is well known. The main cause of endometriosis is that it is a progressive disease, which brings anatomical and biochemical changes in the reproductive system. In his opinion, prolonged treatment with ovulation inducing drugs, if treated in high doses, may aggravate the disease in a very short period of time. To avoid such a problem, one needs to detect the disease at the earliest opportunity. Endometriosis at an early stage is most often silent as it produces negligible symptoms. The diagnostic tool till today is laparoscopy- an invasive procedure requiring general anesthesia, cannot be advocated or performed as 1st line of investigation in every patient of infertility. Early endometriosis produces infertility by different procedures like spermphagocytosis, ovulatory dysfunction and impairing. The maturity of eggs as a result of fertilization is reduced. It may also affect follicular development and locate quality. Endometriosis as a result of prolonged ovulation induction may proceed to advanced stages of infertility that may require surgical interventions.

Recurrent Spontaneous Abortion (R.S.A.) is a devastating reproductive problem that affects as many as 5-10% of couples trying to establish a family. This particular problem as a challenging problem to the clinicians and the scientists. 40% of the couple suffering from recurrent pregnancy loss (RPL) is left without a child. The main causes of RPL can be subdivided into genetic, hormonal, anatomical, infective and immunological factors. Substantial evidence now exists to support the suboptimal implantation as being the end result of embryonic, endometrial or immune associated recurrent miscarriages. Overweight may also be a cause of infertility. It has been noticed that women who are obese have severe problem in conception. Such



overweight bodies release estrogen which reduce FSH hormones and stop formation of eggs in the ovary. Generally overweight women tend to suffer from polycystic ovary syndrome, diabetes, hypertension, heart problem which may lead to deformed babies even if they are born. The obese factor is very important in case of male infertility. It disturbs growth of sperms. The Body Mass Index is an important criterion to determine the body shape and weight before one wish to conceive.

## **SOCIAL FACTORS**

- **Reluctance to continue the prolong treatment procedure.**

The infertility treatment process is a long process that may extend from few months to a few years. There a need to observe the physiological changes in the patient and then administer the medicines which may incur a high cost from a few thousands to a few lacs and this may cause problem to many couples. It becomes difficult for the couples to devote their precious time and attend the doctors as and when required. The long queue of patients is a common sight in any infertility clinics. Patients are asked to be ready to spend a few hours in the clinics whenever they need to visit. It is a usual sight to find the wife to reach first and wait for the husband to join later as they would be coming from office. Many working couples face the problem of taking frequent leave from office which hampers their responsible work. Some couples are forced to leave the treatment process midway to save them from losing their job. It is very common in this treatment process to change doctors. Couples who were interviewed opined that they often became impatient, helpless and dissatisfied with the result of the treatment which forced them to discontinue with one particular doctor, and visit another in anticipation of success. This led to

starting of the treatment from the scratch thus leading to obvious delay. However, they continue the treatment and change doctor in hope of a quick success.

- **High expense force couples to give up treatment early**

Expense is a big factor to the problem of childlessness. The treatment of infertility involves a huge expense. There are injections which need to be administered regularly for a certain period which are usually foreign products and are extremely costly. Moreover there may also be operations involved which are also costly. Most couples initially get involved in the treatment processes but finally give up when they are unable to continue. Sights in the infertility clinics reveal that there are couples who have travelled long distance away from their home to visit the doctor. The outstation patients have the additional cost of travel and accommodation near the doctor's clinic so that they are able to continue the treatment process which may extend to a few months. The initial cost is usually mentioned but many a times this cost exceeds the expected as there may be additional complications revealed during the treatment. It becomes difficult for the couples to decide as to whether to continue the treatment or not. They suffer from dilemma as to when to stop their treatment. They start feeling the pressure of their pocket but the thin line of expectation force them to continue the treatment. A poor farmer mentioned that he had sold a portion of his cultivable land to arrange money for the treatment but at the end he landed up in a failure. People can go to any extent to have a child, from selling away of land or house to encashing all their saving deposits that was kept for their old age security. Ultimately they becoming penniless and are forced to withdraw from any kind of treatment. The in-vetro fertilization, an expensive treatment process has only 30% success but is highly expensive. Many patients at the middle of the treatment give up as they are unable to continue the expense

involved. Many urban educated couples realize that they are becoming bankrupt after losing a few lacs without getting any assurance of the positive result; they take a call to end the treatment.

### **SOCIAL CAUSES TO INFERTILITY**

Infertility may have its cause hidden in society itself. With many noticeable changes taking place in society, married couples or unmarried girls and boys engage in a variety of social interactions which may not always be conducive to giving birth to a child- thus increasing the chance of childlessness. Some of the changes may be discussed below.

- **Persuasion of education and career**

Modern education system and career opportunities have influenced women to pursue higher education and a promising career. This automatically delays the age of marriage. In India, infertility problem is not confined to a medical field only; it is associated with social as well as cultural arenas. Data revealed in my study indicate that the level of woman's education is the most important factor in determining whether she will be fertile enough to reproduce. Age is an important factor in considering the capacity to reproduce or the rate of fertility. About 70% of the respondents in the research study are graduates and took the decision to go for family life at a later age after completion of their studies. It is noticed that higher the higher the level of education, the less likely she is to bear children, or the lesser number of children she would beget. It is found, though not generally assumed, that those women who are highly educated, highly professionally placed and have high level of income-tend to have less children or face conception problem and even remain childless in their the life. Many woman in my study revealed that they initially devoted their life to career persuasion and did not wish to have a child as it may create an obstruction to their march in career. Women who fall specially in the

middleclass Bengali category give much importance to acquiring high degrees in education, becoming economically self sufficient and thus in the process prolong their age of marriage, reducing their span of fertility. Many middle class women revealed the fact that they had spend valuable time in negotiating childbirth and career graph - ultimately landing to a state of infertility. There are couples who also feared that child birth at early years of marriage would disturb their conjugal life and sexual urge, only left to contemplate on the negative result that it led to. Data revealed in the study indicate that the level of woman's education is the most important factor in determining whether she will be fertile enough to reproduce. It is noticed that higher the level of education, the more careerist, more rational to decide when she would beget. Again, these urban educated women are less religious, less traditionally bound- and less influenced by the normative roles of motherhood. Childlessness is thereby a common feature among them. Many middle class women revealed the fact that they had spend valuable time in negotiating childbirth and career graph - ultimately landing to a state of infertility.

In the table below we find that the maximum number of women who are childless are either graduate or post graduate, so there is a direct relation between the level of education that woman of today pursue and the possibility of problem in the conception of a child. As women pursue education, their age of marriages increases. It is to be noted that there has been a change in the thought pattern of people in the modern world. People in general aspire to be highly educated, earn a handsome and life a comfortable life. In the aim of pursuing such a dream they opt for higher education, stability in job rather than making a family. Marriage and begetting child is no longer a priority of young aspiring girls as well as their parents.

<b>QUALIFICATION</b>	<b>PERCENTAGE</b>
UNDER GRADUATE	19
GRADUATE	41
POST GRADUATE	39

**Table 4: Percentage Breakup of Infertility as per Educational Qualification**

Women who do not pursue career are the ones who are most eager to conceive fast and engage in upbringing of children. The life and aspirations revolve round becoming a mother and fulfilling the role of a dutiful wife. There are very few self employed women among middle class people in Bengal. However the women who hold service do not devote the total time for the treatment process as they are engaged in some work and are not totally involved in treatment of infertility. Thus we find a relation of being childless to the persuasion of career.

The table below shows that the eagerness to undergo the treatment of infertility is maximum among homemakers who have time and patience to pursue the long drawn treatment. It may also indicate that the homemakers are eager to achieve the status of motherhood which will make them socially acceptable.

<b>OCCUPATION</b>	<b>PERCENTAGES</b>
HOMEMAKER	66
SERVICE	27
SELF EMPLOYED	6

**Table 5: Percentage Breakup of Infertility as per Occupation**

- **Career may force couples to live at a distance barring cohabitation.**

The trend of the modern generation to live in two separate cities as their job demands them may lead to childlessness indirectly. There are many couples who join each other during weekend and then return to their place of work from the start of the week. According to many doctors as the couples do not cohabit during their fertile period, there is forced abstinence which finally ends up in complexity and difficulty to conceive.

- **Changes in the family structure**

Many respondents about 40% couples live in a neo-local household that they had set up after their marriage. To these couples immediate child birth was not aspired, they required time to settle and thus deliberately delayed conception. In the interview, they revealed their helpless mental state as they were unable to take the added responsibility of a child when they themselves were not properly settled. These couples thus resembled the typical modern couples who tend to have small nuclear families and for whom the problem of child-care becomes a serious concern. Among the working couples no one partner may wish to take a break or drop a few years from work in order to take care of the infant. Larger joint or extended families always had a support system to bring up children at home. Thus a change in the family structure in the modern world has also indirectly affected childbirth. Influence of larger family norms have also decreased. Modern young couples are no longer dictated by the elders of the family to have a family and beget a child. They are given liberty to make a decision of their own in becoming parents. Though some indirect connotations may be made at times but the small loose ended statements hardly affect modern couples. This allows the couples to lead a carefree life for a long span of their married life which may turn to disguised form of infertility in the future. My study revealed

that some couples delayed their pregnancy just for the sake of enjoying time without the responsibilities. However they never imagined that it would turn to be a infertility problem. My respondents at times had tears and also expressed their ignorance at that time which leads them to the problem of not being able to have a child.

The table below indicates that children are valuable to both structures of family. However, the pressure to beget a child is seen more in a joint family which may be due to the more number of family members influencing the couple to beget a child.

<b>FAMILY STRUCTURE</b>	<b>PERCENTAGE</b>
JOINT FAMILY	60
NUCLEAR FAMILY	40

**Table 6: Percentage Breakup of Infertility as per Family Structure**

Commitment to a relationship is an important issue in deciding to have a child. The modern world witnessed incompatibility in marriage in large numbers. The sharp rise in the rate of divorce has affected childbirth. Couples who are educated and economically stable decide to discontinue a unsuccessful marriage rather than live a life in compromise. Divorce leads to a break of marital status temporarily or permanently. This break may be crucial as it leads to loss of the critical period of highest fertility among women. Many divorced woman forcibly loose vital years of fertile period and thereby loose chances of conception in future. Even if the woman gets remarried after years of break, she may have entered sub-fecundity or in-fecundity- that is the limited ability or inability for biological reason to conceive and carry a birth to term. Thus, people who desire and expect children but are willing to have them only if they are married in a stable union may become childless as a result of failing to establish such unions. Although in

recent years unwed parenthood is increasing and decisions about parenthood and marital status are becoming less independent, most childbearing still occurs in a committed relationship. Normative pressures consistently support the notion that children are best cared for by married couples. The cost of bringing up children and even the stages of growth in different span of life requires both the mother and the father. Thus child bearing is still linked to commitment in marital relationship and we find more childlessness when there is instability in the institution of marriage. Being unmarried is one of the strongest predictions of childlessness. Research suggests that married individuals who are concerned about the stability of their marriage were more likely to remain childless.

Family being the most important social structure in society till date continues to influence married couples in their decision of child bearing. As there are a few joint families present in this age, couples in nuclear family find it difficult to go on the family way, fearing that there will be no one to assist them in the times of need. Many couples break away from their parents home to a new city as their job demands them. But in the new city, in the new environment the couples take time to adjust and then think of having a child. In such families elderly female members are absent to guide the couples.

Many respondents revealed that small families pressurized the couple as they wanted heir to their family. Expectations to bear a child comes from the family and it is found that almost all the member initially cooperate with the couple to beget a child. It is a family norm to give birth to a child preferably a male child, within the first few years of their marriage. In other words the society gets encapsulate in the family with all its features and expectations. Peer pressure within the family at times is so great that many couples are forced to leave their ancestral home to set up



a household of their own preferably in a different city away from their relatives who are very interfering in their personal matter.

The table below reveals that majority of couples look forward to having their own child rather than adopting one.

<b>Interested to Adopt</b>	<b>Percentage</b>
YES	43
NO	57

**Table 7: Percentage Breakup Indicating Eagerness to Adoption**

Motherhood gives the woman a social status, a special position and a respect in society. In spite of the society marching towards modernity, it is universally acclaimed that a woman gains motherhood only when she bears a child in her womb. There is a concern among childless couples that the child that they would adopt would not look like them. They demand the child should look as if born from wedlock. Thus we find that in spite of childlessness being a social problem, adoption, especially among the middleclass Bengali couples is not accepted at large.

- **Choice of Motherhood**

Women generally devote time to childbearing and child rearing and men are engaged in earning a living. This concept has changed today due to a change in the attitude of young couples. With men and women having equal footing in all aspects of life, rearing a child is no longer a sole responsibility of the women. Education has opened the gateway to career persuasion for both men and women. In my study, more than 60% of the respondents' are graduates and pursue some kind of job. This indicated when asked later that their age of marriage was on an average on the

upper edge. Again as they liked to pursue their career many decided to delay their conception- only to regret now sitting in infertility clinics. Even many renowned Doctors opined that higher age lead to many complications especially for women. The responsibility to earn a living is also shared by both men and women. This led to a different life-style approach. Couples tend to achieve all their aspirations like reaching a descent level in career, having a luxurious house, possessing an expensive car and making a few foreign trips along with a steep career graph. When all these aspirations are met, the couples start thinking of the family way which in most cases becomes too late. Having a healthy child is among many couples not a priority as against the other aspirations. Many feminist women refuse to become mothers because they find their counterpart male colleagues to move up the career ladder during the restricted pregnancy period. This leads to voluntary childlessness which ultimately often takes an ugly turn when the couple finally desire to have a biological child.

The table below reveals majority of couples are not keen to hire a womb in order to have a child.

Interested to Surrogate	Percentage
YES	26
NO	73

**Table 8: Percentage Breakup Indicating Eagerness to Surrogacy**

Most couples have their earnest desire to bear a child. For a woman bearing a child in her womb gives her a special status and for a man making his wife pregnant proves his manhood. Thus couples always prefer to have a child of their own. There is always a question of the genetically pure in having a child which stops most couples to go for adoption. Couples seeking

insemination or ova donation are keen to look for some special characteristics such as "fair", "young", "well-educated" and to add to it a good family background with a good social and economic background. This is also the reason why couples do not like to hire another womb and accept surrogacy. It is also to be noted that these may be stray incidences where the couples prefer to maintain secrecy. Again the husbands are reluctant to impregnate their wife with a borrowed sperm of an unidentified person. The couples being concerned to maintain the sanctity of their marriage with childbirth keep the act of insemination as secret so that the outside world did not know that that had the child through artificial insemination.

- **Deliberate delaying of childbirth**

There are couples who also feared that child birth at early years of marriage would disturb their conjugal life and sexual urge, only left to contemplate on the negative result that it led to. One very important cause for the increase of infertility in the recent past has been the use of deliberate use of birth control techniques. Excessive travelling and career demands of both the husband and the wife at the early years of marriage may force the couple to consume contraceptive drugs and forcefully delay pregnancy. These contraceptive drugs cause hormonal disbalance and prolong intake of these drugs finally take the shape of infertility. Contraceptive techniques of various kinds are adopted in most societies to control fertility. The recent trend has been the desire for a small family and in the process many young educated professional couples deliberately abstain sexual intercourse to avoid unwanted pregnancy and increase of family size. Contraception are realized by young couples through a variety of methods- individual or combined. Innovative sexual methods have been adopted which provide pleasure but restrict conception. Sex among modern couple is distinct from reproduction. Couples now reproduce by choice and not by accident. Even in rural India, uneducated and partially educated rural folks are

aware of various contraception that would give them pleasure but not burden them with childbirth- this is the prevailing mentality of many young couples. Thanks to various clinics, non-governmental organizations and women's organizations to educate the rural folk in this particular field. But the flip side of the coin is that deliberate abstinence and delay ends up in infertility. This one of the biggest reason for the rapid increase of infertility world-wide and also in India. In addition to this there is also voluntary practices such as male or female sterilization which impair fecundity. "Foetal mortality" from voluntary causes is known as abortion- is in wide use to terminate unwanted pregnancy. From the time abortion became legal in India, there has been a rise in the rates of abortion every year especially among unwed mothers. Young girls at times undergo abortion more than once and not always from the right medical support. This at times in the long run may be a cause to infertility.

### **CULTURAL FACTORS AFFECTING INFERTILITY:**

- **Life Style factor**

Modern life style of smoking and drinking has also affected the chance to conceive. Even though limited consumption of alcohol may be permitted but alcohol always degenerated the body in one way or the other. Smoking and drinking effects pregnancy seriously. Smoking, alcohol drinking, caffeine consumption to a great extent disturb fertility. Even passive smoking by pregnant woman may cause danger for the fetus. The child in the mother's womb get restraint amount of oxygen which leads to underdevelopment of the baby.

Any kind of energizing medicine deliberately taken by the couple to enjoy sex may be harmful as it may affect the hormonal change and growth in the body. Lifestyle factors like smoking and drinking have also affected woman's fertility. Modern woman along with their male counterparts

engage in smoking and drinking as a part of modern living. Tobacco, alcohol and caffeine directly affect individual's fertility. Excessive smoking and drinking decreases sperm mortality, thus affecting fertility. Sauna bath a common form of physical comfort in some cases reduces sperm count among men and low ovulation among women.

Life style pattern among young Indian couples have changed over the past few decades. This automatically delays the age of marriage. In the past women would get married at a very early age and automatically have larger span of fertile period, on an average producing three or more children. Medical science revealed that after the age of 25 years, a woman gradually loses her reproductive capacity. When infertility strikes a younger woman she is more likely to remain childless but among older woman in the state of infertility they intend to remain childless for the lifetime. Woman confined at home having less mobility has aggravated chance of fertilization. Most of my respondents are working woman and their life style like early to reach office, the mode of communication and also the responsibility of work may affect their chance to conceive. According to doctors asked in the interview, many accepted that fast movement , excessive jerks, lifting of loads, and unconscious way of bending, quick pace of walking,- all during the fertile period may lessen the chance of fertility even though the couple or specially the woman may plan to get a child. The doctors revealed that the egg needs time and condition to fertilize in the uterus wall of the woman and when it fails to fertilize and get stuck in the uterus wall , fertilization or conception does not occur. In the present world with large number of working woman life style factor becomes a prime concern. Unwanted miscarriages take place in large numbers which may be fatal at times. Serious miscarriages may lead to complete termination in the chance of pregnancy. However, woman who remains home to conceive may also end up in suffering repeated miscarriages, but their number is usually less. It is for this reason that many

working woman are advised confinement during the pregnancy period even though they may normally conceive.

Secondary data reveals that anabolic steroids are chemical substances that men and women use to enhance their athletic performance- whether it is their speed or the strength of their muscle. These are a kind of hormones very similar to testosterone help human body to build up muscle mass and have strength in athletic field. Most athletics consume steroids much more than the normal body can produce which in the long run lead to low sperm production and in some cases the sperm production completely stops and in some cases the size of the testicles shrinks. Other significant illness like increase of blood pressure, baldness, elevated cholesterol may also crop up. When the individual stops taking steroids completely it takes at least six months for the body including sperm cell production to return to normal functioning. At times it takes a year go get back to normalcy. However in my study I have not encountered any sports oriented couple who may face these aggravating causes to infertility.

There is no direct proof that by increasing ones physical fitness the semen quality may be improved. All fitness exercises are good only to a limited level. Men who are athletics or those who run over 100 miles a week and even bicycle more than 50 miles a week may have reduced sperm count or reduced rate of sperm mortality. There are incidences when their levels of body fat drops to a level that would disturb hormonal balance. As against this men who are train to good, but not superb level of endurance appear to have increased testosterone level. This in turn might enhance sex drive and improve the environment for sperm cell production. Excessive intake of medicines for any trivial cause like headaches, light migraines and pain may be unknowingly consumed by adult couples. However this intake of medicine may have a serious effect in disturbing infertility. Therefore doctors do not allow intake of medicines or any

chemical composition during pregnancy. Male fertility is also affected by the same cause. A medical journal from "Birth" (Bengal Infertility and reproductive therapy hospital) clearly mentions the importance of lifestyle that may disturb chances of conception. For a woman body weight may be an important cause to conceive. Sudden increase or sudden decrease of body weight may disturb menstrual cycle thus indirectly leading to problem of conception. Balanced diet is also very important. As a modern day trend, there is a sudden interest among men and women to control diet. Sudden shift to vegetarian diet or engaging into crash diet may disturb the periodical cycle or even in some cases absolutely stop the cycle - causing problem to conception. Doctors have also specified the type of exercise that may cause trouble to pregnancy. Sudden exercise to reduce body fat causes misbalance in hormones which again affect the proper functioning of ovary. Many women engage themselves into gymnasiums and try work-outs to reduce weight. However many such exercises may have an adverse affect on fertility of women.

- **Restrained lifestyle during pregnancy**

Life style has affected childlessness also. The modern world demands certain life styles which may not be conducive to having children. Couples who are working spend a lot of time outdoor either on holiday tours or enjoyment in dance parties till late at night especially in the weekends. It is found, talking to many young couples that the deliberately delay childbirth in the fear that they would be forced to give the life of fun and frolic. Men and women need to restrict smoking and drinking which may cause hormonal disbalance and problem in conception. These couples when come to know the restrictions that they have to maintain till they give birth to a healthy child, become disturbed at fail to maintain the prescribed restrictions. This results in voluntary delay in childbirth and at times to complete failure in child birth. Many couples need to travel

long distances when they have foreign assignments. During such travel it becomes impossible to stop carrying heavy goods, pulling of heavy lug gages may be a part of restriction which will not be possible to be maintained. There a change or jump of hours during travel to foreign land and in such times administer if medicine in strict laid down hours is impossible to maintain. The table below shows the percentage of couples who prefer to remain childless voluntarily. Even though they may be less in percentage as compared to the percentage eager to have children their percentage cannot be ignored. There is a trend of this percentage to increase in the days to come.

<b>CAUSE OF DELAY IN CHILD-BIRTH</b>	<b>PERCENTAGE</b>
VOLUNTARY	12
INVOLUNTARY	87

**Table 9: Percentage Breakup Indicating Choice of Delay in Childbirth**

- **Stress and long hours of work**

The stress at work place may also cause a disturbance in the chances of childbirth. Long hours of work, constant mental involvement at work lead to stress among young men and women. Modern technology has helped to be constantly in touch with work and work place even when the individual may not physically present. This has lead to an unnoticed stressful life. Stress has become the byword in folk wisdom about infertility. One cannot deny that stress can disturb male fertility, by altering the hormone produced in the brain and pituitary glands. It is also noticed by medical science that the messenger hormone which is constantly working in a stressful mind slows down sperm production thus reducing the fertility. Relaxation of mind is very important for conception in both men and women. But in the present century both the



husband and the wife are equally stressful. They both have demanding jobs, loads of responsibility that require complete commitment to work. This also hinders easy conception among couples. Long working hours is common in the present scenario. In fact there are no stipulated hours to work. In the age of technology the whole world is connected and there are easy transactions everyday across the world. This requires the east to stay awake when the west enjoys daylight and stooped in serious work. So people in the east, individuals working in India need to stay awake till late hours in order to complete the assignment with their team mates in the west. As a result their hours of sleep and relaxation are enormously reduced directly affecting their life course. They end up working, engaging in mental exercise for almost fourteen hours a day which leads to reduced sex urge, sex vibrancy and ultimately to easy conception and childbirth. According to the infertility specialist, a sound sleep at night is very essential for both men and woman who plan for child. If there is an intermittent break in sleep it indicates stress in the mind which also causes fatigues in mind. A sound sleep of about 7 hours not only prevents damaging of health but also rejuvenates the body and mind. Sleep is a best way to reduce stress which may be a determinant factor in hindering pregnancy. It is also advised by some doctors that if there is constant engagement of mind in the work, that kind of work should be changed as it may hinder pregnancy. A relaxed mind is important both for a man and a woman to engage in fertilization. A respondent revealed that the couple worked at two different cities after they got married as the husband got a transfer order with promotion after they got married. The wife too was a working woman and did not move out with her husband as she too had a job. In this situation, the couple remained separated after their marriage which automatically leads to abstinence. Finally, they decided to take a transfer to make a family. Alas their wait at the infertility clinic indicated that they are suffering from some problem and gradually becoming

depressed. They are desperate to get a child which made them change the doctors more than once. Now they are in the state of regret for their deliberate delay in planning for a family.

- **Influence of secular factors**

The present world is featured by a sharp decline in religiosity. Religious belief of being blessed with a child is no longer a motivating factor for young married women. Barrenness is not considered an evil and many biological treatments have failed to relate barrenness to a sin. Therefore religion no longer influences or motivates young couples to beget a child. Earlier years, having children was believed to be a sacred duty. Parenthood gave the husband and the wife a sense of fulfilling the divine command to be fruitful and multiply. Children were considered to be the signs of blessed union of the husband and the wife. But now, marriage as an institution has lost its sacramental essence. Marriage was traditionally understood as a union of two hearts and two flesh into one, erasing all the traces of two separate individuals. However in the modern world there is no question of rejecting two individual personalities and submitting them into one union. The present world there is a need of respect and recognition as individuals even in a partnership of marriage. Thus having a child is no longer a requisite to uphold marital bond,- indirectly resulting in childlessness among young married couples. Most societies give a high value to parenthood and therefore people who remain childless intentionally are stereotyped to be individualistic, avoiding social responsibility and social commitments. There is a belief in the present world that life is more comfortable without children. Among some religious believers like the Shakers childlessness is applauded on moral ground as it helps to reduce the impact and pressure on environment. The secular spirit makes couples believe that children are not the path to salvation. Children are not considered as the blessings of God. So many modern couples remain childless by choice.

The table below represents the fact that secular belief has influenced the modern couples to remain childless:

CATEGORY	PERCENTAGE
RELIGIOUS	33
SECULAR	67

**Table 70: Percentage Breakup Indicating Influence of Religion Regarding Childlessness**

In the past, women were often devalued by family and society as a functionalist of procreation. However women now no longer uphold the pronatalist belief of motherhood and procreation. With the inroads of the feminist belief there has been a revision in the thought pattern. "Only babies count" is an outdated thought. There has been cases in the infertility treatment when women decided to terminate the process of the prolong treatment as it was hampering their work and profession. Even the homemakers who initially devoted themselves totally to having children now rationalize in terms of the time they can afford to spend in the process of treatment, the expense incurred, and finally the meager chance of a successful result. There has been a paradigm shift in the thought process of modern couples. Individuals make a meaningful contribution to the world by having children-- is no longer a valued judgment. Some couples step out to question as to whether having children is really a positive contribution to the world specially in an age of overpopulation, pollution and depletion of non- renewable resources. Data revealed in the study indicate that the level of woman's education is the most important factor in determining whether she will be fertile enough to reproduce. It is noticed that higher the level of education, the less likely she is to bear children, or the lesser number of children she would beget. It is noticed, though not generally assumed, that those women who are highly educated, highly professionally placed and have high level of income-tend to have less children or face

conception problem and even remain childless in their the life. Again, these urban educated women are less religious, less traditionally bound- they are less influenced by the conventional gendered roles of motherhood. Childlessness is thereby a common feature among them. Thus, the social construction of an idealized woman- as "mothers" have undergone reconstruction.

## **CHAPTER FIVE**

### **IMPACT OF CHILDLessNESS**

#### **INTRODUCTION**

Motherhood is an ideal status that a woman gets in society. From the inception of human civilization, procreation and rearing of children continues to be an important aspect in society. Mothering is an expression of culture and embodies a value system relating to what a woman is. The pronatalist ideology that prevails in India encourages reproduction and salutes motherhood. Thus a woman across caste, creed, religion, education and community achieves her status - just by becoming a mother. In this context, the prevalence of childlessness was considered as deviant and abnormal to those who did not become parents. The inability to bear a child has always been a great concern in our society. It is a point to ponder as; there has been a sudden increase in married couples unable to bear a child. It is very much a matter of concern today. In spite of the medical advancement in infertility treatments many couples remain childless with the longingness all through their life.

Individuals who learn that they are infertile or due to some reason or the other unable to bear a child, undergo many emotional distress such as shock, grief, depression, stress, low esteem and many more. It is a common belief that marriage is designed to provide companionship, sexual fulfillment and procreation along with inheritance. However when any of these remain unfulfilled, the institution of marriage gets disturbed. Medical intervention is very common

offering help and hope, studies suggest that such prolonged treatment process often lead to stress, depression, frustration many other long-lasting emotional damages.

## **PERSONAL IMPACT**

### **ANXIETY**

Couples who are unable to reproduce within a few years of their marriage gradually enter into a shell of anxiety and shame. They often avoid social interaction with couples who are parents. Many friends who have been married for almost the same number of years may start questioning about the family planning. Relatives may express their expectations in a deeper way. All these encounters may disturb the couple especially the wife and the couples end up in avoiding social gatherings and interactions. Many couples, as the study reveals undergo a stage of denial at the beginning. They continue trying for child repeatedly without showing any interest in seeking medical help. As a result the couples may lose valuable fertile years required for conception. One of my respondent opined that we were trying for a child for more than five years never even had the slightest thought of landing up in the infertile clinic. We became anxious as we were not getting a positive result but kept on trying as we had a lot of hope in poor mind. It is also noticed that relationship between the husband and the wife suffer in such cases. The couples may start blaming each other for not being able to conceive. This mental tension also causes hormonal misbalances' resulting in difficulty to conceive. In another case the woman disclosed her dissatisfaction of her husband's frequent official tour. She even disclosed that at times the couple had serious arguments when the wife asked the husband to cancel his tour which was beyond his means. The constant trying had put the couple in a stiff situation and the wife reacted more than the husband. The resultant effect was mental agony. Most doctors opined those women who

remain tensed during the ovulation period are unable to produce adequate number of ovules vital in fertilization. These couples often suffer from anxiety related sexual dysfunction. Doctors treating such patient's advice them to remain light hearted during the treatment period as it directly had an effect on conception.

### **HOPE-DESPAIR CYCLE**

One unique thing about infertility is hope-despair cycle. At the beginning of her monthly cycle, the woman hopes to become pregnant that month. But when all their calculated efforts fail and she ends up not being able to conceive--- she is in despair. This is repeated in the second month with the same intensity of hope, and the third month, and the fourth month- only to face despair at the end of each month. The hope followed by despair continues months after months. This is also common in infertility treatment process. The packed crowds of couples in the fertility clinics wait for months, continue the treatment process stage after stage- but end up in despair every time they come to know that they are unable to conceive. In the fertility treatment process women suffer more in the hope - despair state of mind. She gives all the honest effort, her full will power and her whole heart into the treatment process. As woman bear a disproportional pressure to childlessness and stigma of infertility they are always willing to subject themselves to all forms of medical interventions in order to bear a child, regardless of the physical psychological and economic cost that may be required in the treatment. The woman goes through various treatment processes like monitoring of growth in ovulation, oral medicines, injections which are many times painful and even surgery if required. All these tedious treatment processes increase the hope in the mind of the hopeful woman. In the hope to conceive, she may change her lifestyle like her food habits, she pace to walk, her mobility as such, and heavy laborious work etc. when she finally gets her menstrual cycle indicating her inability to conceive, she

breaks done in despair. All her efforts have gone to the drains. But she refuses to stop at this point, she moves on for the treatment the second time, right from the scratch with new vigor. The second she gets disappointed only to be disappointed for the third and the fourth time. Each time she builds up her hope, she gets despaired. This constant cycle of hope and despair ultimately shatters her mental state. Gradually she enters into a shell of stigma and starts blaming herself for not being able to become a mother. A respondent in my study said that she refused to give up the treatment in hope and now she is waiting in the clinic for another try. This is the fourth doctor that she is visiting, as she refused to give up her hope of having a child.

### **MOOD SWINGS**

Doctors suggested that the human body in some way may cause the upward mental state and the downward mental state. On the upward cycle, when one has estrogen, the couple moves with a clear intension and hope and act with a purpose. But on the progesterone side of the cycle, one reacts in a different manner. It becomes hard to think, very easy to get stuck and often easy to be depressed. A well known gynecologist discussed how woman who are unable to conceive due to polycystic ovary syndrome may suffer from low level of self esteem. She develops the tendency to look at herself with a lowered esteem. She may also start snoring during day time, may feel tired and also lethargic.

### **NEGLIGENCE TO PRIVACY**

Again the innumerable tests that the couple needs to undergo during the treatment process disturb the personal, private life. The treatment process affected their sexual life which had become a mechanical process to procreate under medical vision. Women become oblivion to various processes of investigation which otherwise is considered as obscene. This obsession to



become pregnant makes her blind to her personal identity. The men too suffer from self degradation, when they are asked to eject sperm artificially in a uncomfortable less private place allotted to them. A woman came up to express the discomfort that her husband had to face. According to her opinion, pathological centre's have very small testing rooms in the middle of the patients waiting rooms. The woman said that she felt embarrassed in the situation and rightly felt the embarrassment that her husband had to go through. This objectification of the otherwise romantic husband-wife relation destroys the marital relation. A distance is created in the process between the husband and the wife which at times may lead to a permanent damage of the relation. The husband starts disliking the treatments but may not be able to express his feelings to his wife who is obstinate to put all her efforts in begetting a child. The romanticism of the married life fades. At times, the couple gives up hope, terminates the treatment procedures but unfortunately in the long run ends up in a break of the marital knot.

This is in close resonance to the stigma of association as presented by Goffman. The husband of the infertile woman faces the stigma of association and takes up the stance of avoidance especially during the infertile treatments where the husband has to go through investigations. However in the case of the husband being infertile the woman or the wife keeps it secret and protects the husband and takes up the total blame of childlessness on her.

### **COST FACTOR**

Cost of infertility treatment is significant. The cost of treatment includes the doctor's fees, the cost of medicines, cost incurred in various diagnostic and curative procedures and the cost of travelling to the clinic. Some of my respondents travelled for their treatment from far off suburban places and they had to hire cars to travel as the requirement of the patient. Their wait at

the clinic was for hours at times five to six hours a day, arrangement of food and arrangement of night stay if the appointment with the doctor was in the latter half of the days were all a part of the expense. So keeping the main cost aside, there were other peripheral costs that need to be taken into consideration. During my interview with the couples at the clinics, I gathered that most of the couples visited more than one infertility clinic in the course of their treatment to meet success. Since success in this particular treatment process is a long process and even at times beyond hope, the couples in their earnest wish and hope visited more than one doctor. They in search of the best infertility specialist visited high profile doctors in private clinics ignoring the hidden cost attached. For some couples expense was of no issue. They lost their rationality to calculate the expense that they have incurred and will further get into. Some respondents opined "child is much more valuable than money. One couple even said that- " I am a businessman, who will take up my business if I do not have a child. What is the use of accumulating money if there is no child? They clearly expressed that cost-expense ratio factor recedes to the background in the issue of having a child.

However for some, expenses can add to the stress in an already stressful situation. There may be couples who do not have any insurance coverage or means to pay for the treatment. For such couples expenses cause both helplessness and hopelessness. They start blaming their destiny for their failure. Studies in the reproductive clinics revealed different standards of income among infertile couples. There are couples who are very rich and have undergone more than twice the whole process of artificial reproductive techniques. In spite of the cost related problem, I came across a couple at the Institute of Reproductive Health, Salt lake, who plans to sell their property a small flat where they reside to continue the treatment and pay back the debt that they have incurred in the long treatment process. There are couples who sold a portion of their cultivable

land, (being farmers themselves, land is their only form of accumulated wealth) and come to the city for treatment. In India, infertility is not under any insurance coverage which adds more to the burden of continuing the treatment for a long span of time. Infertility is not considered as a disease by medical insurance companies, therefore any kind of surgery, any incisions, any session of injections are not covered by the insurance companies. The surgery costs are heavy, investigations may cost a few thousand and even injections cost a few thousand. It therefore becomes difficult to continue the treatment for long. The in-vitro fertilization (IVF) costs a few lakh negating the accessory and hidden cost. For such people, infertility gives a feeling of loss, when they realize that the expense of their treatment is beyond their means. Some couples cannot hold tears when they are forced to give up all their hopes. My study revealed that the desire for begetting a child cut the barrier of rich and poor and shows that this inherent human desire of having children overrides the quest for material wealth.

### **UNCERTAINTY**

Infertility treatment is accompanied by uncertainty. Less than 20 % of the treatment cases finally become successful. However couples who finally become successful gets overwhelmed with joy and happiness. But the ones who fail to be successful need to take a decision of the next round of treatment and next and next. One of the most interesting features in the study was how women were ready to endure the treatment process repeatedly. The study revealed that some woman had undergone five cycles of IUI and were eager to have more as they were not sure of the rate of success. A woman said she had five IUI's and two IVF but none of these resulted in implantation of an embryo successfully. However the seed of hope made them continue the treatment process once again. Treatment failure thus triggers a renewed cycle of grief and distress. The general belief, of anyone can be successful if they give an honest try, inspires the couple to continue the

treatment without giving up any hope. Finally the most difficult time arises when the couples need to decide as to when to stop the treatment. In very few cases both the couples have a joint consensus to stop the treatment. Most of the time one of the partners becomes rational to decide on terminating the treatment; the more obsessive of the two may wish to continue till success. This automatically creates a strain in the marital relationship at times passing into irreparable damage. The study reveals that very few couples prefer to adopt children. They stress on having their own biological children. In the case of one of my respondent- she (name kept confidential) mentioned that the family members were not eager for adoption. The question of good blood and bad blood were more important than the innocent child or the baby who can fill in the loss of being childless. The larger family members showed sympathy and sighted the case of many childless women leading a peaceful life. Again an important decision in case of adoption arises between the partners who may not always agree upon adoption. Among the husband the wife, in my study, it became clear that women were more eager to adopt than the men. however in one of my study cases, the question of adoption brought tears in the eyes of the woman talking to me, as she failed to control her deep seated sorrow. I had to divert my talk with her for a while which helped her to regain her composure. It incident clearly indicated that having children and becoming mothers are very delicate which stills dominate the present society. Most of my respondents remained silent when the question of adoption came up to light. Some even got agitated and showing their aggression replied that they have come to the clinic for treatment and the question of adoption does not arise in their case. Adoption is the last resort for many respondents. It comes into consideration only when all other treatment options fail. A respondent opined that they wanted a child of their own - there is always a difference between one's own child and someone's child whom one bring up as one's own. This reply indicated that the

infertility treatment is taken up by couples who have high expectations and hopes and there is a tendency to avoid any negative view regarding the treatment results.

There is a need to seek help from families, close friends and well-wishers along with other support groups when the couples undergo such difficult situations. Couples may need fruitful sessions of counseling. Seeking refuge in God is also an expression that is noticed in childless couples. Other secular and common techniques like yoga, meditation stress management may be ways to overcome the mental agony of the couple. Clinicians working in the infertile clinics need to provide information as to how the couples will develop techniques to manage fatigue, reduce stress and anxiety and improve communications with others. The social pressure to have a child is so great in India that there has been rapid growth of fertility clinics and artificial insemination has become a common procedure to begetting children.

Thus we may conclude that the way in which people deal infertility is to some extent affected by the values and socio-cultural norms of the community in which they live. Dealing infertility is very difficult as the human basic quality of desiring children is thwarted. Infertility shatters many dreams that a man may have in his life. It significantly changes the course of life of many couples. Woman who are childless face mental stress in two ways- when the individual woman is conscious to have a child and when she internalizes through socialization that married woman are incomplete unless they have given birth to a child. The woman always holds herself responsible for their childlessness, even when the man may have fertility problem. Motherhood is viewed as the woman's destiny, as a divine duty a dharma for every woman.

## **SOCIAL IMPACT**

### **STRESS**

Stress is an obvious outcome in the disturbed state of infertility. At this stressful stage, the couples cling together for their dear life as they feel that they have failed in the most basic role- that is procreation. Many couples refuse to admit that they have problem in sexual life as they feel in secured because their difficulty in coping may ultimately expose a failed marriage. Elders of the family, many interfering relatives may create further complications. Woman fear abandonment as there grows a possibility of the partner to divorce and remarry. The woman starts blaming herself for being unable to give her husband a child and the family a progeny. Most studies reveal that infertility is more stressful for a woman than it is for men. The woman feels the pressure when she is forced to answer many unpleasant questions. She may be questioned as "How many years she is married?" Or "How many children she has?" and even a question like- "whether they have gone through the infertility treatments?" etc. In such situations men start spending more time outside the house, keeping him busy in work and surprisingly even though he is the partner- never faces such questions. Many respondents commented that they avoid any social gathering because they have to encounter unpleasant remarks and end up being stressed. All these interactions leaves the woman in a depressed state of mind, accompanied by grief, sadness and shame. In my study all most all the doctors expressed the need of counseling at the beginning of the treatment process as they found extreme stress that may follow the treatment term.

## **RELIGIOUSITY**

Couples who are childless often resort to religious believers and practitioners in order to overcome their mental stress. By doing so they also restate the socially constructed ideal of womanhood which shows the linear march from marriage to motherhood. About 60% percent of women among the couples are inclined to religious beliefs as found in the study. The couples have accepted their condition as a curse and take up any means to overcome the situation by taking up religious practices. Some couples opined that they will continue the treatment till they get the result as they know for sure that God will definitely listen to their prayers. There is a sign of a drift from rationality to religiosity in this specific issue of childlessness. All religions give importance to procreate and mothers acquire a special position in society. In my study I found most of my respondents seek the blessings of God to be mothers of at least one child. In the many interviews that I conducted most of the childless couples specially the woman showed utmost submission to religious beliefs and practices. Out of the many cases, one may be worth mentioning. The lady felt confident when I assured that her identity would remain confidential. The lady narrated her feelings in the following manner- "I was trying for a child for many years but was unable to conceive. I was told about many religious rituals and healers. As I had a strong and deep faith in religious institutions and practices, I succumbed to religious help. I was made to visit the Jagannath Dham and donate a huge amount of money as homage to Lord Jagannath. Though the pinch in the pocket was strongly felt especially as I was going through the infertility treatment then, I did as they told me to do. All intention was to have a child. Till date God has not answered my prayers."

In another incidence, the couple was told to visit a Kali temple in pair and wish for a child with a promise of a return when they would be gifted and blessed by God. It is to be noted that initially

the couple went together but the husband gradually lost interest and refused to accompany his wife to the temple. Provoked by the relatives the wife continued to visit the temple with all devotion, waiting for the day when Mother Kali would answer her prayers. She attended the homas, and visited the temple in the auspicious hours and on all special days. As she was not been answered, she changed her mannath, to appease the Goddess. But, she still has an empty lap. But on the contrary, the lady developed a distance with her husband who blamed her regarding her obsession. The wife too realized that in the course of time she lost her rationality and became blind to devotion. She regrets now more than the fact that she is still childless about the permanent distance that she developed with her husband that was once upon a time- a perfect partnership.

This particular impact shows how religion acts as a social pillar emphasizing motherhood. It indicates a structural stigma where fertility grants a moral status to woman in the family.

### **FAMILY PRESSURE**

Family interference is often a negative pressure rather than an encouragement. This pressure is felt more by the eldest son and the daughter-in-law who are pushed to give their parents grandchildren. It is common in the orient culture that the eldest son lives with the parents, primarily takes care of them and also takes the responsibility to carry on the family nomenclature. When these couples fail to fulfill any one normative behavior they feel the pressure. It is a general belief that a marriage is followed by birth of children and once the children are born the marriage bond gets cemented and moreover children are anchors to the parents in their old age. When the infertile couple starts to realize that these wishes will no longer be fulfilled, they start feeling frustrated and helpless. The woman may fear abandonment



by the husband and finally a broken marriage. A young woman who is a high school teacher had unfortunately miscarriage twice. Now as she needs medical attention she also thinks as to what would the in-laws feel if she fails to give them grandchild as she is the wife of the only son? It was very clear that she was under a family pressure to beget a child. A respondent opined that she was initially living in a joint family but had to shift away with her husband due to constant pressure to conceive and give birth. In some cases the husband develops extra marital affair and blames the wife as he is dissatisfied in the marriage as they could not have a child. Many not so educated women of middle class Bengali families fear a break of marriage and divorce due to childlessness in the marriage. Woman of all kind and profession visits doctors for treatment to have a child as their in-laws pressurize them to have a baby. Thus there was various kinds of pressure at times shades of coercion that childless woman had to face regularly at home in the midst of the family.

This is in resonance to Becker's study which claims that a deviant act is not an inherent human behavior but it is a product of the labeling process where some act s are considered to be inappropriate.

## **STIGMA**

Stigma may be defined as the label that is intended to change the manner in which an individual may be viewed in society, which is usually a negative indication. Women not being able to reproduce feel stigmatized. As motherhood is an ideal to all women, those who are unable to become mothers are often treated differently in some families and in most societies. Many societies stigmatize them as ill-omen, ill-fated and in-auspicious. Many such childless women get ostracized in auspicious and special occasions like marriage, baby-shower and child birth.

She may also be kept far in terms of interaction with the would- be mothers as she may bring harm to the child to be born and at times to the new-born. One of my respondent said that a very close relative kept her away from her son's wedding rituals though she is made to participate in many other ceremonies. The stigma of not being able to become a mother keeps many childless women away from social ceremonies. The way every one, including the couples perceives to beget a child, leaves the childless couples with a spoiled identity. A respondent said that though people did not say anything to her directly, she could sense that she was being treated differently. She was not invited for auspicious functions. Many mythological stories, literatures, and folklores have established this stigmatization and that helped in the continuation of this over ages in societies.

Secondary sources reveal that men feel less stigmatized as motherhood as a special status is assigned only to women. But for the men the fact of not becoming a father questions their power of masculinity. They often feel failed and unsuccessful among their friends. Their masculinity gets questioned when they are not fathers. In the case of the women, there is a tendency to maintain secrecy regarding their problem. They try to escape failure and unpleasant confrontation by claiming that they are still not into the plan of family way. Again this secrecy with which the childless couples tries to handle their situation , many a times turn out to be a barrier to getting support and help regarding this matter from many helpful friends and well-wishers.

This particular impact comes close to Goffman's study of Stigma. Goffman in his study of stigma shows how a person gets stigmatized when there is a gap between what the society wants him to become and what he actually is. C.H. Cooley in his work 'Looking Glass Self' linked emotional reactions with the conception of the self. He mentioned that feelings of pride or shame

results from individual's perception of how they appear to others and how others are believed to judge their appearance.

## **PSYCHOLOGICAL IMPACT**

### **FEELING OF LOSS**

A fear of loss is also encountered in the case of childlessness. Children are considered to be a security and financial support in the old age- as someone who would take care of them and also give company. In a life without children the couple feels insecure; there is a feeling of loss, a fear of being uncared in their minds. The social relation that develops between parents and children fails to play a part among childless couples. There are times when the couples feel socially isolated, when they find their friend and relatives of their near age busy in upbringing of their children. For example, birthday parties are attended by children and their parents, but a childless couple feels uncomfortable and depressed in such situations. Such an embarrassed situation was encountered by my respondent on the celebration of mothers-day. All mothers were greeted and given gifts in a small friendly gathering by a young son of the group. To a dismay she being childless did not receive one. That day she felt loss of a child in a different aspect. She realized the difference between herself and other women who were mothers. She suffered the loss of identity of a mother. This particular incident brought to light the fact that childlessness disintegrates individuals from many such social events and celebrations.

This is in resonance with the study of Becker, which states that a deviant behavior is a product of a learning process whereby people redefine their idea of being normal.

## **LONELINESS**

In order to cope up their loneliness, couples who are childless decide to remain outside their house for longer hours of the day. Men engage in work for longer hours to avoid the empty house and the depressed mood of the wife. The woman now feels lonely as she no longer gets the attention of her husband which she once received. The relationship at times in some cases becomes sour as they relationship no longer remains strong. There are incidences when the wife doubts the husband of keeping an illegitimate relationship and often the husband the wife end up in fights over trivial issues. The underlying cause of any arguments may be traced to childlessness. The couple engages themselves in many activities as the empty house with just the two of them reminds them of being childless. The house always seems to be too big for just the two of them. They have a different way of planning their future in terms of monetary and property investments. There are many couples who engage themselves in philanthropic work and keep themselves occupied. Working couples find it easier to engage in work but for the woman, who is confined at home, get stressed. They become grief-stricken, sad and depressed. A respondent commented that she hates to return home as the empty house eats her up. Another respondent opined that she has offered to take care her sister-in- laws daughter in keeping her at home for her studies as she long to mother someone and also engage in bringing up a child.

## **DEPRESSION**

Depression is a common mental state among childless couples. Society upholds motherhood and any woman who fails to become a mother, feels left out, isolated from the mainstream society. Woman starts self blame and feels unhappy for not being able to become a mother. Depression engulfs the mind of the couple when they find all their relatives and friends having children and

becoming parents. The couples start removing themselves from social participation as they fear encountering unpleasant comments. Even though they may not be directly ill-treated the dispositions towards them by the relatives and the family members make them feel depressed. Least did the couple imagined that they would not have a child when they tied the marital knot. The couple enters into the treatment process with the hope to become successful after honest effort. But the chance of success in an infertility treatment is negligible. These couples face failure each time they take a try. This constant try accompanied by failure finally drowns the couple into depression. Any such loss precipitates into depression and as they realize that they may or may not conceive at all, they suffer from a sense of hopelessness and despair. They are unable to come to terms of not having children at all. In the infertility clinics respondents ask each other the stage of their treatment and how far they may be successful. When there is news of success given by a couple all the patients awaiting treatment feels happy but the days when they hear a case of failure the couples return from the clinic in a depressed mood. The treatment being a long process involves cycle of hope and despair. Repeated feeling of hope to be followed by failures engulfs the minds of the childless couple with the shadow of depression. When the reality of involuntary childlessness comes to light the couples are unable to accept it and gets into depression. Repeated visits to new doctors is a common sight among the depressed couple who try hard to find success if not from one doctor but from another doctor. Many couples visiting the infertility clinics opined that the most upsetting experience in their life was when they found themselves infertile and unable to give birth to a child.

This has reverberation to B.F. Skinner's theory that depression occurs due to behavioral weakness which interrupts the life patterns which have been sanctioned by social environment.

## **GUILT**

There is also a feeling of guilt that exists among the couples. Each suffers from the guilt of not making the other partner happy. The woman especially suffers from guilt towards her husband and her in-laws for being unable to continue the progeny of the family. Women who blame themselves for being childless may be ready to succumb to any kind of ill-treatment from the husband and the family-in-law. Abuses, banter, alcoholism, and outward neglect in paying attention is unquestionably accepted by the wife. There are occasions also when even though there is no family pressure as such from any family member the woman herself feel the guilt for not being able to conceive even after five years of marriage. When the woman are told to take rest, be relaxed, not to engage in work that may cause stress, she feels guilty at being not able to conceive. This guilt may increase if the woman's younger sister- in-law normally conceives and gives birth to a child. She suffers from a feeling of emptiness from within, which is difficult to explain to others .In such situations the guilt arises when the women internalize the social normative role of a mother and feels guilty for not being able to perform the natural role as mothers after marriage. Infertile woman loses the status of motherhood which is highly respected in society. This results in a state of guilt feeling which also damages the individuals self esteem. Gradually the self blaming impact degenerates the woman's strength to live. She starts living a life of the dead.

In the case of the men, the reaction depends on whether they or their partner has infertility problem. If the wife is diagnosed with infertility, the men remain undisturbed; engage in outdoor activities to avoid the emotional setbacks of their wife's which may be difficult to tackle. However if the men are traced as infertile, they experience the same level of low esteem, stigma and depression as his wife. As reaction men prefer to stay aloof from the conjugal life, many a

times seek job away from home so that he may have separation from his wife. Finally there may be cases where the husband refuses any kind of treatment as against the infertile wife who jumps to any extent of the treatment to have a child. Male infertility often leads to a self-imposed stigma as men usually have a stronger ego which gets hurt when he needs to admit that the couple is childless because of the husband's inability. Women on the other hand accept the inability as a consequence of her past life sin and accept the destiny with much grief and pain. Men are traditionally seen as financial providers in the relationship and also as protectors to all kinds of dangers. In such a scenario, it becomes difficult for men to express their emotions as they have been conditioned to repress their outward emotions. Unable to tackle the stiff and difficult situations, men tend to focus their energy back into the work, a place where they will be able to be successful. A woman in such situations feel neglected left out and misunderstands the husband as if he is deliberately neglecting the wife. She may feel insulted, deprived, guilty, and sad at the change of the attitude of her husband towards her.

This is in resonance to Turner's study where he mentions that societies have guilt and shame operating in order to keep behavior in conformity with the normative expectations and in addition these emotions also serve to maintain group and moral codes.

## **ISOLATION**

Couples who are unable to become parents keep themselves isolated from the family, and friends. Each time they are informed of the peers and siblings having children, they enter into a shell as a result of a feeling of isolation. This may have undesirable consequences when they fail to get valuable help from others like the information about good doctors or the good places of treatments. However, their inability to cope with the awkwardness, embarrassment and other

experiences that they are unable to share, force the couples to turn away from the social milieu. Initially the couples may have passed through the stage of denial when they felt that childlessness cannot affect them ever. But as they started realizing their state of not being able to have children they preferred to be on their own away from the social environment. A woman confided that she stopped attending invitations as she felt uneasy in a crowd. At earlier occasions when she attended some occasions, she felt very awkward and this forced her to turn away. Attempt to keep infertility hidden also caused self-imposed pain which becomes unbearable after a certain period of time.

## **GRIEF**

Grief is an inevitable outcome of childless couples. Most of the childless couples accepted the feeling of grief that haunts them at regular intervals. Grief arises when the couples feel the loss of developing a relationship with a child. It is accompanied by the feeling of not parenting and gaining the status of parenthood. Grief strikes the couples when they suffer from loss of confidence and self-esteem as not being able to give birth and experience pregnancy. Grief arises when the couples feel thwarted in giving their love to a child and also getting the love from a child. A couple opined that she always end up in an emotional outburst when she watches movies that depict mother-child relationship. Sometimes grief strikes when the couples realize that their genes will not be passed down the next generation. The dream to bring up a child in the desired way gets shattered when the couple faces the life situation of childlessness. Another couple opined that they feel uneasy when they see their friends enjoying a cherish able life with their child and after a while they feel sad and depressed of not having a child of their own.



Durkheim's view on grief is very much in tune to this impact. Durkheim presents grief as an outcome of the structural conceptions that is either prescribed or proscribed. Grievs do not reside in the bereaved individual since it emerges from relationships, attachments, expectations and obligations. It is embedded in social life and situational locations. It is the social fabrics that reflect how, when and why individuals express grief.

### **SELF BLAME**

Women in the infertile couple have a tendency to protect their husbands from their own pain and feeling of failure. They take the responsibility of the treatment on their own as they blame themselves for being infertile. They tend to visit the doctors and the clinics by themselves with an excuse that the husband need to attend their workplace as it is the source of income. Though this matter is of a serious concern but it also serves the purpose of protecting their husbands from the prolong frustrating medical treatment process. In many cases the husband's are infertile as proved by the doctor but the woman hides the truth from everyone protecting the husband. An infertile specialist claimed that a particular patient refused to bring her husband for tests in spite of the doctors asking her to bring her husband. Instead she want the doctor to check her properly as she was eager for any kind of test. Later it was revealed that her husband had very low sperm count which needs treatment. And in cases where the problem is detected in the husband, the wife in spite of her husband's weakness takes the blame of infertility on her and allow all kinds of stigmatized behavior exhibited towards her by her family. Some doctors also opined that there are cases when the husband who has less sperm count visits the doctor secretly to undergo treatment and at times offer to pay a greater amount of fees to keep the fact of his infertility a secret. When the in-laws constantly blame the woman as her inability to conceive forcefully hiding the fact about their son, the wife herself starts blaming herself for being childless. It was

also revealed that her visit to another doctor prior to this visit showed the same result of her husband's semen analysis. Her whole intention of visiting another doctor was to find a fault in herself - a self blame. Secondary data reveals that there are more number of woman eager to be treated than men but on a serious note, it is more difficult to treat male infertility than female infertility. In many cases women remain childless all through their life though the problem is not inherent in them. As they face more questions from society, there is a tendency among them to start self blaming if not blaming their physiological problem, they start blaming their ill-fate or destiny. Women are socialized to be caregivers and in the process take the responsibility of all bad thing happening around them. This self-inflicting blame creates emotional floods in the minds of the woman who in the long run become patients of acute depression.

This is in tone with study undertaken by de Beauvoir, which shows that women are made and not born but again at the same time it is upon the women and not the men to locate their social connotation of gender.

### **LOW SELF-ESTEEM**

Men and women who fail to become parents develop a sense of low self esteem. Women in many cases refuse to attend parties or occasions where they would interact with couples who have children. One of my respondent said that she was forced to attend the birthday party of her sister's daughter who is a very close relative and there was no way to avoid it. Though she was not disrespected by anybody, she had a sleepless night that followed the evening party. In another incident, a childless woman had to face forceful segregation. It was the party just prior to "the mother's day". At the end of the party a young boy a son of one of the couples present in the party gave gifts to all the mothers present there. However in the same party there was a childless

woman who was not given the gift as she was not a mother. This made the childless women low in esteem. She felt the pain of not being able to enjoy the company of a child and developed low esteem of being an incomplete woman.

However, men may also suffer from low self esteem which can directly affect his reproductive ability. A Doctor in an infertility clinic came across a unique case which he shared in the study. A couple came to the doctor for treatment. It was diagnosed that the husband was suffering from erectile failure and some sort of impotence. He visited a number of sexologists without any benefit. A short counseling session revealed the educational qualification of the couples. The wife was unhappy in the relationship and was reluctant to cooperate and wanted to keep herself busy in the PhD course that she was perusing in Anthropology. On the other hand, the husband failed to complete his post graduation and had to join a service, to meet the demands of his family. The doctor attending them, shouted very harshly at the wife, totally disregarded the wife's achievements. On return the wife suffered from personality disorder, had tears in her eyes and refused to visit the doctor and even speak to him. The scene completely changed after a few months when the husband came back to the doctor with a positive pregnancy test report. He also informed that his sexual dysfunction has passed off. Later discussion revealed that this particular case of impotency was psychological. The husband suffered from inferiority complex because of the disparity of educational status which his wife reminded him now and then. In such anticipation the doctor had deliberately shattered the ego of the wife in the session at the clinic. Success came to the couple without any medicine.

This is in close connection to Goffman's study of 'The presentation of self in everyday life'. Coffman's sociology did not bring to light the representation of self in a social gathering but as the performance of the self through the medium of the body that is socially construed.

Thus we may conclude that the way in which people deal infertility is to some extent affected by the values and socio-cultural norms of the community in which they live. Dealing infertility is very difficult as the human basic quality of desiring children is thwarted. Infertility shatters many dreams that a man may have in his life. It significantly changes the course of life of many couples. Woman who are childless face mental stress in two ways- when the individual woman is conscious to have a child and when she internalizes through socialization that married woman are incomplete unless they have given birth to a child. The woman always holds herself responsible for their childlessness, even when the man may have fertility problem. Motherhood is viewed as the woman's destiny, as a divine duty a dharma for every woman.

## **CHAPTER SIX**

### **ALTERNATIVES TO CHILDLESSNESS**

#### **INTRODUCTION**

Life without a child is like a boat without a mast- a direction less purposeless life. Childless couples are deprived of the cherishing moments that one enjoys while the child grows from childhood to adulthood. Every stage of the growth is full of happiness, loads of responsibilities and bounties of love that encapsules life with children. Children are the string that connects the parents to the memorable future days. In every stage of the child growth, parents are engaged into formal and informal customs and practices which brightens their life. However, when a couple desirable to beget a child is deprived of the Almighty's blessings, start living a life full of unhappiness and remorse. Couples who involuntarily remain childless retain in them the desire to have children in spite of their impairment. They usually engage into various assisted reproductive method that modern medical science offers them. When they fail to be successful they become depressed and totally broken. Others who may not get into the highly expensive treatments may decide to have an alternative life. It is then that they may decide to opt for adoption or surrogacy as a means to beget a child.

#### **ADOPTION**

The Oxford English Dictionary defines adoption as taking someone into a relationship as of one's own child that did not exist previously. According to Kadushin and Martin (1988), adoption refers to the legal and social process rather than the biological process of becoming a parent. In simple words, it is a legal process whereby a unit of family is formed when the

biological ties between a child and his parents are broken and a new parent-child relationship is established legally between persons who are not related by blood. It thus forms a family not as a result of procreation but by the state (Meezan, 1983:425). Adoption refers to providing a home to the homeless and provides a parent to give love, care and protection to the child. There may be three main functions of adoption. They are:-a) Through adoption the orphans, destitute and children with impaired families find home. b) Adoption gives the childless couple a social progeny. c) Adoption is a way to get an heir to the property of the childless couple.

In the west, adoption of children became common after the world war period when there were a large number of children orphaned or abandoned due to the upheaval caused by the wars. The humanitarian concern led to the development of adoption homes to take care of the children. Family, the primary group has constantly undergone structural changes due to adoption. However it also allowed the artificial creation of families. (Maine1931). Adoption is a worldwide phenomenon with countries having their unique well set defined laws that govern the child adoption procedure. In any adoption practice, the need of the child becomes primary followed by the requirements of the parents which always stand secondary. There are incidences of adoption mentioned in the histories of many ancient civilizations. The Bible scriptures mention that Moses was the adopted son of the Pharaoh's daughter. The ancient code of Hammurabi also mentions adoption as an accepted code in life. In Roman society adoption was an institution which provided the wealthy families heir to their property and successor to their political office. There were a considerable number of Roman emperors namely, Julius Caesar and Augustus who adopted sons as they failed to beget sons themselves. (Balsdon, 1962:210).

The development of child welfare services in the west had a strong influence in the Indian approach to child welfare schemes. The contribution of the western educated Indian cannot be

ignored in the development of the welfare policies of children. It was in the year 1956, that the Hindu law was codified into several Acts and the Hindu Adoption and Maintenance Act was one of them. In India, there has been the ancient practice of adopting children which was well sanctioned by the traditional Hindu laws that contained the most ancient pedigree of jurisprudence ever known.(Desai, 1974). The Hindu Adoption and Maintenance Act, 1956, codified the traditional Hindu law where adoption was in the interest of the patriarch or the father. The son was adopted to perform the last rites after death, to continue the name of the family lineage and to hold on to the family property.

Childlessness is a curse and it creates mental anguish to most childless couples in India. The extent to which Motherhood is respected in India motivated childless women in India to undergo adoption. Some of the factors that motivated them may be: - (i) Adoption gave them the status of motherhood which they were not able to naturally achieve. (ii) Many adopted mother declared that they wanted to adopt in order to be accepted by the husband as a beloved wife. (iii) Finally, a sense of completeness of playing the role of a mother to a child created the urgency to adoption.

Adoption refers to the setting up of a new kind of relationship as it indicates no kinship bond between the adopted child and the parents to the adopted child. The act of achieving motherhood through adoption is very different from the way a woman becomes a mother by naturally giving birth to a child. The woman who becomes pregnant gets about nine months of the pregnancy period to prepare themselves in becoming parents. Together with the physical and hormonal changes that the woman undergoes, she gradually prepares herself to fit into the role of a mother. Therefore in biological parenthood, the couples have the whole of the gestation period to prepare themselves to the task of parenting. However, for the adoptive parents, the experience is sudden

and abrupt. They were deprived of the long period of gestation that would help them to prepare themselves for the parenting role and shape their mind in the thoughts and feelings of parenting a child. Adoption does not involve any physical change of a woman. The cultural involvements in the form of customs and rituals that a pregnant mother experiences are also absent in the case of the woman who adopts a child. On the contrary, often the adoptive mother may receive negative remarks indicating that the adoptive mother would not know certain experiences as she never produced her own child. The phase of preparation for adoptive parenthood is associated with severe deprivation and also denied of the cultural elements that are usually presupposed for marriage. Adopted parents are usually seven to eight years older than the young mothers who had their first child naturally born soon after their marriage. This indicates that the adopted parents had a difficult time to deal with the issue of childlessness and accompanying pain and frustrations. Thus shift to parenthood would be generally more difficult for adoptive parents than for the natural parents.

Adoption of children is not a solution to the issue of childlessness. In most societies adoption is an emergency act- an act which reinstates that there is a replacement to the original family relationship which should be universally preserved. Adoption thus remains to be relatively infrequent and numerically insignificant. There are negative attitudes often attached to adoption of children from institutions. Children whose past are not known are not gladly accepted in the Indian society. The social psyches of the Indians reveal a poor rate of acceptance to adoption. The childless couples are doubly burdened with doubts regarding the unknown past of the child, the undesirable traits that the child may inherit and finally the doubt as to whether the child would be gladly accepted by the larger family. Lack of awareness regarding the adoption procedure may also pose a hindrance to adoption.



Indians are generally not open to the idea of adoption due to many reasons:

- Couples who had their own child were not eager to adopt as they felt that they would not be able to love the foster child as their own. Adoption was thus the option for those who were childless.
- Adoption from a known circle of association was preferred. The apprehension of unknown blood and parentage stopped couples to adopt children. The fear that children who are abandoned are born out of a sexual relationship that carry social stigma makes adoption an unwelcomed act.
- Religion plays the least important role in the life of a child who does not have a home and lack parental care. However in the desire of adoption, people also took to concern the religion and the parental race that the child inherited.
- Even though some couples showed eagerness to adopt, they were more interested in the informal way of adoption rather than the complicated procedures mentioned in the Bills of adoption.
- Adoption failed to be a welfare practice even among the educated Indians who had some humanitarian feelings towards the orphans of India.

As a result, abandoned children find a good number of couples from the western countries who without any inhibition gladly adopted children from India. However adoptions of children by foreigners have raised immense controversy over the last decade. Many adoption centers have been accused of malpractices in the form of the sale of babies by forcing the poor parents to give up their children for money. The adoption agencies allured the biological parents with huge monetary incentives and this led to violation of most fundamental norms governing adoption. Adoption racket was busted and many adoption agencies were forced to shut down in charge of

trafficking children under the guise of inter-country adoption. The intervention of the Supreme Court has put a leach on this evil practice. The Supreme Court recognized the work undertaken by Voluntary Coordination Agencies (V.C.A.s), and other organizations to be set up in different states to promote adoption legally within the country.

The CARA (Central Adoption Resource Authority) guidelines in accordance with the judgment of the Supreme Court provide a good foundation for adoption. The guidelines mention that the family is the best environment for the proper development of a child. The government of India finds adoption to be the best non-institutional support in order to rehabilitate the destitute children. A child grows up best in its own natural family where he gets continuous care and as years pass by, there develops biological and psychological bonding between the adopted child and the family who has adopted the child. All children need permanent care and affection in order to have a strong personality. Any kind of unnecessary disruption that may hinder personality development should be consciously avoided. Importance should be given to social service policies and programmes that would give support to vulnerable children in times of crisis. CARA acts as a information centre prior to adoption and also continuous to keep track of the adopted child in the post adoption stage. In the case of inter-country adoption, CARA acts as a link with Indian diplomatic missions in the foreign countries to stop any kind of maltreatment of the adopted child and also ensures welfare and progress of adopted children.

There is a psychological need for all adopted children to know their family antecedents, to know their genealogy. The knowledge about their parentage helps the abandoned children to reform themselves and develop a complete personality. When the child gets the detailed information about his antecedents, his flight for information about the family of origin reduces and he or she becomes less eager to search for the biological parents when they become adult. In Scotland

adopted children as well as adults are given the right to access their birth records in order to find out their family of origin. In England and in Wales, the laws have been reformed to give access to birth records. Initially, adoption involved a procedure where the roots of origin of the adopted child were kept concealed deliberately. The intention was to keep the identity of the mothers who due to financial crisis was forced to give up the adopted child. This system also helped the adopted child to start a fresh life with the new parents and the new family. For the parents too, it assisted them to take up the parenting role more easily with no other parental identity being disclosed. However, in the 1960's, a group of adopted children organized themselves and formed a reform movement demanding the access to the information about the past. This led to severe legal and ethical issue which reduced the rate of adoption in the recent years to a great extent.

Adoption removes the mythology related to the umbilical cord that connects the mother and the child in the womb. The adopted mother experiences pain and mental distress when she fails to become pregnant even after much sincere effort. These women by adopting becomes mothers who lack the umbilical connection with a child but still feels as close as one's own parents. Parenthood does not refer only to a genetic connection. By the act of adoption parenthood was not given or handed over to the coupled, rather the couples themselves won the parent status. An adopted child does not come from the womb but from the heart. After a long struggle with infertility, and after a long period of wait, adoption comes with the most precious gift to many childless couples in our society.

### **SURROGACY**

The term surrogate may be defined as a substitute or a replacement. In terms of surrogate mother, it refers to a substitute mother. Surrogate mothers are also referred as “women who give birth for pay”. There are two types of surrogacy. First, the traditional surrogacy where the surrogate gets

artificially inseminated with the intended father's sperm. It involves the process of fertilization of the egg of the surrogate mother with the sperm of the intended father. The fertilized embryo is implanted through artificial insemination or by intra-uterine insemination. Second, also known as Host or gestational surrogacy is full surrogacy which involves the implantation of the embryo through in-vitro fertilization. The egg of the intended mother or any other anonymous donor is fertilized in a Petri dish with the sperm of the intended father or an anonymous donor and transferred to the surrogate's uterus.

Surrogacy is undertaken when it is either impossible or dangerous in physiological terms for a woman to give birth. It may be in cases when the womb is absent or gets damaged due to repetitive miscarriages of pregnancies or again in cases of repetitive failure of in-vitro fertilization. In such cases surrogacy becomes a common and demanding factor, when another woman carries and gives birth to a baby for the couple who wants to have a child.

The rate of successful surrogacy is difficult to determine, There are some factors that may be taken into account:-

- The ability of the surrogate to get pregnant.
- The age of the egg donor is important as the age determines the quality and strength of the egg.
- The procedure of I.U.I and I.V.F. need the work of an expert. Infrastructure and experts together determine the success rate.
- The quality of the gamete provided by the commissioning couple is an important determinant in successful surrogacy.

Legal intervention is a must in the practice of surrogacy. Surrogacy involves a wide range of complicated legal issues and it is always recommended to have legal consultation on part of both the consented parties. Surrogacy cannot be forced upon and it is better to go through a counseling session before one takes up surrogacy. Any questions regarding ethical issues that may crop up should be analyzed and discussed before launching into the long drawn process.

Surrogacy is a practice in which a woman agrees to carry a child to term for a couple who will keep the child as her own can be broadly classified into three groups based on how scholars frame the subject: Legal and feminist works, question the ethics and morality of the practice; radical feminist literatures view feminism as the ultimate form of medicalization, commodification and technological colonization of the female body; finally, more recent scholarship focuses on the impact of surrogacy in terms of the cultural meanings of motherhood and kinship(Teman 2006). Feminist ethnographers have visited many factories and global assembly lines to observe what they term “gender at work” on the shop floor and they have concluded that good labor- cheap, docile and dexterous- is not found ready-made (Freeman2000; Salzinger 2003; Pun 2005). It is created through relations of production, through the “meaningful practices and rhetoric of shop-floor life” (Salzinger 2003, 16).

Surrogates, like perfect labour in global production is created. The perfect surrogate – cheap, docile, selfless and nurturing is produced in fertility clinics and hostels of the surrogates. It is very difficult to define a good surrogate as when one’s identity as a mother is regulated by a contract, there is a conflict between a good mother and a good worker. Similar to the labor market profit oriented production, the mother-worker duality is deliberately manipulated to benefit both the parties. Through proper training process the poor, uneducated rural women (mostly from India are made perfect mother workers to deal with clients within the nation (India)

and outside. The production of this mother worker subject, however, does not go unchallenged. Instead, it is found that there is a continuous resistance that may be both narratives as well as individual and also collective actions. The surrogates are found to resist when they realize that they are being reduced to the disposable and passive subjects of medical sciences by creating substituent worlds of meaning for themselves. (Certeau 1984). In *Women as Wombs*, Janice Raymond (1993, 143-44) discusses that the third world commercially uses women as gestational surrogates which becomes apparent by the growing number of reproductive clinics that specialize in sex determination. In India, surrogacy has been commercialized and it has become a survival strategy and short time occupation for poor rural women. These women are recruited by fertility clinics after drawing match with clients in India and abroad. Amrita Pande considers commercial surrogacy in India as a new kind of labor – gendered exploitative and stigmatized labor, but labor nonetheless (Pande 2008, 2009b). In commercial surrogacy the term labor is used to denote the capacity of an individual to produce and reproduce in order to earn money. In the third world country like India, where surrogacy is taken up by poor ruralites as a survival strategy, it is very difficult to analyze surrogacy in terms of morality. While studying the role of women as critical agents in commercial surrogacy, one can deconstruct it as victimization of the exploited women labor. (Pande 2008, 2009b).

There are no laws governing surrogacy in India. A recent bill was drafted by the ministry of Health and Family welfare to control and monitor surrogacy. However in other countries, like Australia, China, the Czech Republic, France, Denmark, Germany, Italy, Mexico, Spain and some U.S. States have banned surrogacy altogether. But as there are no definite laws in India, clinics where surrogacy is practiced have their own decisions and follow their own set of rules. There may be many informal rules for selecting surrogates like: the woman should be below the

age of forty; should be fit in gynecological terms and should be a mother of at least one healthy child.

In India there are many surrogate clinics mushrooming which has clients not only within India but also from foreign lands. The surrogates may live in their own houses or are given admission to surrogate hostels. Most surrogates are in the age bracket of 20 years to 40 years who may or may not be literate and generally work in their own house. Most of these women have a living condition below the poverty line. The money that these surrogates earn suffices five years of the total family income as most husbands of the surrogates are either unemployed or contractual workers. There are various processes involved in commercial surrogacy. A needy woman willing to be a surrogate is brought to the clinic. However economic need should not be the only motivating factor in surrogacy. The surrogate is expected to be well disciplined who will be ready to give away the child after delivery to her client. At the same time she is expected to nurture the baby in her womb with motherly affection and thus should not consider surrogacy as a business. Woman who are selected as surrogates are convinced that the act is not immoral, as she is not expected to sleep with a stranger and that the seed will be transferred to her body with an injection. They are asked to sign a legal contract which states that they will give up the child immediately after delivery. There are many surrogates counselor who were former surrogates but presently may be hostel matrons or agents to select surrogates often plays the role of settling deals with the client and the suitable surrogate and ensures that the client is not fooled but gets the best deal. This reveals an ambiguity surrounding commercial surrogacy: it lies somewhere between contractual labor and motherly altruism (Raymond 1990, 1993; Ragone' 1994).

Studies on globalization and woman's work have analyzed how women workers of the global south are made to feel disposable and have noted that this is an integral part of the workings of

global capitalism (Chang 2000; Ehrenreich and Hochschild 2003; Wright 2006). The surrogates are told at intervals that they should act only as a vessel, and that they have no genetic connection with the baby and also the fact that the baby that they would reproduce will be taken away from them immediately after delivery. There are long sessions of counseling before the woman agrees to become a surrogate in order to avoid problems in future when the surrogate may not want to give up the baby. A perfect surrogate is one who is constantly aware of her role of disposability, eager to conceal her identity and works towards the complete formation of the fetus as her own. Commercial surrogacy indicates a combination of women's reproductive capacities with her productive roles. Like workers in a factory who are asked to give up the products of labor, the surrogate mother is expected to give up the baby, the material objects as well as the surplus value they produce. Like the worker in the factory, the surrogate is asked to treat their employer's property as their own and yet reminded constantly that it does not belong to them.

Since Indian Psyche, consider surrogacy and sex work to be alike, Surrogacy is a stigmatized labor option in India. (Pande 2009b). Even though surrogates are not usually stigmatized in various parts of the world, in India surrogates face a high degree of stigma. Due to this reason, almost all surrogates keep their work secret in their community. In India, surrogate-prostitute comparison plays a critical role as there are involvements of brokers, counselors and medical professionals which make matters complicated. The surrogate needs to be assured that the role that she undertakes is not immoral. In spite of this assurance, a surrogate woman is under the constant fear of crossing the thin line between morality and immorality which disturbs the perfect state of being mother-worker. The daily activities of the surrogates are not only monitored but also controlled. The untrained mothers are kept in the surrogate hostels as they do not understand the modern methods of motherhood. Scholars, who worked on global production



and factories, have compared the paternalistic tropes to the managers who justify the scrutiny of women workers and the temporary nature of their employment. (Farnsworth-Alvear 1997). In the clinics the medical staff uses the paternalistic narrative for the surrogates in monitoring the illiterate women and their lack of knowledge of mothering practices and modern technologies.

Surrogates are put into ranks: in the first rank are the surrogates who are at the stage of embryo transfer and not yet confirmed of pregnancy. In the second rank the surrogates have confirmed pregnancy and are usually in their second or third trimester. As surrogates move up in the rank, the emphasis moves from disciplinary rules to “subtle observation and careful organization of self through the regulation of everyday lives” (Pun 2007, 252). Michel Foucault gives a contradictory view that where there is power resistance is inevitable. (1990, 95-96) has been alternatively hailed and criticized by feminist scholars (Sawicki 1991; Simons 1995). Surrogates may not always be subversive agents. There may be different forms of resistances from the surrogates. Surrogates resist some of the disciplinary discourses such as they being disposable and contractual workers by the individual act of “appropriating meanings subversively” (Certeau 1984, 26). The resistance is in two forms; one, that the woman should be treated as selfless mothers rather than wage-earning workers, two, resistance is also noticed in the hostels which is a gendered space for the surrogates. At times the surrogates resist the commercial treatment in their relationship with the intended parents. The surrogates at times demand a personal connection with the clients. As there are no legal bindings, the amount is negotiable and there is freedom in deciding the remuneration. The rich intended parents may be so overwhelmed when they get the child that they in return eagerly make the surrogate equally happy in terms of remuneration.

Some surrogates deny that the choice that they made to become a surrogate was due to sheer economic need and desperation. Instead, they attach a higher motivation or emphasize the role of a higher power in making the decisions for them. They attached their motivation to the fulfillment of motherly duties. To some, surrogacy is like God has blessed them with the power to reproduce and given them the opportunity to do good to others who are not blessed.

To conclude, the unusual form of woman's labor that is emerging in India is showcased in commercial surrogacy at an alarming rate. It indicates that along with the modern assisted reproductive technologies, hiring of womb or poor woman bearing babies for the rich have become an accepted way to achieve motherhood.

## **CONCLUSION**

Adoption and Surrogacy have filled the lap of many childless couples. It has completely changed their lives with gifting them a purpose to live. Long-awaited desires to shower love and affection have now become a reality when the couples achieve parenthood by adoption or by surrogacy. It can rightly be said that they get a child from their heart and not from their womb. Children through adoption and surrogacy bring much adored happiness in the lives of the childless couples.

## **CHAPTER SEVEN**

### **CONCLUSION**

The term childlessness triggers a sensitive mind to pause and think for the causes and impacts that it would have on the concerned couples. I have chosen the topic after much thought as it is very sensitive and yet an alarming issue in society. At the onset, I have framed the questionnaire in two language- English and Bengali so that a wide range of the respondents who are residents of Kolkata could be comfortable in giving their views regarding the issue. I have also taken up interview as a method for the respondents who may not find easy to answer the typed questions. The words to frame the questions were carefully chosen as there was no intention to hurt the sentiments of the respondents. It took quite a long time for me to complete the study as it was difficult to get the appointments of the eminent doctors who enriched the study with valuable information regarding the medical cause of childlessness. Repeated visits were required to develop a rapport and built a trust with the respondents in order to gather relevant information regarding the delicate issue. Auto-ethnography was made with the aim of not making the respondents aware of the intention of the researcher. By engaging in casual conversation valuable information were delved from them which was otherwise difficult as the issue childlessness is a stigmatized concept and not much talked about. A long discussion may disturb the emotional state of mind of the respondents which forced me to deal with the topic with much care.

Reaching the final stage of my research work, I found that the findings supported my objective of tracing the causes and impacts of childlessness in society. There are an increasing number of

middle class couples who are childless. In the study I tried to traced out how life style factors like- increase in the average age of marriage, high aspiration of studies, career commitments, workloads, and stress have lead to the difficulty in the chance of bearing children. Attainment of motherhood is not as easy as it seems to be in the present age which could be explained in more than one cause inherent in our society. These factors inspired me to work on the issue of childlessness.

Reaching the final stage of my research work, I found that the findings supported my objective of tracing the causes and impacts of childlessness in society. Individual causes refer to the causes that may be due to the physiological reasons of an individual. Medical investigations may reveal low ovulation of eggs or low sperm count which may lead to infertility. Age is an important factor because medical science has found that woman loses their fertility period after the age of 25 years. But modern educated woman are few in number who get married at a young age and conceive a child. Thus as the age of marriage have increased the problem to beget children have become pronounced. Many couples may decide to terminate the pregnancy which they never wanted that early as it would hinder their career building processes. These couples may face crisis of childlessness in the future as the forceful termination of pregnancy may have caused damage in their capacity to conceive. Modern day work pressure may also cause problem. Medically it has been proved that there are disturbances in hormonal balances when the couples are under stress and anxiety. Modern couples have extended hours of work when they may return from work and carry on their work on the laptops till midnight. Professional competition, target shots may produce stress which may cause harm to the couples. Indulging in alcohol, excessive smoking, and late night parties may also cause harm to the individuals. Short lived marriage common today, takes away the fertile period of the woman and a few years later when she

remarries, she may find it difficult to conceive. A change in the attitude of modern woman who do not consider motherhood as the only option in life and the only means to get a social identity has finally given a blow to the eagerness to gain motherhood. Childless couples suffer from anxiety as long as they are engaged into the treatment process. They become anxious when they find their friends, family members getting into the family way. Every month the childless couples go through the hope-despair cycle when then hope to conceive but realize that they have failed even in the current month. As a result the couples have mood swing, they may express happiness when they are hopeful and they may be depressed when they are in despair. Negligence to privacy is another impact. The couples undergoing the treatment are put into investigations without considering their need of privacy. They are treated as objects and their sensitive needs are ignored. Finally they suffer from uncertainty as to whether they will really meet success at the end of their treatments. The social impacts may be stress which is very common in the modern world. The peer pressure to have children and the pressure to keep up to the expectations create stress on the childless couples. As a result the couples become dependent on religion when they fall back on religious faiths. Many superstitious beliefs followed by many irrational practices become common to them. Family pressure becomes so great that many couples move away to another city or to a new household to avoid embarrassing questions regarding their childless condition. Stigma is a natural outcome when the society is influenced by the pronatalist spirit. The couples are stigmatized by isolating them from participating in any auspicious occasions as they are considered to be unlucky. A high expense involved in the treatment process creates difficulty for the couples. Psychologically, they couples face loneliness. They have nothing common to share and gradually they get engrossed in their own world being distanced from each other. They also feel the loss of a child as children usually give

support in the old age. When the childless couples find their friends sharing and enjoying a happy life with their children, there develops a feeling of loss among them. Guilt resides as they feel they have their own issues for which they could not hold up the expectations of their partner and their parents. There are incidences when the couples pass through the phase of self blame when they blame themselves for not making their partner successful and happy. There develops in them a feeling of low esteem when the couples feel low and shattered, depressed as a result of their childless condition. The literature review which guided the researcher to the particular study became relevant in the results of the findings.

The causes of childlessness due to the change of modern lifestyle, the change in prioritizing motherhood and the deliberate delay of marriage and conception that were found in the various literatures became real with the data findings. The impacts that the childless couples face such as isolation, stigmatization, incurring of grief has been traced in various valuable literatures. Goffmans analysis turned to reality in the analysis of the data collected from the respondents. Thus there was a close association between the review of literature and the findings of the study. The findings revealed that children are the most precious gem in a successful married life. Even in the 21<sup>st</sup> century, a married life remains unfulfilled if children are not born out of the marital knot. Respondents in the study expressed their utmost desire to have children and to all, childlessness is an undesirable situation. This gave a comprehensive depiction of the significance of the study. However, the issue is so daringly noticeable in the present world that it requires sociological enquiry. The researcher took up the task to bring to light the causes and impacts of childlessness among middleclass couples with much care and concern so that it could show a positive way of dealing with it in the coming years.

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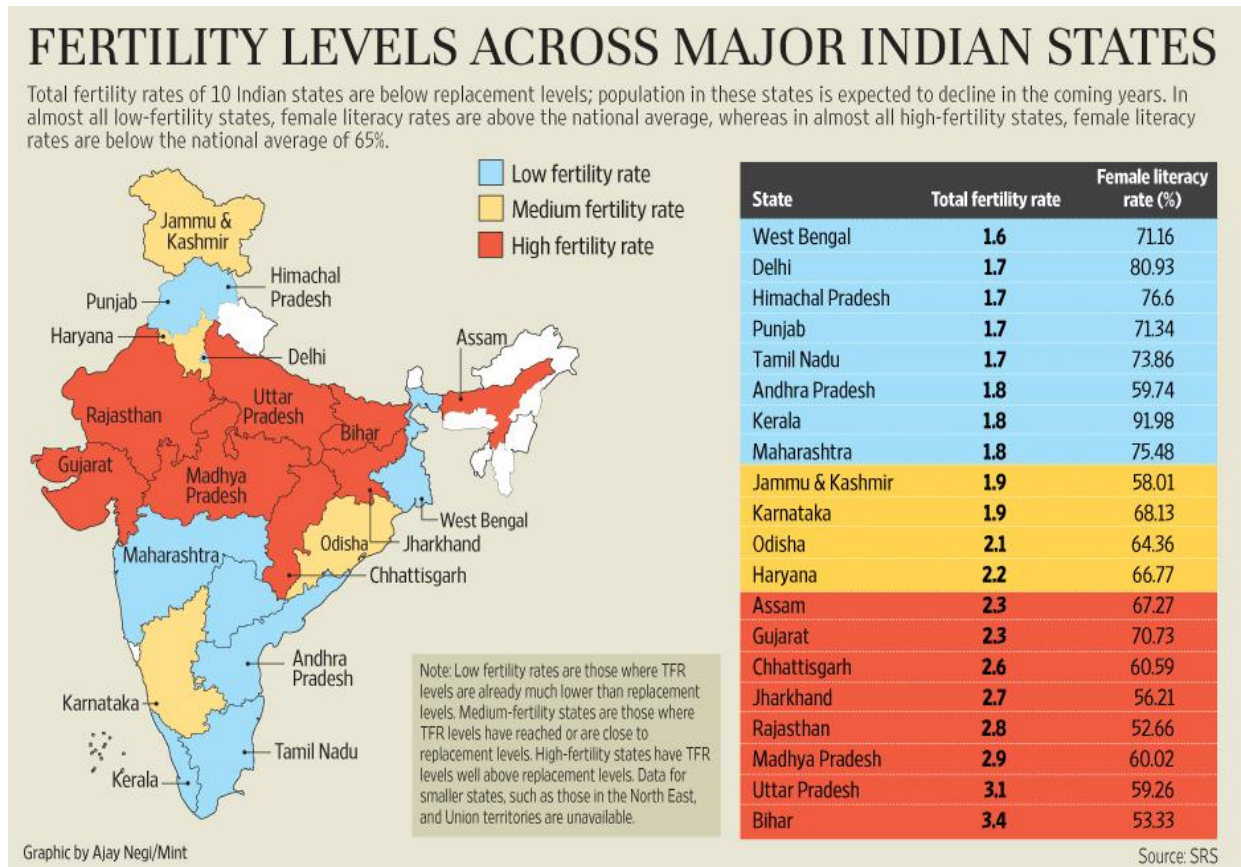
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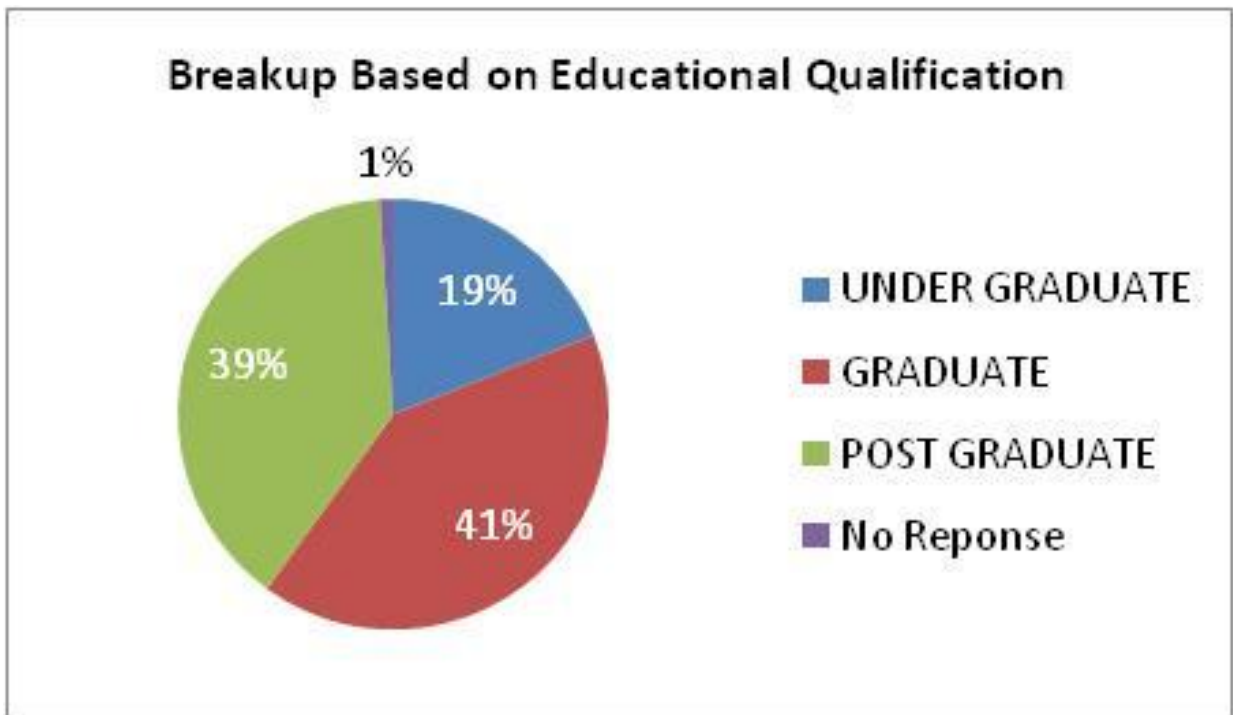
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# DATA REPRESENTATION

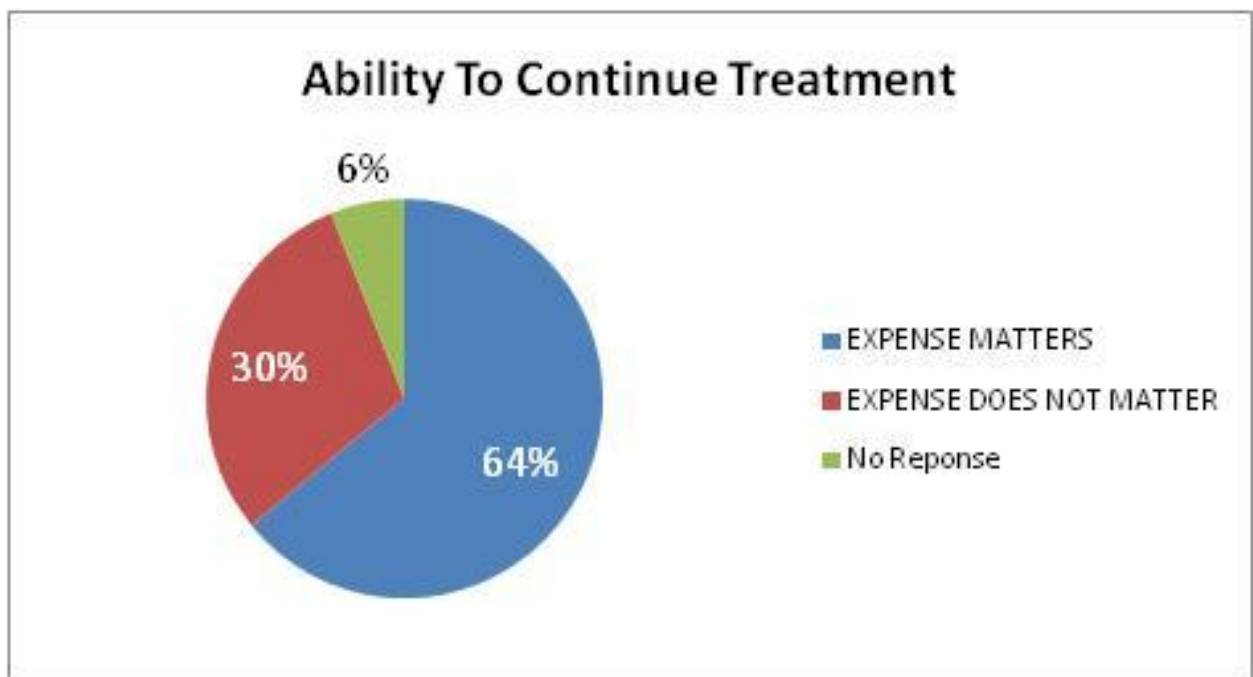
**FIG. 1. FERTILITY LEVELS ACROSS MAJOR INDIAN STATES.**



Source: Sample Registration System.

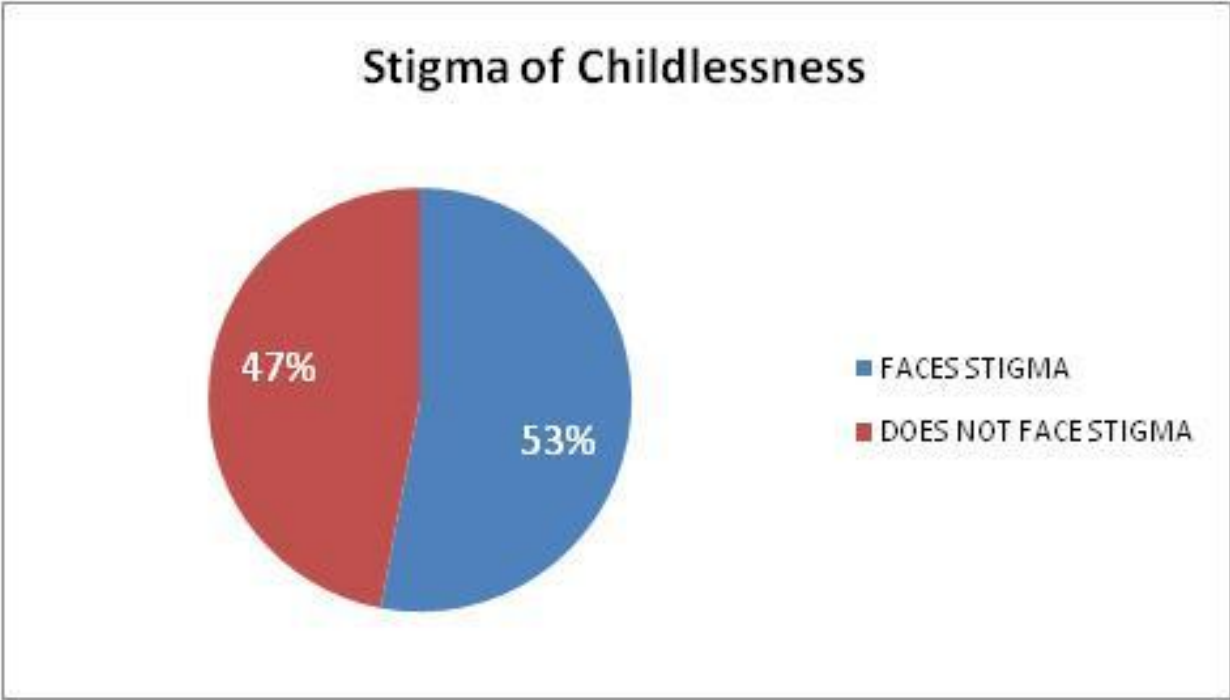


**Figure 2: Childlessness & Educational Breakup**

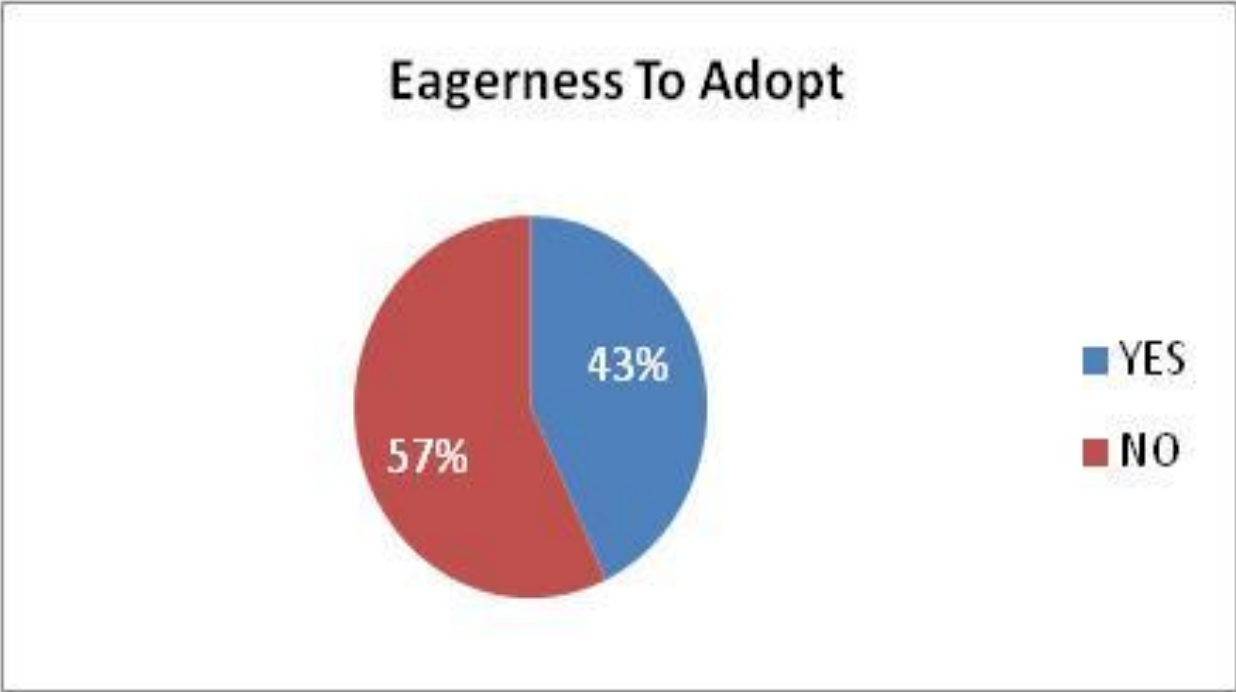


**Figure 3: Childlessness & Treatment Expense**

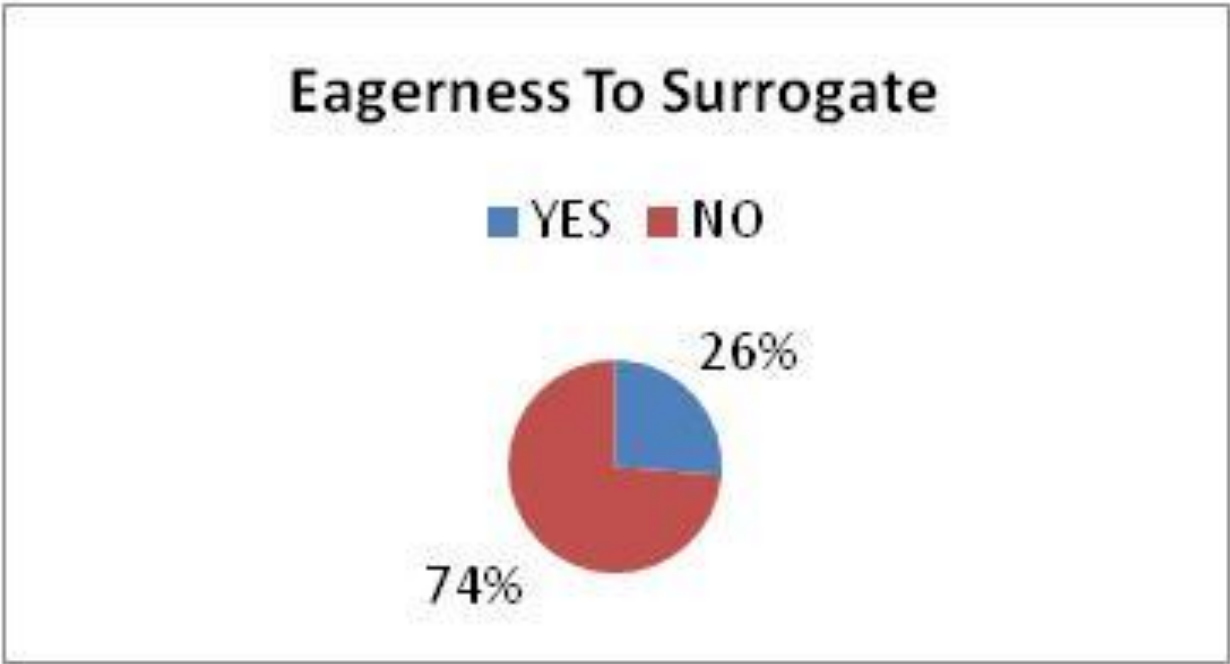




**Figure 4: Stigma of Childlessness**



**Figure 5: Eagerness to Adopt**



**Figure 6: Eagerness to Surrogate**