



IJCRR

Section: Healthcare

ISI Impact Factor

(2019-20): 1.628

IC Value (2019): 90.81

SJIF (2020) = 7.893



Copyright@IJCRR

Infertility, Assisted Reproductive Technology and Motherhood in the Context of Indian Society

Gitika Borah¹, Mouchumi Kalita²

^{1,2}PhD Research Scholar, Department of Political Science, Gauhati University, Gopinath Bordoloi Nagar, Assam, India.

ABSTRACT

Introduction: In Indian societies, infertility has been considered a disease even after developing several alternative ways to have a child in the field of medical science. Despite knowing the fact that the inability to have a child may come from both husband's side or wife's side, most of the time it is the woman or wife who is considered responsible and blamed for infertility. Apart from a willingness to have a child, various other reasons like familial pressure, societal pressure, stigmatising a woman for not being able to conceive a baby, etc. compel a woman to take help of Assisted Reproductive Technologies (ARTs).

Objective: This paper is an endeavour to understand the issue of infertility in the context of Indian society along with the impact of ARTs on women.

Methods: The present study follows a descriptive analytical method and the data are collected from secondary sources like journal and newspaper articles and government reports etc.

Results: It was found that infertile women have to face a lot of discrimination and abuse. Infertility is a taboo in Indian society. Therefore, women are ready to go to any extent to deal with such taboo and stigmas. ARTs are very costly and it's a very long process. It also has certain health-related side effects. The societal pressure is such that women go through all these difficulties to bear a child.

Conclusion: It is high time to destigmatise childlessness and be more aware of the rights of individual human beings. The women should be informed about the benefits and side effects of ARTs before undergoing such treatment.

Key Words: Assisted Reproductive Technologies (ARTs), Infertility, Women, Societal pressure, Motherhood

INTRODUCTION

Infertility is projected as the new/latest 'disease' and provides the reason for expensive treatment for an otherwise healthy body. It has been seen that even though both men and women are affected by infertility 'it is often women, particularly in developing countries, that bear the sole blame for childless marriages.¹ The stigma that is connected with infertile women in Indian society force women to take help of Assisted Reproductive Technologies (ARTs) irrespective of the health risk and cost that comes from the use of such technology. Hence infertile couples found new rays of hope from the time when the world's first test-tube baby came into this world. It has been seen that subsequently, 'reproductive technology has become a lucrative industry. Women are viewed as producers of babies and treated as consumers

in this market. Infertility is no more a 'private matter'; it has become a 'public matter' and has largely been medicalised.²

It has been found that available literature presents various consequences of infertility like 'anxiety, depression, lowered life satisfaction, guilt, helplessness, reduced job performance, marital problems, dissolution of marriage and abandonment, economic hardship, loss of social status, social stigma, isolation and physical violence etc.³ This paper is an attempt to understand the infertility in the context of Indian society and the impact of assisted reproductive technologies on women.

Methodology and Data Sources

The data for this paper have been collected from various secondary sources like books, journals, articles published

Corresponding Author:

Gitika Borah, Research Scholar, Department of Political Science, Gauhati University, Gopinath Bordoloi Nagar - 781014, Assam, India.

Ph: 7002434051; Email: borahgitika27@gmail.com

ISSN: 2231-2196 (Print)

ISSN: 0975-5241 (Online)

Received: 14.10.2020

Revised: 09.12.2020

Accepted: 10.01.2021

Published: 07.05.2021

in various newspapers, government reports, unpublished research works and other internet sources. This paper mainly follows the descriptive-analytical method of study.

UNDERSTANDING INFERTILITY

Infertility can be analysed from a variety of perspectives. It can be seen as a disease from a medical science perspective that can be cured through treatment. In a society, it is stigmatised and women born the burden of the stigma, although man and woman both can be the reason behind infertility. Infertility deprives a couple not only of personal happiness for not being able to have a child, but it has also social consequences, particularly in developing countries, and it deprives couples of societal happiness too⁴ Indian peoples have been experiencing various kinds of social traditions and such traditions are linked with infertility too.⁵

*“Having a child is the couple’s decision, without outside interference. However, in most developing countries, infertility is not a personal problem for the couple. The parents, relatives, neighbours and probably the entire community around the infertile couple are anxious and concerned.”*⁶

*“Infertility is projected as the new/latest ‘disease’ and provides the reason for expensive treatment for an otherwise healthy body. Also, IVF is incorrectly publicized as an established and successful therapy rather than as an experimental and largely ‘research and development-oriented business’.”*⁷

Assisted reproductive technologies can be considered as attempts at a ‘quick technological fix’ which are often applied without ameliorating the underlying problem of infertility. Apart from that, the failure to address underlying macro-epidemiological causes of infertility like environmental pollution, workplace, toxicity, iatrogenic factors and untreated or undiagnosed pelvic inflammatory diseases indicates the politics behind scientific research.⁸

ASSISTED REPRODUCTIVE TECHNOLOGY

The term “Assisted Reproductive Technologies” (ARTs) encompasses various procedures, ranging from the relatively simple intrauterine insemination (IUI) to variants of in-vitro fertilisation and embryo transfer (IVF-ET), also referred to as IVF and more commonly known as “test-tube baby technology”.⁹ It has been seen that such technologies have been developing by leaps and bounds since the latter half of the 20th century. These technologies have also brought changes to how society views issues like pregnancy, reproduction and motherhood.¹⁰ Infertile couples of both developed and developing countries have been benefited from such technolo-

gies. Moreover, the growing economic conditions also help such couples to use ARTs and afford such sophisticated treatments. Therefore, a rise in terms of clinics that provides such treatments can also be seen. India has probably recorded the biggest growth in ART centres and the number of ART cycles being performed in our country has steadily risen over the last decade.¹¹

In July 1987, the first documented IVF baby came to this world, named Louise Brown. In October 1987 itself, Subhas Mukherjee from Kolkata declared the birth of the first IVF baby of India and the second one in the world, named Durga, but his claim was rejected as the case was not scientifically documented. The first scientifically documented IVF baby of India, Harsha Chawla, was born in 1986 in a collaborative government research programme of the National Institute for Research in Reproduction (NIRR), the Indian Council of Medical Research’s (ICMR) and the King Edward Memorial Hospital, a municipal hospital in Mumbai.¹²

MOTHERHOOD AND SOCIETAL PRESSURE

Motherhood is seen as an integral part of a woman’s life in Indian societies. Women are always seen as caregivers and the bearing and rearing of children are considered to be their responsibility. The societal norms are constructed in such a way that to be a perfect woman one needs to be fertile enough to give birth to a baby. In Indian society, a newlywed couple is put under tremendous pressure to welcome a baby to carry the family name forward. This practice is slowly fading in the present day. Infertility or inability to conceive a child is a stigma; women are ridiculed and put under a lot of pressure to adopt any means to have a biological child. Women who are unable to conceive a child are refrained from participating in any auspicious occasions. Motherhood is seen as an essence of a woman in our societies. It is internalised by women to such an extent that the women feel guilty for not being able to conceive.¹³ Women and men both can be the reason behind infertility. But it is the woman who has to take the whole burden and guilt of being infertile. Several myths associated with infertility disturb and humiliates the life of the woman in Indian society. It is believed by many people that infertility is caused by past misdeeds; it is a curse or punishment given by God.¹⁴

In Indian societies, infertility is largely associated with women. The social pressure a woman faces for not being able to conceive is tremendous. The women are isolated, abused and humiliated. They are often not allowed to participate in auspicious ceremonies. The stigma associated with infertility is such that sometimes the women face physical violence and abused by their husbands and the in-law’s family. Even sometimes the husband disowns the wife for not being able to give birth and remarries. The social pressure not only im-

pacts the mental and emotional health of the couple but also on their social life. This pressure makes them use every possible way to have a child. The poor and the less educated section of people initially seek help from ayurvedic or homeopathic remedies as these are comparatively cheap. If these measures fail then they took help from the allopathic doctors. Assisted Reproductive Technologies are very costly and it takes a long period to show results.

IMPACT OF ASSISTED REPRODUCTIVE TECHNOLOGY ON THE LIVES OF WOMEN

Talking about infertility is still a taboo in India; therefore, the medical measure to deal with this problem is also less talked about. But things are gradually changing with the advancement of science and technology and the spread of education among the people. The popularity of Assisted Reproductive Technology is increasing as people want to have a biological child rather than having an adopted child. The impact of these Assisted Reproductive Technologies on the lives of women is manifold. These kinds of treatments have some health-related side effects. The whole process of ART treatment is very long and therefore needs patience on the part of the patients. Most women find it “mentally exhausting”, “tiring” and “frustrating”. The work-life, as well as the social life of the couples, get disrupted because of the “frequent visits to the clinic”. The ART clinics are mostly situated in the big cities; therefore, the patients from other cities need to travel a long distance to get the treatment.¹⁵ Infertility treatment is very expensive, so a lot of families cannot even afford it. In India, women are mostly blamed for infertility and in many instances, the cost of the treatment is borne by the family of the girl.¹⁶

CONCLUSION

Motherhood is seen as a great responsibility on the part of women in Indian societies. The role of women has been largely confined to bearing and rearing children for very long. Although with the advancement of education women have become an active participant in all the fields be it economics, politics, business, health or sports; even today the significance of a woman's life is associated with the ability to give birth. Women without children are looked down upon in our societies. It is mostly the women who bear the blame for infertility. They are excluded from auspicious ceremonies, abused, humiliated and often threatened that their husbands will remarry. The stigma associated with infertility is such that the women are ready to go to any extent to have a biological child. This is one of the reasons behind mushrooming growth of ART clinics in the country. The treatment for ARTs is very expensive and painful for some women.

The medication and treatment sometimes lead to other health issues. But women should have the right to know about the repercussions of taking help from Assisted Reproductive Technology before going through such treatment. ART service providers should inform them about the pros and cons of taking the help of such technologies. Moreover, societies should be liberal enough to not stigmatise women who are incapable to conceive a baby. Apart from this adoption should be considered as a viable alternative to wiping out the soreness of childlessness.

ACKNOWLEDGEMENT

The authors acknowledge the immense help received from the scholars whose articles are cited and included in references to this manuscript. The authors are also grateful to authors /editors/publishers of all those articles, journals, and books from which the literature for this article has been reviewed and discussed.

Source of Funding: We hereby declared that the work done in the Article was self-funded

Conflict of Interest: Nil

REFERENCES

1. Mukherjee M, Nadimipally SB. Assisted Reproductive Technologies in India. Development, Palgrave Macmillan; Society for International Development 2006; 49(4), pages 128-134.
2. Varada M. Infertility, Women and Assisted Reproductive Technologies: An Exploratory Study in Pune, India. *Ind J Ged Stud* 2011;18 (1):1-26.
3. Forooshany S, Yazdkhasti F, Hajataghaie SS, Esfahani MH. Infertile Individuals' Marital Relationship Status, Happiness, and Mental Health: A Causal Model. *Int J Fertil Steril* 2014; 8(3): 315-324.
4. Ranjan A., Kumar D. & Shinde P. Pre-Conception and Pre-Natal Diagnostic Techniques Act: Knowledge and Attitude of Students of Commerce College in Rajasthan. *Int J Curr Res Rev.* 2020;12 (20) 148-151.
5. Indian Council of Medical Research. ICMR bulletin, New Delhi 2000..
6. Mukherjee M., Nadimipally S. B., & Springer Link (Online service). Assisted Reproductive Technologies in India 2006.
7. Mukherjee M. & Nadimipally S. Assisted Reproductive Technologies in India, Society for International Development 2006; 49 (4)128-134.
8. Sama Team. Assisted Reproductive Technologies in India: Implications for Women. *Eco Polit Week.* 2007; 42 (23) 2184-2189.
9. Sama T. Assisted Reproductive Technologies in India: Implications for Women. *Eco Polit Week.* 2007; 42 (23) 2184-2189.
10. Malhotra N, Pai R, Pai HD. Assisted reproductive technology in India: A 3 year retrospective data analysis. *J Hum Reprod Sci.* 2013; 6 (4) 235.
11. Sama T. Assisted Reproductive Technologies in India: Implications for Women. *Eco Polit Week.* 2007; 42 (23) 2184-2189.
12. Sama T. Assisted Reproductive Technologies in India: Implications for Women. *Eco Polit Week.* 2007; 42 (23) 2184-2189.

13. Malpani A. The Right and The Plight of the Infertile Couple in India. Available from <https://www.contemporaryobgyn.net/view/right-and-plight-infertile-couple-india>, 2011.
14. Sama T. Assisted Reproductive Technologies in India: Implications for Women. *Eco Polit Week*. 2007; 42 (23) 2184-2189.
15. Sheoran P, Sarin J. Infertility in India: social, religion and cultural influence. *Int J Reprod, Contrac, Obstet Gynec*. 2015; 1783-1788.