

EXCLUSION OF CHILDLESS WOMEN IN KERALA

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BY

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DECLARATION

I, **HEMA K A**, hereby declare that this thesis entitled “**Exclusion of Childless Women in Kerala**”, submitted by me under the guidance and supervision of **Dr J Rani Ratna Prabha**, is a bonafide research work. I also declare that it has not been submitted previously in part or in full to this University or any other University or Institution for the award of any degree or diploma. I hereby guarantee that my thesis can be deposited in Shodhganga/INFLIBNET.

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ABBREVIATIONS

ART	: Assisted Reproductive Technology
BMI	: Body Mass Index
DLHS	: District Level Household & Facility Survey
ICPDP	: International Council of Population Development Programme
IVF	: In Vitro Fertilization
IUI	: Intrauterine Insemination
PCOS	: Polycystic Ovary Syndrome
PCOD	: Polycystic Ovarian Disease
PHC	: Primary Health Centre
STDs	: Sexually Transmitted Diseases
STIs	: Sexually Transmitted Infections
WHO	: World Health Organization

CHAPTER I

INTRODUCTION

“I measure the progress of a community by the degree of progress which women have achieved.”

- Dr BR Ambedkar

1.1 Introduction

Women are the pioneers of a nation. According to a United Nations secretary-general report, women constitute 50 per cent of human resources, the most significant human resource. Women play an essential role in sustainable development and quality of life in the family. The most anticipated parts of women in the family are wife, leader, administrator, manager of family income, and last but not least important the mother.

Children are pride to families. Society believes that children give better bonding and rapport between the partners, facilitating test their marital life better. So childbearing is considered the most vital and inevitable role, which a married couple is supposed to perform; hence childlessness is less acceptable in society. The childless couple tends to face stigma and discrimination in their personal and social lives. Women face exclusion based on their gender, social, economic spheres, and childlessness causes double exclusion.

Social exclusion refers to a process where specific individuals and groups are forced to the edge of society and impede social participation, which leads to the lack of capability and lack of lifelong learning opportunities due to discrimination (Ajit Bhalla, 1997)¹. Therefore, social exclusion is a dynamic concept that describes a condition or outcome on the one hand. A process on the other (Piron, 2005)² The concept ‘social exclusion’ was first used by Lenoir in 1974 in France to address those who fell outside the social contract and, as a result, were excluded from a web of social protection measures. Therefore, in France, social exclusion refers to a rupture of the social bond (Silver, 1995).³

¹ Bhalla, A., & Lapeyre, F. (1997). Social exclusion: towards an analytical and operational framework. (Ajit Bhalla, 1997) *Development and change*, 28(3), 413-433.

² Beall, J., & Piron, L. H. (2005). DFID social exclusion review. *London: Overseas Development Institute*, 32, 37.

³ Miller, H. J. (2006). Social exclusion in space and time. In *AXHAUSEN KW Moving through nets: The Physical and Social Dimensions of Travel. Selected papers from the 10th International Conference of Travel Behaviour Research H. Elsevier Science Publishing Company* (pp. 353-380).

There is no conceptual consensus on what social exclusion stands for globally (Popay et al., 2008).⁴ This exclusion is a practice that includes the restriction or rejection of persons and social groups from Socioeconomic and political participation and emphasizing their due rights by dominant social institutions (Beall, 2005).⁵

Mostly womanhood is closely connected with motherhood. Becoming a mother is believed to be a prideful state in a woman's life. Choosing non-motherhood has distressing results in the life of a woman.

In the Indian context, motherhood is not a choice for women because they do not see motherhood as optional, which can be opted. They see it as mandatory, and those who cannot bear a child may lead to severe depression due to chagrin (Dutta, 2012).⁶

The decision against motherhood is considered quite unnatural. Rejecting the role of a mother is an out of box quoted act. Having a child and bearing a child is natural and normal because procreation is a powerful social norm and construction. But being childfree often requires cogent explanations (Amrita Nandy, 2017).⁷

While discussing childlessness, it is essential to understand the concept of infertility and its impacts on human lives because infertility is one of the primary reasons which lead to childlessness.

1.2 Understanding infertility

Reproduction is the human ability to conceive a baby through heterosexual intercourse. The couple who engage in open sexual intercourse is more likely to have the pregnancy if they are fertile. Infertility leading to childlessness is a disorder that affects the reproductive system or organs, restricting easy conception and pregnancy after exposure to numerous open sexual

⁴ Popay, J., Escorel, S., Hernández, M., Johnston, H., Mathieson, J., & Rispel, L. (2011). Social exclusion and health inequalities: definitions, policies and actions. *Improving equity in health by addressing social determinants*. Geneva: World Health Organization, 88-114.

⁵Beall, J., & Piron, L. H. (2005). DFID social exclusion review. *London: Overseas Development Institute*, 32, 37.

⁶Dutta, M. (2012). Motherhood on hold, career fast forward.

⁷ Nandy, A. (2017). *Motherhood and Choice: Uncommon Mothers, Childfree Women*. Zubaan.

intercourse (Kirti Mishra,2014)⁸. Childlessness is not a state which only affects a person or couple physically but is both socially and psychologically

Millions of people do face the problem of infertility all over the world. Since procreation is a mandatory duty of a married couple, the issue of childlessness influences the couple more intensively. In a society, which encourages pronatalism highly, childlessness has a rigorous impact on the lives of those who experience it. The worth of children in both psychosocial and economic terms cannot be expressed but bearing and rearing children to make certain dignity and respect in India (Kapadia, 2008).⁹

Infertility differs across the globe and is estimated to affect 8 to 12 per cent of couples worldwide (Sciarrà J, 1994).¹⁰ However, childlessness influences the couple's quality of life (Moli, 2012).¹¹

According to WHO, there are two types of infertility: primary and secondary. Primary infertility refers to an inability to conceive within two years of exposure to pregnancy among women belong to 15 to 49 years old. Secondary infertility indicates that the failure to develop after a previous pregnancy. Around the world, most infertile couples go through primary infertility (Inhorn MC 2003).¹² Nowadays, infertility is a universal health issue affecting about 8-10 per cent of couples worldwide (Kumar, 2010).¹³ India accounts for nearly 5 to 10 million infertile couples, and this number is continuously increasing at the rate of 5 per cent every two years (Nagaraj, 1999)¹⁴

Sexually transmitted infections (STIs) are generally considered the leading preventable cause of infertility worldwide, especially in developing countries (Ombelet W, Cooke I et al.,

⁸ Mishra, K., & Dubey, A. (2014). Indian women's perspectives on reproduction and childlessness: Narrative analysis. *International Journal of Humanities and Social Science*, 4(6), 1.

⁹ Mehta, B., & Kapadia, S. (2008). Experiences of childlessness in an Indian context: A gender perspective. *Indian journal of gender studies*, 15(3), 437-460.

¹⁰ Sciarrà, J. (1994). Infertility: an international health problem. *International Journal of Gynecology & Obstetrics*, 46(2), 155-163.

¹¹ Aiswarya, P. V., & Moli, G. K. (2012). Childlessness among women in India. *Health and Population-Perspectives and Issues*, 35(3), 114-131.

¹² Inhorn, M. C. (2003). Global infertility and the globalization of new reproductive technologies: illustrations from Egypt. *Social science & medicine*, 56(9), 1837-1851.

¹³ Kumar, N., & Singh, A. K. (2015). Trends of male factor infertility, an important cause of infertility: A review of literature. *Journal of human reproductive sciences*, 8(4), 191.

¹⁴ Nagaraj, K. "Extent and nature of fertility decline in Tamil Nadu." *Review of Development and Change* 4, no. 1 (1999): 89-120.

2008).¹⁵ According to WHO, the national prevalence of primary and secondary infertility in India is three per cent and eight per cent.

1.3 Myths of infertility

There are several myths about infertility, and some are as follows, which can alter an individual's life and living situations.

Infertility is limited to women: “Infertility affects both men and women equally. A quarter proportion of the infertility cases are due to female factor infertility. One-third is due to male factor infertility. One third is due to male infertility and the remaining one third due to problems from either side or unexpected reasons”. Unfortunately, infertility always goes to women, and they are forced to take the liability for life. Infertility raises threats for women's existence and even their lives.

Infertility is limited to unhealthy people:” Living a healthy lifestyle is an excellent place to start when achieving pregnancy. Improper diet, smoking, Alcoholism, and STDs can threaten infertility, but the majority of infertility cases are not the result of lifestyle choices.” An unhealthy lifestyle can cause hormonal imbalances among women and may affect the semen count of men, but that alone cannot be lead to infertility ultimately.

Infertility is related to older couples: “When women get aged, pregnancy rate lowers the fertility rate among women peaks during the late teens and '20s and declines with age 35. Nevertheless, infertility can and does affect men and women of all ages. Infertility can affect an individual at any time of their life span. Aged women can sometimes get pregnant without any constraints, and women at the proper reproductive cycles may face several issues while trying for pregnancy. So it isn't easy to arrive at conclusions based on age.

Infertility goes away if, when you take a break:” It has been told many times to the couples coping with infertility that they would probably get a baby soon when they just stop thinking about it. This suggestion is wrong, but it is also painful to those who hear. Extreme stress and trauma can affect a woman's menstrual cycle, but stress alone does not lead to infertility.”

¹⁵ Ombelet, Willem, et al. "Infertility and the provision of infertility medical services in developing countries." *Human reproduction update* 14.6 (2008): 605-621.

Taking a break from daily routines will help the couple reduce the stress related to infertility and enhance their emotional health. But that doesn't mean that it cures infertility.

1.4 The chronological face of infertility

Emerging the problem of infertility and its consequences was a gradual process. Humans needed procreation to sustain their generations. So it was not something to be compromised and let it go. So people explored and found many ways to boost the fertility of humans, and eventually, the responsibility of being infertile fell on women. So it became women's duty to prove their fertility, though they undergo life-threatening situations to stay fertile. Infertility has been stirring from the era of civilization itself. Religion and cultural norms adored fertility, and people believed that infertility was a misfortune for centuries. During the earliest period, different treatment methods were used to enhance fertility, and certain animals were used to transfer magic power to a woman to facilitate her bearing a child. Modern researches in reproductive biology have opened the immense opportunity to solve infertility problems using modern techniques (P.S, 2016) ¹⁶. Traditionally infertility has always been believed that a women's problem, and the entire society blamed women alone for infertility (Jejeebhoy, 1998)¹⁷. In a society which only aims to perpetuate the race, the essential function of the human being is to procreate.

1.5 The magnitude of the problem

Infertility has become a severe problem that has to be sufficiently addressed because it is a potential issue that can affect an individual's personal life and social life. The impact of infertility in a pronatalist society is severe, and adverse consequences are difficult to tolerate. Nowadays, infertility is a global health issue affecting about 8-10 per cent of couples worldwide. According to the 1981 census of India, it is found that infertility lies between 4-6 per cent in India. Infertility should not be considered a health problem purely. It also leads to social discrimination and inequality.

¹⁶ P.S, P. (2016, February). Factors influencing the quality of life among infertile couples in alappuzha district, kerala. Pondicherry.

¹⁷ Unisa, S. (1999). Childlessness in Andhra Pradesh, India: treatment-seeking and consequences. *Reproductive health matters*, 7(13), 54-64.

India has nearly 5 to 10 million infertile couples, and this number is incessantly rising at the rate of 5 per cent every two years. It is likely 5percent of the world's married population choose to be childfree. According to the survey conducted by the Centres for Disease Control USA 1999, 6.1 million women belong to the group of 15-45 years experience in capability have children. The study also found that one in six couples undergo troubles with fertility related to conception and pregnancy (Nagaraj,2000).¹⁸

International Council of Population Development Programme of Action included the Prevention of infertility and its appropriate treatment as a reproductive health care component. ICPDP guarantees that all the countries should ensure this program of action through their primary health care system. The program aims to advance individuals' quality of life and help them reach their reproductive goals. It is needed to focus at the community health Centre level to identify the infertile couple's medical examination to notice the causes of pry infertility investigations such as sperm count, diagnostic curettage, and tubal patency testing. Depending upon the results, the couples were referred to centres with appropriate facilities for diagnosis and management. (Poornima, 2016)¹⁹

¹⁸ Nagaraj, K. "Extent and nature of fertility decline in Tamil Nadu." *Review of Development and Change* 4, no. 1 (1999): 89-120

¹⁹ P.S, P. (2016, February). Factors influencing the quality of life among infertile couples in alappuzha district, kerala. Pondicherry.

Table No.1.1 Incidence of infertility in different countries of the world

Sl. No	Country	Incidence of millions
1	USA	21,59,230
2	United Kingdom	4,43,166
3	Germany	6,06,063
4	Russia	10,58,632
5	Saudi Arabia	1,89,676
6	China	95,50,349
7	Japan	9,36,272
8	India	78,31,401
9	South Africa	3,26,826
10	Australia	1,46,420

Source: Nationwide health information centre-2007

Incidence of infertility indicates the number of infertile cases reported in a particular period. The above table 1.1 shows the incidence of infertility at a worldwide level. According to the survey conducted by the Nation Wide Health Information Centres shows that “China is in the highest place for the infertility issue, followed by India (78,31401) and followed by other countries. The survey shows that India stands second place in the case of infertility.

In India, studies conducted from various communities on infertility from different states show that between 5-18 per cent of the women reported infertility as one of their gynaecological problems and an infertility rate of 1.4 per cent. In contrast, Andhra Pradesh showed an infertility rate of 4.4 per cent. The following table elucidates the prevalence of infertility among various states of India.

Table No 1.2 Prevalence of infertility among states

Sl .No	Name of the state	Percentage of Infertility
1	Haryana	2.52
2	Rajasthan	3.57
3	Madhya Pradesh	4.32
4	Punjab	4.93
5	Karnataka	6.73
6	Andhra Pradesh	8.72
7	Tamil Nadu	10.92
8	Kerala	20*

Source: India Today 2010

According to India Today, a national daily newspaper study in 2010, Kerala (20 per cent) shows the highest incidence of infertility in selected Indian states. Tamil Nadu place (10.92) the second place in the infertility rates, and Haryana shows a low percentage of infertility is compared to other districts.

Table No. 1.3 Primary and secondary infertility rates in Asia

Sl. No	Country	Primary Infertility (per cent)	Secondary Infertility (per cent)
1	Bangladesh	4	15
2	India	3	8
3	Indonesia	7	15
4	Nepal	6	12
5	Pakistan	5	10
6	Sri Lanka	4	11
7	Thailand	2	11

Source: World fertility Survey-2000

There are no consolidated statistics available related to infertility and its causes. However, the studies from the various hospitals (Wadia Maternity Hospital, Bombay, KG Medical College,

Lucknow, Cama Albless Hospital, Bombay, and J . N Medical College Aligarh) shows that the most common cause of female infertility is a tubal factor. A multicentre study conducted by WHO in 2000 revealed that 73 per cent of male infertility had no noticeable reasons., which is comparatively less in Africa (46 per cent) and developed countries (49 per cent). Varicocele is a cause found to be less in India (2.2 per cent) in comparison with Africa (20 per cent) and other developed countries, which is 11 per cent Wischmann (T. H, 2003).²⁰

Now it is vital to understand the concept of childlessness while dealing with childless women Because experiences of childlessness vary according to the individuals.

1.6 Understanding childlessness

Childlessness indicates that a woman has no live birth or no living children at the end of her reproductive life span (Morgan,1991.)²¹ Ultimately, it is the output of biological, environmental, and cultural factors, which need to be understood at the local community level for planning the reproductive health care services to address the issue of childlessness. It is a vast but poorly recognized problem as modernization continues, voluntary childlessness becomes familiar, and fertility declines. Since childbearing is considered a vital role, childlessness can seriously impact Indian women.

Sociologists believe that childlessness is also a common cause of divorce and marital disputes. Infertility is often experienced as the inability to accomplish role expectations. In India, women are symbolized as vehicles of procreation. Motherhood is considered a source of power for a woman, determining the strength of her marital bonds. Infertility is viewed as deviance from the cultural norm, rendering a woman helpless; it is also grounds for divorce. In India, data related to infertility and childlessness is unavailable, and it is being considered just an issue next to the problem of overpopulation. The program planners and policymakers have not paid sufficient attention because it is not life-threatening. Women indisputably receive the blame for fertility problems, undergo frustration, social stigma, ostracism, and

²⁰ Wischmann, T. H. (2003). Psychogenic infertility—myths and facts. *Journal of assisted reproduction and genetics*, 20(12), 485-494.

²¹ Morgan, S. P. (1991). Late nineteenth-and early twentieth-century childlessness. *American Journal of Sociology*, 97(3), 779-807.

severe economic deprivation. In many societies, infertility is one of the prominent causes of divorce and re-marriage by husbands (Unisa, 1999)²²

Most of the time, childlessness is life-altering for each individual. Childlessness causes individuals to experience different kinds of traumas that are related physical to emotional, as they deviate from a social role that is highly compulsive and anticipated.

1.7 Childlessness in the global context

The impacts of childlessness vary not only among individuals but also among places too. So it is crucial to understand childlessness from a global perspective. Each nation has different perceptions of childlessness; according to those, the outcomes differ.

The condition and sufferings of childless women vary according to nations and culture. In Tanzania, women who are childless experience many hardships and social consequences. In Proto-natal societies, childless couples suffer psychological pressure and social stigma. In China, childlessness is seen to disturb the ten and extended life of couples' ancestors. In Africa, procreation is considered the main aim of marriage, and polygamous marriage is justified to increase family size. Childlessness is the leading cause of divorce in these countries. In Asian countries, being childless has more harmful social, cultural, and emotional impacts on women than possibly any other condition which is not immediately life-threatening. In China, childless women are asked to eat dried placenta to improve their fertility (Houseknecht, 1979).²³ Procreation is the primary aim of marriage in African families. Their happiness is proportional to the number of babies they can produce. The number of children decides the status of the family in society. In West Africa, childless women are banned from attending rituals like the Gunnu ritual. Instead, they have to remain in their huts and offer a prayer for getting pregnant (Dyer et al., 2002).²⁴ Nigerian women, mothers show an outstanding level of adjustment with husbands compared to that of childless

²² Unisa, S. (1999). Childlessness in Andhra Pradesh, India: treatment-seeking and consequences. *Reproductive health matters*, 7(13), 54-64.

²³ Houseknecht, S. K. (1979). Childlessness and marital adjustment. *Journal of Marriage and the Family*, 259-265.

²⁴ Dyer, S. J., Abrahams, N., Hoffman, M., & van der Spuy, Z. M. (2002). Men leave me as I cannot have children': women's experiences with involuntary childlessness. *Human reproduction*, 17(6), 1663-1668.

married women. He said that if there is a child between the husband and wife, there would be more solidarity in marital life and adjustment in family affairs (Ibisomi & Mudege, 2014).²⁵

1.8 Childlessness in India

In India, infertility and childlessness are considered severe social and religious consequences. Religious texts like ‘Vedas’ and ‘Upanishads,’ classic poems like ‘Ramayana’ and ‘Mahabharata’ in Hinduism have insisted on having children because childlessness is thought of as an evil curse. Hindu believes that a child, especially a boy, can only perform rituals after death, securing a rebirth. Many people without children are seen as peaceless. They seek other alternative ways of having children to meet the notion of having their offspring. Therefore the ability to be fertile is much essential in Indian society (Kirti Mishra, 2014)²⁶ Now, India observes a double burden of fertility – childlessness and high fertility, which brings it close to a developed country. India, the world’s second-most populous country, which has struggled to control its population to meet growth and development targets, now has to battle infertility as the down-payment for economic uplift (Nirmalya Mana, 2014)).²⁷ Parenthood is a compulsory social expectation in Indian society. Childless couples are sometimes excluded from leading roles in essential family functions and events such as birthdays, weddings, etc. Many communities are organized so that children are necessary for the care and maintenance of older parents.

Childlessness and infertility are no longer personal distress. They radically go up in cities. According to the census reports of India 2001, 1991, and 1981, researchers indicate that childlessness in India has been increased by 50 per cent since 1981. It is not because; couples choose to be childfree but mainly due to rising infertility. Around 95 per cent of couples want to have children at some point in their lives. Even permanent childlessness also has been

²⁵ Ibisomi, L., & Mudege, N. N. (2014). Childlessness in Nigeria: perceptions and acceptability. *Culture, health & sexuality*, 16(1), 61-75.

²⁶ Mishra, K., & Dubey, A. (2014). Indian women’s perspectives on reproduction and childlessness: Narrative analysis. *International Journal of Humanities and Social Science*, 4(6), 1
Ajit Bhalla, F. L. (1997).

²⁷ Nirmalya Mana, D. P. (2014). A Community based study on infertility and associated socio-demographic factors in West Bengal, India. *IOSR Journal of Dental and Medical Sciences(IOSR/JDMS)* , Vol.13 (Issue 2), 13-17.

raised from 3.89 to 7.47 per cent. The number of married or divorced 35 to 49-year-old women, who never had a child, increased from 4 to 6 per cent, between 1981 to 2001. The occurrence of infertility is getting enlarged day by day; it may be due to numerous causes, like sexually transmitted infections, coping with stress, living, job pressure, delaying parenthood, Obesity, etc. British Medical Journal warns that Infertility will become more common in future generations in India with more couples in need to have a baby. Nowadays, couples tend to go to infertility specialists rather than family physicians or gynaecologists. 'Voluntary infertility' is a typical urban Indian syndrome now. Women are educated, autonomous, career-minded, and postpone marriage or childbearing till they can pay for all the good things in life. That's the most evident change in urban India(Tripathy&Tripathy, 2002).²⁸

1.9 Gender differences in the consequences of childlessness

The woman is the primary victim of childlessness than the man. The outlook of the patriarchal society is framed in such a way that the blame lies with the woman. Being a mother is the biological urge or need of a woman. From socialization itself, this concept is taught to a woman. Women being psychologically less strong and their natural desire to be mothers put more stress than men. In some societies, women face the pressure of second marriage of spouse and even divorce. Domestic violence cannot be ignored.

According to a WHO report published in 2009, infertility exerts adverse psychological effects on both men and women, and there is evidence that they react differently. Women are seen experiencing more emotional trauma and depression related to infertility, much more than men, except men infertility where the degree of pain is similar. Likewise, there are dangerous consequences on the gender regarding infertility despite causative factors.

²⁸ Tripathy, S. N., & Tripathy, S. N. (2002). Infertility and pregnancy outcome in female genital tuberculosis. *International Journal of Gynecology & Obstetrics*, 76(2), 159-163.

Women experience more guilt and self-blame than male partners even when male factors are implicated. This may be because most investigations and treatments focus on the female partner even when male factors are involved. Women's lives are more dislocated by infertility than the life of men. It also appears that the loss of sex-role identity, the experiences of childbirth, and parenthood are more profound for women than for men. Both men and women believe that the woman is liable if unexplained or combined factors are etiologically involved.

Men are more likely to experience infertility as a sign of compromised potency and sexual adequacy than women. Individuals react to disturbing life events in different ways. Women who actively seek information and make treatment decisions have less depression and more social support than those who passively submit to medical recommendations. Individuals with high self-esteem and a high level of optimism are better protected against severe depression. Denial and avoidance are the elements of normal response to adverse experiences, including infertility.

1.10 Childless women in India

In Indian culture, motherhood is ascribed in a girl's personality from early childhood by often encouraging her to play some maternal roles like caring for younger siblings and allowing her only to play with dolls. Once a girl attains puberty, it has been celebrated as a symbol of her ability to acquire intentional motherhood. Menstruation can be considered the initial step of blossoming, the vital stage, just before fruit appears. A girl is supposed to eat only nourishing food like milk, ghee, etc. Some days to months after menarche to strengthen her reproductive organs to facilitate her ability to child bear in the future. She is also being kept away from challenging physical activities like riding a bicycle, jumpling, and running to keep her reproductive organs safe. Generally, marriage is thought of as a pathway for creating offspring, and women are considered a field, and man is a possessor. It is believed that marriage can be significant with cordial relationships with husband and wife and the blessing of children in their lives (Dube, 2020).²⁹

²⁹ Dube, S. (2020). "Give Me Children or Else I Die"(Gen 30: 1): A Biblical Exploration of Culturally Induced Lost Womanhood in Involuntarily Childless Women. *Asia-Africa Journal of Mission and Ministry (AAMM)*, 22, 118-134.

A woman's prominence in society is determined by whether she can fulfil her family and community responsibilities through reproduction. The terms motherhood and womanhood go hand in hand. The unborn child in her womb plays a vital role in finding dignity and recognition in the community. She attains complete womanhood, only blessed with motherhood.

Then she can experience some kind of affection and love from her in-laws and relatives and even be pampered for her intentional motherhood, though she gets a personal growth and better position. The source of such activities is associated with some religious tradition which indicates that the birth of a child, especially a male child, is considered a vital step for the family's salvation. Religious texts impose this feeling by unfolding the various miseries of childless souls after death

Infertility is often experienced as the inability to accomplish role expectations. In India, women are symbolized as vehicles of procreation. Motherhood is considered a source of power for a woman, determining the strength of her marital bonds (Gupta 2000).³⁰

Childlessness is habitually considered just an individual's or couple's personal affair. But in reality, it has enormous impacts on their personal and social life because of the social stigma associated with it. (Moli, 2012)³¹. Being childless is most challenging for individuals, especially for a woman. She is often questioned about her femininity, and the burden of childlessness always goes only to her. Childlessness amongst women, a growing trend in India, has become a significant concern. Based on the District Level Household and Facility survey 2007-'08, about 8 per cent of the currently married women aged 15-49 years have childlessness in India. Childless women get marginalized and undergo severe personal and social consequences, including economic deprivation, violence, and marital breakdowns. Their social status is enhanced only when she delivers a baby. They face physical, mental, and psychological trauma since she violates the social construction rule to procreate. Literate

³⁰ Gupta, S., & Malik, N. S. (2021). Prioritising Or Postponing?" Thematic Analysis Of Reproductive And Motherhood Choices Among Educated Indian Married Women. *Psychology and Education Journal*, 58(2), 5784-5791.

³¹ Aiswarya, P. V., & Moli, G. K. (2012). Childlessness among women in India. *Health and Population-Perspectives and Issues*, 35(3), 114-131.

women had higher marital harmony levels than those who were illiterate. Apart from this, there have also been severe isolation and stigmatization of these women (S.Unisa, 1999).³²

Married women who are childless in India are unseen in social research, but they are well seen in their families and communities. From the standpoint of international development experts, involuntary childlessness is not a problem. One of the few studies in India of women who visit infertility clinics reveals that they feel guilty about themselves for their inability to conceive and often think that something is wrong. (Riessman, 2000).³³ Psychosocial research has shown that IVF and other reproductive treatments are highly stressful for women and their partners and call for diverse personal coping resources.

1.11 Beliefs about childlessness

There are so many superstitions and convictions concerning a barren woman. In South India, there is a belief that if a barren woman wears the saree of an expected mother soon after performing some religious ceremonies, the exhausted woman will conceive quickly. Another view is that snake worship will result in pregnancy. The infertile woman has to worship a snake idol under the papal tree, smear them with kumkum, sandal and walk around the tree 108 times, and then she will become pregnant. Worship of Lord Siva will give a child is a belief among the Hindus. There are seven pagodas between Masulipatanam and Chennai. These pagodas are famous for attaining pregnancy. There is a massive figure of Lord Bhim on Ganga, Banaras, and temples close to Nepal. In a peculiar season and a strange direction, the statue will possess some virtues to help achieve gestation. Women get blamed if they are childless for 4-5 years and considered inauspicious. They also are often accused and considered a witch. (Riessman, 2000)³⁴

1.12 Childless Women and treatment of infertility

Childlessness is perceived as a women's problem, so the women initiate and continue the treatment (Mehta & Kapadia, 2008). But in some circumstances, the men also cooperate with

³² Unisa, S. (1999). Childlessness in Andhra Pradesh, India: treatment-seeking and consequences. *Reproductive health matters*, 7(13), 54-64.

³³ Riessman, C. K. (2000). Stigma and everyday resistance practices: Childless women in South India. *Gender & Society*, 14(1), 111-135.

³⁴ Riessman, C. K. (2000). Stigma and everyday resistance practices: Childless women in South India. *Gender & Society*, 14(1), 111-135.

the treatments (SayeedUnisa, 1999). Childless women started taking medicines when they grew impatient over their inability or social pressure (Wedge A,2002). Some women have a wait-and-see attitude on the fear of the probability of being found as infertile. The intense yearning to have a baby by their blood and flesh makes them take treatment for so long by not losing hope despite treatment failures (Ravi, 2017).

1.13 Treatment seeking behaviour of childless women

According to DLHS 3, the 82percent of childless women in India took treatment, and that 65percent preferred allopathic medicine. Even though the first preference for many is Allopathic, Ayurveda, Homoeopathy, traditional and religious treatments are also popular. The treatment-seeking behaviour is found higher in urban areas among people with higher income than in rural areas among those of low social-economic status. This was because treatment facilities are higher in urban areas. Educational and socioeconomic status also influences the health-seeking behaviour of childless couples. Couples with a high social-economic profile tend to go for IVF to have their biological child. These treatments can lead to emotional and physical stress, financial uncertainty, social and geographical repositioning, and distraction of daily activities (Widge A, 2002).³⁵

Childless women and couples take treatment from different providers for a long time. They are pretty expensive and need regular follow-ups and frequent consultations, making them leave the treatment, even if they want to continue. Many couples cannot meet the expense of the treatment process like a consultation, medicine, investigation, etc. This led them to improper and unwanted treatment pathways, which gave them false hopes. Some didn't know where to seek treatment, as there are no infertility treatment providers in a rural setting. In some cases, the elders were against taking medicines Despite all difficulties and sufferings, and they constantly tried to confer a better position in family and society. The women undergo the pain and suffering, but the husbands and in-laws decided to quit the treatments (Sarojini N, Marwah V, and shenoi A, 2011).³⁶

³⁵ Widge, A. (2002). Sociocultural attitudes towards infertility and assisted reproduction in India. *Current practices and controversies in assisted reproduction*, 60, 74.

³⁶Sarojini, N., Marwah, V., & Shenoi, A. (2011). Globalisation of birth markets: a case study of assisted reproductive technologies in India. *Globalization and health*, 7(1), 1-9.

1.14 Available treatment facilities

Infertility treatment is not included in public health sector services in India So far. Only some of the government medical colleges have provided infertility treatment yet. It is difficult for everyone to access the infertility treatment they want since no public health program gives it. Primary and community health centres do not have the proper infrastructure and necessary equipment for providing treatment facilities for infertility (Singh BP and Shukla U, 2015).³⁷

The government hospitals seem unhygienic and overcrowded, and the couple who seek treatment lacks confidentiality and privacy. The infertility specialist's consultation hours are less than other doctors, and they practice privately. They send their patients to private hospitals. Lack of coordination between Infertility specialists and gynaecologists leads to improper and ineffective treatment practices (Widge A, 2002).³⁸ There are no proper fixed days for consultation with an infertility specialist and no suitable referral system. Patients are not appropriately informed about their health treatment conditions. The gynaecology department under the public health sector is insufficient to deal with infertility since infertility is the least priority to the government. Indian government gives the burden of the health sector to private parties, and now the private sector dominates the health sector. However, the people are forced to get better treatment from the private sector by paying high costs for assuring better health. So the exploitation seems to be high, especially in the field of infertility (Sayeed Unisa, 2010).³⁹

1.15 Assisted Reproductive Technology (ART) in India

Assisted Reproductive Technology is used to get pregnant. It works by removing the egg from women's bodies. The eggs are being used with sperm to make embryos and put back in women's bodies. It is called IVF (in vitro fertilization), and this is the most common and effective type of ART.

³⁷ Singh, B.P. and Shukla, U., 2015. Inability to conceive and treatment-seeking behaviour in Uttar Pradesh state in India. *Canadian Studies in Population [ARCHIVES]*, 42(1-2), pp.1-12.

³⁸ Widge, A. (2002). Sociocultural attitudes towards infertility and assisted reproduction in India. *Current practices and controversies in assisted reproduction*, 60, 74.

³⁹ Ganguly, S., & Unisa, S. (2010). Trends of infertility and childlessness in India: Findings from NFHS data. *Facts, views & vision in ObGyn*, 2(2), 131.

The public sector is not providing ART. Only private clinics provide ART facilities in India, making ART accessible only to upper-middle classes or upper-class groups of people. ART clinics advertise themselves as a helping hand to fulfil the dreams of an infertile couple to have their biological child. But actually, those clinics are getting benefited much out of it. (Widge A, 2000)⁴⁰.

For the last twenty years, India has been witnessed the emerging of infertility clinics with ART. Due to the lack of a proper national registry, the exact number of Infertility clinics and babies born through ART is still unknown. ART is quite expensive more than any other infertility treatment. Most couples who seek ART do not know what it means and its actual procedures. They desperately undergo medications and treatment only to fulfil their long-term dream of having a baby with their blood and flesh. There are possibilities for IVF to get failed consistently. Women who undergo IVF risk their health and life since IVF creates serious side effects on a woman's body. But mostly, they are not even aware of all these complications until they go through them (Kapadia, 2008).⁴¹

There is always a concern about the efficiency of ART practitioners and the treatment provided in India. The ART bill was drafted already to regulate the ART industry by the Indian Council of Medical Research. However, the government still does not approve it, which keeps the infertility treatment services in darkness. (Ravi, 2017).⁴²

1.16 The childless men

There is only less talked about fatherhood in social science researchers. But nowadays, it is becoming a focus for researchers. It deals with the cultural necessity of fatherhood and how it affects social life. Fatherhood and manhood are considered concepts similar to womanhood and motherhood, easily connected (Kapadia, 2008)⁴³.

⁴⁰ Widge, A. (2002). Sociocultural attitudes towards infertility and assisted reproduction in India. *Current practices and controversies in assisted reproduction*, 60, 74.

⁴¹ Mehta, B., & Kapadia, S. (2008). Experiences of childlessness in an Indian context: A gender perspective. *Indian journal of gender studies*, 15(3), 437-460.

⁴² Geetha Ravi, N. (2017). *Pathways taken by childless women in pursuit for a baby. A qualitative study from Kerala, India* (Master's thesis).

⁴³ Mehta, B., & Kapadia, S. (2008). Experiences of childlessness in an Indian context: A gender perspective. *Indian journal of gender studies*, 15(3), 437-460.

In patriarchal societies, men with infertility are highly invisible. Even though men are aware of their defects, they hesitate to seek treatment because they believe that infertile men had no worth in society and were considered 'lacking in masculinity. The father's blood determines the child's shape and gives the child a name and lineage. In India, women are also not allowed to accept the infertility problem in their men. Nevertheless, men too experience inevitable negative consequences of infertility, especially in the context of inter-spousal relationships

1.17 Childlessness in the context of stigma

Stigmatization is one form of punishment given to individuals who fail to fulfil their normative roles (Panggabean, 2016).⁴⁴ Goffman (2009)⁴⁵ states that stigma is a disgracing attribute that restricts someone from a complete and ordinary person to a ruined, incomplete one". He also says that stigma classified someone as different from others and less than ordinary people.

The women, who follow strong patriarchal values in developing countries, still view motherhood as their only choice and the primary goal of their lives. Whether voluntary or involuntary, childlessness in many parts of the world is seen as a deviant from the norm and receives various stigmas from society (Panggabean, 2016).⁴⁶

The normative expectation of parenthood, together with negative social evaluations of the childfree, has been understood by researchers as being related to pronatalism (Moore & Geist-Martin, 2016).⁴⁷ Voluntarily childless women are prone to stigma because they violate the dominant constructions of femininity closely associated with them. Men's experiences related to childlessness have been less talked about or documented so far. However, research with involuntarily childless men shows that the men who face stigma associated with childlessness focus on gender normality (Haadley & Hanley, 2011).⁴⁸ Voluntary childlessness

⁴⁴ Panggabean, G. S. (2016). Involuntary childlessness, stigma and women's identity. *Jurnal Sosiologi Reflektif*, 9(1), 51-62.

⁴⁵ Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.

⁴⁶ Panggabean, G. S. (2016). Involuntary childlessness, stigma and women's identity. *Jurnal Sosiologi Reflektif*, 9(1), 51-62.

⁴⁷ Morison, T., Macleod, C., Lynch, I., Mijas, M., & Shivakumar, S. T. (2016). Stigma resistance in online childfree communities: The limitations of choice rhetoric. *Psychology of Women Quarterly*, 40(2), 184-198.

⁴⁸ Hadley, R., & Hanley, T. (2011). Involuntarily childless men and the desire for fatherhood. *Journal of reproductive and infant psychology*, 29(1), 56-68.

is seen as encouraging individualism and family breakdown. Childfree people are often evaluated as selfish, irresponsible, immature, materialistic, or too career-oriented, and their reproductive status is intentional.

Negative evaluations of childfree people are generally related to three standard constructions, namely:

1. Deficiency (not having children, leading to loneliness, meaninglessness, and ultimately to regret).
2. Psychological damage or deviance (i.e., perceiving voluntary childlessness as related to emotional trauma or the lack of “normal” desires).
3. Selfishness (i.e., focusing on one’s own needs and desires rather than the interests of society or life (Morison & Macleod, 2015)).

1.18 Coping of childless women with childlessness

Coping mechanisms, behaviour patterns, and strategies adopted by individuals to deal with the situation, and especially their feelings of control or lack of it, are essential issues in the experience of childlessness (Kapadia, 2008)⁴⁹. The women adopt various ways to cope with the existing situations prevailing on the issue of childlessness, such as expressing their feeling of motherhood on other children, seeking treatment to cure infertility, and accepting their state as their destiny.

Childless women find salvation in religious practices like praying and visiting temples and performing rituals very often (Widge A, 2002).⁵⁰

In Hinduism, childlessness is considered the result of sins in the previous birth. So they pray to god for pardoning them for their sins. Some women try to extend their family by fostering their relatives' children and taking care of them. These adoptions are pretty informal, and mostly they take their sibling’s children with them. Formal adoption is the last choice since they believe an unknown child may reject their parenthood and move once they mature. Some women want to be known positively, not people living with infertility. They started to

⁴⁹ Mehta, B., & Kapadia, S. (2008). Experiences of childlessness in an Indian context: A gender perspective. *Indian journal of gender studies*, 15(3), 437-460.

⁵⁰ Widge, A. (2002). Sociocultural attitudes towards infertility and assisted reproduction in India. *Current practices and controversies in assisted reproduction*, 60, 74.

speaking against social stigma and victimization by purposive avoidance and rejecting motherhood (Riessman, 2002).⁵¹

1.19 Childlessness in Kerala

Kerala is a state which has outstanding success in limiting population growth (average family size in Kerala is two children, the smallest in all of India). In such a context, the perspective of vision can be shifted to the infertility problem in some families. Second, Kerala gives a model for India and the developing world in the availability of primary health care, which can prevent infertility, and concerning the education of women, which can ensure possible coping strategies in the face of it (Riessman, 2002).⁵²

There has been a tremendous increase in infertility clinics in Kerala for the last several years. The practitioners in infertility have accepted that infertility is an emerging issue that needs immediate attention. Poly Cystic Ovaries Syndrome (PCOS) has increased the risk of childlessness in the southern states of India, and primary infertility was seen as higher than secondary infertility. (Ravi, 2017).⁵³

In a patriarchal society like Kerala, childless women are not allowed to participate in the auspicious occasions related to pregnancy and childbirth. Bearing children, especially sons, have significant social status in Kerala. Childlessness may lead to domestic violence, abuse, and social exclusion for women.

1.20 Statement of the problem

Childlessness is supposed to be considered an individual's or couple's affair. But unfortunately, it affects someone's personal and social life due to the stigma related to it. Being childless seems to be tough and challenging for women. Since in India, womanhood

⁵¹ Riessman, C. K. (2000). Stigma and everyday resistance practices: Childless women in South India. *Gender & Society*, 14(1), 111-135.

⁵² Riessman, C. K. (2000). Stigma and everyday resistance practices: Childless women in South India. *Gender & Society*, 14(1), 111-135.

⁵³ Geetha Ravi, N. (2017). *Pathways taken by childless women in pursuit for a baby. A qualitative study from Kerala, India* (Master's thesis).

cannot be considered apart from motherhood, and the burden of procreation and being childless goes to women eventually. It is believed that the social status is enhanced only when she delivers a baby. So the women are more likely to undergo intense personal and social consequences, including violence, marital breakdowns, and deprivation. They, even more, tend to experience physical, mental, and psychological trauma since she violates the rule of an intense social expectation that is to procreate.

Kerala is a state which is believed to have a high status of women compared to other states in terms of education, health, and economic autonomy. Kerala also has shown efficiency in population control, and the average family size is two children. So this scenario should be viewed in the context of infertility too. Though Kerala has better health care services and in vitro fertilization (IVF) technology, which treats infertility, the accessibility towards IVF is not much expected because of its high cost and side effects. So this study is looking forward to understanding how the women in Kerala face and tackle this issue of infertility and childlessness as part of their personal and social life. It is vital to have studies among childless women since it needs much attention.

1.21 Conceptual definitions

The conceptual definition explains what a concept means. it helps the reader to understand the meaning of the researcher, especially on the terms or ideas that may have different meanings or that may be conflicting (Bailey, Field, Froggatt & Krishnasamy, 2010)

Childlessness: Childlessness in the study refers to having no living children due to the inability or unwillingness to conceive during a woman's reproductive life span.

Social exclusion: A person is excluded from society when denied participation in social activities and evades maintaining social relations as a community member. The person may be interested in participation but is prevented from doing so due to beyond their control factors.

Treatment seeking behaviour: This study defines Treatment seeking behaviours as actions initiated by women living with childlessness to get conceived through demanding services from health care professionals.

This study defines voluntary childlessness as being childfree, the voluntary choice not to have children.

Pronatalism: Pronatalism is defined as an ideology that encourages reproduction and bearing children as compulsory.

Social stigma: Stigma can be defined as the process by which the reaction of others spoils the expected identity of a person or a group (Goffman, 1963). Social stigma is the extreme disapproval of a person based on socially constructed perceptions that differentiate them from other members of society. In this study, stigma is any action, verbal or non-verbal, that degrades the dignity of a woman living with childlessness.

Coping: Coping in the study refers to the deliberate effort of childless women to solve interpersonal problems and minimize or tolerate the stress associated with childlessness.

Resisting practices: Resisting practices in the study refer to the behaviours and actions held by women to fight against the stigma and other harmful influences of being childless.

1.22 Research questions and objectives

The proposed study examines the four significant aspects of exclusion of childless women, experiences related to childlessness, essential reasons for childlessness, incidents related to infertility treatment, and resisting and coping practices.

Research questions

- 1) Do the status of "childlessness" affect women's autonomy anyhow?
- 2) Do childless women still feel marginalized and discriminated against in society?
- 3) What are the prominent causes of childlessness?
- 4) Do the women face exploitation or any act of betrayal during the treatment of infertility from the clinics?
- 5) Do the childless women overcome the state of childlessness?

Specific objectives

1. To study experiences related to exclusion among childless women.
2. To identify the significant reasons for childlessness among childless women.

3. To understand the experiences of infertility treatment of childless women.
4. To study childless women's resisting and coping practices towards childlessness.

1.23 Scope of the study

Childlessness is purely an individual dilemma or a misery. But it is being viewed as a social crisis, where everyone can interfere with somebody's personal life in the name of a helping hand. A married couple needs to undergo procreation and childbearing. In India, a child is seen as a social expectation, not an individual's choice, and those unable to fulfil it may experience discrimination and isolation. Women are very likely to get affected by it since womanhood cannot be considered apart from motherhood. So researcher thinks that it is essential to have studies on women who are childless.

1.24 Significance of the study

Childlessness affects women both socially and psychologically. Studies conducted about childless women in Kerala are rare. Most of the studies have been shown in the background of health aspects. So the present research in the social context seems to be more relevant.

1.25 Research methodology

To obtain the knowledge on each individual, a case study method is followed in this study. Multiple ways of collecting data were observed, including in-depth interviews, observations, house visits, Audio recording of information, field notes, and memo taking assisted as various techniques in this process. Through a systematic procedure, the data has been organized and analyzed.

The present study chose a qualitative methodology to describe childless women's experiences and coping practices. Qualitative research is a kind of research that gives findings not arrived at by statistical procedures or other means of quantification. It can be referred to as research about a person's experiences, life, behaviour, emotions, and feelings (Strauss & Corbin, 1998). The present study aimed to understand the exclusion faced by childless women.

1.26 The Field study area

The study covers all over the state, Kerala. The study took place in 8 districts of Kerala, Trivandrum, Alappuzha, Kottayam, Ernakulam, Thrissur, Malappuram, Calicut, and Kannur.

1.27 Sample of the study

The researcher did not set out with a particular number as the sample size in the initial stage because, in qualitative research, the sample size will be decided in the field in keeping with the principle of saturation. It means that the researcher will gather data until each category is saturated. This means no new data or information arises further (Strauss & Corbin, 1998).

Both purposive and snowball sampling under the non-probability sampling method was used to reach the respondents. The researcher came to a point where all the categories were saturated, and no more new information was obtained. Initially, in the interview of the 30 members, the researcher felt the information was repetitive. Still, the discussion continued until the 35th participant completed the consultation as a buffer, should any new information arise.

1.28 Inclusion criteria

Inclusion criteria include critical characteristics of the target population that the researchers will use to answer their research questions, and they are.

- The women who have stopped taking treatment for childlessness.
- The women are likely not to have children.
- The participants must be married and living with spouses
- The age group is set between 40 years to 50 years.

1.29 Exclusion criteria

The exclusion criteria consist of features that compose the recruited population not entitled to the study.

- Those who take medical treatment for childlessness.
- Those who are childless by choice.
- Those who are unmarried and widows.

1.30 Tools of data collection

The interview guide was used to collect the primary data, including only open-ended questions covering various aspects of Childlessness such as experience related to childlessness, significant reasons for childlessness, treatment experiences, and resisting and coping practices.

1.31 Data analysis

The data analysis procedure started with the transcription of the audio records. All the interviews were conducted in the Malayalam language. The researcher listened carefully to the audio logs and transcribed the data in Malayalam (local language). Later, this data was translated to English without losing the exact meaning. In some places, the verbatim is used in the local language to provide the transcripts' apt sense. The translated data were coded manually.

1.32 Pilot study and pre-test

A pilot study was taken place among the childless women who reside under Thrissur Corporation at Thrissur District. A pre-test was conducted among 15 childless women and checked the reliability of the Interview guide.

1.33 Ethical considerations

- The participant's free will and voluntary nature are necessary for gathering information. This study gave complete freedom to the participants to quit at any time they felt.
- The participants were fully informed about the research's aim, objectives, and process. The researcher gave concern to the right of the participants to know about the need of the study.
- The principle of anonymity was assured to all the participants of the research.
- The information shared by the participants was kept confidential.

- The researcher was cautious in using sensitive terms that harm the participants. The complete avoidance of such words was followed in the entire research process.
- No promises were conveyed during any point of the interview.
- All the names of the participants are changed to maintain the confidentiality

1.34 Challenges faced during data collection

- There was no sampling frame available to access the Participants. So the researcher opted for the non-probability sampling method; hence, the research findings cannot be generalized.
- Since the interview guide contained very personal and sensitive questions, the researcher had to establish a rapport and trust with participants before interviewing them. It was much time taking and challenging.
- The Participants hesitated to reveal their true feelings and experiences related to childlessness since they considered the topic taboo.
- The researcher had to travel all over Kerala to access the Participants, and it was much time-consuming and hectic.

1.35 Limitations of the research

- This research is conducted only with non voluntarily childless women; it does not represent all childless women.
- Childless women belong to a particular age group only covered.

1.36 Chapterization

The overall study was organized in five chapters in five chapters. The components of each chapter are framed as follows.

Chapter 1

The first chapter consists of understanding infertility, childlessness in India, childless women in India, childless women and treatment of infertility, treatment-seeking behaviour of childless women, available treatment facilities, assisted reproductive technology (ART) in

India, the childless men, childlessness in the context of stigma, coping of childless women with childlessness, childlessness in Kerala, the statement of the problem, objectives of the study, Scope of the study, need of the study research design, tools and techniques used for collecting data and the primary limitations of the study also from part of this chapter.

Chapter 2

The chapter is a compiled form of literature review arranged in thematic exploration and Childlessness and childless women, Infertility, Treatment experiences of childless women, Childlessness in Kerala, stigma, resistance, and coping practices among infertile childless women.

Chapter 3

This chapter focuses on childlessness and Malayali women. As every Indian state is unique, a brief description is required to understand Kerala's life and socio-cultural scenario. This chapter narrates the impact of childlessness among Malayali women. Also, it justifies the reasons, which made the researcher conduct a study on the exclusion of childless women in Kerala. The chapter elaborates the status of women in Kerala, Infertility and Childlessness in Kerala, Stigma towards Childlessness and Childless Women in Kerala, and details of the study area.

Chapter 4

This chapter consists of a summarized description of thirty-five cases involved in this study. The participants were those who had stopped taking treatment for childlessness and were likely not to have children. The age group they belong to is between 40 years to 50 years. The primary data collected from the field from August 2018 to July 2019 and the names of the respondent used to narrate the cases are imaginary. The objective of this section is to give a brief introduction about each primary participant and their socio-cultural background. The socio-demographic profile of the participants is also included in this chapter.

Chapter 5

The life of every woman living with childlessness is a journey. A journey consists of experiences in different spheres of their life. This chapter presents the analysis and interpretation of the collected data. Analyzing text data and other forms of data is a challenge for every qualitative researcher (Creswell, 2007). The major work during this phase is preparing and organizing the collected data. In designing and managing the data, the researcher has followed various steps.

The procedure starts with transcribing the voice records to text data. Then transcribed data is carefully translated to English with accuracy and without losing the meaning of each word. After carefully reading the transcribed data, line by line and word by word, the researcher has identified various codes from the data. These codes are analyzed and categorised according to their similarity and meaning. Then the researcher writes narratives about each case. The categories are used as sub-headings in the descriptions. The categories are divided into four major themes. They are experiences of childless women, reasons for childlessness, treatment experiences of childless women, and resisting and coping practices. This chapter aims to describe these four themes in detail, in four sections, in the form of cross-case analysis with supportive verbatim quotes, codes, tables, figures, and diagrams. The analysis and interpretation are made in each section. The data is displayed in the form of tables and graphs. Verbatim quotes and case vignettes are presented wherever necessary.

Chapter 6

This chapter includes all findings of the study. It also contains the researcher's recommendations and the main conclusion findings of the present study. The researcher arrives following conclusions after carefully analysing collected data using qualitative methods.

To strengthen the concepts and issues discussed in this chapter, the review of existing literature regarding childlessness and childless women, Infertility, treatment experiences of childless women, childlessness in Kerala, stigma, resistance, and coping practices among infertile and childless women will be dealt in next chapter.

CHAPTER II

REVIEW OF LITERATURE

Progress is impossible without change, and those who cannot change their minds cannot change anything”.

- George Bernard Shaw

The literature review is a process that includes selected reading and understanding of the existing available literature on the issue in concern. A literature review is a serious and intense evaluation of previous research. It includes both conceptual and empirical research. The conceptual literature deals with the concept and theories. Empirical literature contains studies conducted earlier in the field of the researcher. In this chapter, previous research on the topic is scrutinized thoroughly to create a platform for the present study.

The present study mainly focuses on the Exclusion of childless Women. Regarding this, a set of related reviews are collected to generate a picture of what is known and not known about the particular situations concerning childless women. It is a relevant source in providing the depth of knowledge needed to understand the selected problems. Some studies have been conducted worldwide on the concepts of Infertility and Childlessness and childless women, but very few with Social Exclusion and Childlessness.

There are studies have been conducted worldwide on the concepts of Infertility and Childlessness and childless women, but very few with Social Exclusion and Childlessness.

The review of literature is mainly focused on

- 1 . Childlessness and childless women
2. Infertility and infertile women
3. Treatment experiences of childless women
4. Childless women in Kerala
5. Resisting and coping practices among infertile and childless women

2.1 Childlessness and childless women

Mazor (1984) considers childlessness a threat to the femininity and masculinity of the couples, resulting in depression and emotional imbalances. Due to childlessness and stress, the couples believe that they couldn't satisfy the spouse's need, and gradually a gap develops between the husband and wife.

Jindal and Gupta (1989) view the loss of status and prestige due to childlessness. It is a primary reason for divorce in some societies like highly religious, which considers barrenness as a license to get divorced and go for a second marriage. A man can have a second marriage if his wife is infertile. Parenthood after marriage is a norm in society. They also suggest solutions to overcome childlessness. Adoption and artificial inseminations are some of the remedial measures for sterility.

Patel (1994) says that a woman gets status through motherhood. The couple enjoys newfound honour and an improved image with every child's birth and survival. Childbirth confers constancy and security to the bride's relationship with household members. A son's birth is better; however, if the bride can prove her fertility in about three years, even the elders welcome the birth of a daughter.

Hirsch, A. M., & Hirsch, S. M. (1989) found that Childless women are harassed mentally and physically. The traditional social believes in childlessness adds to the adverse effects on the emotions of childless women. Even if the problem is not hers, she faces society's issues and negative comments. It is common in our society that if the couple is childless, the blame will automatically be put on the wife, even if the problem lies with the husband. The gender-discriminated approach towards couples is evident in society.

Unisa (1998) found that Childlessness can be considered an outcome of the complex interaction of biological, environmental, and cultural factors, which is to be understood at the local community level and for the designing reproductive health care services to deal with the problems.

Pachuri (1998) says childbearing is highly valued, and childlessness can have devastating consequences for Indian women; infertility is perceived to be a severe problem.

Unisa (1999) emphasizes that the ideology of motherhood explains the importance of childbearing in Indian society. Being childless has more negative social, emotional, and cultural consequences than any non-life-threatening condition.

Mulgaonkar (2001) found that childless women lean to have psychosocial effects like depression, pessimism, failure of building relationships with friends and relatives, doubts about sexual aptitude, loss of health due to specific treatment, feelings of jealousy, irritation, embarrassment, insecurities, fear of devastation of family ancestry, obsessed with the habits like chewing tobacco, smoking, and consumption of alcohol.

Lavania (2006) states that childlessness has an immense social impact on individuals, and couples face social pressure and isolation. They face tremendous social pressure from the network and are bothered by frequent questions from relatives and friends regarding their childlessness and related issues. Childless couples get isolated because of the response from outside and social exclusion from family, society, and community.

Ombelet et al. (2008) discusses the consequences of childlessness and found they are more prominent in developing countries than in Western societies. Local health care providers and international organizations give relatively little attention to this issue. The inadequate budgets for reproductive health care are mostly restricted to family planning and mother care.

Ram (2012) suggests that the level of childlessness in India is modest compared to other countries. In 2001, almost 16 per cent of Indian women of reproductive ages were childless. It was pretty high in the southern states compared to the northern states. The rate of childlessness among young women is very much connected with residence, religion, the standard of living index, educational and economic status, age of marriage, body mass index (BMI), substance use, and reproductive morbidity. Among the married women after completing 18 years, with medium BMI, substance users, and those who experienced any reproductive morbidity have higher chances of being childless than others.

Aiswarya and Moli (2012) have emphasized that childlessness is crucial for marital instability and family interruptions. It needs to be dealt with and treated seriously by considering all the aspects.

Neff et al. (2012) examined the positive impact of having children in married life. In Indian society, children are seen as a source of labour, income, happiness, and security in old age even if we believe that there is a positive paradigm shift, at least in the upper and middle

classes, towards women and their assumed roles still, procreation and childbearing remain essential factors in the socio-economic well-being of most Indian women.

Cain (2013) categorizes childlessness into three types: choice, chance, or fate. Voluntary childlessness is the result of a woman choosing not to have kids. It is also called voluntary childlessness, and these reasons include personal priorities, religious beliefs, and environmental factors. Many women admit to not wanting them for some or other reason. Though some women have a natural maternal instinct, many feel uncomfortable around children or are simply uncertain about them. It doesn't mean that they are incomplete as women; they have diverse personal choices. For example, like nuns, other women opt to remain childfree to dedicate their lives to more excellent service.

Mishra and Dubey (2014) point out that childless women believe that having a baby is essential in marital life. It strengthens the relationship between spouses, and motherhood brings honour and prestige to a woman in the family and society. They even perform special religious rituals for a child and fertility treatment.

Pangabbean (2014) argues that the construction of typical gender roles in society creates a stigma for childless women, negatively influencing women's identities.

Agarwal (n.d) proposes that, along with the crisis of high fertility, childlessness has come out overlooked in a country like India, so attention should be given more thoughtfully and effectively. More medical facility especially infertility clinics are required to moderate this imminent health problem.

2.2 Infertility and infertile women

Wasserheit et al. (1989) state that significant variables that influence female infertility include: hormonal or endocrine disturbances (menstrual or ovulatory disturbances), tubal factors (occlusions, pelvic adhesions, and other tubal abnormalities), acquired non-tubal factors (cervical or uterine disorders), sexual dysfunction and congenital anomalies. There is no probable cause of infertility in the female partner for about one-third of all infertile couples attending infertility clinics.

WHO (1991) defines infertility as an inability to get conceived or pregnant within the two years of marriage or cohabitation, exposure to unprotected sex, or lack of contraceptives.

Sharma (1991) says that in childless couples using contraceptive measures, the chance of pregnancy occurring within one year is 80percent. Pregnancy occurring chance within six months is 40percent. In the present scenario, the number of couples not achieving pregnancy increases day by day.

Nachtigall et al. (1992) found that a childless couple was subjected to feelings of stigma, loss, role failure, and loss of self-esteem regardless of male or female infertility diagnosis. Compared to women, men face fewer problems related to childlessness.

Connolly et al. (1993) examined the need for counselling and present treatment conditions for the infertile couple. Results found that men experience stress and discomfort during treatment.

Tripathy (1998) found that Mushrooming of infertility clinics in India shows an increase in the demand for infertility treatment among Indians for infertility. But most of the clinics belong to the private sector. So it is necessary to monitor the functioning of infertility clinics to regulate the exploitation from clinics towards the client.

Deveraux and Hammerman (1998) mention that culture plays a significant role in conditioning males and females' reactions to infertility. Parents, family convention, social rules, and religion influence the modification of morals and gender roles. Cultural and gender dissimilarities are created between boys and girls from the minute they are born. Young children are taught to play related to the duties of parenthood. Girls are given toys related to femininity, like cooking and cleaning, while boys are intended to play with toys, such as trucks, sports toys, etc., related to masculinity. Though fatherhood is not vital to male individuality, males are not excepted from the power of social culture. Society perceives masculinity as a man's aptitude to demonstrate strength, manliness, and potency. Since childless men are incapable of showing these most anticipated traits, they usually lose their individuality as men and husbands. Therefore, infertility also bothers males' identities different from females.

Prakasamma (1999) views infertility as a threat that questions the social acceptability, her legitimate role as a wife, marital stability, security, bonding, and function in the family and community. The childless woman suffers from low self-worth and is blamed for her lack of womanhood. This cycle of denial-treatment-frustration-resignation leads to emotional strain. On a second marriage, the risk of loss of entitlement is also involved.

Papreen et al. (2000) say that childlessness results in failure of fulfilling social roles for both men and women social stigmatization of the couple, particularly of the woman. Infertility places women at the risk of social and familial displacement, and women bear the most significant burden of infertility.

Mcquillan, Greil, White, and Jacob (2003) emphasize that. Infertility merged with involuntary childlessness, and it was associated with high distress.

Benagiano et al. (2006) described childlessness and infertility globally. He proves that in the general population, infertility affects 7percent – 8percent of all couples. In Europe, the prevalence of infertility has been estimated at around 14percent, and in women of 30 years of age or younger, the probability of pregnancy has been decreased to about 40percent.

Peterson et al. (2006) point out that infertility, or lack of ability to conceive or carry a pregnancy to give birth after a year or more of regular sexual relations, affects one in six couples of childbearing age.

Ganguly and Unisa (2007) argue that Age of women, age at the time of marriage, place of residence, the standard of living, working status of women, and region are variables related to the rate of infertility and childlessness. The infertility rate has been shown relatively high among the women who live in urban areas. Lifestyle and the later age of the first marriage can be prominent reasons. By taking the variable religion, Muslims show the lowest infertility rate. Scheduled tribes have the highest infertility rate. While taking the variable of education of the Participants, educated women show the highest rate of infertility compared to uneducated. This may be due to their aspirations for carrier and self-independence, which lead to late marriage.

Syamala (2012 states that infertility is highest in the southern regions and lowest in the northern areas. The determinants of infertility concerning various factors indicate that socio-economic factors such as place of residence, education, wealth index, caste, and religion do not have much role in determining the levels of infertility. However, biological factors such as age at marriage, lifestyle-related factors like exposure to drinking alcohol, smoking, and chewing tobacco, and BMI levels seem to affect infertility significantly.

Tahiri et al. (2015) opine that in communities where fertility is an important determinant, the inability to conceive creates many psychological, social, and economic problems. Negative psychosocial consequences of childlessness are expected in a traditional setting.

2.3 Treatment experiences of childless women

Bergart (2000) explained that infertile women still anticipate pregnancy and most of the experience that their marriages and other relationships have been hassled by infertility. Women who stopped treatment still undergo hurt and misery over the loss and endure frustration about childlessness, and many are anxious about the future without children.

Benyamini (2005) indicates that couples who undergo infertility treatment face communication gaps between patients and providers and between patients and spouses. After infertility diagnosis, many couples feel helpless and lose control over their bodies or life plans. Infertility can be a major crisis as the vital life goal of parenthood is not achieved here. Most couples are accustomed to the planning of their lives. The experiences have shown them that if they work hard, they can achieve it. Infertility is more traumatic for women as motherhood is considered an essence of female roles and identity. Social and psychological issues of couples involved in infertility treatment require education and support to cope with anxiety because these procedures are stressful, time-consuming, and expensive.

Widge (2005) emphasizes that repeated attempts of IVF made women exhausted, and they were provided inadequate information and counselling before IVF, and its success rate was also the low. The treatment was quite physically, emotionally, and financially stressful.

Holter et al. (2006) point out that the response of men and women is associated with the initial IVF treatment is based on whether they attained pregnancy. Those who are unsuccessful in becoming pregnant may have a worse emotional response towards IVF. Those who could attain pregnancy showed emotional well-being as better than before the treatment was started.

Cooper (2007) states that the couples under treatment trying for pregnancy are experiencing high stress. Teams who achieved ongoing pregnancies had higher scores on measures of a negative view of a child-free lifestyle need for parenthood and total stress than those who did not.

Peterson et al. (2007) state that the number of individuals and couples looking for infertility treatments rises. It has become crucial that all mental health professionals give attention to the unique medical and emotional struggles this population experiences. This perceptive can enhance the better assessment techniques and execute improved treatment plans. Ultimately,

this widened view will facilitate mental health professionals to provide the most appropriate and inclusive services to the persons undergoing infertility and its associated treatments.

Repokari et al. (2007) indicate that successful ART does not constitute a risk for marital adjustment. The shared stress of infertility may even stabilize the marriage relationship.

Boivin (2007) identifies that the stress due to fertility problems was associated with a poor treatment outcome in women and men, with more highly indicated in women.

Jayadevan (2009) reveals from her own experiences that the infertility treatment, which was quite painful, invasive, and expensive, gradually led to a twin pregnancy but unfortunately, both the fetuses had died. Later, the mother was only acting as a surrogate mother unknowingly.

2.4 Childless women in Kerala

Ravi (2017) found that the childless women in Kerala were almost distressed and anxious to remedy their inability, making them move from one treatment provider to another, building up a treatment pathway. Even though they lost their health and wealth for treatment from different treatment providers, they haven't left their hopes and desires for having their biological child. They faced a lot of pressure and stress from family and society, but they had a strong bond with their spouses. These alleged treatment pressures and dilemmas resulted from motherhood's social and cultural construction. These all indicate the need for regulation and monitoring of private hospitals, execution of a treatment protocol, and merging of infertility treatment services into the public sector hospitals in India to protect childless women from the hands of the commercialized private health sector.

2.5 Resisting and coping practices among infertile and childless women

Draye et al. (1988) point out that childless women have less self-esteem, elevated levels of interruption in their personal lives, and high levels of depression. Thirty per cent of women reported constant depression compared to twenty per cent of men. There were no notable differences between men and women in perceiving problems associated with their marriage, relationships with family and friends, or jobs.

Abbey et al. (1991) found that infertile women were more likely to be involved in problem-solving and escape coping and more likely to attribute greater responsibility to them for infertility than their husbands. Regarding control, infertile women were more likely to

perceive more significant control over infertility than men. When compared to the control group, exhausted men and women reported lower levels of self-esteem and significantly higher levels of depression than couples presumed to be fertile, supporting the findings from other studies which say that overall, infertile men and women experience higher levels of psychological distress than couples supposed to be fertile.

Davis et al. (1991) state that the strategies used for coping include seeking information from those facing the same problem, depending on one's family for getting support, considering the situation as God's will, and receiving comfort from network children.

Robinson and Stewart (1996) state that childless women often feel accountable due to jealousy or irritation towards pregnant women who has children. Numerous studies have revealed that loneliness is one of the most critical obstacles to coping and adapting to situations.

Bolter (1997) found that childless women's early coping strategies incorporated hope, expectation, selfishness, blame, and humour. The most acute symptoms of depression are self penance, a low sense of worth as an individual, and women's avoidance of pregnant women and young children.

Bergart (1998) indicates that many women reported avoiding young children, although women who had been out of infertility treatment for over a year and a half said better adaptation. Women in this category attempted to redefine their identities and develop "nurturing outlets," especially in relationships with children. Women who had recently stopped treatment continued to avoid pregnant women and young children.

Riessman (2000) found that childless women are deviated from 'ordinary,' and 'normal.' Still, they make serious attempts to move on from the state of shame or disgrace of the state 'childlessness.' The social class and the age, the women, belong to affects the stigma and resistance practice.

Remennick (2000) argues that the women's coping strategies included selective disclosure, escaping from the exposure of their inability. Most women fully internalized and endorsed the pronatalist discourse by pursuing long-term and burdensome infertility treatments at any personal cost. The resistance to the stigma of infertility is only feasible where women question the norm of compulsory motherhood. But the need for resisting motherhood is found in some educated professional women.

Daniluk (2001) remarks that less socially excluded women have shown much life satisfaction and have adapted more effective coping skills to deal with infertility stress.

Lechner et al. (2007) state that childless couples are sometimes experiencing a lack of social support, leading to physical and mental problems. If the teams can cope with childlessness, they can adjust to childlessness's negative feelings and emotions. A high level of social support will remove the adverse outcomes of childlessness among couples.

2.6 Findings from the review

1. Childlessness is a well-researched topic, and its larger effects on women make every research significant
2. Stigma is one of the significant parts of the lives of women with childlessness, as mentioned in every research
3. Further studies on changing attitudes and notions of women towards motherhood are needed.
4. Researchers commonly depend on quantitative tools to assess the experiences and resisting practices of childless women
5. Women go through challenging experiences with childlessness and undergo fertility treatment.
- 6 . Coping with childlessness is a subjective experience. At the same time, coping practices are influenced by socio-cultural factors such as family support, social support, and spirituality.

2.7 Gaps in the literature that lead to this study

Identifying gaps in the literature review is essential to develop a complete and sustained study, and those findings of the research study can contribute and positively impact society. The identified gaps in the existing literature are mentioned below.

- Most of the researchers depend on quantitative tools to study childlessness. Qualitative research can add a more specific and comprehensive picture of the facts
- Very minimal information and studies found coping Practices of childless women in Kerala.

- Most research focuses on childless women and the miseries and agonies they undergo to have a biological child. But not on how to ensure a quality life despite childlessness and non-motherhood.
- The above reviews have given an understanding of the various problems and concerns faced by childless women. Other important issues are still unaddressed, such as the importance of surviving with childlessness, improving the lives of childless women by reconceiving the notion of mandatory motherhood for a woman.

2.8 Summing up

The chapter deals with the literature review; the researcher has collected the reviews related to the current study. In this chapter, the researcher has discussed childlessness and childless women, infertility and infertile women, treatment experiences of childless women, childless women in Kerala, resisting and coping practices among childless women.

The next chapter will deal with the study area. The researcher will discuss the glance of Kerala, the profile of Malayali women, health status of women in Kerala, health sector in Kerala, impact of childlessness on Malayali women, treatment-seeking behaviour of Malayali women towards childlessness, the attitude of Malayali women towards ART, and Commercial Surrogacy in the coming chapter.

CHAPTER III

CHILDLESSNESS AND MALAYALI WOMEN

Empowering women is key to building a future we want.”

-Amartya Sen

This study focused on the life of childless women in the South Indian state of Kerala. As every Indian state is unique, a brief description is required to understand Kerala's life and socio-cultural scenario. This chapter describes the impact of childlessness among Malayali women. Also, it justifies the reasons, which made the researcher conduct a study on the exclusion of childless women in Kerala.

Kerala is much praised for its high social status of women. Education, employment, and literacy rates seem to be high for women. As a patriarchal society, women in Kerala face exclusion in many aspects of their entire lives. The pressure to fulfil the gender roles of women is high, and those who do not perform them may suffer from extreme physical and emotional abuse. Kerala is a high pronatalist society too, which views motherhood as mandatory and closely related to womanhood. So, it is vital to look at the lives of women who remain childless.

Social constructions related to motherhood are much scary in Kerala. They seem to be life-altering to an ordinary woman. Society and family severely interfere with a woman's decisions related to her pregnancy and childbirth. Though she opts for motherhood, she is supposed to meet the criteria made by society to become an ideal mother.

3.1 Glance of Kerala

Kerala was formed on November 1st, 1956, for all Malayalam-speaking people. It is a state situated on the southwestern tip of the Indian peninsula. Kerala occupies 1.18 per cent of the total land of India. The state has 14 districts., 63 taluks, 520 towns, and 1018 villages for administrative purposes, with Thiruvananthapuram as its capital. It has an active political society. Two political coalitions have alternatively ruled Kerala: the National Congress and the Communist Party Of India (Marxist). Malayalam is the official language, and the people of Kerala are referred to as ‘Malayalis.

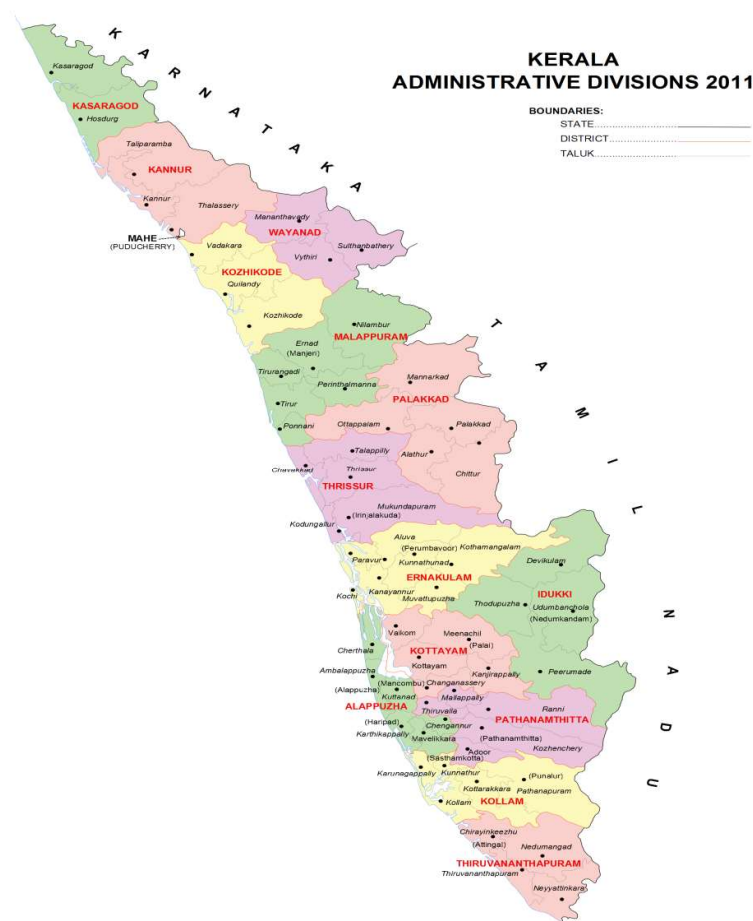


Figure 3.1 Geographical Location of Kerala

Source: Kerala administrative division 2011, www.mapofpix.com

The state's population has risen from 16.9 million to 31.8 million (3.44percent of the total Indian population) from 1961 to 2001. In rural areas also, it had enlarged from 84.9 per cent in the year1961 to 74.0 per cent in 2001. But the population growth rate in Kerala during 1991-2001 was 9.42 per cent, which was the lowest rate among other Indian states. Kerala is a heavily populated state with 819 persons per sq. kilometre in 2001. Also, it is a highly literate state with a female literacy rate of 87.9 per cent and a male literacy rate of 94.2 per cent, respectively. (Kerala Development Report, 2008)⁵⁴

⁵⁴ Commission, P. (2008). *Kerala Development Report*. <http://14.139.60.153/handle/123456789/12367>

According to the 2011 Census, the total population of Kerala is 33,387,677, and the overall sex ratio of Kerala is 1084 females per 1000 males. The overall number of literates in Kerala is 28,234,227 and real literacy rate is 93.91 percent. The male literacy rate is 96.02 percent, and the female literacy rate is 91.08 percent.

Kerala's development is renowned for a high level of social development uneven to economic growth (Budget, Government of Kerala 2009-2010). The India Social Development Report placed Kerala as first in rural area development and second in the development of urban areas among all states in India. The state is generally portrayed as a land of good health at a low cost. (NSSO, 2004) The state has the lowest rural-urban disparities in public health status. (Report of the National Commission on Macroeconomics and Health, 2005)⁵⁵

In 2001, the population of Kerala showed 26 percent of the total population constitutes children aged between 0-14 years. 63.4 per cent constitutes adults aged between 15-59 years, and 10.6 percent constitutes aged above 60 years. (Census of India 2001)⁵⁶ The status of women in Kerala has achieved international attention. Women's literacy and education levels are much high compared to other states in India. Fertile grounds have been renowned for the prominent position of women in Kerala, which includes a history of social reforms and the importance given to women by reformers, matrilineal systems. Female education, early commencement of family planning, and the impact of the left movements.

⁵⁵ *Report of the National Commission on Macroeconomics and Health*. (2005).

<https://ruralindiaonline.org/en/library/resource/report-of-the-national-commission-on-macroeconomics-and-health/>

⁵⁶ *Census of India Website : Office of the Registrar General & Census Commissioner, India*. (n.d.). Retrieved December 16, 2021, from https://censusindia.gov.in/2011-common/census_data_2001.html

3.2 Profile of Malayali women

Women comprise almost half of the total population in India, but they are not getting privileged with autonomy, equalities compared to their male counterparts. While executing planning in India, several policies and movements have decreased disparities between women and men. As an outcome, human development strategies were implemented to change women's positions and status. The quality of life of women in India is a topic of critical concern. The violence and crime against women have been growing drastically. Women in Kerala are believed to have, high status in education, health, labour, employment, Marriage, and family life. The literacy level of women, the health status, and women's role in decision-making are highly appreciated by everyone. Women in Kerala are precious resources and can contribute effectively to all aspects of the state's progress.

3.2.1 Socioeconomic status of women in Kerala

Women are always praised for their high literacy rate in Kerala. According to 2011 status, the female literacy rate of Kerala is 92.07 per cent, while the male literacy rate is 96.11 per cent. Education was always considered inevitable. A woman who belongs to the middle class and upper class is supposed to acquire a bachelor's degree to get a capable spouse. The women are also aware that it is possible to get a job and become financially independent when they are educated. It makes them stay in schools and delay marriage. The mean age of marriage for women is 22.7 years, and for males, it is 28.7 years. , initially, they lived in a joint family system, but now there is a shift to nuclear families for social and economic convenience.

Though Kerala has achieved gender equality in health and education, they have not managed to do so in social and economic roles. Critics point out that the suicide rate is three times the national average and the highest in India. It is higher among unemployed and less educated women. Though it is being said that women enjoy higher status, the decision-making power is kept in the hands of men, and they want greater power than women in society and family.

3.2.2 Marriage

Marriage is an inevitable institution in the life of a Malayali woman. Most marriages are arranged marriages, and the parents and relatives choose the partners based on religion, caste, education, age, and socio-economic status. Marriage rituals are based on each religion and caste to which the bride and groom belong, even the marriage, divorce, and legacy laws from religion to religion.

3.2.3 Legacy and dowry system

The Dowry system and gender-based violence have an intense influence on women's health. Mappilas in the Muslim community and Nairs and Ezhavas from the Hindu community followed a matrilineal system before. Under this system, women enjoyed a prominent place in society. Since 1925, there was a change from a matrilineal joint family system to a patrilineal his led to a decline in women's right to property. Conventionally a woman's right on her family wealth was given as a dowry or 'sthreedanam' during the marriage. Earlier it was a system among the higher class but later extended to all religions and castes.

According to the dowry prohibition act, giving or taking a dowry is an offence and punishable. But it has little impact on society. In reality, the women are not even benefiting from the dowry they get, and only the groom and his family get an advantage by using it for their own needs and deeds. Nowadays, dowry is demanded based on the groom's education, occupation, and family status. So each family that has daughters is supposed to save up for paying off dowry. People struggle to meet the dowry expectations due to income disparities. The struggle of parents and dowry-related disputes in the husband's household makes women anxious and stressed, leading to suicides. Dowry-related suicide rates have a tremendous increase between 1994 and 2000.

3.2.4 Gender-based violence

violence against women has discernible effects on social development, education, and gender equality. Uneven distribution of power among men and women gradually leads to violence. Women in Kerala experience abuse, domestic and sexual violence very

often. Women facing domestic violence quadrupled between 1994 and 1997. 69percent of women who participated in a community-based study from Trivandrum in Kerala stated they had undergone some form of violence in their lives. Most of the time, domestic violence commences closely associated with financial deeds and dowry. Some even end up in deaths.

3.3 Health status of women in Kerala

Mostly the women in Kerala prefer to go for recommended three antenatal visits but going for a postnatal check-up is comparatively less. Malayalis are sensitive to medical issues; hence the medicalization is high. So chances of having excessive medicalization during pregnancy are also high. The antenatal expenditure is much higher in Kerala than at the National level, both in the public and private sectors. One-third of deliveries in Kerala seem to be cesarean section, which is three times higher than the national rate.

Kerala has a high rate of institutional deliveries, mostly at private hospitals. Regarding the increase in cesarean section rates, further research is required to assess this situation. In some cases, the woman's family members demand the cesarean section since they want the child to be born at an auspicious time. The maternal mortality rate in Kerala between 2004 and 2006 is at 95, comparatively low. Family planning usage in the state is also high. Most of the women have accessibility to sanitary facilities.

An occupational health hazard is one of the women's significant health problems, often underrated. The women who work in unorganized sectors like tea plantations, coir factories, cashew factories, and fish handling units badly get affected with their health due to unhealthy, unhygienic working conditions prevailing there.

Marital disputes and pressure of gender-expected roles to perform intensely affect women's mental health.

This needs to be addressed within a gender-sensitive approach since the attitude of family and society towards women's mental illness may create obstacles for health-seeking behaviour. Obesity is higher in Kerala women, and cancer also arises, but the

exact prevalence rate is not recorded. According to the cancer registry of the Regional Cancer Centre in Thiruvananthapuram, breast, cervix, and thyroid are the most affected cancer sites in women in Kerala.

3.4 Health sector in Kerala

The growth in the health of Kerala can be associated with several factors like prominence given from the state government on public health and primary health care (PHC), health infrastructure, decentralized governance, financial development, education of girls community partaking, and enthusiasm to improve the existing system to fill the identified gaps. Kerala already had a long past of health-focused policies, such as mandatory vaccinations, from 1879 itself. Kerala invested in infrastructure to create a comprehensive health system that provided high and easy accessibility for vital services at the community level. It extended incorporated primary health care accessibility to preventive care and curative services.

Kerala also quickly extended the number of hospital beds and doctors. From 1960 to 2010, the number of doctors raised from 1200 to 36,000, and the number of primary health care facilities increased from 369 to 1356 between 1960 and 2004. The rise in PHC centres and doctors enhanced the proper care in the right place, reducing patient care costs. They lowered the burden on secondary and tertiary care facilities. Other public health and social development movements began soon after Kerala was made a state—such as safe drinking water facilities, primary education for men and women.

3.4.1 Public health sector

The government health sector aims at providing reasonable and satisfactory health care to the public by focusing anticipation, control, and management of communicable and non-communicable diseases. To impart quality health services to all, the government has started a new program, ‘Aardram,’ that aims to improve the basic infrastructure of government hospitals and promote patient-friendly hospital initiatives. People in Kerala take treatment from mainly three systems of medicines, i.e., Allopathic, Ayurveda, and Homeopathy. Here, modern medicine is referred to as allopathic medicine. Due to the higher cost of allopathic treatments, there is a greater dependency on alternative therapies, namely Ayurveda and Homeopathy. Their

services are regulated and provided by AYUSH. It refers to Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy. Earlier, AYUSH was part of the family and welfare department but to focus and promote their research, education, and services, the government separated it and made it into an independent department. Under AYUSH, there is a Department for Indian system of medicines focusing on Ayurveda, Yoga and Naturopathy, Unani and Siddha, and a Department of Homeopathy. These systems of drugs help in better outreach of health services. District medical officers of the concerned system manage at the district level, and a director for each system monitors the state level functioning. These multiple health services allow people to make choices, but there is a substantial power variation among the different methods.

3.4.2 Achievement in ART

Two government hospitals in Kerala have achieved glory by delivering IVF babies. SAT hospital in Thiruvananthapuram, the oldest tertiary-level maternal and childcare hospital in the state, became the first government hospital in South India to deliver an IVF baby in 2013 (Times of India, 2013)⁵⁷. A second IVF baby under a public sector hospital was born in Kottayam medical college in 2016 (The New Indian Express, 2016).⁵⁸

3.4.3 Private health sector

The private health sector has improved the accessibility to health care. The government eased up and promoted this sector to provide better health care. The Kerala state industrial development cooperation supports and encourages

⁵⁷ *Times of India*. (2013.). Retrieved December 12, 2020, from <https://timesofindia.indiatimes.com/india/in-search-of-fair-babies-indians-chase-caucasian-donors-for-ivf/articleshow/21203722.cms>.

⁵⁸ *The New Indian Express*. (2016.). Retrieved December 16, 2021, from <https://www.newindianexpress.com/states/kerala/2016/nov/19/in-a-first-art-baby-delivered-in-government-run-hospital-in-kerala-1540410.html>

multispecialty hospitals with infrastructures in developed countries. This sector has grown fast and steadily over the past decade, employing more doctors and staff than government hospitals. They have better infrastructures and inpatient capacities than government hospitals and provide advanced care in the medical field. The private sector also imparts respect in alternative medicines like Ayurveda and Homoeopathy.

Infertility treatment in the state is also mainly provided by the private sector. 89.6percent of villages in Kerala have private clinics (District Level Household and Facility Survey, 2008)⁵⁹. According to a newspaper report, infertility clinics have doubled over the past years. Their growth and functioning are not monitored or regulated, and their quality and ethics are questionable. There is no available research on private hospitals' number and functioning here.

3.4.4 Systems of medicine

Allopathic medicine

Allopathic medicine is also known as modern medicine, biomedicine, or western medicine. Under this system, diagnosis is based on signs and symptoms, and treatment is done using drugs, surgeries, and other interventions. This treatment under the public sector is provided through 5094 sub-centres, 59 dispensaries, 18 tuberculosis and leprosy control clinics, 929 primary health centres, 114 community health centres, and 136 hospitals. Hospitals include general, district, and taluk hospitals. They have in-patient facilities with 23 871 beds in hospitals, 7675 in primary health centres, and 4730 in community health centres. Also, 8402 beds are available in government medical colleges, and the state also has 73 cooperative hospitals. Private hospitals also provide allopathic treatment, but their exact number is not recorded. Based on a survey conducted in 2004, 12 467 private hospitals and 1942 have in-patient facilities with a bed strength of 64 491. 37percent of hospitals under the private sector provided

⁵⁹ *District Level Household & Facility Survey. (2008.). Retrieved December 16, 2021, from*
<http://rchiips.org/arch-3.html>

allopathic treatment, and these hospitals provided most of the inpatient care in the private sector.

Family welfare programs and control and eradication programs run by the directorate of health services are as follows: National program for control of blindness, National TB control program, National filarial control program, National malaria eradication program, National leprosy eradication program, Sexually transmitted diseases control program, National AIDS control program, State mental health program, Physical medicine and rehabilitation, Family welfare program, Maternal and child health program, universal immunization program, Child survival, and safe motherhood program.

3.4.5 Ayurveda

Ayurveda means ‘science of life and is mentioned in Vedas, making it a relatively old system of medicine. It considers the physical, mental, social, and spiritual characteristics of a human being. It has a strong lineage in Kerala, making it more popular and on par with allopathic medicine. Under the public sector, there are 117 Ayurveda hospitals with 2764 beds, 747 dispensaries, and three Ayurveda medical colleges. About 39percent of private medical institutions provide Ayurveda treatment.

It is practised based on five primordial elements. These elements are Vata (Ether + Air), Pitta (Fire), and Kapha (Water + Earth), known as ‘Tri Doshas’ (three doshas), and these elements are present in a human being. The physical, mental and spiritual attributes are ‘Satva,’ ‘Raja,’ and ‘Tamas.’ According to Ayurveda, good health is defined when all these entities are in equilibrium, and an imbalance of these entities due to any factors results in disease. The treatment is provided through drugs, procedures, diet restrictions, exercises, and improving general lifestyle. Earlier, the physician made the medicines in his house or surrounding area from natural ingredients, but now it has become more commercialized because of their increasing demand. The mechanized treatments are more palatable, with an improved shelf life, and the contents are also mentioned. As medicine productions have become mechanized, there is a concern about the change in products, their traditional authenticity, and clinical value.

3.4.6 Homoeopathy

Hahnemann is the father of homoeopathy, and the scientific principles stated and proved by him form the backbone of homoeopathic treatment to date. Kerala has achieved great heights in the practice and popularity of homoeopathy. Its popularity lies in its medicines' safety and gentleness (Ministry of Ayush). It has 31 home hospitals with 970 beds, 611 dispensaries, and two home medical colleges in the public sector. They also run special programs for epidemic control, prevention, and control of lifestyle diseases, school health programs, and a gender-based program to promote women's health care. In homoeopathy, the physician takes a holistic approach to treatment by promoting mental, emotional, physical, and spiritual levels. The doses are tailored for a patient based on the overall health status.

The gender-based program named 'Seethalayam' under homoeopathy needs a special mention. This program aims at women's empowerment by improving their physical, mental, and social health. Lady physicians assess the problems of the women and provide treatment accordingly. The psychologist present at the centre offers to counsel. Considering the increasing number of infertility cases in the state, infertility treatment is also incorporated. This is a vital measure taken by the department.

3.4.7 Siddha

Siddha is an old and traditional system of medicine developed in Tamil Nadu, South India. This system highlights the relation between the universe and the human body, referred to as 'Andapinda Thathuvam.' Maintaining health is considered cooperation between the physical component 'Udal Thathu' and physiological units 'Uyir Thathu.' In this system, emphasis is given that one can keep diseases away by taking proper diet at the appropriate time in adequate quantity. 80percent of drugs are based on herbal products, and great care is taken in natural drug purification. In life-threatening and chronic diseases, metals and minerals are used and herbal preparations. These drugs are given in a minimal dose with adjuvants and diet restriction.

3.5 Impact of childlessness on Malayali women

The ideology of motherhood illustrates the significance of childbearing in Indian society. Being childless has more negative social, emotional, and cultural consequences than any non-life-threatening condition.

In our patriarchal Kerala society, childless women are the victims of malpractices. They are treated inauspicious and ill-fated to participate in the occasions related to pregnancy and childbirth. They are not even allowed to hold a newborn baby due to the soaring taboo associated with childlessness.

In joint families in Kerala, women having children get high esteem and recognition. If the elder daughter-in-law in the family is childless, she will be subjected to stigma and discrimination, and the condition gets worsened if the younger daughter-in-law gives birth to a child. If the spouse of a childless woman is the only son in his family, the condition worsens as there is no one to take up the family's lineage. This scenario affects women's physical and psychological health, and they get pressured by their family and community to conceive. This grabs her right to make her own reproductive decision. This emotional turbulence sometimes makes ruptures in their marital life too. Most of the time, the women struggle in silence. They often get significantly less social support. The need for conception is not just a biological need but a social one also. Women have limited autonomy regarding decision-making in the social, cultural, and political context. These social and economic disadvantages made them more vulnerable.

According to the Hindu religion, it is thought that parents get salvation only if their son performs the rituals after their death. In a society like Kerala, both pronatalist and patriarchal, bearing children, especially sons, have significant social status. Many pregnant women face pressure to deliver a baby boy due to families' high prioritization of sons. Even childlessness leads to domestic violence, abuse, and social exclusion for women in both families and society.

3.6 Treatment seeking behaviour of Malayali women towards childlessness

In Kerala, infertility treatment is not a part of the public health program. Very few infertility treatment services are being provided through public health programs at the territory level through medical colleges. It isn't easy to access these available services for the people who live in rural areas. Both primary and community health centres are not equipped with infrastructure and facilities to deal with childlessness. The government hospitals seem to be unhygienic, overcrowded most of the time, and it lacks confidentiality and health practitioners to deal with childless women and childlessness. Moreover, doctors who practice in government hospitals run private clinics to increase their income, and sometimes they refer their patients to a private clinic. So the consultation hours available in the government hospitals will be fewer.

Childlessness is considered a women's problem, so apparently, the women who initiate the treatment. Men also cooperate with them sometimes, and sometimes they don't. There are no awareness programs or information centres at the primary health centres where childless women could get information on available treatment options. The health workers who work there are not even qualified to give awareness or advice to the women who seek treatment towards childlessness. So the women opt for their treatment providers based on the opinion of others, as like advice of friends and relatives and through mass media advertisements. Even though their priority is Allopathy, Ayurveda and home are also very popular in Kerala. Treatment seeking varies from several months to 25 years. The intense desire for a biological child makes them take treatment for a long time. The treatment-seeking behaviour seems to be high in urban areas and among people with high income compared to people in rural areas and who have low income. The educational status of women also matters here. (Ravi, 2017)⁶⁰

3.7 Attitude of Malayalees towards IVF and commercial surrogacy

In Kerala, the number of assisted reproductive clinics has gone up gradually over the past years. There is a significant increase in couples seeking assisted pregnancies.

⁶⁰Geetha Ravi, N. (2017). *Pathways taken by childless women in pursuit for a baby. A qualitative study from Kerala, India* (Master's thesis).

Awareness level among people concerning IVF and other fertility treatments, especially in metros cities of Kerala like Kochi. Earlier, people were unknown about the treatment. Hence, couples would take second and third opinions before choosing assisted reproduction, but the acceptance rate has risen.

Though it is pretty expensive, IVF is now gaining acceptance in Malayalis. IVF treatment costs vary between Rs.1.25 lakh and Rs 2 lakh in Kerala, and the Success rate is just 3.-35percent. Five years ago, most of the women who had undergone IVF treatment were aged above 32. Now above 50percent of the women who have IVF treatment belong to below 30 years.

IVF specialists said education played a vital role in making Malayalis opting for IVF optimistic. Even people from the lower-income group also opt for IVF. They don't even mind spending money to have a biological child since the stigma towards childlessness is hard to handle in Indian society (Nair, 2017).⁶¹

Since Kerala is famous for its trade union culture and existence of left political eminence, unlike other states of India, surrogates are given comparatively much better remuneration Compared to the normal range of money received in other parts of the country (2850 - 7130 Euros), surrogates from Kerala receive a relatively better amount (8560- 11400 Euros). The significant parts of the commissioning couple are Non-Resident KeralitesNRK (who live in UAE and US for their living and basically from Kerala) and people from NRK families. Kerala's economy largely depends on remittance and highest receiver of overall remittance in India. Tourism plays another contributor to Kerala's economy along with agriculture, service sector, and alcohol beverages. As part of medical/reproductive tourism, Kerala also commissions couples from different parts of the world.

⁶¹ ⁶¹ Nair, S. S., & Kalarivayil, R. (2018). Has India's Surrogacy Bill Failed Women Who Become Surrogates?. *ANTYAJAA: Indian Journal of Women and Social Change*, 3(1), 1-11.

3.8 Surrogacy in Kerala

Though Malayalees are broadly accepting IVF, Surrogacy does not seem to be so. Surrogacy is when women agree to a pregnancy, attained through assisted reproductive technology. It is a third-party reproduction that consists of oocytes, sperm, embryos. In Kerala, surrogacy is not a commonly opted with or known choice. It is only recommended for those who constantly fail IVF trials or have terminal uterine issues.

3.8.1 Impact of commercial surrogacy (Regulation) Bill (2016)

Commercial surrogacy is an essential part of Assisted Reproductive Technology which is extremely popular with those who cannot have a biological child and can pay for this costly process. On the other hand, there are numerous concerns which this "industry" raises. It facilitates stigmatizing childlessness in a patriarchal context and uses the socio-economic vulnerabilities of women who rent their wombs (Surrogate Mothers) (Banerjee, 2012).⁶²

Since Kerala is recognized for its trade union culture and left political ideology, surrogates receive a fair payment than the other parts of the country (2850 - 7130 Euros), surrogates from Kerala receive a relatively better amount (8560- 11400 Euros). The majority of those who opt for surrogacy are Non- Resident Keralites NRK (who live in UAE and US for their living and basically from Kerala) and people from NRK families. Kerala's economy largely depends on remittance and highest receiver of overall remittance in India ((Madhavan, 2016).⁶³

In March 2018, Union Cabinet approved moving official amendments to the Surrogacy (Regulation) Bill 2016. The bill recommends regulating surrogacy in India by establishing surrogacy boards at the state and central level to regulate commercial surrogacy by preventing exploitation towards surrogate mothers (Nair, 2017).⁶⁴

⁶² Banerjee, S. (2013). Gestational surrogacy contracts: Altruistic or commercial? A contract theoretic approach. *The Manchester School*, 81(3), 438-460.

⁶³ Madhavan, A. P. (2016). *Renting Wombs Narratives of Surrogates from State of Kerala, India*

⁶⁴ Nair, S. S., & Kalarivayil, R. (2018). Has India's Surrogacy Bill Failed Women Who Become Surrogates?. *ANTYAJAA: Indian Journal of Women and Social Change*, 3(1), 1-11.

3.8.2 Major points discussed under the bill

- Surrogacy is an agreement whereby a couple hires a surrogate mother to undergo pregnancy and give childbirth.
- The proposed couple must be Indian citizens and married for at least five years, with one infertile. The surrogate mother should be a close relative of the couple, who has been married and has given birth to a child.
- No payment other than affordable medical expenses can be given to the surrogate mother. The surrogate child will be considered the biological child of the proposed couple.
- Central and state governments will assign competent authorities to provide the eligibility certificates for the proposed couple and the surrogate mother. These authorities will also regulate and monitor surrogacy clinics.
- Undertaking surrogacy for a fee, sensitizing it, or exploiting the surrogate mother will be punishable with imprisonment for ten years and a fine of up to Rs 10 lakh.

3.8.3 Major issues and analysis

- The Bill allows surrogacy only for couples who cannot conceive a child. This procedure is not permitted in several other medical conditions which could restrict a woman from childbirth. The Bill indicates eligibility conditions that need to be fulfilled by the intending couple to commission surrogacy. Further, it allows additional requirements to be prescribed by regulations. This may be an excessive division of legislative powers.
- The surrogate mother and the proposed couple need eligibility certificates from the concerned authority. The Bill does not indicate a time limit for granting such certificates. It also does not determine an appeal process if the application gets declined. The surrogate mother must be a 'close relative' of the intending couple. The Bill does not specify the term 'close relative'. After that, the surrogate mother (close

relative) may donate her egg for the pregnancy. This may lead to adverse impacts on the health of the surrogate baby.

For an abortion, according to the Medical Termination of Pregnancy Act, 1971, the approval of the appropriate authority and the surrogate mother's consent are mandatory. The Bill does not indicate a time limit for granting such permission. Further, the intending couple has no voice in the authorization to abort.

Still, surrogacy has continued to boom, especially among upper-class, educated Indian women who want to have a child later in life. Bollywood celebrities like Shah Rukh Khan state that surrogacy has led to more excellent reception in urban India, but a stigma exists for both intended parents and surrogates.

The Surrogacy (Regulation) Bill was widely criticized as too restrictive and failed to clear the upper house. A committee of 23 members was directed to examine the surrogacy industry and recommend amendments to the legislation. In their research, committee members met with Patel and Karkhanis, who raised disagreements about several bill clauses. The committee widely advocates permitting any “willing woman” and not just a “close relative” to be a surrogate mother and widows and divorced women to avail surrogacy services and expand insurance coverage for surrogates from 16 months to 36. In February 2020, the Union Cabinet—the government’s most senior ministers accepted these suggestions, which tend to be passed by the upper house of Parliament this year and become national law.

Still, the bill probably would restrict anything except altruistic surrogacy, Since the Modi government insists that the commercial surrogacy business exploits the situations of low-income women.

Women’s rights advocates also agree that the industry needs more regulation. The issue with the intended law is that it fails to deal with significant concerns with current practices and does not consider the interests or opinions of surrogates. They are mainly concerned with the authorization that makes only “altruistic” surrogacy legal, stating women would get pressured to become surrogates without their concern.

3.9 Summing Up

This chapter illustrates the geographical area of the research. It explains the profile of Malayali women, health status of women in Kerala, health sector in Kerala, impact of childlessness on Malayali women, treatment-seeking behaviour of Malayali women towards childlessness, the attitude of Malayali women towards ART, and Commercial Surrogacy in Kerala. Case Summaries of the Participants will be narrated in the next chapter.

CHAPTER-IV

CASE SUMMARIES: THE UNTOLD STORIES OF CHILDLESS WOMEN

“There is no greater agony than bearing an untold story inside you.”

- Maya Angelou

This chapter consists of a summarized description of thirty-five cases involved in this study. The participants had stopped taking treatment for childlessness and were likely not to have children. The age group they belong to is between 40 years to 50 years. The primary data collected from the field from August 2018 to July 2019 and the names of the respondent used to narrate the cases are imaginary.

The objective of this section is to give a brief introduction about each primary participant and their socio-cultural background. The socio-demographic profile of the participants is also included in this chapter.

4.1. Case Summaries

Jaya (46 years)

Mrs Jaya is living with her husband in an apartment in Thrissur town. She has been married for the last 24 years. She is a graduate, and her husband is also a postgraduate and working as an assistant account officer at KSEB. They are financially well settled and sound.

The couple had started to bother about the Inability for conception after the one year of their marriage. Jaya used to have severe abdominal pain during her menstrual cycles. So in the very beginning, she thought this might be the reason for not getting pregnant. She revealed it to her elder sister, who insisted she get treatment for the first time. She consulted an Ayurveda doctor during those days and started to take medicine.

Her husband was not bothered by childlessness's initial days since they were only a year after their marriage. During the early years of marriage, she lived in a joint family. There her pain during periods was a huge issue. She tried to restrict herself from some social circles and neighbouring networks because they started to ask about her childlessness. She had difficulties coping with childlessness in her early years since she lived in a joint family and had no job. She had to spend the whole time at home; she started to get reminded about her problem frequently. She had sometimes felt excluded and stigmatized in some personal and social circles. But she had not felt difficulty going to any auspicious ceremonies since she had

not felt any troubles while attending them. She doesn't like to exclude herself based on her state of childlessness, except she doesn't want to go to some people or houses because they keep on disturbing her, asking about childlessness.

She hasn't felt that she losses her place and supremacy in her home and other circles since she is childless. She handled getting more support from her family, husband, and relatives. But she didn't mention her husband's family and in-laws. Her husband is still sad about their childlessness, and he is a less talkative man. So he doesn't even express his feeling outside. But she knows that he is still can't come out of it. Since the problem is found with him that there insufficient count in his semen. Even though they used condoms as contraceptives during the early months of marriage, they left them later, once they planned for pregnancy. Later, they started treatment once she was not pregnant after several months of exposure to unprotected sex. She had never got conceived yet. Her menstrual cycle is quite normal now and then, and she hasn't experienced issues like delaying or missing periods. Her only problem is the pain during periods, and she claims that all the women in her family have the same problem. Presently she doesn't have any other illness, and she feels as healthy and fit. Her marriage was not a consanguineous one.

They had taken different treatment options. First, they took Ayurveda then shifted to Allopathy. It has lasted up to two years. Then they left those and moved to natural therapy and Sidhavaidya. Finally, they shifted to Allopathy again for doing IVF. She had felt exploited economically during the treatment time at infertility clinics. The husband was positive towards treatment; he hadn't hesitated for taking treatment and having hormonal medicines. There has been no treatment for almost ten years, and they don't plan to take treatment further.

She had overcome and coped with the state of childlessness and its consequences to the extent. Her spouse and family helped fruitfully adapt to the state of childlessness and move on to life.

The couple hadn't even thought of adoption since they can't even bear a child not biologically related to them. They haven't visited any temples or performed special rituals to cure childlessness. She never thinks that motherhood is a compulsory obligation to a woman. "I don't think that motherhood is mandatory for a woman to fulfil her life. Motherhood is only a part of her life, and that alone can't determine the meaning of her life." Jayshree added.

Nimmi (50 years)

Mrs Nimmi, a housewife, lives in an independent house with her husband in Nedupuzha, 8 kilometres away from Thrissur town. She belongs to a Hindu, and it has been 33 years since her marriage. She has studied up to the 10th standard. Her husband, aged 57 years, works as a daily wage worker in a used car showroom.

The couple understood that something was wrong with them once Nimmi could not conceive within two years of marriage after unprotected sex. They decided to seek treatment, and during earlier days, they hadn't told anybody they were taking medicine, but gradually they were forced to tell it to both families. Neighbours and relatives used to ask like "Visesham Onnum Aayille" (It is colloquial language in Malayalam that describes the good news that usually has to come up after marriage). They started to give some suggestions and advice for treatment options. They haven't told anything terrible to hurt her intentionally. She doesn't know whether they have said anything at her back. She had met a woman recently who is childless and above 50 years at a flood Disaster camp. (Kerala had survived severe flood two years back, and Nimmi also had to move to base since her house drowned in water). So that woman was seen as very depressed in the centre. She narrated her state of helplessness as she had no child, and so much spent for fertility treatment, now her house also drowned. Nimmi consoled her as much she could. She said she felt empathetic towards that woman.

She had not felt stigmatized or excluded in personal or social circles. She said that she thought people showed more affection and gave attention to her by understanding her situation. She used to go to all auspicious ceremonies, and others used to provide their children her to pamper. So she never felt excluded or restricted herself from others. She didn't think that her place and supremacy were affected due to her state of childlessness. She said that her husband is still sad; he gets upset and sees others with their children. Childlessness hadn't affected their sexual life anyhow yet.

Nimmi's husband was clinically diagnosed with less amount of sperm in semen. There was no contraceptive used yet. Her menstrual cycle was regular, and she had issues with her reproductive system. She hasn't gotten conceived yet. Presently she is diagnosed with diabetes and undergoing treatment. She does take medications for the last five years. Their marriage is not consanguineous.

The couple first consulted a gynaecologist. She suggested surgery for Nimmi's husband. But they had to disapprove of it since their financial situation was weak. Then it was just two years after marriage, so they hadn't taken it much seriously. Then they moved to 'Unani. It was also stopped within a year since they became so weak after the treatment, and then they left treatment for the next few years. Then they again consulted another gynaecologist from another hospital, but the result was desperate. Later after several months, they turned to "Sidhavaidya" but ended up with no results. Finally, they decided to go for IVF. Though, It was pretty expensive, it too led to no hope for them. During IVF, she suffered from nausea, back pain, and giddiness, and her husband had no health concerns during hormonal injections and other medicines. The husband was quite positive during the treatment time, and he used to accompany her during consultations. There Now, almost for the last 12 years, they have stopped taking medicine. They got exhausted, and even both of them got unhealthy often and got hospitalized.

They haven't felt economically exploited during the treatment. They already knew it would be costly in a fertility clinic. They had to sell the property, gold, and everything. Now they have no savings at all. Now they have to take bits of help from relatives if they need it. Nimmi and her husband had visited some notable temples had performed ritual practices so many times. They even used to visit astrologists often.

She believes that motherhood is mandatory for every woman. Without children, life is meaningless and horrible. "The loneliness I feel sometimes is horrible than death," she added

Bini (50 years)

Mrs Bini lives in Ammadam, 10 kilometres from Thrissur town. Bini is a housewife who belongs to a Hindu. She has been married for the last 18 years. She is a pre-degree holder, and her husband is an auto driver who is a school dropout. They have a monthly income below 10000. She lives in a nuclear family, which includes herself and her husband.

Since Bini got married late, the couple consulted a doctor soon to avoid complications-related infertility. The doctor stated that everything was fine, and there was no abnormality found among both. But he prescribed some medicines for me to increase the chances of conception.

They hadn't told their families that they had consulted a doctor in earlier days, but they came to know the facts later. She hasn't felt stigma or exclusion in public or personal circles. Neighbours and relatives used to ask about childlessness in earlier days. At the very

beginning, she used to feel wrong about that, later she got habituated and now started to neglect those statements she told. She was not hesitant to attend auspicious ceremonies since she hadn't felt anything wrong yet. Bini's sister-in-law also doesn't have children, but she states that they don't talk to each other about childlessness. They wanted to keep secrecy with everyone. Even though there was talk on our state of childlessness, she never felt that she lost her place or supremacy, even though she lived in a joint family then. Childlessness had not affected their sexual life yet. Even though she and her husband don't even talk about childlessness, she feels that he is not happy in life; he misses a child in his life.

No abnormalities were found among Bini and her husband, which led to childlessness. They haven't used any contraceptives yet. She got conceived two times during the treatment, but it ended with abortions both times. Even her menstrual cycle was regular too. Presently, she suffers from hyperthyroidism and has been taking medication for the last three years. Their marriage was not a consanguineous one.

Soon after marriage, they went for allopathic treatment. Later shifted to Ayurveda. After that, they again turned to Allopathy. Then they tried IUI, but that was also a failure. They stopped taking treatment for the last seven years because they got exhausted, even though the couple spent money and time, but no result they gained. She was the only one taking medicines and injections. She didn't have such serious health issues related to treatment, but she didn't want to continue.

Bini doesn't even know whether she has overcome the state of childlessness or not. They were thinking of adoption, but later they dropped the plan because they thought they were getting older. Neither they have performed any religious practices nor visited any holy places. She stated that she and her husband are not devotees. She thinks motherhood is mandatory for women because life without children will be drawn to endless loneliness and depression

Ajitha (40 years)

Mrs Ajitha lives with her husband and mother in law at the village called "Nedupuzha," which is 8 kilometres far from Thrissur town. She married 14 years ago at the age of 26. She went up to Pre-degree and then dropped her studies. She belongs to Christian, and her husband is a welding worker four years older than her. He has completed his school education. They have a monthly income of around above 10,000.

Ajitha and her husband decided to consult the doctor once she could not conceive after one year of marriage. She revealed this crisis to her parents, later told it to in-laws. Both families' insisted on continuing the treatment. The husband was also positive those days and thought everything would be ok since it began after marriage. She said that her parents and siblings are a bit educated compared to her husband's family. So she hadn't felt anything worst from their side, and they were mature enough to understand her situation and were quite supportive. But she didn't ask for much helps from them since she didn't want to disturb them unnecessarily. Childlessness became a serious concern to her husband gradually. He started to show his frustration on Ajitha, and his attitude began to change slowly, affecting their sex life. She began to go for small jobs to make her rescued from the stress and pressure. Even she had met some childless women, and she didn't want to talk to them regarding childlessness.

Ajitha's husband was diagnosed with a lack of sufficient sperm count in semen. She also had fibroid during earlier years of marriage, and she had undergone surgery too. They hadn't used any contraceptives yet. Her menstrual cycle was not regular until the surgery removed fibroids. After that, she started having regular menstrual cycles. She couldn't get conceived yet. She suffers from a migraine now, and she thinks her stress transformed into a headache. She has been taking Homeo medication for the last two years. Her marriage is not from close relations, and it is not considered a consanguineous one.

Ajitha and her husband first opted for Allopathy as a treatment option. They continued for two years and then stopped when they hadn't got a result. Later, they started to take Ayurveda. It was continued for three years, and after that, they stopped treatment for several years. Then they switched to Homeo. They had colossal hope in Homeo since they had witnessed and heard many successful cases with Homeo medications. But for them, it was a severe disappointment. Later they did both IUI and IVF. That was also ended up with failures. Now for the last year, she is not taking any treatment. Even though her husband was quite supportive of treatment, it has been stopped on her wish. Ajitha has not coped with her state of childlessness yet. Ajitha strongly believes that a woman should be a mother at least once. Other vices will affect her life badly. "Children bring pride to a woman," she said.

Meena (40 years)

Mrs Meena is working as a salesgirl in a known textile shop in Thrissur town. She lives with her husband in Koorkkanchery, one of the semi-urban areas of the Thrissur district. She belongs to Hindu. She had studied up to Pre-degree. Her husband is 43 years old now and working as a tiles worker on a daily wage basis. They married 15 years back when Meena was 27, and her husband was 28. They have a Monthly income within 25000/ approximately.

Meena and her husband realized something was not okay with them once Meena was not conceived within the six months of their marriage, having exposure to unprotected sex. They decided to seek medical help before disclosing their queries to someone else. Her husband took the initiative to consult a doctor. Even though the problem was with the husband, they didn't reveal it to anybody else. She hadn't spoken much about this to her parents because they had severe health issues, and they died after three years of her marriage. So she was not able to have any moral support from her parents. She had undergone severe stress once she was sitting in home idly. Childlessness started to affect her daily life during those days. They moved to a nuclear family by building their own house by the time they had moved to a nuclear family. Since the husband was quite supportive, she could survive it almost. Childlessness had not affected their sexual life yet.

She knew some childless women. One of them works with her in the textile shop, and she is young too. She had undergone much treatment. But she couldn't conceive yet. Meena's elder sister also doesn't have children. Her Husband's brother also doesn't have children, but they were not enthusiastic about taking treatment. Meena's husband is diagnosed with an insufficient count of sperm in semen. She also had an ovarian cyst in earlier years of marriage. It was removed through laparoscopy, but her periods were regular and even now also. They haven't used any contraceptives yet. She never got pregnant yet. Presently she has no health issues. Meena's marriage is not a consanguineous one.

The couple took three treatment options: Allopathy, Ayurveda, and Homeo. Eventually, they stopped taking treatment. They haven't gone to infertility clinics, and they didn't have to spend much money for treatment purposes. They have undergone therapy for almost 13 years by having stipulated intervals. Now for the last two years, they have been out of treatment.

Meena wanted to adopt a child, but her husband did not let her. She and her husband used to visit holy places and do special rituals to cure childlessness. She thinks that motherhood is compulsory for a woman. Other vice life goes as meaningless like hell.

Indhira (42 years)

Mrs Indhira lives in Amballur, 15 kilometres away from Thrissur town. She got married at the age of 18. She studied up to pre-degree and joined diploma in civil engineering, but later she left the course once her marriage was over. Now she runs her beauty salon near her home. Her husband is 11 years older than her, and he is 53 years old now. He completed a diploma in Fire and safety and ran their own business. She belongs to a Hindu, and the couple is financially stable and sound. They have their own independent house, where she and her husband lives now.

She was very fond of children from her childhood itself. She used to pamper all her cousins, who were relatively younger than her, as her babies. So she didn't want to go for family planning. She started thinking of consulting a doctor after six months of marriage. She didn't even want to wait for some more months. She revealed her concern to her husband and sister-in-law for the first time since she was living in a joint family. She consulted the doctor with her husband and her parents. The doctor consoled her that she was too young and had enough time to have a baby and asked her to wait until she turned 20. Then she consulted an infertility specialist, and the couple had undergone several tests, and it was found that the problem lies with her husband. Her father-in-law was quite a gentleman, he hadn't uttered a single word like blaming her till his death, and her mother-in-law died just after one month of their marriage. Her parents were quite positive, and they only asked me to do treatment follow-ups.

She deliberately avoided some occasions or functions in some relatives' places since they reminded her that she is always childless. Indhira hadn't felt that childlessness had influenced her daily life since she lived in a joint family, where her in-laws and their children were there. She was constantly engaged with them. She says she looked after one of her nephews once his parents left for Paris as part of their job. He was attached to Indhira more than his mother. When her nephews went out for higher studies, she felt an emptiness that affected her daily life, she says. Her husband didn't have a strong feel for a child. Since they live in a joint family, he didn't realize the need for a child. But, a few years before, he told her that it would be better if they had their children with them. Husband's brothers didn't want to give equal

shares to them since they didn't have children. The desire for sex is less for the husband, she says.

Insufficient count in semen with husband is identified as the reason for childlessness, and it is clinically diagnosed. They have not used any contraceptives yet. Her menstrual cycle is regular only. Once her periods got irregular for just two months, and her menstrual cycle was perfectly all right. She couldn't get conceived yet. Now she has had diabetes for the last year. But she doesn't take medicines; since the sugar level is on margin, the doctor asked her to exercise regularly to keep the sugar level in control. Her marriage is not a consanguineous one.

They have taken three treatments Allopathy, Ayurveda, and Homeo, respectively. They have planned for IVF once, but they dropped due to misconceptions others heard about IVF and suspected its credibility. So husband didn't have faith in Artificial Reproductive Technologies. Then they stopped treatment because a family friend who is an infertility specialist, who runs a reputed clinic in Thrissur district, discouraged them from taking treatment since the side effects of treatment may lead to other serious health complications. It has been 14 years, and now they are out of all the medicine. They haven't felt infertility clinics had a face of economic exploitation since the doctor was close to them and their family. The couple got fed up with the treatment, resulting in no result.

Indhira doesn't think that they can overcome the state of childlessness. She could engage time with nephews and, they were all around her whenever she needed anything. That is true. But she is not sure about the coming years. Indhira and their husbands have visited many sacred places, including temples, and performed rituals to cure childlessness. Indhira wanted to adopt a child years back. But her husband didn't want to go for that. But later, her husband realized that they would have adopted a child as our own. But now it is too late. Indhira thinks that Motherhood is mandatory for a woman. Womanhood and motherhood never can be seen apart.

Prasanna (45 years)

Mrs Prasanna lives with her parents and family in a village called "Thazhe Chovva" in Kannur district. She belongs to the Hindu religion and got married at 32. She had studied up to pre-degree. Her husband works in Dubai as a Tailor in a private garment shop, and he is 51

now. It has been 13 years after their marriage. They have a monthly income above 30000/- and Prasanna belongs to the Hindu religion.

The couple has started bothering the child soon after their marriage since they got married very late compared to the typical or expected age for marriage in Kerala. They feared it might cause constraints for conception and childbirth. So they consulted a doctor immediately after their marriage. She didn't have to talk about her problem to anybody else since all eagerly wanted to know their status since their marriage was late. "My marriage got over by very late as I was 32 and my husband was 38. I had some issues with my horoscope, and my father was very particular about it. My younger sister got married before me, and her delivery took place on my marriage. So everyone started to suggest we consult a doctor, even before trying for pregnancy. We also felt they were right, so we voluntarily consulted the doctor and took treatment." She said.

She hasn't felt any abuse or misbehaviour from in-laws on childlessness. "My mother-in-law is not mentally fit. She has some psychological issues, and my father-in-law died soon after marriage. Other in-laws treated me well yet, and I don't know about the future." She added up.

Her brother was quite desperate for her state of childlessness and even now. Even he suggested doctors for treatment; even he took them to several hospitals and doctors.

She didn't feel people spoke indented to hurt her. She felt more or less sympathy for their words. She doesn't go out much except for some inevitable ceremonies or occasions. Even though she stays in her own home, she attends all needed events related to her husband's home and relatives. She has not restricted herself from going anywhere. She never felt any exclusion in public or personal circles yet as a childless mother.

She doesn't think that childlessness affected her day-to-day life. She used to console other childless women, and her husband seemed to be so quiet and calm. So has not expressed his worry or feelings as a childless father to her. Even though he doesn't tell it, she thinks he might have a sense inside him. Childlessness has not affected their sexual life badly yet.

There is no proper reason has been found out in their matter yet. They think that late marriage might be the reason, and since the respondent's husband is an emigrant, they get to live together for a short period, whenever he comes down for leave. They have not used any contraceptive measures yet. She got conceived once, but she had to go for an abortion since

the fetus's heartbeat seemed to be below. Her menstrual cycle is proper, and she has no illness at present. Her marriage was not a consanguineous one.

She took two treatment options Allopathy and Ayurveda. They came to know about those options through suggestions from the people they knew. They go for treatment once the husband comes down-home. So there was no proper continuity for treatment. She got pregnant during allopathic medicine through IUI. She had undergone severe vomiting and giddiness after taking a tablet prescribed by the doctor for infertility. Then she was hospitalized for five days. Later it was revealed that that tablet could be inserted through the vagina for stimulating ovum formation. She says she has not been appropriately informed about it.

Ayurveda treatment also had been taken alternatively with several intervals. They hadn't undergone IVF since her husband does not prefer it. He is bothered about its credibility. They were able to meet the expenses somehow. She hasn't felt any economic exploitation yet during any phase of treatment. Now she had quit the therapy for the last two years.

She hasn't completely overcome the state of childlessness. Her brother's children also mean so much to her. She takes care of them well. Sometimes she thinks that her life is so meaningless. She had undergone an abortion in 2012. Then her sister-in-law came home with the newborn baby that had consoled her well and made her move on from all miseries. Her husband is not interested in going for adoption. She had never performed rituals or visited extraordinary temples to fulfil the dream of having her child. Prasanna strongly believes that becoming a mother is inevitable for a woman. It gives her completeness.

Jensy (45 years)

Mrs Jensy lives in a village called "Mele chovva" at Kannur District with her aged mother-in-law. She was married at the age of 31, and she had studied up to pre-degree. Her marriage took place 16 years. Her husband is 53 years old now, and he is an emigrant who works as a foreman in a tiles factory in Dubai. He has just qualified school, and they have a Family income above 30000/-. She belongs to the Hindu religion.

Her Problem started soon after their marriage. She developed severe pain during intercourse since her vaginal hall was too small. Semen was unable to get released during intercourse. The couple kept this problem within them for three months, and after that, they consulted a doctor. The doctor gave some temporary remedies, and the situation got solved for the time

being. But later, she started to develop severe pain during urination after each intercourse. But she hadn't disclosed it to anybody. They gradually decreased the frequency of intercourse.

Her husband was quite supportive of her own decisions and found a remedy for their problems. But unfortunately, her in-laws never bothered about their wellness she added up. Her family was quite supportive, and they insisted she take treatment. Her father helped them a lot, and he is still sad about her situation. People used to ask her about a child. But she said she never felt wrong about their questions. She never thought she faced exclusion or stigmatized outside. She used to go to every auspicious ceremony. She didn't have to create a self-exclusion for herself, she told. She didn't feel that she had a place in her husband's home. So childlessness doesn't make any difference for her.

She agreed that childlessness had affected her day-to-day life badly (Jensy loved to receive the researcher since she likes to have guests on her boring life. Even she served lunch also).

She knows some childless women. Even she used to take suggestions and to give them back. She said she used to feel sympathy towards them. Childlessness has not affected their sexual life, and her husband is happy. But she is unsure how he feels inside as a childless man.

There are no reasons identified for their childlessness. They think that it might be because of their late marriage. Jensy married late since it was getting proper matches for her horoscope. Decreased frequency of intercourse during early marriage also might be a reason they think. She doesn't have the illness. She never got pregnant yet and never used any contraceptives. She used to have a regular menstrual cycle. Jensy's marriage is not a consanguineous one.

She started taking treatment three months after their marriage. Allopathy was the treatment option they chose. She continuously took medicine for 12 years whenever her husband was around, and they lived together. They continued the treatment till 2014. Her husband was quite supportive of treatment, but he couldn't stop his habit of taking alcohol during treatment. She had consulted an ayurvedic doctor during the early month of their marriage on painful intercourse. The doctor prescribed a cream to apply on Pennies during intercourse. Mainly, they adopted Allopathy, and she hasn't felt any physical discomfort during treatment. But she felt exploited financially during treatment.

She couldn't overcome the state of childlessness ultimately, and her husband was interested in adopting a child. But she was not since she needed her biological child. She has never

performed rituals to cure infertility since she is an atheist. Now she feels that it would be better for her boring and meaningless life if she had a job. She believes that motherhood is mandatory for each woman since her life gets incomplete and tedious without a child.

Shyama (45 years)

Mrs Shyama, a government servant who lives in a small town called Peringavu in the Thrissur district. She works as a clerk in the Thrissur Corporation office, and she has studied up to a degree. Her marriage took place once she was 32. Her husband is just one year older than her, and he is doing construction works. He has not even finished school. She lives in her own home after the death of her only brother happened recently, along with her husband and mother. She belongs to the Hindu religion. She has a monthly income above 25000/.

The couple started to realize the problem of infertility lies with them after three years of marriage. Then they consulted a doctor. But the doctor has not diagnosed any severe problem with them. Later it was found that, less count in the semen. Then they disclosed it to Shyama's brother, who died recently. He insisted on further treatment. The husband was quite positive those days; he believed they would be parents soon.

Shyama is a heart patient, and she has a small lump in one of the chambers of her heart. Everyone in her in-laws and parents knows about her problem. So she faced exclusion and stigma on childlessness is less. People used to feel sympathy for her. But sometimes, she has been cursed for childlessness and insulted while attending a baby's naming ceremony. She has not excluded herself from going to functions and social gatherings. If she wanted also, her husband never let her do. He goes for meetings if she accompanies him only. Even her husband had briefed about her illness all her colleagues to avoid inconveniences for Shyama. She never felt childlessness had affected her daily life. Since she is working and her spouse supports her well, she could move on with her life. She knows childless women in her office too. But she never felt or showed sympathy to her. But she used to strengthen them to get brave and hopeful. Even she suggests treatment options also to them. Her husband would be sad inside, she thought, but he never expressed in front of her. Childlessness has never affected their sexual life yet.

Earlier it was found as less count in the semen. But even though the count increased, Shyama couldn't conceive since she is a heart patient. She cannot be entirely exposed to treatment by considering the side effects, which can badly worsen her health. Her cardiologist also

suggested not taking medicine for a long time. She was diagnosed with a heart problem after one year of marriage. There, her doctor advised her to postpone the pregnancy for one year. Since the lump is not growing up, she could try for pregnancy. Monthly she should undergo heart check-ups. She has been taking medication for this for the last eight years. She sometimes gets sudden giddiness, decreased BP and pulse rate, and gradually becomes unconscious. The couple used condoms as a contraceptive to postpone the pregnancy during the early years of their marriage. Her menstrual cycle used to be regular. Shyama's marriage is consanguineous since she is married to her first cousin.

The couple had taken three treatment options. First, they have gone for Allopathy. They continued for the next two years. They turned to Ayurveda for one and half years. Finally, they shifted to Homeo for next year. It was easy since Homeo has no side effects. She hasn't felt that they were economically exploited. They haven't done IVF, and they have undergone only IUI. That also got failed. They were able to meet treatment expenses since she is a government employee. Now they have stopped treatment for the last one year. Their gynaecologist also suggested quitting it.

Shyama could adjust with her state of childlessness somehow now, she says. She is attached to her husband's younger brother's son. "He spends much time with us more than his parents. He is more like our own son. He calls me my name only. That much close he is to me," Shyama says.

Shyama is never interested in going for adoption. She thinks that it is a high risk. Once they grow up, they will come to know the truth. Then it is difficult to handle, she says. She always wanted her child, even though by risking her life. But her husband never let her for that since he loosed his mother at a very early age. She used to go temple and do rituals for a child. Now she stopped everything. She believes that having a child is prestigious to every woman, and it is mandatory.

Vani (44 years)

Mrs Vani lives with her husband at Paravoor, Ernakulam District Kerala. She is a housewife and studied up to the 10th standard. Her husband runs a furniture business near their hometown, and he had studied up to the 7th standard. She got married at the age of 25 when her husband was 37. It has been 19 years since their marriage got over. She lives in a nuclear family, and her monthly income is below 25000. She belongs to Hindu

Vani's husband was a gulf migrant at the time of their marriage. So he got back to his job within the three months of their marriage. She hasn't felt anything unusual during this time when she couldn't get conceived. But she felt something wrong, once she could not get pregnant after being exposed to unprotected sex several times when her husband came home for his next vacation. Then she and her husband consulted a doctor and had undergone several tests as per her sister-in-law's advice since she first disclosed her issue to her sister-in-law only. Her husband was quite positive then and hoped everything would be ok soon after treatment, and her in-laws and parents were worried too much about their infertility.

Relatives and neighbours used to ask about their infertility during earlier years of marriage. She felt not to go anywhere due to this. She made an exclusion for going auspicious ceremonies like naming ceremonies, baby shower function of pregnant women, etc. She felt as inauspicious. She thought she loosed her supremacy in the family due to her state of childlessness once she lived with her in-laws in a joint family. Childlessness had affected her daily life very badly. She never talks about childlessness to other childless women, even if she knows them well. She doesn't want to talk about it to anyone other than her husband. She felt empathetic towards them.

She feels her husband is quite sad about their state of childlessness, though he doesn't express it outside. He used to console her whenever she cried, and she felt better. I know he pretends that he is ok, but he is not. Childlessness has affected their sexual life badly since they loosed interest.

In earlier years of marriage, her husband was diagnosed with less count in semen. Gradually, it became ok. But then also they reminded of childlessness. Vani said that they hadn't used any contraceptives yet. She hasn't gotten conceived yet. Her menstrual cycle was quite good in earlier years. But now, the bleeding becomes heavy once she reaches menopause. She was diagnosed with Thyroid ten years back, and she takes medications too now. Her marriage was not a consanguineous one.

They consulted a gynaecologist for the first time and continued consulting him for one year. Later they shifted to many other gynaecologists from the different hospitals for two years. Then again, they turned to Ayurveda for the next three years. Then they stopped all the treatment for a while due to no results seen so far. Later they turned to again Allopathy. They used to take treatment; there was a stipulated gap between treatments whenever her husband came for leave. They continued taking medicine actively for 12 years. Now they have

stopped treatment for the last seven years. They came to know about treatment options from their relatives and friends. Her spouse was quite supportive of the treatment for the early years. But later, he loosed interest since no results were seen. They both had no health issues faced during treatment. She has not felt any economic exploitation during treatment since they hadn't gone to any fertility clinics and had never taken ART yet. Hey, we were able to meet the expenses too.

Vani said that she could not state that she had overcome the state of childlessness. Still, she lies in the miseries. She had no plan for legal adoption since her spouse was not willing for it. She felt consoled when she spent time with his nephew.

Rani (46 years)

Mrs Rani is a school teacher who lives in 'Perumbavoor' in Ernakulam district. She got married at the age of 21, and It has been 26 years after her marriage. She had studied up to a degree. Her husband is 50 years now, and he was 25 at the time of their marriage. He studied up to the 10th standard, and he is into some malicious activities, more or less like black magic. Their monthly income is above 25000/-.

Rani noticed difficulties in getting conceived after two years of her marriage. They consulted a doctor after that. She was hesitant to talk about it to her parents, in-laws, and all. Once she speaks a single line, she used to add she would not like to remember all those. People used to ask about her childlessness. She knows some women who are childless. But she doesn't like to talk about childlessness to them. She said she doesn't know how even her husband feels as a childless father or wants to talk about it. Childlessness doesn't affect her daily life now since she works and gets mingled with children. Childlessness hasn't affected their sex life too, and she believes there is no association between Childlessness and Sexual life.

Rani got conceived two times. But unfortunately, it got ended up with miscarriages. Once she got pregnant for the first time, she took painkillers for an ear infection without consulting a doctor, and she claims this reason for the abortion. She doesn't even know the cause of the second miscarriage. The first pregnancy happened after one year of marriage, and again she added up, she doesn't even want to remember all these. She didn't reveal the reason for their infertility. Even though the researcher asked, she didn't want to answer it. Rani said they hadn't used any contraceptives yet. Her menstrual cycle was regular. Now she has cholesterol, and she has been taking medicines for the last two years. Their marriage was not

a consanguineous one. But they belong to different blood groups, that is one is from positive and other is from negative, and they used to take injections for it.

Rani had taken treatment options like Allopathy, Ayurveda, and Homeo. She told the researcher that she doesn't remember how long she had undergone treatment for childlessness, and she stated that the couple stopped the entire treatment for the last six years. Her husband was quite supportive of the treatment. She never had any kind of health issues while taking treatment. She didn't feel economic exploitation during treatment. But she suspects whether all the medicines she had during treatment were necessary or not. She hadn't undergone any artificial reproductive technologies like IVF and IUI. They were able to afford the expenses.

Rani could overcome the state of childlessness now. She mentally got prepared well to tackle the problem, and even her job at school and spending time with children had helped her overcome her struggle. They haven't thought of legal adoption since her husband never likes it. He cannot accept a child who is not biologically related to him. They have performed special rituals and temple visits to seek a cure for infertility. But nothing has worked out.

Rani never thinks that a woman should become a mother as mandatory. She believes that becoming a mother is a woman's ultimate goal or duty. She has to do a lot other than procreation.

Viji (47 years)

Mrs Viji, a housewife, lives with her husband in Changaramkulam, Malappuram district. She got married at 19, and she studied up to SSLC. Her husband is 53 years old now, and he owns a grocery shop. It has been 28 years after their marriage. They do live in a nuclear family now since their in-laws died recently. She belongs to Christianity, and her monthly income is below 25000.

Viji came to know that she had difficulties getting conceived after the two years of her marriage. She and her husband decided to consult a doctor since her periods were also irregular. They had not to speak about their problem to anyone else since everyone was eager to know why she was not getting conceived, and they kept asking. Her parents were quite desperate, but they supported her immensely later. She had to face a problem with her in-laws during earlier days; however, she could tackle them later.

Viji said. She had faced exclusion from public circles, like functions, neighbourhoods, etc. She felt terrible while attending baptisms. She excluded herself from society for her early years. Then she had felt childlessness affecting her day-to-day life. Very recently, her husband had a stroke. Though his nephews helped them in hospital and treatment, she felt very lonely. She knows other women who are childless in the neighbourhood. She used to feel empathetic towards other childless women. She used to share treatment experiences with them and treatment suggestions too.

Her husband is very desperate as a childless father, she says. Childlessness has not affected their sexual life. Viji was not used to having proper ovulation monthly. That is considered a significant reason for their childlessness, and it was medically diagnosed too. They have not used any contraceptives yet, and She has not conceived yet. Her menstrual cycle was not regular for a long time. Now she has been diagnosed with an excess of sugar and cholesterol for the last two years, and she takes medications for the same. Their marriage is not a consanguineous one.

Viji and her husband were taking Allopathy treatment initially. Then later, after five years, they turned to Ayurveda, and they stopped taking Ayurveda after three years. Later they took a break from treatment. Seven years later, they switched to Homeo for the next five years. Then they turned to again 'Allopathy. Somehow they were in treatment for 23 years. For the last six years, they have been out of all medicines. The result was not shown with any of the treatments, and then they gradually left the therapy due to frustration.

Viji hasn't felt that she faced economic exploitation during treatment. "Hormonal injections and medicines were too costly, and somehow we managed to meet the expenses. Our business was also running on profit then. Now it is on loss." Viji said. She hadn't undergone any health issues during treatment. Her husband was also supporting the treatment, and he used to accompany her regularly for check-ups.

Viji says she has not entirely overcome the state of childlessness. She lives by accepting reality. They didn't want to go for adoption. Her husband's nephew used to come and stay with them during earlier days. Now he got a job and moved on with his life. His presence was ample relaxation for Viji and her husband.

Viji thinks that motherhood is compulsory for every woman. Then only she gets completeness. “Once we are healthy, we think we can also live without children. But once we get aged, childlessness breaks us deeply,” Viji concluded.

Meera (44 years)

Mrs Meera is working as a staff nurse at the primary health centre at Edappal, Malappuram District. She was married at the age of 23. She had completed general nursing. She lives with her husband, working as a daily wage worker. Her husband was 28 years at the time of their marriage, and he is 49 now. He had completed school. They have a monthly income above 25000/-and she belongs to Christianity.

Meera and her husband started to notice difficulties for conception after two years of marriage. Her husband was a gulf migrant during earlier years, and once he came on leave, they planned for pregnancy, but it couldn't happen. Since she was a nurse, she didn't feel like talking this to anyone else and decided to consult the gynaecologist in the same hospital where she was working. Then the couple realised that problems lay with both of them and decided to take treatment. Her husband was quite hopeful and supportive of treatment. Later they spoke this to both of their families, and they were advised to concentrate on treatment seriously. She hasn't felt any issues from her in-laws since her husband's sister is also childless and takes medicine.

Her neighbours and relatives asked her about childlessness earlier, but she feels it is pretty standard and never irritates them. Usually, people never behaved to me in the wrong way. Meera never felt that; childlessness started affecting her daily life yet. She used to get engaged to her husband's nephews. Since she is a working woman, she gets relieved through her job too. Though she knows childless women, she never asks them about treatment suggestions. She used to support them as much she could. Meera's husband was quite sad as a childless father. But now they never discuss it with each other. They started to live by accepting their reality. Childlessness has never affected their sexual life.

Meera was suffering due to PCOD and underwent treatment. Her husband was also diagnosed with less count in semen. So both of the reasons lead to infertility and childlessness. She said they have never used contraceptives yet. She never got conceived yet. Her menstrual cycle is regular now, but it was irregular during earlier days. Now the couple doesn't have any illness. Their marriage is not a consanguineous one.

Meera had taken different treatment options to cure childlessness, and they are 'Allopathy, Ayurveda, Homeo, respectively. She knew treatment options since she is a health care professional. The couple took allopathic treatment for the first ten years continuously. They needed to take both oral medicines and hormonal injections. Later they shifted to Ayurveda, continuing for the next five years. Then they took a break from the treatment for the next five years. They later Started to take Homeo for the next two years. Progress was seen during treatment, but they had to quit due to the construction of their new house. Now they have stopped treatment for the last two years.

She hasn't felt exploited during the treatment faces, and she thinks they haven't undergone ART yet. She hadn't experienced any health issues during treatment, and they were able to afford the treatment experiences

She had overcome the state of childlessness since her husband and family were supportive and had a job. She is not interested in adopting a child. She used to go to church and pray. But they never performed any special rituals for childlessness. She firmly believes that a woman should compulsorily be a mother at least once, and it is her pride in society.

Sheena (48 years)

Mrs Sheena lives in a place called 'Alathur, at Palakkad district, and she works as a salesgirl in a cosmetic shop. Sheena has been married for the last 27 years, and both the husband and wife are school dropouts. Her husband is 53 years old and works in a church as a caretaker. He was 26 at the time of their marriage. She lives in a nuclear family with her husband. They have a monthly income above 10000, and she is a Hindu.

Sheena felt difficulties getting conceived after a year of her marriage. Then she decided to consult a doctor with the consent of her husband. It was diagnosed that problem lies with her husband, and they revealed this to both of their families. Her father was quite upset with her and advised her to take better treatment options. Her in-laws were quite ok with her. They haven't misbehaved with her yet. Two of her husband's brothers also don't have children. So the entire family was prepared to accept the childlessness.

People used to ask about childlessness always. She felt difficulties while attending ceremonies related to pregnant women and babies. People don't mistreat her, but she thinks she is inauspicious to participate in those ceremonies. She creates an exclusion herself there.

She doesn't speak to her sisters-in-law about their problems. They never talk about childlessness once they meet. She had felt that her state of childlessness had affected her day-to-day life once she shifted to nuclear family from joint family, where she lived within laws. She guesses her husband is desperate as a childless father. But she never felt that he expressed his feeling out. Childlessness has never affected their sexual life.

Sheena's husband was diagnosed with less count in semen. Though it was cured, she was unable to get conceived yet. Sheena has hyperthyroidism and takes medication. But now she is all right and stopped the medication. Now she is diagnosed with a bit increased sugar and cholesterol. She takes Homeo medicines for the same, and she hasn't used any contraceptives yet. Her marriage is not a consanguineous one.

They took 'Allopathy for the first time, and it continued for the next ten years. Sheena had undergone IUI two times and ended up with no result, then they haven't tried later, since it was expensive and they couldn't afford it. Then they shifted to Ayurveda, 'but since the doctor hadn't prescribed any medicine, they didn't do follow-ups. Then they shifted to' Homeo after a break of 5 years, and they were in treatment for another five years. They have been out of treatment for the last six years and decided to quit it. They had debts for treatment purposes. They were not able to afford the expenses of treatment. She never felt economic exploitation during treatment.

She couldn't overcome the state of childlessness. She and her husband are not interested in legal adoption since they don't belong to a child who is not related to them biologically. She had performed special rituals and temple visits for childlessness. She spent too much on practising habits too. She thinks that a woman should undergo motherhood, and it is compulsory.

Susheela (55 years old)

Mrs Susheela is a yoga trainer who resides with her husband at a village called Kanjaani in the Thrissur district. She was married at the age of 20. She had studied up to pre-degree. Her husband is 58 years old, and he is a construction worker. He dropped his education at 7th standard. They have a monthly income below 25000, and they belong to Hindu.

Susheela's husband was a gulf migrant at the time of their marriage. He left home after one month of their marriage. Then he came on leave after two years. Then they were planning for pregnancy, but she couldn't get conceived. After that, the couple consulted a famous

gynaecologist in the city and lab tests. The tests reports revealed that the problem lies with her husband.

Susheela's parents were very supportive though they are desperate with her childlessness. Especially her mother. Her brother also had infertility treatment during earlier years of marriage, and he has a son now. Susheela's in-laws always believed that the problem lies with her. They never wanted to believe that their son was infertile. They always used to make mistakes with her. "My in-laws were illiterate and uneducated. Even I couldn't explain the actual cause of our childlessness. They were not in the position to understand it too. I never quarrelled with them, and I was not brave enough to do so," Susheela added. They advised her husband to leave Susheela and go for a remarriage. Even she had lived several years at her own home by getting separated from her husband. She used to have severe pelvic pain during periods, and her in-laws blamed it as the prominent reason for childlessness. But doctors promised that it would not lead to infertility.

People used to ask about childlessness. She used to get desperate with this. But later, it became a part of her life, and she tried to accept it. She said that she never visits newborn babies or carries mothers, and she creates an exclusion for herself. She hasn't felt. Childlessness affects her day-to-day life since she is very close to her knees and nephews. She had thought she had lost a place in her home since her in-laws hated her on childlessness. Her husband's younger brother, who first graduated from their home, used support and concealed her since he understood the facts.

Not only childlessness, but many facts had affected their sex life badly. Sexually they were not much active. They were mentally not close. Since Susheela was much more educated than her husband, he always kept unwanted complex and showed her. Both of them were least interested in sex. She doesn't know how her husband feels as a childless father since he never revealed anything. He had never told anybody that he had less count in the semen, which was the reason for childlessness. He couldn't accept the problem lies with him.

Susheela's husband was diagnosed with less count in the semen. They have not used any contraceptives yet. She hadn't gotten conceived before. Her menstrual cycle was regular, but ten years ago, she was diagnosed with uterine fibroids, and her uterus was removed due to heavy bleeding during menstruation. She had a bit of high cholesterol and used to have medicines for two years. Later she started to practice yoga, and she stopped the medication since the cholesterol level was average.

Susheela and her husband took Allopathy treatment only since they don't believe in either Ayurveda or Homeo. They were taking treatment for 15 years, but not continuously. They had to take medicine both orally and in injections. Injections were too costly. Mainly her spouse had to take injections. They hadn't felt any health issues during the treatment period. But they left the treatment completely before ten years, once Susheela underwent surgery to remove her uterus. They could meet expenses during the treatment with savings from her husband and her parents help. She had not felt economic exploitation during treatment, and her husband was positive towards treatment and cooperative. But he was an alcoholic and smoker too. He couldn't leave these habits, though doctors asked to quit.

Susheela successfully overcame the state of childlessness now. She gives credit to her mother and Yoga. Yoga healed her well. She hadn't even thought of legal adoption; she knew her husband would not accept it. She had gone to some temples to cure childlessness due to pressure from her in-laws and husband, but she had no faith in god.

She firmly believes that motherhood is mandatory for women. People used to tell her she was lucky so that she didn't need to worry about children and their future, and she seems to be free always. But she thinks it is nice to get concerned about our children, and it has a unique feel.

Simi (43 years)

Mrs Simi works as a senior health nurse in a primary health centre and lives with her husband in 'Kumbalangi' at Ernakulam district. She got married at the age of 21 when her husband was 25. Her husband runs his own business, and he is 48 years old now. It has been 22 years after their marriage. Simi belongs to Christianity, and she also serves the community as a bible teacher. The family has income above 25000/-

The couple had no plan of pregnancy for the first year of their marriage.,since Simi worked quite far from her hometown and sought a balanced state in her career. Simi's father died when she was just 15, and she fought a lot for her existence and better life. Later they planned for a bay, but she could find herself conceived, and then the couple consulted a gynaecologist in the hospital where she works. They had undergone check-ups and tests, and it was revealed that the problem lies with her spouse. Later they talked about this to both of their families.

Simi's mother seemed to be detached from herself and her elder sister after the death of their father, and she started to hate Simi's husband also, once she came to know infertility lies with

him. But Simi's in-laws were quite supportive and encouraged them for further treatment; though they were desperate, they never showed off not to hurt her. She used to feel bad when she faced others during earlier days; she felt very annoyed once they asked about a child. But she never felt excluded from others. She used to go to ceremonies and functions, even though she used to have uneasy experiences. Simi has never thought that she loosed her supremacy in the family related to childlessness. She never let the childlessness affects her daily life. She engages herself in her job and bible studies, and teaching. Simi's Husband is quite supportive, and they have a beautiful relationship between them. Childlessness hasn't affected their sexual life. She never feels that her husband is sad or desperate as a childless father, and she believes that he is a man with positivity.

The prominent reason for childlessness is found as no count in the semen of her spouse. It was clinically diagnosed too. The couple hadn't used contraceptives since they believed it was a sin. Simi hasn't gotten conceived yet. During earlier years of marriage, her menstrual cycle was ok. But at the age of 34, she was diagnosed with endometrial hyperplasia, a condition that makes the endometrium (lining of the uterus) thick, followed by heavy and irregular periods; after that, she survived the surgery. Later, she couldn't have a natural conception, and the only way to get conceived was IVF. Now, six months back, her uterus was also removed. After the surgery, she had emotional imbalances, which made her ember childlessness worse. But now, she overcame it and back to everyday life. Presently she is entirely all right with no illness. Her marriage is not a consanguineous one.

Simi and her spouse have taken three treatment options for ten years. Firstly, they opted for Allopathy, continuing for the first five years. Later they turned to Ayurveda for several months and then turned to Allopathy. Finally, they went for Homeo and stopped the treatment when Simi was diagnosed with endometrial hyperplasia. For the last nine years, they have been out of all types of treatments. They never tried for IVF since they were least interested in it. Her spouse was supportive and positive towards treatment, but he was uncomfortable; he suffered from increased body heat. Simi also experienced side effects of some hormonal tablets like increased weight, migraines, etc. They could afford the treatment expenses, but they felt too costly. Simi accepts, there is economic exploitation towards patients during infertility treatment. But she was conscious of it since she is also a medical practitioner.

Simi could overcome the state of childlessness well with the help of her family and husband. Her job and bible studies also concealed her. She never felt to go for legal adoption since she

knew it was complicated. She used to worship a lot since she is much religious. She is so spiritual too. She thinks that motherhood is not mandatory for women, and there are many other things a woman can do which can make her life fruitful and complete.

Meenakshi (40 years old)

Mrs Meenakshi, a lab technician, lives in Calicut. She got married at the age of 31. she is qualified with a diploma course in lab technician. Her husband runs his own business in the city. He is 44 years old now. She belongs to Hindu, and they have a monthly income of 25000/-

Meenakshi started to bother about getting pregnant after six months of marriage. She was seriously conscious since her marriage was a late one. Then she consulted a gynaecologist with her husband, and she was diagnosed with PCOD after that. She had obesity too. Doctor asked to reduce the weight and exercise regularly. She spoke about this problem to her sisters-in-law, though the couple had lost their parents years back. They were advised to continue treatment. One of her brothers also doesn't have children, but he was in a late marriage and undergoing treatment. She has been asked about childlessness continuously. Meenakshi loves children. Even her husband's brother also doesn't have children. It was believed that it is because of a curse called "Sarppa Dosham" (In Kerala, people worship snakes, and if anyone harms them, it becomes a curse and negatively affects the lives of generations).

Meenakshi had felt that childlessness affects her daily life, though she is employed and engaged in her work. But, she couldn't forget childlessness. Meenakshi used to feel sympathetic towards other childless women. There are women in her workplace, and she used to give advice and suggestions whenever they wanted. She had never felt, people excluded her. But she thinks excluded whenever she is with the women who have children. Childlessness has never affected their sexual life. Meenakshi's husband is least worried about childlessness since he believes that it is not because of their problem, even though they have treated as much they can, so he regrets it.

The primary reason for childlessness is PCOD, and it was medically diagnosed. They haven't used any contraceptives. She couldn't get conceived yet. Her menstrual cycle was regular, though she has PCOD. Only the complication associated with her obesity, she faces. Three months back, she was diagnosed with thyroid, too, and taking medications. Meenakshi's

blood sugar level is slightly high, but she doesn't take medicines now and has been asthmatic from childhood. Their marriage is not a consanguineous one.

Meenakshi and her husband started to take treatment after six months. They have only taken Allopathy treatment for the first five years. Meenakshi had undergone IUI three times but ended up with failure. They both were refined during the treatment and didn't experience any health issues, and they have felt economic exploitation much during treatment. "For hospitals, fertility treatment is just business, but for us, it is our life only; they never bother about it," Meenakshi said. They have stopped taking treatment for the last five years. They could hardly meet treatment expenses. Meenakshi is still interested in treatment. But her spouse got fed up with the attitude of fertility clinics towards patients, as they were much business-oriented.

Meenakshi couldn't overcome the state and consequences of childlessness. She still feels for a child deeply. She was interested in legal adoption, but her husband was not. They were required to produce a certificate from the doctor that they wouldn't have a child anymore clinically. But that is also not possible since they were not diagnosed as entirely infertile.

Meenakshi strongly believes, a woman should experience motherhood. Without motherhood, womanhood is meaningless, she said. Having our child is a social pride too.

Latha (43 years)

Mrs Latha lives in a village called Pattikkadu, in the Thrissur district, and her family consists of her husband, mother, and brother. She got married at the age of 35, and it has been eight years after her marriage. She works in spare parts shop as a salesgirl. She dropped out of school after her 7th standard. Her husband is a plumber, and he is 49 years old now. He had gone to school till the 8th standard. He was 41 at the time of their marriage. She has a monthly income below 20000, and she belongs to Hindu.

Latha had suffered irregular bleeding related to her periods soon after her marriage. So she had to consult a doctor, and she was diagnosed with uterine fibroids through a CT scan. There were 6 to 7 fibroids, and she had undergone surgery after that. She used to have severe abdominal cramps during menstruation. But, she ignored it, but later it developed into fibroids. After that, she started taking treatment since uterine fibroids may cause infertility in the future, and her age was also a bit high for the first pregnancy. Later it was found that she was not able to have ovulation properly.

Her husband and everyone in the family was aware of her situation. They supported her during the initial time. She had so many liabilities for her own family. Her mother was a cancer survivor, and even her brother was not mentally fit. She had to take care of them besides taking treatment for herself. She had no plan for marriage early because of the responsibilities laid on her head. Her husband supported her emotionally, but he is also exhausted from his family's stressful life.

Latha was asked about her infertility and childlessness by relatives and neighbours. She used to manage them somehow. But now, she got fed up dealing with them. She had started to create a self-exclusion from others. She feels stigmatized once she attends any functions or ceremonies. She thinks that people may feel that she is inauspicious. Childlessness affects her daily life; though she is working, she feels lonely sometimes and doesn't feel belonging to anyone.

She has come across some childless women. But she never liked to speak up about her problem and never wanted to take suggestions from them. She always wanted to keep privacy for herself. She feels empathetic towards other childless women,

Latha feels her husband is disappointed with her since the problems lie with her. He never would like to talk about this. But she thinks that he is detached from her, though she never faced any violence from him.

She admits that her sex life was poorly affected due to her state of childlessness. Her husband is less interested in her. He does not seem to be sexually much active from the beginning itself.

Latha cannot ovulate appropriately, which is a significant reason for childlessness. It is clinically diagnosed too. The couple was not used to taking any contraceptive measures. Latha hadn't conceived once, but it led to a miscarriage, and her menstrual cycle was not regular. She was suffering from uterine fibroids and had undergone surgery soon after marriage. Presently she has gastric issues, but she does not take any medications. Her marriage is not a consanguineous one.

Latha took one of the treatment options, which is Allopathy. The couple actively took treatment for the first six years of marriage, and after that, they stopped due to financial liabilities. She hasn't felt any health issues during treatment. She was only supposed to take medications, and she even went for IVF. She hasn't thought she was being exploited

economically during treatment, but she admits medications were too costly, and the expenses made them be in long debt. Her husband was supportive during treatment, but he lost interest in it.

Latha says she couldn't overcome the state of childlessness, Latha added. Latha and her husband plan to adopt a child from a known orphanage. But she wants to move somewhere with the child they adopt. She fears that the child may leave them by knowing that they are not their biological parents. So she wants to live in a place, which is new to them. Latha is a regular visitor of an "Aashramam," who often fasts to get salvation. Even she does some special rituals to cure childlessness and compel her husband to worship. According to Latha, motherhood is mandatory, and it makes a unique identity for each woman.

Omana (50 years)

Mrs Omana works as a salesgirl in a grocery shop, lives in Payyoli, and belongs to the Calicut district. She lives with her husband in their own independent house. She got married at the age of 18 when her husband was 23. She had quite the education at the 10th standard. Her husband, a school dropout, works as a taxi driver in town. They have a monthly income below 25000 and belong to Hindu.

Omana was not bothered by pregnancy since she was married very early, and the couple had even waited three years. After that, they decided to consult a doctor after discussing it with her brother. "I have spoken my issue only to my mother, and I was afraid to speak up about this to anyone else, and she advised to start treatment without delay," Omana said. The doctor prescribed several medical tests, and later it was found that infertility lies with her husband. Her husband was cheerful then and hoped for the best. Her in-laws never misbehaved since they knew that problems lie with her husband.

Family members and relatives used to ask about childlessness, and Omana never knew how to handle them. Their questions made her depressed for a long time. She never used to go out, until and unless, if she had any inevitable situations or ceremonies. She never felt her supremacy in the home get losses as a childless mother since her in-laws never treated her secondary. Omana marginalized herself sometimes as a childless mother, and she felt herself as inauspicious. She admits that childlessness had affected her daily life badly and worsened once they shifted from a joint family to a nuclear one.

Omana knows some of her childless women, and one among them works with her. They used to discuss their problems and treatment experiences with each other, making them consoled and relaxed. Childlessness had affected their sexual life badly, but now things got better, she told.

Omana's husband was diagnosed with less count in semen and even had surgery for the same. They have never used any contraceptives. Omana couldn't conceive yet, though she had a regular menstrual cycle. Now she has no serious illness except a slight variation in cholesterol, and she doesn't take any medications for the same. Omani's marriage is not a consanguineous one.

The couple had opted for Allopathy for the first time and continued it for the next ten years. They have done IVF twice but ended up with no result. Then after a break, they shifted to Ayurveda and continued for the next seven years. Now for the last ten years, they have been out of treatment. Though her spouse used to take many injections and medicines, he was pretty supportive of the treatment. They never felt any health issues during treatment. But they agree that treatment was quite expensive, and they could not have any savings until the treatment stopped. They even felt economic exploitation during treatment.

Omana stated that she had overcome the state of childlessness with the help of her spouse and family. They have supported her immensely, and her job also played a vital role in reconstructing her life. Her knees were very close to her, and Omana cared for her more than her mother. But, she married a man from another caste, and she was sent out from her house, even the entire family. Her absence made Omana depressed, and she initiated attempts to solve the issues between her knees and family. "Once she left the house, I became so lonely, and then only I realized how much I have loved her. Now she used to come here and stay with me, and I am happy now." Omana added.

Omana had never thought of legal adoption since her husband was not interested. The couple had neither visited any holy places nor performed any rituals for childlessness. Omana strongly believes that a woman should be a mother at least once, and even if she cannot become a mother, she should be brave enough to overcome that state.

Shijina (45 years)

Mrs Shijina, a housewife who lives in a Small town called "Ramanattukara," belongs to the Calicut district. She got married 19 years ago, at the age of 26, when her husband was 30. She

had studied up to the 8th standard. Her husband is a daily wage worker, and he is 49 years now. Shijina lives with her husband in their own independent house, and they have a monthly income above 10,000. They belong to 'Hindu.'

Shijina's husband was a labourer in Dubai at their marriage. He left to work after three months. After that, Shijina started to develop heavy bleeding and went to the doctor. It was found that she was undergone a miscarriage and her uterus also got misplaced. After that, she began to undergo treatment. So she had not had to tell this to anyone, since everyone knew her problem since she got admitted to hospital for several days. Shijina's husband was very positive, and he accompanied her for further treatment whenever he came home for leave. He was also diagnosed with less count in semen and started to have medications. Her family was quite supportive of the treatment when her in-laws were not. They used to misbehave her as they believed she was responsible for childlessness.

People used to ask her about a child, including her relatives and neighbours. She never used to restrict herself from public gatherings and ceremonies. But she deliberately omits the traditions related to newborn babies and pregnant women. She had felt that she lost her supremacy in the family once; she was living in a joint family with her in-laws. Childlessness has affected her daily life badly. Even her husband left Dubai and moved to his hometown to be with her. She knows other women who are childless. She used to interact with them regarding their feeling and treatment options. Childlessness hadn't affected their sexual life.

It was found that Shijina's uterus was not incorrect position, and it is challenging to occur natural conception. Her husband was also found with less count in semen. They haven't used any contraceptives yet. She had conceived once, but she didn't notice, which led to a miscarriage. Her menstrual cycle was regular, but she used to have heavy bleeding. She always feels sick, and her cholesterol and sugar levels are pretty high. Shijina even suffers from kidney stones, and she takes some Ayurveda medicines for the same. Shijina's marriage was not a consanguineous one.

The couple opted for Allopathy for the first time, and they continued it for the next ten years. After that, they had a break for two years and shifted to Ayurveda. Now, they are not taking treatment for the last five years. Both Shijina and her husband had medications to take, and they were comfortable during treatment. But they felt a kind of economic exploitation during treatment." We felt they were prescribing medication and scanning unnecessarily. That was the main reason to stop the treatment." Shijina said. She had undergone neither IVIF nor IUI.

So they were able to manage expenses somehow. Her husband was quite supportive of the treatment, and he used to accompany her during consultation days.

Shijina accepted that she had not overcome the state of childlessness and its consequences. Shiina wanted her knees to stay with her. But her sister disagreed with it, and she didn't send her daughter with Shijina. She is not interested in going for adoption. They are solid devotees, and they have performed many rituals for a baby as their own. But nothing gave the result. Shijina thinks that motherhood is compulsory for each woman since it is closely associated with her womanhood and self-respect.

Jayanathi (46 years)

Jayanathi, a salesgirl in an electronic goods shop, lives with her husband in an independent house, a village called Melukavu, at Kottayam district. She was educated up to the 10th standard and got married at 33. Her spouse works as a salesman in a textile shop, and he is 48 years old now. He had completed his graduation and got married at the age of 35. They have a monthly income below 25000, and they belong to the Hindu religion.

Jayanthy and her husband decided to consult a doctor since their marriage was late. So they didn't have to discuss it with somebody else to take a second opinion. It was found that her husband had some fertility issues. He was pretty positive on those days and was willing to undergo treatment. Her in-laws also were good in terms, and they never misbehaved with her. Even her husband's younger brother doesn't have children, and they started to take treatment very early. Her mother was quite upset with her situation, and she advised her to continue therapy with regular follow-ups.

People used to ask her about childlessness, and she ignored them. She never felt herself going out or being in a social circle or public gatherings. But she hesitates to go on occasions related to newborn babies and pregnant women, though she never faced any stigma or discrimination. She feels she is inauspicious for those occasions. She didn't state that she had lost her supremacy in the family due to childlessness. She accepts that childlessness has affected her daily life badly, and she somehow cop up with the same since she has a job and spends much time there. Jayanathi knows some childless women, and she used to discuss treatment experiences and options with them, and she feels sympathetic towards them. Her husband loves children, and he is desperate as a childless. Childlessness had not affected their sexual life, but she agrees they have lost interest in sexual life.

Jayanthi's husband was diagnosed with less count in the semen, and later she also had irregular ovulation. The couple never used any contraceptives yet; Jayanthi could conceive twice. The very first one got ended up in a tubal pregnancy. The second one was normal, but she had to undergo an abortion since the fetus's heartbeat level was found very low. Her menstrual cycle was regular during the early days, but not now. Jayanthi suffers from hypothyroidism and migraine. She has been taking medication for both, and her marriage is not a consanguineous one.

The couple first opted for Allopathy and continued for seven years and then later shifted to Ayurveda. They continued Ayurveda for the next six months. They came to know about the treatment options, including friends and relatives. Her husband was so tired of the medicines. They have undergone IUI six times, and it got succeeded two times. They have actively taken treatment for nine years and stopped treatment for the last three years. Jayanthi's spouse was quite supportive of the treatment. They have felt economic exploitation during treatment. Medications and tests prescribed were too costly, and they could not afford them. They borrowed money from others and even sold her god for treatment. They have built a small house and have no money to go treatment anymore.

Jayanthi couldn't overcome the state of childlessness and its consequences. The couple didn't plan for legal adoption since they are financially weak. They never spent time with other children since they had family issues and inner conflicts. They performed many rituals and had visited holy places like temples. She strongly believes a woman should be a mother at least once because her life gets enlightened with a child. Other vice life will be full of sorrows like her.

Sunitha (49 years)

Mrs Sunitha is a manufacturing worker who lives in Cherthala, a town belonging to the Alappuzha district. She got married at 19 years old and left school at 8th standard. Her husband is a daily wage worker and studied up to the 10th standard. He was 24 years old at the time of marriage. It has been thirty years after their marriage, and they have a monthly income below 250000. Sunitha lives in a nuclear family, and she belongs to Hindu

The couple decided to consult a doctor after one year of their marriage when Sunitha was not conceived, though they tried for pregnancy. They didn't have to discuss their concern with anybody else because their family insisted they go for medical consultation. Her husband was

not much serious in earlier days, and he believed everything would get ok soon. Her in-laws used to make recurrent conflicts on their state of childlessness, and it had started to affect Sunitha badly. Her parents were quite supportive, and they have helped her access treatment options. But unfortunately, she lost her parents after a few years.

Sunitha says she is usually a pleasant person and quickly gets along with everyone, but her character often gets misunderstood. She used to go out for gatherings and ceremonies. But she hesitates to go out for functions related to newborn babies. She had felt losing supremacy in a family when she lived in a joint family with her in-laws. Sunitha agrees that childlessness has affected her daily life badly. She feels emptiness sometimes. She knows other childless women, her colleagues, and she advised them to take treatment properly. She feels empathetic towards them. Her husband never used to talk to her about childlessness, and he believes that it is the outcome of his 'karma.' Sunitha accepted that they don't have healthy sexual life now. She was least interested in sex initially, and childlessness made it worse.

It was clinically diagnosed that Sunitha had an ovarian cyst, and her husband also suffered a blockage in the vein, where sperms get released. They hadn't taken any contraception yet. Sunitha never got conceived yet, also. Sunitha didn't have a regular menstrual cycle since she had Polycystic Ovarian Syndrome (PCOD) and found a uterine fibroid. She suffered from heavy vaginal discharge from the beginning, which worsened after sexual intercourse. She used to take medications for the same but now had stopped. She is married to one of her relatives only but from not first relation. So it cannot be considered as consanguineous.

Sunitha and her husband opted for Allopathy as the first option, and they continued for ten years actively. They have undergone IUI once, and it was a failure. They haven't gone for IVF since it was expensive. After that, they had a break of three years and shifted to Ayurveda for the next three years. Now they have been out of treatment for the last 13 years. Sunitha used to have stomach upset during treatment, and her husband suffered from breathing issues. She never felt economic exploitation during treatment, but she admits treatment was quite expensive. They hardly managed to meet the expenses

Sunitha stated that she couldn't overcome the state of childlessness yet. She was attached to her husband's younger brother's daughter. Sunitha and her husband took care of their niece as their daughter, and they even pampered even her child as their grandchild. But eventually, she started to neglect them, which made them depressed. They have thought of legal adoption, but later, they left the plan because they were supposed to produce a certificate

which states that they are infertile and won't be able to have children anymore. The couple hadn't visited any temples or performed rituals, but they only prayed for a child. Sunitha strongly believes that a woman should be a mother at least once. But she also thinks that a woman cannot be a mother only because she delivers a baby. She even pointed out the recent incident at Thodupuzha; her mother's boyfriend brutally murdered a seven-year-old boy before his mother, and she didn't even try to stop him.

Santha (50 years)

Mrs Santha, a homemaker, lives in Varandarappilly, Thrissur district. She got married at 21, while her husband was 26. Santha had completed the 10th standard. Her husband is a graduate, and he works as a gatekeeper, Indian Railways, and is 55 years old now. It has been 29 years since their marriage. They have a monthly income above 25000, and they belong to the Hindu religion.

The couple had decided to consult a doctor after six months of marriage since Santha experienced difficulties getting conceived. They didn't have to disclose it to anybody till they consulted a doctor. Later they spoke about this to both of their families. Santha's spouse was not much bothered about having children, but mother in law used to blame her until she knew that the problems lie with her son. Santha's parents were distraught about her situation, and they encouraged her for further treatment. Relatives and neighbours asked her about childlessness and revealed that infertility lies with her husband. She had to go to functions and social gatherings since her husband used to get busy with duty schedules. But she admits she excludes ceremonies related to newborns and pregnant women. She never felt that her supremacy and place had been affected by childlessness at her husband's home since he is the only one to his parents. So she plays both the roles of a daughter and daughter-in-law at their home. But she feels excluded at her own home since she has six siblings, and they all have children. Santha agrees that childlessness has affected her daily life; since she is a homemaker, she spends most of the time at home and feels lonely when her husband goes to work. She knows other childless women, and she used to talk to them about treatment options and experiences. She feels relieved while talking to them. Santha's husband is now desperate as a childless father, and he used to share his worries with her. Childlessness had not affected their sexual life.

Santha's husband is diagnosed with less count of semen in sperm, which is considered the prominent reason for childlessness. They haven't used any contraceptives yet. Santha had not

gotten conceived, though her periods were regular. She was diagnosed with hyperthyroidism, and even she has taken Homeo medications for the last few years. She also had arthritis a few years ago, undergoing Ayurveda treatment. Their marriage is consanguineous, and she is married to her first cousin.

They have opted for Allopathy as the very first treatment option. Santha's spouse was only supposed to take medications, and he was comfortable with that. They have even undergone IUI and have led to failure. Later after, two years, they moved to Ayurveda and followed up for the next five years. After that, they stopped treatment for a while and had a break for five years. Then they again went for Allopathy for the next six years. They haven't done IVF since, and they were unsure of its credibility. They stopped treatment ten years ago.

Santha's husband was quite supportive of the treatment, and he used to accompany her for all the follow-up sections. They were comfortable during treatment and never felt any health issues too. Though the treatment expenses were affordable, they agree it was expensive too. They never have any economic exploitation during any phase of treatment.

Santha accepts that she hadn't overcome the state of childlessness, and it bothers her a lot. She wanted to go for legal adoption, but her age exceeded the adoption criteria.

She never gets engaged to other children from their relations since her husband has no siblings and even her relatives belong to Kochi, and she thinks they never want to come down here since she lives in a village. Santha strongly believes that motherhood is mandatory for each woman. Otherwise, she will be left alone throughout her entire life without having anybody as her own.

Sandeepa (40 years)

Mrs Sandeepa is a part-time teacher. She lives in a village called Chavakkad at Thrissur district, and she had completed post-graduation along with a degree in bachelor of education. She got married at the age of 25, while her husband was 35. It has been 15 years after their marriage. Sandeepa's husband is an electronics diploma holder and works as an electrician in Dubai. She lives in her husband's home along with her aged mother-in-law. They have a monthly income above 25000 and belong to the Hindu religion.

Sandeepa's husband left for Dubai after two months of their marriage. Since she was doing Post Graduation, they were not planning for a baby then. Later he returned home for leave

after two years, and they wanted to try for pregnancy. Their couple decided to consult a doctor when Sandeep couldn't get conceived after the exposure of unprotected sex several times. Her husband and herself were diagnosed with some fertility issues after that. They didn't have to reveal that they faced difficulties for conception since people started to ask about their status regularly.

Her in-laws used to blame her on childlessness. "They believe that childlessness is the result of my fateful horoscope, and they are a bit superstitious of all these. It is their habit to hurt me often," Sandeepa added. Her mother is quite upset about her situation, but she doesn't show it since she never wants to hurt Sandeepa. Her husband was not serious about childlessness initially, and he thought everything would fall in place after some time. She agrees that she doesn't want to go out for public gatherings and occasions like ceremonies. "I used to avoid those kinds of situations deliberately because I could stop facing people and their questions." She never wants to go for rituals related to newborn babies and pregnant women because she feels uneasy while attending those. Sandeepa thought that she was losing her place in her husband's home, where she lives now. She had not felt that childlessness had not affected her daily life since she was a working woman. She knows other childless women, and she used to share her feelings and experiences. Some of them are going through treatment. She feels empathetic to them and helps them as much she can. Her spouse feels deeply for a child, as she knows, but he never shows it out. Childlessness had not affected their sexual life yet.

Sandeepa and her husband were diagnosed with PCOD and insufficient semen count in sperm, respectively. These are considered as prominent reasons for childlessness. Even though they got cured, Sandeep cannot conceive, and even her husband cannot be in sexual contact when she is ovulating. The doctor says it happens because of stress and will get cured automatically. She hadn't gotten conceived yet. The couple had used contraception during earlier months of their marriage. She is diagnosed with a slight increase in sugar level, but no medication is taken. Their marriage is not a consanguineous one.

The couple first opted for Allopathy for five years and later shifted to Ayurveda since her husband could not take medicines long. He was already taking medicines for allergy, which was highly soothing, and he couldn't take both at the same time due to side effects. They continued Ayurveda for the next three years, and they left it since 'Ayurveda medicines made the body much relaxed and worsened her husband's allergic problem. After that, they shifted

to Homeo after a break of 2 years. They had undergone treatment under Homeo for the next three years and left eventually, due to the absence of result. They were not undergoing treatment for the last two years and decided to quit due to financial crisis. Sandeepa's spouse supported the treatment, though he could not take medications appropriately. She had undergone Both IVF and IUI once. They somehow managed the expenses, though they have felt economic exploitation from the side clinics during treatment Sandeepa says she couldn't overcome the state of childlessness yet. Though her husband was supportive, her in-laws were not so. They have never thought of legal adoption since she knows her in-laws will never agree with that. They have neither visited any temples nor performed any religious rituals for children. She feels that motherhood is mandatory for every woman. Because having a child is more a social need than a biological one, family life is secure and bonded.

Rema (42 years)

Mrs Rema lives in a village called Pulinkoottam at Palakkad, a homemaker. She has studied up to the 10th standard, and she got married at the age of 32, while her husband was 36. It had been ten years after their marriage. Sandeepa's husband is a school dropout and works as a tile worker. He is now 47 years old. They have a monthly income below 10000 and belong to the Hindu religion.

Rema and her husband decided to consult the doctor after one year of marriage when Rema couldn't conceive while trying for pregnancy. She disclosed this to her sisters-in-law and sisters, encouraging her to consult a doctor. It was found that her husband has some fertility issues. Her in-laws were supportive, but her father-in-law is a drunkard, and he used to blame her so much. Her parents always supported her well. Rema's husband was not serious about initial childlessness days, and he wanted to wait. But she pushed him for undergoing treatment.

Neighbours and relatives used to ask about childlessness, but she neglected them somehow. She feels ok to go for marriages and other gatherings. But she feels hesitant while attending occasions related to babies and pregnant women. "No one had mistreated her yet, but she feels marginalized. Rema had felt that childlessness had started to affect her daily life. She used to work in a bakery. But she stopped going there when people also began to speak about childlessness. Now she feels lonely and boring in her life. She had come across many childless women at fertility clinics. They used to talk to her regarding their problems and treatment options. She admits she feels relieved while talking to them, and she even feels

empathetic towards them. Rema thinks that her husband is quite desperate with childlessness, though he never shows it out. Their sexual life had been affected badly by childlessness.

Rema's husband was diagnosed with less sperm count in semen initially. Later, it got cured, and Rema got conceived too. But later, she had undergone miscarriages twice, and the prominent reason is that her uterus is weak to carry a fetus. They have never used any contraceptives and even her period was regular too. Now she has no illness, and her marriage is not consanguineous.

The couple has only opted for Allopathy as a treatment option. Rema only had to take vitamin tablets when her husband was supposed to have effective medications. He used to feel health issues like gas, bloating during treatment. They stooped treatment three years ago due to a financial crisis. Treatment expenses were quite tough to get managed. They haven't tried IVF or IUI since the problem lies with her uterus. The couple didn't feel economic exploitation during treatment, though they felt pretty expensive. Her husband was quite supportive of the treatment. She decided to quit by thinking of their financial security.

Rema admits that she has never overcome the state of childlessness, and she still urges to have a bay as her own. Nobody has in her family history of childlessness, and she still expects a miracle in her life too. Sandeepa feels relieved when her husband's nephew comes home. She takes care of him as her child. He even calls her "Amma" (Mom). She never thought of legal adoption since she can't even think of a child not biologically related to her. She had never visited any temples or performed special rituals for a child.

Rema Strongly believes that a woman should be a mother at least once in her life. Otherwise, she will be left alone throughout her entire life.

Ganga (50 Years)

Mrs Ganga is Pharmacist who lives in the Palakkad district. She is the daughter of one of the eminent poets in Malayalam literature. She got married at the age of 20 when her husband was 25. Now it has been 30 years after their marriage. She has completed a diploma in pharmacy and runs a medical store as her own. Her husband is a retired professor and holds M . Tech degree and PhD. He is 55 years old now. They belong to the Hindu religion, and they have a monthly income above 25000.

Ganga and her husband started to notice difficulties getting conceived after one year of marriage. After that, they went to a consulting doctor and were prescribed medical tests. The tests results were found normal too. They disclosed their issues to both families, and they supported the couple immensely for being optimistic. Ganga's husband was quite positive those days, and he had never taken this as a concern. Her in-laws were supportive, and they have never uttered a single word badly yet. Her father was not alive when she was married. Her mother and siblings were supportive and always empathetic towards her.

People used to ask her about childlessness after the first five years of their marriage. She used to get depressed with this. Ganga doesn't feel stigmatized when being in public or social circles. But she feels lonely and insecure, while other women are seen with their children. She often goes to functions and ceremonies, and she never restricts herself from anywhere. Ganga never felt that she lost her supremacy or place in her family due to childlessness. She admits that childlessness has affected her daily life. Ganga doesn't like to talk to other childless women. She never even asks other women how many children they have. Ganga and her husband have strong bonding each other. Though they do remember, they are often childless and try to tackle it by caring and supporting each other. Childlessness had not affected their sexual life.

Ganga and her husband were not seen with any fertile abnormalities. They both are perfectly ok, but they faced unknown or unexplained infertility. They have never used any contraceptives yet. Ganga's menstrual cycle was regular early, but she met heavy bleeding as a side effect of hormonal injections. She even had uterine fibroids and underwent treatment. She even suffered from arthritis early and used to take medicines. Her marriage is not a consanguineous one.

The couple opted for Allopathy as their first option for the first five years. After that, they took a break for the first year. Later they opted for Homeo for the next three years, and they shifted to Ayurveda for one year. Later they were back to Allopathy for the next five years. They had taken treatment actively for 15 years. Ganga and her spouse had to take medications, especially hormonal injections. Ganga had suffered a lot with heavy and irregular bleeding as the side effect of hormonal injections. They stopped taking treatment 15 years ago. Ganga's spouse was supportive of the treatment initially. Later they moved to Chennai related to her husband's PhD program. After that, he hardly got time for treatment sessions. But he tried to manage somehow continuing treatment at Chennai. They were

advised to do IVF by many doctors. But her husband was least interested since he was aware of its side effects. Treatment expenses were affordable to them. She had felt there is financial exploitation infertility treatment sector.

Ganga accepts that she has overcome the state of childlessness, and she received immense support from her family and friends, especially her husband. He always tried to make her comfortable with his unconditional love and care. She was interested in adoption. But her husband and family were against it. They have neither visited temples nor performed any special ritual for a child. Ganga strongly believes that motherhood is mandatory for a woman since it is considered self-satisfaction. Ganga also added that the nuclear family system increases voluntary childlessness.

Sushama (50 years)

Mrs Sushama lives in a village called 'Madakkathara' at Thrissur district with mother in law. She works as an employee in a pickle factory. She was married at the age of 35 when her husband was 40. Their marriage took place 15 years ago. She had studied up to the 10th standard, and her husband is a school dropout. Her husband died one year ago from a heart attack, and he was a daily wage worker. She has a monthly income of 10,000 and belongs to the Hindu religion.

Sushama started to notice difficulties in conceiving after one year of marriage. She disclosed her concern to her mother and decided to consult a doctor. It was diagnosed that there are some fertility issues lie with her husband. Sushama's husband was quite positive those days. Her parents were supportive, but her in-laws were not so. They tried blaming her and started to treat her worse. Her mother-in-law still has problems with her. People used to ask her about childlessness, and she used to get irritated in earlier days, alter she managed to handle them. "I used to feel worthless once people started asking why I don't get conceived," Sushama said. She felt stigmatized when being in social circles. But, she never restricted herself from anything. She says she used to everywhere she wanted, she started to ignore what people said and decided to fight back. She agrees that she had lost place and supremacy in her husband's home. She used to talk to other childless women at her workplace and gets relaxed. She feels empathetic towards them. Her husband was an alcoholic, and he never liked to talk about either child or childlessness. Their sexual life was severely affected, she admits.

Sushama's husband was diagnosed with less sperm count in the semen, which is a prominent reason for childlessness. Later she also developed fibroids in the uterus and started to undergo treatment. They have never used contraceptives. Sushama got conceived once during treatment, but unfortunately, she faced miscarriage in the third month. Her menstrual cycle was regular initially but later became irregular, followed by uterine fibroids. Her sugar level is slightly high, but she doesn't take medications. She also suffers from skin rashes and undergoing treatment for the last two years. Her marriage is not a consanguineous one.

The couple opted for Allopathy as a treatment option. They have taken treatment only for a year since her husband is a chronic alcoholic and has poor financial conditions. They have neither gone for IUI nor IVF. She claims she and her husband didn't have any health issues during treatment. She admits fertility treatment is quite expensive, and they cannot afford it. Her spouse was supportive of the treatment, but he was not ready to leave the habit of drinking.

Sushama accepts that she has not overcome the state of childlessness. She still feels lonely and insecure in her life. Sushama loves children very much, and she used to take her daughter's daughter when her knees went to work. She started to miss them terribly when her knees and family moved to another city as part of their work. She never thought of legal adoption since she knows her mothers-in-law never will agree with it. She never visited any temples or performed special rituals for a child. She feels that motherhood is compulsory for each woman to complete herself, bringing pride and prestige to a woman.

Rajani (40 years)

Mrs Rajani lives in a village called 'Kuttiyaadi' in the Calicut district. She is a homemaker and lives with her husband in their own independent house. She was 25 at the age of marriage when her husband was 30. She and her husband are graduates. Her husband works as a sales executive at a private company. They have a monthly income above 25000 and belong to the Christian religion.

The couple decided to consult a doctor after one year of marriage when they started to notice difficulties for conception. They have undergone several medical tests, revealing that fertility issues lie with her. Later, they talked this to their family, and her in-laws were very upset and disliked her after that. She had lost her parents before she got married.

She had undergone so many humiliations on childlessness. Many said she deliberately postpones a child for her convenience and does not lose her beauty and fitness. She gradually started to avoid functions related to children and pregnant women. Her mother-in-law's elder sister used to call her 'machi' (a Malayalam phrase being used abusively to call a woman who is unable to procreate) very often to put her down emotionally. Rajani's husband was very supportive and caring, and he always tried to make her comfortable. She doesn't like to talk to other childless women since she knows how painful it would be once they talk about their state. Childlessness had never affected their sexual life.

Rajani was diagnosed with PCOD during treatment, and it was taken as a prominent reason for childlessness. She has used contraceptives for the very first months of marriage. She got conceived two times, but both ended up with abortions. Her periods were not regular due to PCOD. Now her periods are expected, and she is recovered from PCOD. She doesn't have any illness. Their marriage was not a consanguineous one.

After one year of marriage, the couple began their treatment and went for only Allopathy. They have taken treatment actively for the first ten years having short breaks in-between. They have undergone IUI twice and led to pregnancies two times. They haven't gone for IVF yet, since they haven't felt it is credible. She used to have a migraine during the treatment period due to hormonal injections. Rajani's spouse was cheerful towards treatment, and he only used to accompany her treatment sessions. They hardly managed treatment expenses, and they accepted that they had felt economic exploitation during treatment.

Rajani admits that she had not overcome the state of childlessness yet. Though her husband is supportive, she often remembers being childless and depressed. The couple didn't receive much support from their relatives as they had undergone a love marriage against the will of their relatives. As a result, children from their families don't visit them often, and they feel isolated. Rajani strongly believes that motherhood is mandatory for being a woman. However, she thinks that motherhood should originate from a woman's choice rather than from the pressure from society.

Jincy (42 years)

Mrs Jincy lives in 'Pala' in the Kottayam district. Jincy is a government-aided high school teacher, whereas her husband is a businessman. They live independently as of the present. She was 24, whereas her husband was 27 at the time of marriage. She had completed MA and

B.Ed. And her husband is a graduate. They belong to the Christian religion and have a monthly income of above 25000.

The couple realized that they had issues conceiving only after two years of their marriage. Then they consulted a doctor soon and underwent some medical tests. It was found that the problem lies with her husband. They decided to talk to both of their parents. Jincy's parents were educated, and they could take this in the correct sense and console them, but her in-laws were a bit reserved. They showed their arrogance towards her. She was positive initially and hoped everything would fall in place soon. Even her husband also supported her and was optimistic too.

People started asking about a child once Jincy could not conceive even after a year of marriage. She used to avoid functions and public gatherings now deliberately. She feels that her daily life has been badly affected by childlessness. She feels emptiness when years pass and gets aged. Jincy agrees that her place at home has been involved, even her husband's too. Jincy's husband's elder brother forged documents of property that belonged to her husband. They never wanted to give equal property shares since they were childless. They argued that they are not supposed to entitle equal shares. She had been called 'machi' (a Malayalam phrase being used abusively to call a woman who is unable to procreate) in public several times." People never want me to carry their babies; they do say I don't know to have children anymore." Jincy spoke up. Her younger sister is also childless, and she has been divorced because of this.

Their sexual life had not been affected by childlessness. Her husband feels desperate as a childless father, but he never used to express it not to hurt Jincy.

Jincy's husband was diagnosed with a blockage in the passage of semen, and it has been taken as the significant reason for childlessness. The couple was using contraceptives for just one year after their marriage. She had never got conceived yet. Her period was regular at the beginning but now seems to be irregular. Presently she has an increased level of both blood sugar and pressure. Even she has taken medications for both for the last five years, and she believes they are the side effects of fertility treatment. Their marriage is not consanguineous.

The couple opted for Allopathy as the first option during treatment. They continued Allopathy for the next seven years. The couple had done IVF two times and ended up with failure. Both had specific health issues like excess gas forming, back pain, dizziness, etc.

After that, they left 'Allopathy and moved to Ayurveda and continued there for the next three years and later took a break for three years from treatment. Then they tried 'home for the remaining two years. They actively underwent treatment for 15 years. They stopped taking medicine three years ago due to financial issues. They felt exploited during IVF and spent almost seven lakhs hoping for a baby as their own. Her husband was quite supportive of treatment, and he used to accompany her at each follow-up session.

Jincy admits that she had not overcome the state of childlessness. She is still deeply in need of a child. She gets to spend time with children since she is a school teacher, and that is excellent relaxation to forget her sorrows to move on her life. They tried for adoption, but it couldn't happen due to many legal issues. They have performed special rituals and visited many churches to cure childlessness. Jincy believes that a woman should be a mother at least once. Because a child is one of the most significant wonders, we get from god.

Surabhi (40 years)

Mrs Surabhi, a homemaker, lives in 'Petta' in the Trivandrum district. She lives with her husband in an apartment as their own. She got married at the age of 21 when her husband was 27. Their marriage took place 19 years ago. Surabhi and her husband are graduates, and he works as associate director in the Malayalam film industry. They have a monthly income above 25000 and belong to the 'Hindu' religion.

The couple started to worry about not being pregnant after six months of their marriage. Then Surabhi disclosed her concern to her parents, and they advised her to go for medical consultation. She had undergone scans and lab tests, and it was found that she had problems with the lining of her uterus. Her in-laws constantly blamed her, but her husband was supportive and tried to secure her. People used to question her a lot, and she used to feel suffocated with them. She hesitates attending functions primarily related to children and pregnant women. She had felt stigmatized whenever she faced public. She doesn't like to speak to other childless women. She thinks that childlessness has affected their daily life badly. Surabhi's husband never talks about childlessness and what he thinks since he is busy with shooting schedules and works. Childlessness had not affected their sexual life.

Surabhi is diagnosed with uterine endometrium, which is considered childlessness. Her period was regular, but she had suffered heavy bleeding during menstruation, leading to anaemia gradually. The couple has never used contraceptives yet. Surabhi couldn't get

conceived so far. She has been anaemic for the time being and has taken iron supplements for the last five years. Her marriage is not a consanguineous one.

The couple had opted only for 'Allopathy' as a treatment option, and they have actively taken treatment for 14 years with some stipulated intervals. They have tried IUI twice but ended with failure. They even wanted to try IVF, but financial liabilities didn't let them go. They were comfortable during the treatment period and hadn't felt exploited economically. Her husband was supportive of treatment, but he could not attend treatment sessions every time due to his shooting schedules. They have somehow managed the treatment expenses so far.

Surabhi states that she had overcome the state of childlessness. She started to feel better when she had her place at home. She could divert her mind to other interests like dance and literature. She joined a dance school, where contemporary dance is being taught, and settled up a library in her apartment. Even she started to visit shooting locations along with her husband. Her husband was interested in going for adoption, but she was not. Surabhi's mother visited temples and performed the ritual to have a grandchild. But Surabhi was not interested in all these. Surabhi believes that motherhood should be taken by one's own choice and it is divine. But she doesn't think that women are always born to be only mothers.

Shyny (40 years)

Mrs Shyny, a salesgirl in a stationary shop, lives in Anjal, Kollam district. She got married at 20, while her husband was 26. She and her husband are school dropouts. Her husband is 46 years old, and he is working as a daily wage worker. They have a monthly income below 10000/- and they belong to the Hindu religion. They do live in a nuclear family.

Shyny didn't have a problem with conceiving. She got conceived within a few months of their marriage and led to miscarriage soon. Then she consulted a doctor, and it was found that her uterus was weak to have a healthy pregnancy. Shyny disclosed her concern to her mother, and she took care of Sydney's treatment and hospital appointments after that. Her husband was not serious about her state of health during the early days. Her mother-in-law blamed her for not having a healthy pregnancy, Shyny's relatives and neighbours questioned childlessness. Public gatherings like functions and ceremonies are the places that are more likely to have these kinds of questions. She stopped visiting pregnant women and newborn children. She feels that her daily life was being affected by childlessness. When she started

working, she began feeling relaxed. Though her husband doesn't want her to work, she is unwilling to leave her job.

Shyny never used to talk to other childless women. She had deeply felt that she had lost her place and prominence in the family. Shyny states that her husband is desperate, but he showed less interest in the treatment, and their sexual life was poorly affected due to childlessness.

Shyny suffered from "cervical weakness, a state in which the cervix begins to widen and thin before the pregnancy has reached the term. She had been pregnant three times within stipulated intervals but ended up with miscarriages. It is being considered one of the prominent reasons for childlessness. She has never used contraceptive measures yet. Her menstrual cycle was not regular during the early years of marriage but later became normal due to treatment. Her blood pressure seems high, and she fainted unconscious once at the shop where she works. She is anaemic too and suffers from shortness of breath while walking. She has taken treatment for all these for the last several years. Her marriage is not a consanguineous one.

Shyny and her husband had undergone Allopathy treatment. She had to take both medicines and injections, and she fell ill, followed by accumulating fluid in the uterus as one of the side effects of medication. She was admitted to the hospital for four days after that. She had been taking treatment for 14 years and left six years back. She had felt economically exploited during treatment. Her husband was not supportive of treatment and hesitated to accompany her during hospital visits.

Shyny does not think that she has overcome that state of childlessness. She intensely desires a child as her own. She used to take her siblings' children at home and spend with them during their vacations. She does accept that their presence means a lot to her, and she feels self-actualized. Though her husband is ready for adoption, she is not. Her sister had twins, and she wanted to ask one among them. She bought two Pomeranian dogs recently and took care of them as her children. She used to go to temples and perform special rituals early, but now she doesn't. Shyny believes that becoming a mother is a woman's pride. So motherhood is inevitable for a woman.

Sheeba (42 years)

Mrs Sheeba is an accountant in a known vehicle company. She lives in a village called Payyoli in the Calicut district. She is an M.com holder, and it has been 21 years since her marriage. Her husband is 48 years old and working as an electrician in Mumbai. She lived in a joint family with her husband in-laws in Mumbai. She alone has moved to her native Calicut to take care of her mother with a job transfer. They have a monthly income above 25000.

Sheeba faced difficulties for conception during the early years of marriage exposed her problem to her in-laws. Her husband and in-laws encouraged her for treatment and supported her immensely. Sheeba's family also stood with her. Since she was in Mumbai, she tells me there were no problems like interference from others, unwanted questions, and all. Whenever she came to her native for vacation, she repeatedly asked about childlessness. She never used to take advice from others regarding treatment and medical consultation. She agrees, she used to feel a bit annoyed while participating in public gatherings and functions, but she never takes up so seriously. She never thinks that childlessness affected her daily life. She never felt that her autonomy and place in the family had been concerned with childlessness. Sheeba believes that her husband might have an intense yearning for a child as his own, though he is never exposed to the outside. Their sexual life has not been poorly affected by childlessness.

Sheeba was diagnosed with PCOD during an early stage of fertility treatment, and doctors consider this one of the prominent reasons for childlessness. Sheeba's husband's younger brother also doesn't have children. Since he is disabled, there are limitations for treatment Sheeba says. Sheeba and her husband haven't used any contraceptives yet, and even she got conceived three times but eventually led to miscarriages during the first trimester itself. Her menstrual cycle was not regular at the time of marriage, and she was not much concerned about it then. Later, PCOD caused irregular periods and got cured during treatment. She is alright for the time being and hasn't been diagnosed with any other illness. Her marriage is not a consanguineous one.

The couple had taken 'Allopathy and Ayurveda respectively as treatment options. They opted for Allopathy as their own choice and chose Ayurveda as per the suggestions given by family and friends. They have undergone treatment continuously for 15 years. She had been undergone health issues like obesity, migraine, etc., during treatment. They have undergone Ayurveda treatment only for six months since they hadn't felt comfortable there. It has been

two years; they stopped taking treatment. Her husband was quite supportive during treatment; they had medical consultations together. She accepts that she has felt economically exploited during treatment.” I used to feel they are taking much for injections, and also they do subscribe medicines unnecessarily.” Sheeba says. They could afford the treatment expenses.

Sheeba states that she had overcome the state of childlessness. Her spouse, family, in-laws have supported her immensely to conquer the state of childlessness and move on. She was never interested in adoption. She admits that she loves to spend time with children always. She feels happy when she is with her nephews and nieces. She had gone to temples many and performed rituals. She firmly believes that motherhood is unique, which cannot be experienced by any living being other than a woman, and she is privileged in that way too. “You need not birth children to be a mother. You can be a mother by your heart. So childlessness doesn’t ruin a mother who stays inside you,” she added up

Seema (42 years)

Mrs Seema lives in a village called Cherpu in the Thrissur district. She got married ten years back. Seema works as a domestic helper in a household, and her spouse is 48 years old, who works as a painter on a daily wage basis. The couple is school dropouts and lives in a nuclear family now. They have a monthly income above 10000, and they belong to the Hindu religion.

Since Seema’s marriage was a late one, she and her husband decided to consult a doctor as a precaution after six months of their marriage. It was found that the problem lies with her husband, and she had talked about this in their family. Since she was married to her paternal aunty’s son, she hadn’t faced any difficulties opening up. Seema’s parents were not alive, and her siblings, in-laws, encouraged her to take up treatment. She never felt excluded or stigmatized when she attended any ceremonies or public gatherings. Even she had been continuously asked about childlessness, and she never thought they intended to hurt her. She just answers the questions and moves on in her life. Seema’s husband’s younger brother remains childless, and they also stopped taking treatment. She admits that childlessness has affected her daily life. She added up. Her husband still has a strong desire for a child, though he never expresses it. Childlessness has not affected their sexual life badly. But Seema says she had lost sex interest.

Seema was diagnosed with hyperthyroidism and uterine fibroids, while her husband suffered low sperm count. These all eventually lead to infertility. They hadn't used any contraceptives, and she had never conceived yet. Seema's menstrual cycle was regular, but she hasn't gone for further treatment for uterine fibroids since she was afraid of surgeries. She takes medications for hyperthyroidism. Her marriage is a consanguineous one.

The couple had undergone Allopathy and Homeo treatment options, respectively. They continuously took up Allopathy for five years and switched to Homeo after a break of two years. They have been in treatment for the last nine years. They both were comfortable during treatment. They haven't felt they were economically exploited, and the only challenge faced, they were unable to afford the treatment expenses. Seema's husband's sperm count went high after treatment, and we had been asked for IUOI or IVF. But we couldn't go for either since we were economically weak.

Seema admits that she hadn't overcome the state of childlessness yet. She feels that her life is meaningless without a child. Seema feels relieved when Seema gets to interact with other children. She is not interested in adoption. Seema and her husband visited several times and performed special rituals for a child. She sturdily thinks that motherhood is inevitable." a woman has several roles to perform every stage of her life, and motherhood is one among them.

Srilakshmi (46 years)

Mrs Srilakshmi lives with her husband in an apartment at Palarivattam Kochi. She is a Hindu and got married 25 years ago at 21. She had studied up to a degree and soon after her studies entered marital life. Her husband was eight years older than her, a qualified MBA, and working as Assistant Manager at State Bank of India. They have a monthly income above 25000 anyhow.

The couple had started to bother about the inability for conception after the one year of their marriage. Srilakshmi used to have severe abdominal cramps during her menstrual cycles. So in the very beginning, she thought this might be the reason for not getting pregnant. She revealed it to her elder sister, who insisted she get treatment for the first time. She consulted an Ayurveda doctor during those days and started to take medicine.

Her husband was not bothered by the childlessness's initial days since it was only a year after their marriage. During the early years of marriage, she lived in a joint family. Everyone used

to badmouth her by relating her menstrual issues to delay getting pregnant. She excluded herself from some social circles and neighbouring networks because they started to ask about her childlessness. If she gets to know any childless women, she encourages them to take regular treatment and always asks them to be cheerful. In their early years, she had difficulties coping with the state of childlessness since she was living with her in-laws and had no job. She had sometimes felt excluded and stigmatized in some personal and social circles. But she had not felt difficulty going any auspicious ceremonies since she had not felt any trouble while attending them. She identifies herself as a friendly person. She doesn't like to exclude herself just because she is childless, but she doesn't want to be around some people or circle who keep reminding her inner sorrows by asking about childlessness

Srilakshmi feels that she gets more support from her husband and family. Childlessness didn't affect their sexual life badly. Her husband is still sad about being childless, but he doesn't even express his feeling outside. But she knows that he is still can't come out of it since he is liable for childlessness as he has inadequate sperm count in semen. They never used any contraceptives. The couple started treatment once Srilakshmi was did not get pregnant after several months' exposure to unprotected sex. She had never got conceived yet. Her menstrual cycle is quite normal now and then, and she hasn't experienced issues like delaying or missing periods. Presently she doesn't have any other illness, and she feels as healthy and fit. Her marriage was not a consanguineous one.

They had taken different treatment options. First, they started to take Ayurveda then shifted to 'Allopathy. It has lasted up to two years. Then, finally, they turned to 'Allopathy again for doing IVF. 'Treatment has been taken for first eight years actively. She had to suffer some health issues like giddiness, back pain, and nausea during that time. But IVF also got failed. She had felt exploited economically during the treatment time at infertility clinics. Her husband was optimistic towards treatment, and he never showed any hesitation in taking treatment and taking hormonal medicines.

She had overcome and coped with the state of childlessness. The couple hadn't even thought of adoption since they can't even bear a child not biologically related to them. They haven't visited any temples or performed special rituals to cure childlessness. She never thinks that motherhood is an essential commitment to a woman. Motherhood is only a part of her life, and that alone can't decide the significance of her life.

Kala (50 years)

Mrs Kala, a housewife, lives in an independent house with her husband in a village called Palluruthy. She belongs to a Hindu, and she got married at 18. It has been 32 years now since her marriage. She has studied up to the 10th standard. Her husband, aged 57 years, works as a salesman in a textile shop, educated up to just high school. They have a monthly income of around 10000/-

The couple noticed something unusual once Nimmi was unable to conceive within three years of marriage after having exposure to unprotected sex. They decided to seek treatment, and during earlier days, they hadn't shared it with anyone, but gradually they were forced to tell it to their family. They started to get suggestions and advice and recommendations from families and other circles related to treatment options. People haven't meant anything wrong to hurt her intentionally.

It was complicated to lead an everyday life without children in earlier times. Everyone at her age had children, and they have moved to the next stage of their lives too. Kala was still taking treatment and waiting for the results. She felt her life was meaningless and meaningless as she had nothing to do; she had no job. She had not felt stigmatized or excluded in personal or social circles. She used to go to all auspicious ceremonies, and others used to provide their children her to pamper. So she never felt excluded or restricted herself from others. She didn't think that her place and supremacy were affected due to her state of childlessness. She said that her husband is still sad; he gets upset and sees others with their children. Nevertheless, childlessness hadn't affected their sexual life.

Kala's husband was clinically diagnosed with the absence of sperm in semen. There was no contraceptive used yet, and her menstrual cycle was regular. She hasn't gotten conceived yet. Recently she is diagnosed with diabetes and undergoing treatment. She does take medications for the last five years. Their marriage is not consanguineous.

The couple first consulted a gynaecologist. There only it was diagnosed that problem is with her husband. She didn't have to take any medications or injections. All were supposed to be taken by her husband. At the very beginning, itself doctor stated that it is difficult to happen natural conception. Then it was only two years after marriage, so they haven't taken it much seriously also. Then again consulted another gynaecologist from another hospital, but the result was desperate. Finally, they decided to go for IVF. It was pretty expensive and ended

up with result less. During IVF, she had health issues like nausea, back pain, and giddiness, and her husband had no health concerns during hormonal injections and other medicines. The husband was quite positive during the treatment time, and he used to come with her every consultation. After that, they stopped all the treatment. Now almost for the last 12 years, they have stopped taking medicine. They got exhausted, and even both of them got unhealthy often and got hospitalized.

They haven't felt economically exploited during the treatment since they know it is a costly infertility clinic. They had to sell the property, gold, and everything. Now they have no savings at all. Now they have to take bits of help from relatives if they need it.

Kala had almost coped up with the state of childlessness. Her husband and family had helped her out with that. She used to spend time with in-laws' children. The children used to come to Srilakshmi's home and stay during vacations. Srilakshmi and her husband had a plan of adoption in earlier years, but they didn't have the financial security to fulfil the adoption formalities. Now they don't even talk over childlessness. They had to accept the reality of being childless and live. She and her husband had visited some temples had performed ritual practices so many times. They even used to visit astrologists often.

She believes that motherhood is obligatory for every woman. Without children, life is meaningless and horrible.

Table 4.1**Demographic representation of participants**

Sl. no	Name	Age	Years of marriage	Educational Qualification	Occupation
1	Jaya	46	24	Degree	Housewife
2	Nimmi	50	33	10 th	House Wife
3	Bini	50	18	Pre Degree	Housewife
4	Ajitha	40	14	Pre Degree	Housewife
5	Meena	42	15	Pre Degree	Sales Girl
6	Indhira	42	24	Diploma	Beautician
7	Prasanna	45	13	Pre Degree	Housewife
8	Jensy	48	17	Pre Degree	Housewife
9	Shyama	40	18	Degree	U D Clerk
10	Vaani	44	19	10th	Housewife
11	Rani	46	25	Degree	School Teacher
12	Viji	49	30	10th	Housewife
13	Meera	44	21	General Nursing	Nurse
14	Sheena	48	27	8th	Salesgirl
15	Susheela	50	30	Pre Degree	Yoga Trainer
16	Simi	43	22	BSC Nursing	Nurse

17	Meenakshi	30	10	Diploma in Lab Technician	Lab Technician
18	Latha	45	10	7th	Salesgirl
19	Omana	50	22	10th	Salesgirl
20	Shijina	45	19	8th	House wife
21	Jayanthi	46	13	10th	Sales girl
22	Sunitha	49	20	8th	Manufacturing worker
23	Santha	50	29	10th	Housewife
24	Sandeepa	40	15	P G	Teacher
25	Rama	42	10	10th	Hose wife
26	Ganga	50	30	D.Farm	pharmacist
27	Sushama	50	15	10th	Daily wage worker
28	Rajani	40	15	Graduation	Housewife
29	Jinci	42	18	M A	Teacher
30	Surabi	40	21	Graduation	House wife
31	Shyni	40	20	10th	Daily weigh worker
32	Sheeba	42	21	P G	Accountant
33	Seema	42	10	10th	Domestic helper
34	Srilakshmi	50	32	10th	House wife
35	Kala	49	18	Pre Degree	House wife

Source: Compiled from the field data 2018-2019

Table 4.1 explains the demographic profile of the participants in terms of age, years of marriage, educational qualification, and occupation.

4.2 Summing up

This chapter consists of a concise depiction of thirty-five cases involved in this study. This section aims to introduce each primary participant and their socio-cultural background briefly. The socio-demographic profile of the participants is also included in this chapter. The next chapter will deal with analysing primary data collected from the field. The data analysis procedure starts with the transcription of the audio records. All the interviews were conducted in the Malayalam language. The researcher listened carefully to the audio logs and transcribed the data in Malayalam (local language). Later, this data was translated to English without losing the exact meaning.

CHAPTER-V

ANALYSIS: THE JOURNEY OF CHILDLESS WOMEN

“Don’t be afraid to be who you are because you are the only person who knows you best.”

-Saredo Ali

The life of every woman living with childlessness is a journey. A journey consists of experiences in different spheres of their life. This chapter presents the analysis and interpretation of the collected data. Analyzing text data and other forms of data is a challenge for every qualitative researcher (Creswell, 2007). The major work during this phase is preparing and organizing the collected data. In designing and managing the data, the researcher has followed various steps.

1. Transcription of voice records to text data
2. Translation of data from local language to English
3. Line by line coding
4. Identification of categories
5. Preparation of narratives of the case
6. Within case analysis
7. Cross case analysis

The procedure started with transcribing the voice records to text data. Then transcribed data was carefully translated to English with accuracy and without losing the meaning of each word. After carefully reading the transcribed data, line by line and word by word, the researcher has identified various codes from the data. These codes were analyzed and categorised according to their similarity and meaning. Then the researcher has written detailed narratives about each case. The categories were used as sub-headings in the descriptions. The categories were divided into four major themes. They were experiences of childless women, reasons for childlessness, treatment experiences of childless women, and resisting and coping practices. This chapter aims to describe these four themes in detail, in four sections, in the form of cross-case analysis with supportive verbatim quotes, codes, tables, figures, and diagrams. The analysis and interpretation are made in each section. The

data is displayed in the form of tables and graphs. Verbatim quotes and case vignettes are presented wherever necessary.

Section 1: deals with the experiences of childless women. This section mainly focuses on the family and social experiences of women living with childlessness lead to exclusion.

Section 2: describes the reasons for childlessness.

Section 3: discusses the treatment experiences of childless women. Which mainly includes their treatment options and difficulties faced during treatment.

Section 4: deals with resisting and coping practices of childless women. This section primarily focuses on attempts of participants to accept and overcome their state of childlessness

5.1. Experiences of childless women

Experiences of women living with childlessness include mainly experiences they have undergone in their personal social life. The narration of the experiences begins with the time of difficulties that occurred for conception. Then the description covers the story of their life, living with childlessness, and concludes with their present status related to childlessness in their day-to-day life. There are experiences of pain, grief, burden, struggle, helplessness, exclusion. The participants express how childlessness has changed their lives and how those experiences alter their life course. For the participants, childlessness is not a sudden occurrence in their life but a gradual development of difficulties for getting conceived and pregnant. Every participant experienced or realized problems that lead to childlessness within two years of marriage. The age between eighteen to thirty-five years is seen as difficulties arise for getting pregnant.

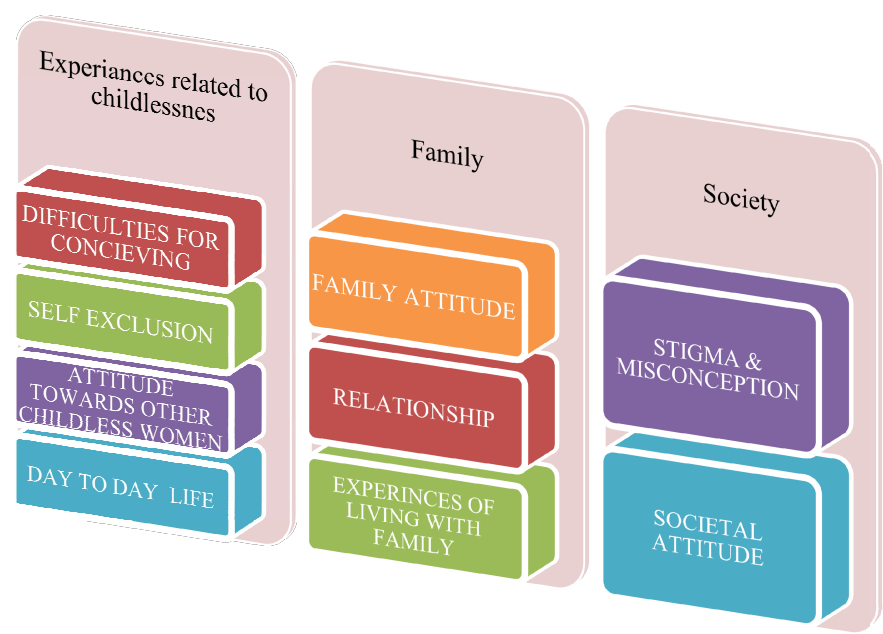
5.1.1 Experiences of women living with childlessness at personal, family, and society level

The experiences of an individual indicate a life situation or a phenomenon that an individual has gone through. Here in this study, childlessness is referred to as a life situation. As depicted in figure 5.1.1, experiences of childless women are described in three categories: (i) Experience related to childlessness covers difficulties for conceiving, self-exclusion, attitude towards other childless women. (ii) the family experiences include the family,

relationships, and living experience with the family. (iii) experiences as a part of living in a society, which includes stigma and misconceptions, societal attitude.

Figure 5.1.1

Experiences of childless women at different levels



5.1.2 Difficulties for conceiving

Many difficulties can be occurred for conceiving. Here we discuss the challenges faced by childless women while trying for pregnancy. The study reveals that they started to notice those difficulties after marriage and their first attempt to tackle those. In the study, significant difficulties are late marriage, inability to conceive after exposure to unprotected sex several times, pain during intercourse, postponed pregnancy plan, frequent miscarriages.

Difficulties faced by participants for conception eventually lead to childlessness. So it is essential to understand those difficulties to address childlessness. Table 5.1.1 illustrates the problems faced by participants when they tried for pregnancy.

Table 5.1.1**Difficulties for conceiving**

Name	Difficulties	Datapoint
Bini	Late marriage	“My husband and I got married at a very late age. So we already knew we would find difficulties to get conceived and consulted doctor without delay.”
Ajitha	Inability to be conceived having exposure to unprotected sex	“I was not able to get conceived, even after having unprotected sexual intercourse several times.”
Jensy	Pain during intercourse	“I used to have severe pain during intercourse, and my vaginal hole was comparatively tiny too. These lead to a decrease in the frequency of sexual intercourse, affecting the possibility of conception and pregnancy.”
Meera	postponing pregnancy	“I didn’t want to get conceived for two years after marriage, So I postponed pregnancy. But when I tried for pregnancy, I was not able to get conceived.”
Rani	Frequent miscarriages	“ I did not have any problems for getting conceived. But I underwent frequent miscarriages.”

Source: Compiled from the field data 2018-2019

Jensy’s Experience: the gradual dropping of interest in sexual intercourse led to difficulties in conceiving

Jensy started to experience severe pain during sexual intercourse soon after her marriage as her vaginal hall was small, and semen could not get released during intercourse. They thought to sort it out during earlier days, and later they consulted a doctor. The doctor prescribed temporary remedies, and the situation turned better. But soon after, she again started to have severe pain during urination after each intercourse. But she hadn’t disclosed it to anybody. They gradually decreased the frequency of intercourse.

“Now I realized I had made a big mistake. I would have spoken about this to somebody else more than my husband and taken proper care of it. Now years have passed, and I got aged too.” (Jensy)

Inability to be conceived having exposure to unprotected sex: most common difficulty

The data shows that the inability to conceive having exposure to unprotected sex is the most common difficulty faced by childless women while trying to get conceived.

Ajitha and her husband decided to consult a doctor once she was not conceived after one year of marriage. At first, she revealed her concern to her parents and later told her in-laws. Both families' insisted on continuing the treatment, and Ajitha's husband was also positive those days and thought she would get pregnant since it was very beginning after marriage.

"We were not concerned much about not getting conceived since it is only one year after marriage. But we have never used any contraceptives to postpone pregnancy, and our hopes were up to when we started medication."(Aji)

Nimmi and her husband understood that something was wrong with them once Nimmi could not conceive within two years of marriage after exposure to unprotected sex. They decided to seek treatment, and during earlier days, they hadn't told anybody they were taking medicine, but gradually they were forced to say to both the families.

'We wanted to have a child as earlier as possible after marriage. But I couldn't get conceived, even though we tried hard. We decided to get medical assistance after waiting two years.' (Nimmi)

Meena and her husband realized something was not okay with them once Meena was not conceived within the six months of their marriage, having exposure to unprotected sex. They decided to seek medical help before disclosing their queries to someone else. Her husband took the initiative to consult the doctor.

"It was my husband who took initiation to seek medical help. We were desperate to have a child anyways. We anticipated that medical treatment could help us to get conceived and give a childbirth." (Meena)

Bini's experience being married late

Since Bini got married late, the couple consulted a doctor soon to avoid complication-related infertility. The doctor stated that everything was fine, and there were no issues found among both. They hadn't told their families that they had consulted a doctor in earlier days, but they came to know the facts later.

“I got married at the age of 32, and it seemed to be quite late for a woman by considering the best period of woman fertility. So I was worried that I would get pregnant or not. So I initiated the doctor's visit. The doctor prescribed some medicines which enhanced conception” (Bini)

Rani's experience of miscarriages lead to difficulties in conceiving

Rani was conceived two times. But unfortunately, she got ended up with miscarriages. Once she got conceived for the first time, she took painkillers for ear infections without consulting a doctor, and she claims this is the reason for the abortion. She doesn't even know the cause of the second miscarriage. The first pregnancy got happened after one year of marriage.

“I was a bit careless when I got pregnant. I took antibiotics for an ear infection without even consulting a doctor. That might be the reason for first miss carriage, I think. I don't even know the reason for the second miscarriage. I don't want to remember all those since they are quite hurting memory for me.” (Rani)

Syama's experience of postponing pregnancy

Shyama is a heart patient, and she has a small lump in one of the chambers of her heart. Even her in-laws and parents know about this. She was supposed to postpone pregnancy since it may turn into a life-threatening situation. But when her health situation improved, she wanted to go for pregnancy, but she couldn't get conceived. Then they consulted a doctor, and no serious issue was found which constrains conception.

“I never wanted to delay pregnancy after my marriage. Since I am a heart patient, I was supposed to follow the doctor's advice. I postponed pregnancy for three years. But later, when health situation got improved, I wanted to get pregnant and give childbirth, but I couldn't.” (Shyama)

5.1.3 Experience of a self-exclusion

Self-exclusion or voluntary exclusion indicates an act of restricting oneself from some activity. The study reveals that childless women tended to exclude themselves from others due to the strong stigma associated with childlessness in society. Table 5.1.2 presents the experiences of self-exclusion among participants.

Table 5.1.2
Self-exclusion

Name	Self-exclusion	Datapoint
Jaya	Jaya excluded herself from some social circles and neighbouring networks because they started to ask about her childlessness	“Some people make some comments or questions intentionally to hurt me. I know well, they may get some secret pleasure from their acts.”
Ajitha	Ajitha excluded herself from her husband’s home.	“I faced stigma and exclusion from my husband's home only. That made me exclude myself from other family members during special occasions like family or festival gatherings.”
Meera	Meera deliberately avoided the situations where she met more people.	“If somebody invites me to any auspicious ceremonies, I don’t go on the ceremony day. I will visit them and will gift something before a day, just to show some formality.”
Indhu	She intentionally avoided some occasions or functions in some relatives’ places since they reminded her that she is childless.	“When I was getting ready to attend a baby shower function, my husband’s aunt suddenly stopped me and warned me that the childless women are not auspicious for the ceremony.”
Vani	She made an exclusion for going auspicious ceremonies like naming ceremonies, baby shower function of pregnant women, etc. She felt as inauspicious.	“I got exhausted with people’s questions. I never knew how to handle these questions. I used to be emotional and cry those days badly. So I decided not to go anywhere out.”

Source: Compiled from the field data 2018-2019

Jaya's experience of a self-exclusion

Jaya excluded herself from some social circles and neighbouring networks because they constantly asked about not having children and advice on treatment options. Earlier, she tried to tolerate these, but gradually, she felt exhausted and avoided the occasions where she was continuously questioned.

"Some people make some comments or questions intentionally to hurt me. I know well, they may get some secret pleasure from their acts. I don't like people who have negative attitudes. I want everybody to be positive, and I try to be cheerful always" (Jaya)

Ajitha's experience of a self-exclusion

Ajitha excluded herself from her husband's family because she has been continuously victim of stigma and suppression there. Her situation worsened when a family got together for a festival. She excluded herself from those kinds of occasions to protect herself from emotional trauma.

"I felt stigma and repression at my husband's home, and that made me exclude myself from other family members during special occasions like family or festival gatherings." (Ajitha)

Meera's Experience of self-exclusion

Meera deliberately avoided the situation where she got to meet more people. She already had awkward experiences being asked about childlessness and her sexual life. So she gradually felt not going out and meeting people. She excluded herself from the occasions like functions and festivals.

"Neighbours and relatives used to ask about good news and used to enquire about treatment status and all. At the very beginning, I used to get irritated by their frequent questioning. Then I slowly got habituated with it. To avoid such situations, I also deliberately avoid the occasions where I meet more people. If somebody invites me to any auspicious ceremonies, I don't go on the ceremony day. I will visit them and will gift something before a day, just to show some formality." (Meera)

Vani's experience of a self-exclusion

Vani made an exclusion for going auspicious ceremonies like baptism, baby shower functions, etc. She felt inauspicious and annoyed while attending those. She was afraid that people would blame her for her inauspicious presence if anything went wrong.

“Wherever I go, I had to face questions related to childlessness from a minimum of 5 people per day. I used to get quite upset and irritated with them. But I never used to express it. I never wanted to be vulnerable in front of others. So I stopped going out on extraordinary occasions. I felt inauspicious while attending those, and people made me feel so.” (Vani)

5.1.4 Attitude towards other childless women

Participants' attitude towards other childless women is vital to understanding their perception of childlessness and social exclusion. The study reveals that childless women had different attitudes towards women who suffered from childlessness. Table 5.1.3 illustrates the same.

Table 5.1.3

Attitude towards other childless women

Name	Attitude	Datapoint
Meenakshi	Empathetic	“I feel empathetic towards all of them; I do know how do they feel in their lives.”
Jensy	Sympathetic	“I ask them to console themselves by thinking everything is their fate.”
Sheena	Paying no attention	“I don’t want to talk to them at all.”
Jaya	Encouraging for treatment	“I encourage them to take regular treatment and ask them to be cheerful always.”

Source: Compiled from the field data 2018-2019

Meenakshi's attitude towards childless women

Meenakshi knew some childless women, and one among them works with her in the lab, and she is young too, she had undergone treatment for a long time, but she couldn't conceive yet. Mini's elder sister also doesn't have children. Her Husband's brother also doesn't have children. She empathizes with their situations and facilitates them emotionally.

"I understand sufferings and struggles they undergo. I feel empathetic towards all of them. I am willing to help them as much I can." (Meenakshi)

Jensy's attitude towards childless women

Jensy knew a few childless women in her surroundings. She feels very sympathetic toward them. She even asks them to take everything as their fate and reminds them nothing can be changed.

"I ask them to console themselves by thinking everything is their fate." (Jensy)

Sheena's attitude towards childless women

Sheena had happened to meet other childless women. But she never felt to utter a word to them, and she thought that talking to them would make her hurt again. She didn't want to get reminded of her sorrows by talking to them or listening to them much.

"Ignore other childless women if I ever get to meet . I have nothing to talk to them. Talking to them or listening to them will hurt my feelings very much." (Sheena)

Jaya's attitude towards childless women

If Jaya gets to know any childless women, she encourages them to take regular treatment and always asks them to be cheerful.

" I always encourage them to be positive and continue the treatment. I don't like people who have a negative attitude. I want everybody to be positive, and I try to be positive always" (Jaya)

5.1.5 Family support

The family has a vital role in comprising experiences of women with childlessness. Family support is a significant factor in coping with childlessness, and it will help childless women

overcome the social stigma towards childlessness. Participants in the study were encouraged by the families to seek medical support when they faced difficulties getting pregnant. It was their daughter or daughter in law remained childless. So they had no other option to have a child through whom family legacy could be taken up.

But other than encouraging seeking medical care, most participants hadn't received any support and dynamic backup from family. Every participant in this study faced pressure from their in-laws, parents, or relatives for childlessness at some point in their married life. Tensions came in the form of distressing, queries about their problems, treatments. The family and community expect a woman to conceive soon after marriage.

Mother-in-laws abused a few participants. They never asked who was liable to childlessness. They strongly assumed it would be their daughter-in-law's fault, which led to fights and arguments, and it was much painful for these women to live with them under the same roof. They were even called 'Matchi. It means a barren animal, and sometimes barren animals were also referred to using the same name.

I haven't faced any worst experiences from neighbours or relatives; they showed at least some sympathy. They advised me to continue treatment. I faced stigma and exclusion from my own home only. (Aji)

My in-laws were illiterate and uneducated. Even I couldn't explain the actual cause of our childlessness. They were not in the position to understand it too. I never quarrelled with them, and I was not brave enough to do so. They advised my husband to leave me and go for a remarriage. Even I had lived several years at my own home by getting separated from my husband. (Susheela)

My in-laws used to blame me for childlessness. They believe that childlessness results from my fateful horoscope, and they are a bit superstitious of all these. It is their habit to hurt me often. (Sandeepa)

Childless women felt that they lost supremacy in the families because they were childless. Though they try hard to please the family members and to become perfect daughter-in-law material, they feel ignored among all others at family.

I always felt that I was liable for being childless. So I try hard to please my in-laws and other family members. I do whole household and domestic work. But I never received an appreciation from them, and they always remind my inability to bear a child. (Praseetha)

It is important to note that these women faced less pressure from their spouses. Among most cases, spouses were supportive during treatment sessions and accompanied them for hospital visits. But later, some of them lost interest in taking treatments. It was either due to the cost or frustration due to lack of fruitful results despite frequent hospital visits and doctor consultation. The women stated that the husbands were concerned about their wives' health, and they didn't want them to see hurt or unhealthy. So the spouses discouraged them from taking continuous treatment. Some of the husbands even moved out of their own homes to protect the mental health of their wives. They even consoled the women and gave emotional support.

My in-laws hadn't told anything terrible in front of my husband and me regarding childlessness, but I don't know what they used to say at our backs. It might be because they knew that my husband and I always have a strong rapport. (Jaya)

But some women were a bit upset that their husbands were taking the issue too lightly, and they even lost emotional connection to their wives, and it gradually started affecting their sexual life.

I feel my husband is disappointed with me since the problems lie with me. He never would like to talk about this. But I think he is detached from me, though I never faced any violence from him. (Latha)

She admits that her sex life was poorly affected due to her state of childlessness. Her husband is less interested in her. He does not seem to be sexually much active from the beginning itself.

5.1.6 Social support

The social pressure on childless couples is seen in society. This pressure was put on them in the form of repeated questions about their fertility and sexual life. Social anxiety is closely associated with social stigma related to being childless. The society where childless women belong is continuously reminded that they lack something almost inevitable in their lives. Though they come forward to cope and resist the situations, the existing notions and beliefs in the society of mandatory motherhood make them marginalized and vulnerable.

I am an outgoing person and exceptionally social. So people do think that I don't have any feelings, though I am a childless woman and I deliberately remain childless. That hurts me a lot, and I used to cry. (Surabhi)

The majority of the participants in the study felt that their acquaintances (Relatives and neighbours) were curious about their incapability to bear a child. The neighbours mainly insulted them most with so many ridiculous questions. The first question is 'vishesham onnum ayille' a few months after their marriage. It is a commonly used idiom to enquire if they have any good news. This question was frequently asked whenever they saw the women, and it was persistent for many years. The next question was asked, "Ningalil aarka prashnam, entha prashnam" They wanted to know who was among the couple and what the problem was. They were interested in treatment pathways of childless women opted.

Once my relatives called me many times to mobile, and I couldn't take up the call, since I was busy with household works. Once I called him back, I apologized to him that I am "Veettamma" (A typical Malayalam word used to describe the women who take care of the house and family, which means likely housewife). I may not even get time to see mobile sometimes. So my relative got angry and asked me how I could claim myself "Veettamma," even without a child, and I was hurt a lot then. (Jaya)

Neighbours and relatives used to ask about good news and inquire about treatment status. At the very beginning, I used to get irritated by their frequent questioning. (Meena)

I didn't have bad experiences with my in-laws at home. But I remember an incident when I was getting ready to attend a baby shower function. My husband's aunt suddenly stopped me and warned me that the childless women are not auspicious for the ceremony, and I was hurt a lot. Then I started to hate that lady, even though she died, I couldn't forget how she behaved. (Indira)

I got exhausted with people's questions. I never knew how to handle these questions. I used to be emotional and cry those days badly. So I decided not to go anywhere out. (Vani)

I used to feel bad. Now I do lie that I have children. If I don't, I would need to explain the causes. I don't like to speak up about all these. (Meenakshi)

Social support being given to childless women is very little. It will help them to beat the stigma and improve their living conditions. Social support refers to the various types of

support (assistance/help) that people receive from others. Social support is generally classified into two categories. Emotional support refers to what others do that makes us feel loved or cared for, which induces a feeling of self-worth. The second category is instrumental support which refers to the tangible help received from others, for example, transportation, money.

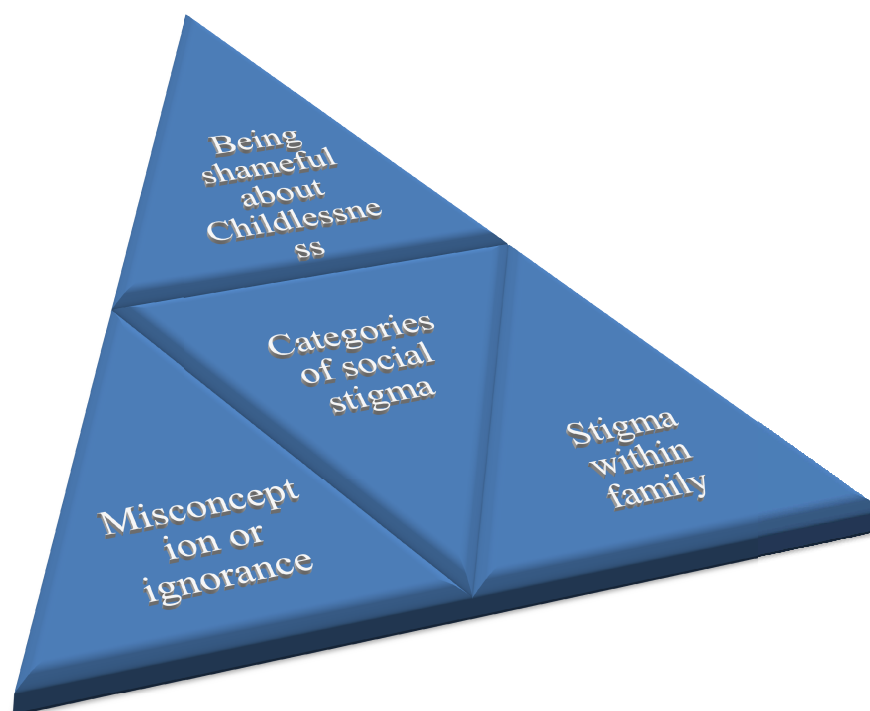
Childlessness and stigma are closely related to each other. Social stigma is the extreme disapproval of a person based on socially constructed perceptions that differentiate them from other members of society. Ignorance of the people causes stigma. The stigma has affected childless women in various ways.

5.1.7 Stigma and misconceptions

Childlessness and stigma are closely related to each other. Social stigma is the extreme disapproval of a person based on socially constructed perceptions that differentiate them from other members of society. In the context of mandatory motherhood, a manifestation of motherhood, stereotypes in the society, and unawareness of the people can cause the stigma. The stigma has affected childless women in various ways. The findings of this study about stigma are well supported by many of the results from literature (Wig, 1997, Phelan et al., 1998). The different categories of the stigma seen in this research are given below in figure 5.1.2.

Figure 5.1.2

Categories of stigma



5.1.8 Stigma- a sense of shame about the childlessness

This stigma was created by a sense of shame coming from childlessness. Women hesitate to say that they are childless. Therefore they try to avoid social contact. They feel they would face exclusion if people knew that they were childless.

For example, Meena feels that she doesn't like to go out, where people gather around other than her job. Because whenever she meets someone new out there, they ask about her whereabouts like family, husband, and children. If she admits that she is still childless, their attitude changes, and they get curious about her stuff like who is having the problem, the treatment they have taken yet, etc. They eventually start judging her. Meena is exhausted with these pieces of matter, holding back her from others.

5.1.9 Stigma- misconception and ignorance

Stigma can be formed due to misconceptions and ignorance about childlessness. The misconception of childlessness as an outcome of women's infertility is among them. Many families blamed the women for childlessness, though the men were responsible for it.

Many women stated that they were portrayed as the root cause for being childless in their families. They were not even interested in knowing with whom the problem lies since it is believed that conception, pregnancy, and childhood birth belong to women, and it's their responsibility to take care of that.

Another misconception on childlessness is related to the pain during periods. Women who suffer from heavy period pain tend to face childlessness. Jaya stated that their in-laws and family members spread the rumour that they are childless because of the abnormal and heavy pain they undergo during periods. That hurt her a lot, and she even started taking painkillers, though she knew that it would harm her health.

5.1.10 Stigma within the family

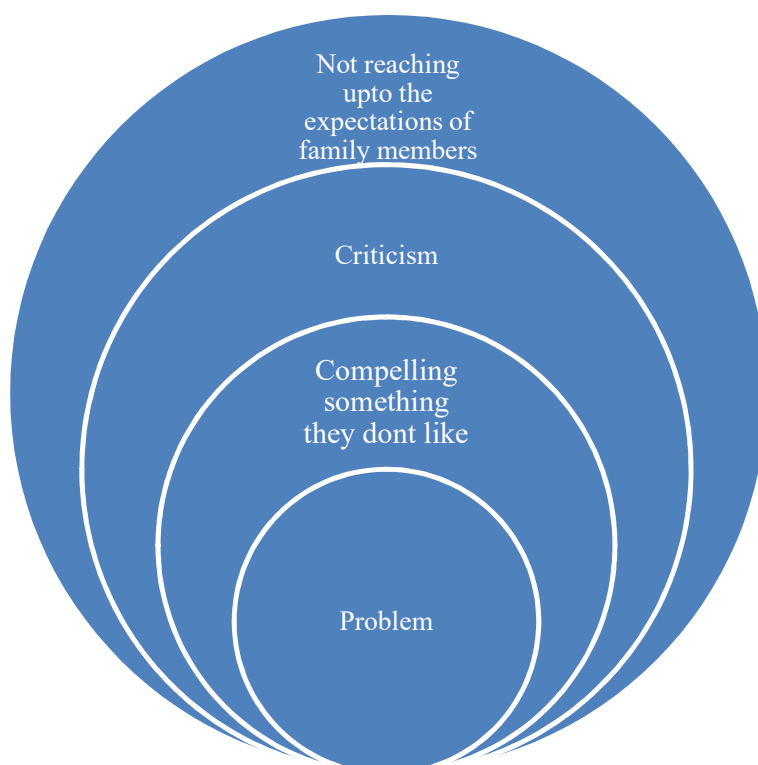
Stigma within the family is more severe than the other types. It can create many dilemmas in the family because childlessness concerns the family members, affecting the rule of procreation. Ajitha accepted that she faced stigma in her family other than in society. During family gatherings and festival times, she felt she was an exile among all of them. They didn't consider her existence and denied her fundamental rights.

5.1.11 Relationship

Childless women struggle to build and maintain relationships. The participants share a good relationship with their spouses, but they used to have a conflict with spouses. Some participants felt hostile towards their families when undergoing treatment for childlessness. Various reasons (elaborated below in figure 5.1.3) cause problems between childless women and their families.

Figure 5.1.3

Reasons for relationship issues arise between childless women and families: A subjective perception



Jaya was experiencing difficulties in getting conceived and undergoing treatment. But she was seen as very optimistic and happy even though they were her most challenging days in life. But other family members except her husband judged that she did not have motherhood instincts. They expected her to do more gender-stereotypical roles like household and domestic works to compensate for her disability of being childless. She had to move to another house with her husband to get rid of these intolerable family expectations.

Sheena wanted to go for adoption, and even her husband agreed. But her inlaws and other family members strongly disagreed with that. They didn't even let her go for formalities.

Jensy wanted to go for the treatment bit longer. But due to lack of results, her in-laws compelled her to perform some rituals in the temple. Though she was an atheist and never

believed in conventions, she had to perform them for the sake of her in-laws. She stated that she felt annoyed and disgusted by doing something against her will.

Susheela had faced many criticisms from her husband and family; they blamed her for being childless and for each minor thing she did at home. She was intentionally questioned about her priorities, like practising yoga and even going out from home. She stated that she left for her mother's house as she could not undergo the stress.

5.2 Reasons for childlessness

There can be many reasons that lead to childlessness. It can be related to both male and female fertility. It is vital to identify the primary factors which cause childlessness.

5.2.1 Low sperm production/ low quality of sperm

Many women stated that their spouses are also liable for infertility, and insufficient sperm count is the most common reason for childlessness. Some even revealed that they have never exposed their spouse's infertility out, and they took the blame for lifelong.

My husband suffered from low sperm production. I never let anyone blame my husband, and I care about his pride as a man. So I took responsibility myself for being childless. It is the first time I reveal the facts to somebody else. (Neena)

My husband has less count in the semen, and it is his problem that leads to infertility. But no one cared about it, and everyone was enthusiastic to know whether I had any reproductive issues. My parents are educated, and they were able to understand the facts. Still, regarding my inlaws, they never tried to understand my part of the story, intentionally blamed me, and found a way to humiliate me. (Ajitha)

My husband was clinically diagnosed with the absence of sperm in semen. Doctors stated that there would be much better chances if a single sperm is seen. (Nimmi)

My husband was clinically diagnosed with the absence of sperm in semen. Doctors stated that there would be much better chances if a single sperm is seen. (Kala)

Male infertility is also a significant contributing factor to childlessness. But most often, no one takes it as a matter of concern while talking about childlessness, and the burden of procreation eventually falls on women. They are forced to feel guilty and offended for not being childless.

5.2.2 Reproductive health Issues/uterine abnormalities

A few women suffered from Poly Cystic Ovary Syndrome (PCOS), uterine fibroids, and Improper lining of the uterus, which lead eventually to infertility and childlessness.

One doctor told me that I have small fibroids in my uterus, and I should undergo surgery to remove them soon. But I was terrified, and I didn't go for further consultation. Now I deeply regret it. If I had done the surgery, I probably could have given birth to a child. (Prasanna)

I had an ovarian cyst in the earlier years of marriage. It was removed through laparoscopy. But my periods were regular and even now also. (Veena)

I was diagnosed with Polycystic Ovarian Syndrome (PCOS), and the early symptom was irregular periods and heavy bleeding. That is the known reason for childlessness. (Meenakshi)

I had fibroid during earlier years of marriage, and I had undergone surgery too. (Anila)

5.2.3 Use of contraceptive measures

All except a few disclosed that they have never used contraceptives and thought of a planned pregnancy. One woman had undergone consanguineous marriage, which was not the reason for childlessness. A few among them already had miscarriages during the early trimester of their pregnancies.

We used contraceptive measures for the very first year of marriage as we wanted to plan for pregnancy. But that was not found as the reason for childlessness. (Jaya)

My husband and I are the first cousins, and we had a consanguineous marriage. But that is not accountable for childlessness. I am a heart patient, and I had a considerable risk for undergoing pregnancy. (Syama)

Table 5.2.1 presents primary major reasons faced by participants

Table 5.2.1
Reasons for childlessness

Name	Reasons of childlessness	Datapoint
Neena	Low sperm production	“My husband suffered from low sperm production. I never let anyone blame my husband, and I care about his pride as a man.”
Ajitha	Low quality of sperm	“My husband has less count in the semen, and it is his problem that leads to infertility. But no one cared about it, and everyone was enthusiastic to know whether I had any reproductive issues.”
Prasanna	Uterine fibroid	“One doctor told me that I have small fibroids in my uterus, and I should undergo surgery to remove them soon.”
Shyama	Heart disease	“I am a heart patient, and I had a considerable risk for undergoing pregnancy.”
Meenakshi	Polycystic Ovary Syndrome	“I was diagnosed with Polycystic Ovarian Syndrome (PCOS), and the early symptom was irregular periods and heavy bleeding.”

Source: Compiled from the field data 2018-2019

5.3 Treatment experiences

Treatment experiences indicate the participants' treatment options and the hindrances and problems faced during treatment stages like health and economic sufferings. The participants in this study moved from one treatment option to the other to find a cure for their childlessness. They mainly depended on Allopathic, Ayurveda, and Homeopathy doctors for their treatment

5.3.1 Treatment options

Almost all women had undergone more than one treatment option. Allopathy, Ayurveda and Homeo was the most opted treatment option. A few women had tried three of them and ended up with no result. They got to know about those options either from their relatives or friends. The treatment pattern was not regular, and the women used to take a break whenever they felt exhausted with frequent hospital visits and medicines.

We have changed many treatment options by taking suggestions from others. Once we switched to a new one, we used to have colossal hope, but nothing gave us results. In between, we stopped all treatment for some years because we got exhausted, there were no results. (Ajitha)

We had taken different treatment options. First, we opted for Ayurveda, then later shifted to Allopathy. It has lasted up to two years. Then we left those and moved to 'natural therapy' and Sidhavadya. Finally, we shifted to Allopathy again for doing IVF. Allopathy treatment options were opted by us, but others were chosen based on the suggestions and advice received from others like friends, family, and relatives. (Jaya)

We had taken three kinds of treatment options. For the first 6months, we took 'Allopathy, and later we shifted to Ayurveda. There we had treatment, including massages and some powders and tablets. Then we left the treatment and took a break of three years. after that, we changed to the doctor and went to another Ayurveda doctor. He has also been prescribed some medicines. Then for the next few years, we shifted to Homeo. (Meena)

I don't remember how long we took treatment. We consulted the doctor whenever we felt to do; we didn't have regular follow-ups. Now we have stopped the entire treatment for the last six years. (Rani)

Table 5.3.1 presents primary major reasons faced by participants

Table 5.3.1
Treatment options opted by participants

Name	Treatment options	Data Point
Ajitha	Allopathy, Ayurveda and Homeo	“We have changed many treatment options by taking suggestions from others. Once we switched to a new one, we used to have colossal hope, but nothing gave us results.”
Jaya	Ayurveda, Allopathy, natural therapy and Sidhavaidya	‘First, we opted for Ayurveda then later shifted to ‘Allopathy. It has lasted up to two years. Then we left those and moved to’ natural therapy’ and ‘Sidhavadya.’ Finally, we shifted to ‘Allopathy again for doing IVF.’
Meena	Allopathy, Ayurveda and Homeo	“We had taken three kinds of treatment options. For the first 6months, we took Allopathy, and later we shifted to ‘Ayurveda’”.Then we left the treatment and took a break of three years. After that, we changed the doctor and opted Homeo.
Rani	Unclear about treatment options	“I don't remember how long we took treatment. We consulted the doctor whenever we felt to do; we didn't have regular follow-ups. Now we have stopped the entire treatment for the last six years.”

Source: Compiled from the field data 2018-2019

5.3.2 Health issues faced during treatment

Many women faced health issues during the treatment period. Nausea, obesity, irregular bleeding, back pain were the mildest and commonly seen health issues. However, a few had experienced severe health issues as the consequences of infertility treatment.

I had undergone severe vomiting and giddiness after taking a tablet prescribed by a doctor for infertility. Then I was hospitalized for five days. Later it was revealed that the pill could have been inserted through the vagina for stimulating ovum formation. I have not been appropriately informed about it. (Prasanna)

I experienced side effects of some hormonal tablets during treatment time like increased weight, migraine, etc. (Simi)

5.3.3 Economic exploitation faced during the treatment period

Many women accepted that they faced economic exploitation during the fertility treatment.

The doctor said they are financially better and prescribed those costly injections and medicine. After that, we didn't feel to stay there. At the time of IVF, we left and came back. We spent around two lakhs during ten days. (Jensy)

They used to prescribe medicines according to the patients' jobs who came there. We spent almost five lakhs for treatment since my husband is a government employee; money got reimbursed. (Jaya)

We spent almost three lakhs on the entire treatment. We spent a lot of money on IVF. There were very costly injections and medications for both of us. I used to fall sick, and I think I ate more medicines than food in my entire life. I got exhausted. Fertility clinics were much money-taking. Even I don't believe that they correctly did IVF. They implanted two embryos, and one was kept in the lab for the second trial. Once the first one got failed, we went for a second trial. However, we learned that some other hospital management took up the clinic And that the clinic was not ready to do the second implantation. I still do not know what happened to that embryo remaining there. They might have sold it, I guess. (Ajitha)

We already knew that infertility treatment would be costly. So we didn't even feel that there was economic exploitation during treatment. We spent almost four lakhs for the entire treatment. We had to sell my real gold to meet the expenses. We only stopped taking treatment ten years back on my wish since I felt exhausted. (Bini)

Fertility treatment is just business for hospitals, but it is our life only; they never bother about it. (Meenakshi)

Many women stated that they stopped the treatment due to a financial crisis. They had undergone either Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF). Though their spouses were supportive during the early treatment days, they later lost interest.

5.4 Coping and resistance practices

There are different practices that participants are opted to cop and resist with the state of childlessness. It is vital to discuss these practices to understand how the participants deal with childlessness and whether they can overcome the state of childlessness or not.

5.4.1 Engages with the job and passions

Most women had not wholly overcome the state of childlessness, but they were seeking ways to cope with their present form. Working women get balanced since they get engaged with their work and colleagues. Some even get engaged with their interests and hobbies too.

I never feel that I am childless after joining the school. My students are my world as of now. They mean a lot to me and make my life meaningful. (Rani)

Now I am engaged with my job, and I don't get time to feel about my problem. I go very early and come back by night 8. After that, I got engaged with household works. My sisters' children used to come and spend time with me during their vacations, but now they have all grown up and are busy setting up their own lives. (Meena)

Since I started practising yoga, I began to take things positively. It healed me well. (Susheela)

5.4.2 Spend time with other children and fulfilling motherhood instincts

They accepted that they are relieved when interacting with other children. A few of them get involved with bearing siblings' children and satisfy the motherhood instinct.

I was very close to my elder brother's son, and he used to call me mom. I loved to take care and pamper him as my child. He had helped me a lot to forget my sorrows and pain.
(Prasanna)

5.4.3 Support from family

Very few had given credit to their spouses and families for reconstructing themselves from their wretchedness.

My husband and I are very close, and we have a unique chemistry. We used to travel a lot and find happiness within ourselves. I never let myself expose my sorrows to others. People often tease me that I enjoy my life without opting for motherhood by choice. I never tried to correct them, and why should I bother them? (Jaya)

Some women were interested in going for adoption. Nevertheless, they had to face constraints like the unwillingness of husband and in-laws and lack of financial conditions to fulfil adoption criteria. Many women used to visit holy places like temples, ashrams, and churches. They feel consoled being there and performing special rituals to cure themselves. Except for a few, all women think that motherhood is mandatory for each woman. They cannot even think of womanhood apart from motherhood. They believe that a woman's life goes meaningless and uncertain without a child.

Table 5.4.1
Coping and resisting practices of participants towards childlessness.

Name	Coping and resisting practices	Data Point
Rani	Engages with the job and passions	“I never feel that I am childless after joining the school as a teacher. My students are my world as of now. They mean a lot to me and make my life meaningful.”
Prasanna	Spend time with other children and fulfilling motherhood instincts	“I was very close to my elder brother’s son, and he used to call me mom. I loved to take care and pamper.”
Jaya	Support from Family	“My husband and I are very close to each other, and we have a unique chemistry. We used to travel a lot and find happiness within ourselves. I never let myself expose my sorrows to others. People often tease me that I enjoy my life without opting for motherhood by choice. I never tried to correct them, and why should I bother them? “

Source: Compiled from the field data 2018-2019

5.5 Summing up

This chapter intended to describe four themes in detail. The first section deals with the experiences of childless women. The area mainly focuses on the family and social experiences of women living with childlessness lead to exclusion. The second section described the reasons for childlessness. The third section discusses the treatment experiences

of childless women. Which mainly includes their treatment options and difficulties faced during treatment. The fourth section deals with resisting and coping practices of childless women. This section primarily focuses on attempts of participants to accept and overcome their state of childlessness. In four sections, in the form of cross-case analysis with supportive verbatim quotes, codes, tables, figures, and diagrams. Analysis and interpretation are made in each area. The data is displayed in the form of tables and graphs. Verbatim quotes and case vignettes are presented wherever necessary.

CHAPTER VI

FINDINGS, RECOMMENDATIONS AND SUMMARY

“Do not wait for someone else to come and speak for you.

It’s you who can change the world.”

- Malala Yousafzai

This chapter includes all findings of the study, and it also contains recommendations of the researcher; and the main conclusion findings of the present study are given below. The researcher has arrived following conclusions after carefully analysing collected data using qualitative methods.

6.1 Major findings

- The couple realized the difficulties of getting conceived within the two years of their marriage.
- The couple either spoke about these difficulties to their respective families or consulted a medical practitioner.
- The spouses and families of childless women were very optimistic in their early days and supportive towards treatment that they would have a baby soon.
- Childless women felt excluded in one way or another due to childlessness.
- Childless Women were even forced to create self-exclusion due to unbeatable stigma towards childlessness and childless women. They even restricted themselves from going to auspicious occasions like naming ceremonies or baby shower functions.
- They think that stigma towards childlessness is usual and nothing to be re-addressed.
- Childless women faced humiliation and deprivation from their own homes, where everyone was supposed to be treated the same.
- Childless women felt they lost their place in the family as they could not procreate a child to keep their prestige. In-laws have verbally abused them.
- They found themselves empathetic towards other childless women.

- Their sexual life was also negatively affected due to childlessness. Either themselves or spouses lost sex interest.
- Spouses are also liable for infertility, and insufficient sperm count is the most common reason for childlessness.
- Childless Women suffer from Poly Cystic Ovary Syndrome (PCOS), uterine fibroids, and Improper lining of the uterus, which eventually lead to infertility and childlessness.
- Childless women had undergone more than one treatment option. Allopathy, Ayurveda, and Homeo were the most opted treatment options.
- Health issues were seen among women during the treatment period. Nausea, obesity, irregular bleeding, back pain were the mildest and commonly seen health issues. But a few had experienced severe health issues as the consequences of infertility treatment.
- Childless women were forced to stop the treatment due to a financial crisis. Though their spouses were supportive during the early treatment days, they later lost interest.
- Childless women have felt they are economically exploited during different stages of infertility treatment.
- They had not overcome the state of childlessness entirely yet. But they are seeking ways to cope up with their condition. Working women get balanced since they are exposed to their work and colleagues.
- They get to involve themselves with bearing siblings' children and satisfy the motherhood they have inside. They hardly credit their spouses and families for reconstructing themselves from their miseries.
- Though they were interested in adoption, they had to leave in between since their spouses and families had disagreements.
- Except for a few, all women think that motherhood is mandatory for each woman. They can't even think of womanhood apart from motherhood. They believe that a woman's life goes meaningless and uncertain without a child.

6.2 Discussion

Childlessness is indeed a personal issue. But In India, it is often seen as a social issue with a lot of interference from others. In a pronatalist society like India, having a baby as its own is inevitable. Procreation is a colonial rule, which cannot be violated easily. It is pretty sad that

a state like Kerala, which is known for high social status for women, doesn't show any progressive indications in the lives of childless women. The issue has not been appropriately addressed yet and needs more attention. More than curing and tackling 'childlessness,' it is necessary to ensure better life by coping with childlessness.

Beating the existing stigma towards childlessness is crucial for improving childless women's living situations because that stigma is the output of a constant and robust notion of pronatalism. Participants in the study were involuntarily childless, which is occurred by conditions. The women accepted their reality and fought against it, and they even underwent different treatment options and even risked their lives to give birth to a biological child. The spouses facilitated the Participants during their early treatment period and cooperated with them. Nevertheless, as time went by, spouses often lost their interest in treatments, forcing them to drop the treatment in between. In most of the cases in the study, male infertility was also a causative factor. The childless women in this study also shared the same impression that they underwent a sense of emptiness in their lives, and it worsened in the presence of children of other family members. The primary duty is to nurture and be up to her child. The sense of loss can also be elucidated from the socially constructed belief that a woman gets complete only when she is a mother. When that role is missing, the women are left out feeling lonely.

The social pressure on childless women is visible in many cultures. They had been continuously questioned about their inability on their families and social circles. Riessman explicated a comparable finding from her study in Kerala. The women in her research faced regular questioning from their neighbours when they went out or during functions like marriage. The women in the study also complained about being pressured with questions daily from acquaintances during functions like weddings made them exclude themselves.

The common questions were, "is there any good news?" If the answer is no, the following questions will be about treatments. The questioning does not stop there. It will be followed by "who is having the problem and what is the problem?" The extended family and society showed a deep curiosity and concern about finding these answers. Then there will be discussions and suggestions for the childless couples. The childless women tried hard to ignore it in the early years, but as time passed, they felt hurt about being asked the same question repeatedly. Women felt awkward and hurt discussing their sexual health in public. The helpless women chose social isolation to save them from offending questions

From observations, the researcher already understood that it is a cultural norm to have a baby soon after the marriage, especially in Kerala and smaller towns. Still, professionally qualified women postpone pregnancy according to their convenience. People usually raise their brows at women to choose their reproductive life. This concept is gradually changing in urban areas like metro cities, and towns and women are more flexible to delay their first pregnancy or to remain childless forever.

A woman decides to procreate or not, and people around her are supposed to respect it. It is her choice to bear children or not. There are many notions related to gender stereotypical roles, which a woman is supposed to perform; violating those rules will make her face judgments and stigma from society.

Women around the globe take the blame for infertility. Malefactors which lead to fertility are rarely discussed. When a couple is childless, people around them assume that it is a women's problem. Especially the husband's family tries to justify that the fault lies in the women's body. Only women are being targeted in a childless marriage always. The researcher found that the mother-in-law and other family members called the women 'machi' during family disputes, and it was the most insulting name one could call them. It thrashes their dignity. It was a great relief to know that some women shared a healthy bond with their husbands. Those men never blamed or compelled their wives. They took the initiative in consoling the women and discouraged them from taking treatments that harmed their bodies.

The women developed their coping and resisting practices to protect themselves from emotional trauma and social stigma. These practices were influenced by their beliefs, experiences, and priorities. When time flew by, the women got exhausted with all treatments. They slowly started to accept their reality and built their life accordingly. The main strategies adopted by the women in this study were to lead a busy life, spend time with other children, and take care of themselves.

Leading a busy life helped the women to forget about their worries. They did not get much time to worry about the troubles involved in their activities or occupations. Moreover, it helped them create a self-identity and income for their livelihood. Few of the Participants were working, and they showed better resisting practices than the non-working women. Adoption is the last option for childless couples. A woman from the study mentioned that adopted children would never love and care for their parents when they realized they were adopted.

In Kerala, children must carry on the family ancestry and complete wedlock. The desire for a biological child arises from the existing notions and beliefs on motherhood which cannot be seen apart from womanhood.

6.3 Recommendations

Based on the finding, the researcher has made the following few recommendations to enhance the quality of life of childless women by addressing and beating the stigma towards childlessness and infertility.

- Childlessness should be treated as a reproductive health issue and a severe crisis that can badly affect an individual's social life. Childlessness has very intense impacts on an individual's life, especially with women.
- There should be a defined treatment protocol for childlessness and which government health professionals should monitor since the childless couple tends to get economically exploited due to the highly commercialized nature of the fertility business.
- Primary health centres to medical colleges should be equipped to deal with childlessness by giving accurate information, awareness counselling, and essential treatment to ensure equal accessibility for affected ones. The public accessibility towards fertility treatment services is significantly less since it is highly privatized.
- It is vital to scrutinize the working of commercialized private fertility clinics to prevent economic exploitation being faced by patients during treatment stages.
- The attitude of childless women towards childlessness also matters here. They believe that being questioned about childlessness is normal in our society. Even if they were in others' place, they also asked about being childless. So the notion of mandatory motherhood should be redefined among the public.
- Awareness campaigns and counselling should be given to the public to confiscate social stigma towards childlessness and support childless women to cope with childlessness because stigma makes childless women excluded from society and family. Whether voluntary or non-voluntary, childlessness is supposed to be normalized as any other situation in life. There is a life for each woman apart from

motherhood, and that should be dignified and respected. It should not be subjected to stigma.

- Change should take place from the individuals because individuals form society. So any change we would like to see in society should start from ourselves because individuals can change cultural norms and society according to their behaviour. When an individual tries to modify their bodies away from the knowledge of society, it makes no difference. However, when an individual tries to alter society by habits and behaviour, it creates a social impact. So, therefore, a change in the concept of 'pronatalism' can happen in the same way.
- However, opting for motherhood or not is a woman's personal choice, and individuals around her are supposed to respect it. As a resident in Kerala, the researcher has already observed that people consider childbearing as a custom that every married woman should undergo. No one is bothered about a woman's choices in motherhood.
- It is essential to conduct studies in the future related to childless women to redefine the robust conception of pronatalism and overrated motherhood. So that the burden and expectation of reproduction on women gradually will fall.

6.4 Summary and conclusion

In this study, the researcher aimed to exclude childless women in Kerala. The specific objectives are framed with this aim. At the end of the study, the researcher achieved the proposed goals and could bring recommendations for enhancing the living situations of childless women. The study attempts to present the broad picture of the exclusion of childless women in Kerala. The objectives of the study are (i) to study experiences related to exclusion among childless women (ii) to identify the significant reasons for childlessness among childless women (iii) To understand the experiences of infertility treatment of childless women (iv) to study the resisting and coping practices of the childless women towards childlessness.

The researcher has conducted this study in the state of Kerala. The researcher opted for the qualitative methodology to describe childless women's experiences and coping practices. The researcher used both purposive and snowball sampling methods to access the

Participants. During the study, multiple ways of collecting data were used, including in-depth interviews, observations, house visits, Audio recording of information, field notes, and memo taking assisted as various techniques in this process. The researcher used an interview guide to collect the primary data, including only open-ended questions covering multiple aspects of Childlessness such as experience related to childlessness, significant reasons for childlessness, treatment experiences, and resisting and coping practices.

The period of data collection was 1st August 2018 to 30th July 2019. The researcher has spent one to 2 hours with each respondent. The researcher did not set out with a particular number as the sample size in the initial stage and came to a point where all the categories were saturated, and no more new information was obtained. Initially, in the interview of the 30 members, the researcher felt the information was repetitive. Still, the discussion continued until the 35th participant completed the consultation as a buffer, should any new information arise. The researcher started the analysis procedure with the transcription of the audio records. All the interviews were conducted in the Malayalam language. The researcher listened carefully to the audio logs and transcribed the data in Malayalam (local language). Later, this data was translated to English without losing the exact meaning. In some places, the verbatim is used in the local language to provide the transcripts' apt sense. The translated data were coded manually.

This first chapter consists of general idea about childlessness in India, the concept of infertility, childless women in India, childless women and treatment of infertility, treatment-seeking behaviour of childless women, available treatment facilities, assisted reproductive technology (ART) in India, the childless men, childlessness in the context of stigma, coping of childless women with childlessness, childlessness in Kerala, the statement of the problem, objectives of the study, scope of the study, need of the research study, research design, tools and techniques used for collecting data, the primary limitations of the study, and chapterization.

The second chapter deals with the literature review; the researcher has collected the reviews related to the current study. In this chapter, the researcher has discussed childlessness and childless women, infertility and infertile women, treatment experiences of childless women, childless women in Kerala, resisting and coping practices among childless women.

The third chapter illustrates the geographical area of the research. It explains the profile of Malayali women, health status of women in Kerala, health sector in Kerala, impact of childlessness on Malayali women, treatment-seeking behaviour of Malayali women towards childlessness, the attitude of Malayali women towards ART, and Commercial Surrogacy in Kerala. Case Summaries of the Participants will be narrated in the next chapter.

The fourth chapter consists of a summarized description of thirty-five cases involved in this study. The objective of this section is to give a brief introduction about each primary participant and their socio-cultural background. The socio-demographic profile and illness profile of the participants are also included in this chapter.

The fifth chapter describes significant analysis and interpretation of individual cases based on four major themes: exclusion, causes of childlessness, Treatment experiences, and Resisting and coping practices.

Finally, the sixth chapter provides findings of the fieldwork analysis, recommendations, and the overall summary and conclusion of the research study.

Childless women face social stigma and discrimination in their social and personal spheres. They had been questioned and condemned barely about childlessness in their whole life. Some of them had taken out themselves from social and public surroundings, and some were trying to cope with the dilemma. Working women had better surroundings to endure with childlessness compared to non-working women. Others find themselves better when they get to engage with other children somehow.

A few had overcome the state of childlessness completely, and the remaining was trying to beat it through various resisting practices to console themselves. Motherhood was crucial to all women. Except for two, they all think motherhood is inevitable for each woman, and their lives go empty and worthless without a child. They even believe a child brings pride and cachet to a woman for a lifetime.

People suggest or advise 100 possible ways to have a child. But not a single way to cope up with childlessness. Besides opening up fertility clinics like mushrooms, it is essential to have proper awareness programs and strategies to cope with childlessness and reduce its stigma.

That can ensure a quality life for childless women. Not being a mother doesn't mean the end of a woman's life. She also has the right to live a dignified life.

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INTERVIEW GUIDE

Dear Participants,

I, Hema K A (PhD Scholar, Centre for the Study of Social Exclusion and Inclusive Policy (CSSEIP), University of Hyderabad) doing this study as part of my research, and whatever information is provided will be kept confidential.

Personal data

1. Name (optional) :
2. Age :
3. Religion :
4. Place
5. Years after Marriage :
6. Educational qualification of the respondent :
7. Occupation of the respondent :
8. Age of the respondent at the time of marriage :
9. Age of the spouse :
10. Educational qualification of the spouse :
11. Employment of the spouse :
12. Age of the spouse at the time of marriage :
13. Type of family
14. Monthly family income

Experience related to childlessness

15. When did you come to know that you are having difficulties in conceiving?
16. What was your first act after that?
17. To whom did you disclose it for the first time?
18. What was your spouse's response?
19. What was your in-laws' response?
20. What was your parents' response?
21. What was the attitude of other family members and neighbours towards you after knowing your problem?

22. Have you ever felt excluded or stigmatized when you faced public and personal circles in society?
23. How do you feel while attending any celebrations or auspicious ceremonies?
24. Have you felt any difficulties during those situations?
25. Did you ever create self-exclusion in your life?
26. Do you think that the state of childlessness affected your supremacy and place occupied in your family and other circles?
27. How the childlessness affect your day-to-day life?
28. Do you know anyone who experienced childlessness?
29. If yes, have you ever received any advice or suggestions regarding treatment for childlessness?
30. What is your attitude as a childless woman towards other women who are childless?
31. What did your spouse feel like a childless father?
32. Did childlessness affect your sexual life anyhow?

Major reasons for childlessness

33. What do you think that the reasons for difficulties occurring for conceiving?
34. Is it medically diagnosed?
35. Have you taken any contraceptives before trying for pregnancy?
36. If yes, what kind of contraceptives were you taking?
37. Have you ever conceived before?
38. If yes, what was the outcome?
39. Did you have a regular menstrual cycle?
40. If not, what were the reasons for it?
41. Have you been diagnosed with any illness?
42. If yes, do you take any medication for that?
43. Was your marriage a consanguineous one?

Treatment experiences

44. Have you taken any treatment options to cure childlessness?
45. If yes, what kind of treatment options have you taken?
46. How did you come to know the treatment options?

47. Were you comfortable during the treatment?
48. How long did you take the treatment?
49. When did you stop it?
50. Have you ever taken more than one treatment option anyhow?
51. If yes, what were the other treatment options?
52. How long did you try it?
53. When did you stop those treatment options?
54. Are you taking any treatment right now?
55. What was your spouse's opinion towards the treatment?
56. Have you ever undergone any health issues during the treatment?
57. Were you able to afford the expenses of the treatment?
58. Have you ever felt exploited economically during any phase of treatment?

Resisting and coping practices

59. Did you able to overcome the state of childlessness and its consequences?
60. If yes, how?
61. Did your spouse and your family help out with it?
62. Have you ever thought of legal adoption?
63. If not, why?
64. Have you ever visited any temples or holy places as a part of curing childlessness?
65. Now, do you think that motherhood is compulsory for women?
66. If yes, why?
67. If not, why?

Annexure-I

Childlessness: Stigma and coping practices among childless women in Kerala

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ABSTRACT

A woman faces physical, mental, and psychological trauma in case she violates the rule of social construction to procreate. So this study is carried out to know how the women in Kerala face and tackle this issue of childlessness. The objective of the research is to study the stigma and coping practices among childless women in Kerala. The study was qualitative, and the narrative method was used for analysing data. In-depth, interviews were conducted among twenty childless women using interview guide. The study found that most of the respondents have faced stigma, which lead eventually to social exclusion. The childless women believe that motherhood is inevitable. A few have overcome the state of childlessness completely and the rest of them are trying to cope up.

Keywords: Childlessness, Stigma, Coping Practices, Motherhood, Exclusion, and Infertility

INTRODUCTION

Marriage is an institution that demands love, mutual respect, and understanding, and a child is being considered as a quite an inevitable component of martial life, especially while making a family. The social system believes that reproducing children gives better bonding, and rapport between the partners. Hence childlessness is less acceptable, and reproduction is mandatory for a married couple.

Opting for non-motherhood is a life-altering one, whether a woman has children or not, both choices are personal and political (Jayadevan, 2009). In the Indian context, motherhood is not a choice for women because they do not see motherhood as an optional one, which can be opted if they want. They see it as mandatory, and those who are unable to bear a child may undergo severe depression due to chagrin (Kirti Mishra, 2004).

Infertility and Childlessness

Infertility is one of the prominent causes of Childlessness. There are two kind of infertility, they are primary and secondary. Primary infertility refers to the inability to conceive within two years of exposure to pregnancy among women belong to 15 to 49 years old. Secondary infertility refers to the inability to conceive following a previous pregnancy. Globally, most infertile couples suffer from primary infertility (Nirmalya Manna, 2014).

Childlessness is defined, as a woman has no living children till the end of her reproductive life span. Ultimately, it is the output of biological, environmental, and cultural factors (Unisa S. , 1999).

In a society, which highly encourages pronatalism, childlessness has a rigorous impact on the lives of the people, who undergo it. The worth of children cannot be expressed but bearing and rearing them ensure dignity and respect in India. In developing countries, childlessness is a vast but poorly recognized

problem (Kapadia, 2008). Since childbearing is a vital role, childlessness can have severe impact for Indian women. Sociologists believe that childlessness is also a common cause of divorce, and marital disputes (Unisa S. , 1999).

In India, women are symbolized as instruments of procreation. Motherhood determines the strength of woman's marital bonds (Moli, 2012).

The program planners and policymakers have not paid sufficient attention because it is not a life-threatening condition. Women indisputably receive the blame for fertility problems undergo frustration, social stigma, ostracism, and severe economic deprivation (Unisa S. , 1999).

Literature Review

The literature review is mainly focus on Childlessness and childless women, Infertility, Treatment experiences of childless women, Childlessness in Kerala, stigma, resistance, and coping practices among infertile and childless women.

Riessman (2000) found that childless women are deviated from 'ordinary,' and 'normal,' but they make serious attempts to move on from the state of shame or disgrace of the state 'childlessness.' The social class and the age, the women, belong to affects the stigma and resistance practice.

Kapadia (2008) stated the significant gender differences and revealed the respondents' opinion on the role of a child in ensuring cohesiveness among family members, and strengthening the marital bond. Ravi (2017) pointed childless women were almost distressed and anxious to find a remedy for their inability, and this made them move from one treatment provider to the other, building up a treatment pathway. Even though they lost their health and wealth for taking treatment from different treatment providers, they have not left their hopes and desires for having their own biological child. They faced a lot of pressure and stress from family and society, but they had a strong bond with their spouses. These alleged pressures and dilemmas for treatments were the result of social and cultural construction around motherhood. These all clearly indicate the need for regulating and monitoring of private hospitals, and executing a treatment protocol for merging infertility treatment services into the public sector hospitals to save the childless women from the hands of the commercialised private health sector.

The status of women in Kerala also is relatively high compare to other states in terms of education, health, economic independence etc (Riessman, 2000). So this study is looking for how the childless women in Kerala face the stigma, and cope up with childlessness. It is vital to have studies among childless women, since the issue needs much attention.

Research Objective

The present study was carried out to study the stigma and coping Practices among the childless women in Kerala.

METHODOLOGY

The study was qualitative. The study includes both Primary and Secondary data. The primary data was collected by using an interview guide. Twenty childless women who reside at Kerala were interviewed about their experiences related to childlessness, causes of childlessness, treatment experiences, and resisting

practices towards childlessness. The study design used was descriptive because the researcher was describing the facts, which occurs at present. Both purposive and snowball sampling under non-probability sampling method were used to reach the respondents. Narrative method was opted to analyse the data.

Inclusion Criteria for Respondents

The women who have stopped taking treatment for infertility and also who are more likely not to have children since they lie at the end of their reproductive life span (age group of 40 -50).

RESULTS

Thematic Analysis of Qualitative Interviews

Experience Related to Childlessness

Childlessness always has devastating consequences, particularly with women. It is vital to look through the childless women's experiences, which can probably lead to 'Social Exclusion.' However, the interviewed women had mixed experiences. The majority felt that they face exclusion in one or another way due to childlessness. They faced continuous questions in their social circles about having a child. Some among them had deliberately avoided the occasions to face the public. They often had quite bitter experiences during ceremonies related to pregnant women and newborn children.

My husband's aunt stopped me when I was getting ready to attend a baby shower function. She said I am inauspicious to attend it since I am childless. (Indira)

When I was holding a newborn baby, a lady took the baby back and stated childless women might not know how to handle the newborns. (Neena)

Some of the women have lost their autonomy and prestige in the family as they were unable to procreate a child. They faced verbal abuse from in-laws.

Whenever my mother-in-law fights with me, she calls me 'Machi' (a Malayalam phrase used abusively to call a woman who is unable to procreate), and abuses me. (Ajitha)

My father-in-law is an alcoholic; he used to abuse me verbally for not having a child, though his son is liable for it. (Nalini)

I used to have severe abdominal cramping during my periods. That was a huge issue in the husband's home. I started to take pain killers, though I was aware they were not good for health because they used to spread, my period's pain causes infertility problems, and I was deeply hurt. (Jaya)

Some of their sexual life was also negatively affected due to childlessness. Either themselves or their spouses lost interest in sex.

My husband shows less interest in sex after knowing that I face difficulties getting conceived. (Latha)

Reasons for childlessness

Many women stated that their spouses are also liable for infertility, and insufficient sperm count is the most common reason for childlessness. Some of them even revealed that they have never exposed their spouse's infertility out, and they took the blame for lifelong.

I never let anyone to blame my husband, and I care about his pride as a man. So I took the responsibility myself for being childless. It is the first time I reveal the facts to somebody else. (Neena)

A few women suffered from Poly Cystic Ovary Syndrome (PCOS), uterine fibroids, and Improper lining of the uterus, which lead eventually to infertility and childlessness.

Once doctor told me that I have small fibroids in my uterus and I should undergo a surgery to remove it soon. But I was very scared and I didn't go for further consultation. Now I deeply regret on it. If I would have done the surgery, I probably could have given birth to a child. (Prasanna)

All except a few disclosed that they have never used contraceptives and thought of a planned pregnancy. One woman had undergone consanguineous marriage, and that was not the reason for childlessness. A few among them already had miscarriages during the early trimester of their pregnancies.

Treatment Experiences

Almost all women had undergone more than one treatment option. Allopathy, Ayurveda and Homeo were the most opted treatment options. A few women had tried three of them and ended up with no result. They got to know about those options either from their relatives or friends. The treatment pattern was not regular, and the women used to take a brake whenever they felt exhausted with regular hospital visits and medicines.

"We have changed many treatment options by taking suggestions from others. Once we switch to a new one, we used to have huge hope, but nothing gave us results. In between we stopped all treatment for some years because we get exhausted, there were no results too. (Ajitha)

Many women faced health issues during the treatment period. Nausea, obesity, irregular bleeding, back pain were the mildest and commonly seen health issues. However, a few had experienced severe health issues as the consequences of infertility treatment.

I had undergone severe vomiting and giddiness after taking a tablet prescribed by a doctor for infertility. Then I was hospitalized for five days. Later it was revealed that the tablet could have inserted through the vagina for stimulating ovum formation. I have not been, appropriately informed about it. (Prasanna)

Many women accepted that they faced economical exploitation during the fertility treatment.

They used to prescribe medicines according to the job of the patients comes there. We spent almost five lakhs for treatment since my husband is a government employee; money got reimbursed. (Jaya)

We spent almost three lakhs to the entire treatment. We spent a lot of money on IVF. There were very costly injections and medications for both of us. I used to fall sick, and I think I ate more medicines than food in my entire life. I got exhausted. Fertility clinics were much money taking. Even I don't think that they correctly did IVF. They implanted two embryos, and one was kept in the lab for the second trial. Once the first one got failed, we went for a second trial. However, we came to know that the clinic was taken up by some other hospital management, and that clinic was not ready to do the second implantation. I still do not know what happened to that embryo remaining there. They might have sold it, I guess. (Ajitha)

Many women stated that they stopped the treatment due to financial crisis. They had undergone either Intrauterine Insemination (IUI) or In Vitro Fertilization (IVF). Though their spouses were supportive during the early days of treatment, later, they started to lose interest.

Coping and Resistance Practices

Most of the women had not overcome the state of childlessness completely, but they are seeking ways to cope up with their present state. Working women get balanced since they get engaged with their work and colleagues.

I never feel that I am childless after joining the school as a teacher. My students are my world as of now. They mean a lot to me and make my life meaningful. (Rani)

Others get engaged with their, interests and hobbies too.

They accepted that they are relieved when they get to interact with other children. A few of them get involved themselves with bearing siblings' children and satisfy the motherhood instinct.

I was very close to my elder brother's son, and he used to call me mom. I loved to take care, and pamper him as my child. He had helped me a lot to forget my sorrows and pain. (Prasanna)

Very few had given credit to their spouses and families for reconstructing themselves from their wretchedness.

My husband and I are very close each other and we have unique chemistry between each other. We used to travel a lot, and find happiness within ourselves. I never let me expose my sorrows to others. People often tease me that I enjoy my life without opting for motherhood by choice. I never tried to correct them, and moreover why should I bother them? (Jaya)

Some women were interested in going for adoption. Nevertheless, they had to face constraints like unwillingness of husband and in-laws, lack of financial conditions to fulfill the criteria of adoption. Many women used to visit holy places like temples, ashrams, and churches. They feel consoled being there and performing special rituals to cure themselves. Except for a few, all women think that motherhood is mandatory for each woman. They cannot even think of womanhood apart from motherhood. They believe without a child, the life of a woman go meaningless and uncertain.

DISCUSSION

It was challenging to access the childless women since there is a strong stigma associated with childlessness. It is indeed a personal issue. However, in India it is often seen as a social issue with a lot of interference from people. It was also tough to learn from those women since they completely felt hesitant to talk with a stranger, on which they never wanted to talk and get reminded anymore.

In a pronatalist society like India, having a biological child is inevitable. Procreation is a social rule, which no one can violate easily. It is quite sad that a state like Kerala, where status of women is comparatively have high social status, does not show any progressive indications in the lives of childless women. The issue had not been appropriately addressed yet and needs more attention. More than curing and tackling 'childlessness,' it is necessary to ensure a better life by coping-up with childlessness.

Suggestions

- ❖ Childlessness should be addressed as not only a reproductive health issue but also as a severe crisis that can badly affect an individual's social life.

- ❖ There should be a defined treatment protocol for childlessness and government health professionals should monitor it visibly.
- ❖ From primary health centers to medical colleges should be equipped to deal with childlessness by giving accurate information, awareness counseling, and primary treatment to ensure equal accessibility for affected ones.
- ❖ Monitoring the private infertility clinics can prevent economical exploitation against the childless couple who seek treatment.
- ❖ Awareness campaigns and counseling should be given to the public to reduce the social stigma towards childlessness and to support childless women.

Conclusion

The study was carried out to understand the stigma and coping practices among childless women in Kerala. They face social stigma and discrimination in both of their social and personal spheres. They had been questioned and condemned barely about childlessness in their whole life. Some of them had taken out themselves from social and public surroundings, and some were trying to cope with the dilemma. Working women had better surroundings to endure with childlessness compare to non-working women. Others found themselves better when they get to engage with other children in some way. A few had overcome the state of childlessness completely, and the remaining was trying to beat it through various resisting practices to console themselves. Motherhood was crucial to all women. Except for two, all of them think motherhood is inevitable for each woman, and their lives go empty and worthless without a child. They even do believe a child brings pride and cachet to a woman for a lifelong.

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Author's contributions

Both the authors contributed equally to the theoretical development, analysis, interpretation and writing of the manuscript.

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Appendix

Demographic Representation of Respondents

Pseudonym	Age	Years of marriage	Educational Qualification	Occupation
Jaya	46	24	Degree	Housewife
Neena	50	33	10 th	Housewife
Bini	50	18	Pre Degree	Housewife
Ajitha	40	14	Pre Degree	Housewife
Meena	42	15	Pre Degree	Salesgirl
Indhira	42	24	Diploma in Beauty Culture	Beautician at own saloon
Prasanna	45	13	Pre Degree	Housewife
Jensy	48	17	Pre Degree	Housewife
Shyama	40	18	Degree	U D Clerk
Vaani	44	19	10 th	Housewife
Rani	46	25	Degree	School Teacher
Viji	49	30	10 th	Housewife
Meera	44	21	General Nursing	Nurse
Sheena	48	27	8 th	Salesgirl
Susheela	50	30	Pre Degree	Yoga Trainer
Simi	43	22	BSC Nursing	Nurse
Meenakshi	30	10	Diploma in Lab Technician	Lab Technician
Latha	45	10	7 th	Salesgirl
Nalini	50	22	10 th	Salesgirl
Shijina	45	19	8 th	Housewife

Interview Guide

Dear Participants,

I, Hema K A, (PhD scholar, Centre for the Study of Social Exclusion and Inclusive Policy (CSSEIP), University of Hyderabad) doing this study as the part of my research whatever information provided will be kept confidential.

Personal Data

1. Name (optional) :
2. Age :
3. Religion :
4. Place
5. Years after Marriage :
6. Educational qualification of the respondent :
7. Occupation of the respondent :
8. Age of the respondent at the time of marriage :
9. Age of the spouse :
10. Educational qualification of the spouse :
11. Occupation of the spouse :
12. Age of the spouse at the time of marriage :
13. Type of family
14. Monthly family income

Experience related to childlessness

15. When did you come to know that, you are having difficulties in conceiving?
16. What was your first act there after?
17. To whom did you disclose it for first time?
18. What was your spouse's response?
19. What was your in-laws's response?
20. What was your parents' response?
21. What was the attitude of other family members and neighbors towards you, after knowing your problem?
22. Have you ever felt excluded or stigmatized when you face public and personal circle in society?
23. How do you feel while attending any celebrations or auspicious ceremonies?
24. Have you felt any difficulties during those situations?
25. Did you ever create a self exclusion in your life?
26. Do you think that, the state of childlessness affected your supremacy and place occupied in your family and other circles?
27. How the childlessness affected on your day today life?
28. Do you know anyone who experienced childlessness?
29. If yes, have you ever received any advice or suggestions regarding treatment for childlessness?
30. What is your attitude as a childless woman towards other women who are childless?
31. What did your spouse feel as a childless father?
32. Did childlessness affect your sexual life anyhow?

Major reasons for childlessness

33. What do you think that the reasons for difficulties occur for conceiving?
34. Is it medically diagnosed?
35. Have you taken any contraceptives before trying for pregnancy?
36. If yes, what kind of contraceptives were you taking?

- 37. Have you ever conceived before?
- 38. If yes, what was the outcome?
- 39. Did you have a regular menstrual cycle?
- 40. If no, what were the reasons for it?
- 41. Have you diagnosed with any illness?
- 42. If yes do you take any medication for that?
- 43. Was your marriage a consanguineous one?

Treatment Experiences

- 44. Have you taken any treatment options to cure childlessness?
- 45. If yes, what kind of treatment options you have taken?
- 46. How did you come to know the treatment options?
- 47. Were you comfortable during the treatment?
- 48. How long did you take the treatment?
- 49. When did you stop it?
- 50. Have you ever take more than one treatment options anyhow?
- 51. If yes, what were the other treatment options?
- 52. How long did you try it?
- 53. When did you stop those treatment options?
- 54. Are you taking any treatment right now?
- 55. What was your spouse's opinion towards the treatment?
- 56. Have you ever undergone any health issues during the treatment?
- 57. Were you able to afford the expenses of the treatment?
- 58. Have you ever felt exploited economically during any phase of treatment?

Resisting and Coping Practices

- 59. Did you able overcome state of childlessness and its consequences?
- 60. If yes, how?
- 61. Did your spouse and your family helped out for it?
- 62. Have you ever thought of legal adoption?
- 63. If no, why?
- 64. Have you ever visited any temples or holy places as a part of curing childlessness?
- 65. Now do you think that motherhood is compulsory for women?
- 66. If yes, why?
- 67. If no, why?

Annexure-II

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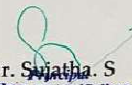
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Childless Women in Kerala.
In 2nd International Conference on Rural Development, Social Dynamics and Women's Welfare
March 04 - 05, 2020, University of Hyderabad, India
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