

Stigma of Infertility and the Motherhood Narrative: A Case Study

Snober Dilshad

Ph.d Sociology, Department Of Sociology, University Kashmir

dilshadsnober@gmail.com

Abstract: *Motherhood is considered as an important part of a woman's identity as it elevates her status in family and society. It determines the strength of her marital bonds. Inability to attain the status of motherhood has serious implications and greatly influences the course of life of a woman. Her status is determined by whether she fulfils her responsibilities towards family and society through her role of procreation. Since motherhood and womanhood are terms used interchangeably, high importance is accorded to motherhood, thus women unable to bear children are rebuked by family and stigmatized by society and may be labeled as worthless.*

KEYWORDS: *Infertility, childlessness, motherhood, stigma*

I.INTRODUCTION

Marriage for woman is primarily to bear a child in our culture and motherhood is the central fact of female existence. Procreation potential of a woman holds a lot of importance in our culture. Women represent the generative nurturing power of life as is symbolized in mythology, popular culture and the legends. In Indian culture, motherhood role and its importance is inscribed in a girl right from her childhood. The onset of puberty is accompanied by celebrations because it depicts a girl's fertility and her capability for motherhood. The girl is given nourishing food like milk and ghee to eat so that her reproductive organs remain healthy for childbearing in the future (Dube, 1998: 168-92). Even the unborn child in the womb helps in providing women with a higher status in family and in community (Phoenix and Woollett, 1994: 1-27). Thus mothering is considered to be basic to women's lives and the family organization. It is associated with status and prestige for a female in our society. When pregnancy fails to occur, it causes many psychological and social concerns for a woman. She faces rejection by family as well as society and finds herself as a non-conformist in a culture which glorifies motherhood, as her identity mainly rests on her fertility status (Geetha, 2007: 6). Thus infertility results in a sense of role failure which proves to be very challenging for a female (Sundby, 1999). She is considered deficient, incomplete, or unfilled calling her gender into question.

Infertility is a global public health issue affecting a significant proportion of humanity. It is a worldwide problem which affects 15 percent of couples that have unprotected intercourse (Sharlip *et al.*, 2002:873). Infertility is the inability of a person to reproduce naturally. According to medical research, while 40 percent of infertility or childlessness is due to male deficiency, 40 percent is due to deficiency in women and in 20 percent infertility cases the problem remains unidentified (Kothari, 2012:146). Even if a woman knows that her infertility is due to her partner's problem, she sees it an act of dishonesty to go public about it, therefore unwillingly adding to the pain and agony to herself (Gallup, 2007). Childless women have to answer the questions and queries thrown at them by relatives, friends and co-workers. The questions whether asked out of care or curiosity are always unwelcome, making them feel insufficient, incomplete and abnormal (Akarsu and Beji, 2019:7). Women feel they are being pitied for their condition, thus provoking feelings of inadequacy and otherness in them (Sternke, 2015:14).

II. MOTHERHOOD

Motherhood is highly embraced and women still take pride in becoming mothers. Motherhood is intertwined with womanhood and the two cannot be separated. Even if a woman acts as a good wife or a daughter-in-law, but fails to become a mother, her position is weakened at her in-laws and she is thought to bring disgrace to her husband and his family (Batool and de Visser, 2014). Motherhood is considered as an important part of a woman's identity as it elevates her status in family and society. It determines the strength of her marital bonds. Inability to attain the status of motherhood has serious implications and greatly influences the course of life of a woman (Yao et.al, 2017). Her status is determined by whether she fulfils her responsibilities towards family and society through her role of procreation. Since motherhood and womanhood are terms used interchangeably, women unable to bear children are rebuked by family and stigmatized by society and may be labeled as worthless (Phoenix and Woollett, 1994). Motherhood thus serves an essential component for psychological completeness of a woman. Since her identity is interwoven with her ability to bear children, overshadowing her all other identities, motherhood is a resolution to the insecurity borne out of childlessness and brings an acceptance to a woman at her husband's place (Haransankar, 2013: 106).

III. INFERTILITY STIGMA

Women regard infertility as a discreditable attribute and conceal it from others as revealing this would cause others to view them in a new and damaging light (Goffman, 1963:14, Miall, 1985:396). Infertile women feel strangers in their own society and face enormous strain between their public images and private lives (Goffman, 1963:31). Since the stigmatization occurs late in life, their self image is often shattered. They start doubting their whole being and their existence, leading to negative self-perceptions, humiliation, weakened marital relationships and reduction in quality of life (Gonzalez, 2000:629).

Goffman's definition of stigma vividly sums up as, "any physical or social attribute or sign that so devalues a person's social identity as to disqualify him from full social acceptance" (Goffman, 1963). He emphasizes that stigma[tized] and society are two faces of the same coin. It is the society which prescribes the definitions of normality. Society works as an audience whose reactions force the stigmatized to act in a way which is considered normal. It is the so called 'normals' who discriminate, segregate and construct an ideology about the abnormal in the society (Ibid, 1963:15, Slattey, 2003: 186). Stigmatization of women with infertility leads to deterioration of women's physiological, psychological and spiritual well-being often leading to depression and stress among them (Akarsu and Beji, 2019:2). They go through an emotional roller coaster and suffer from the feelings of negative identity, worthlessness, lack of personal control, isolation and loss of dream of co-creating (Williams, 1997:7-26).

Experience of infertility from women's standpoint show a lot of variability in their experiences. Women are more stigmatized in cultures where their status in a family is conceptualized in terms of motherhood (Akarsu and Beji, 2019:2). Motherhood as a biological destiny makes women feel that bearing children is their social responsibility (Ulrich and Weatherall, 2000:328). They start blaming themselves for discontinuing the family cycle (Becker and Natchigall, 1994:512). Most of them feel that they have little choice but to seek medical intervention to avoid the social stigma attached to infertility and non-motherhood (Crowe, 1987). Even the medical definitions for female infertility signify inadequacy and incompetence. The words such as 'incompetent cervix', 'blocked fallopian tubes', 'failure to conceive' shows the ways womens' infertility has been constructed. The terms are themselves stigmatic conveying a sense of inadequacy and

emptiness (Shattuck and Schwarz, 1991: 333). Moreover seeking advanced medical treatment of infertility and children born out of it are still viewed as stigmatic in our culture and society.

IV. RESEARCH METHODOLOGY

The present study is a qualitative study. The research explores and describes the childless experience of women highlighting their plight in family and society by taking individual case studies from the respondents. It also describes how becoming a mother is important in our culture and society and unable to give birth is considered abnormal thus leading to stigma and social ostracism in such women. The universe of study comprises of infertile/ childless women of Kashmir.

V. AIM OF THE STUDY

To explore the experience of childlessness among women and highlight the stigma they face by not becoming a mother.

VI. CASE STUDIES

1. Sakeena is a 37 year old respondent from Srinagar. She is a post graduate in sociology and has a diploma in Early Childhood Care and Education. She is presently holding a good post as a government employee, with a monthly income of 75,000. Sakeena is married for 11 years and has no child. Her husband is a chartered accountant and earns a handsome salary too. Sakeena is currently living in a nuclear family with her husband. Previously she has been living in a joint family with other family members including father-in-law and mother-in-law. Sakeena's husband is the lone son of his parents. When she got married, everyone wanted a child soon after their marriage. For the first one or two years relationships were fine with her in-laws, but as time passed, and when expectations started to decrease, her sufferings started due to her un-explained infertility. Her in-laws started hatching conspiracies against her, so that she retaliates and misbehaves with them. By doing this they wanted to declare her a psychiatric patient, after which it would be easy to justify giving her a divorce since they wanted their son to remarry. The respondent feels that infertility has changed her overall personality. She had been quite outspoken but now she hardly speaks. She had also been quite fashion conscious, but now she has no interest in it. Sakeena believes that aging has set on early. A childless woman does not get adequate respect in society. Nor does she feel a sense of completeness. She feels an attack on her womanhood, because she feels that if a woman does not become a mother, she fails as a woman too. Living with infertility for two or three years is fine, but living with infertility for 11 long years was not easy. It feels that one falls down in life, in kashmiri she said '*dab chu lagaan*'. The respondent reveals that one is not able to plan anything in life. There is no validity till what time one remains in a husband's life, so there is continuous threat and instability.
2. Respondent named Zahida is a 38 year old female from Budgam. Her husband is a shopkeeper and earns a monthly income of 15000 to 20000. Zahida is suffering from infertility for the last 9 years. Doctors have diagnosed a cyst in her uterus and have recommended a laparoscopy. Zahida lives in a joint family with her in-laws and her husband's other siblings. Her in-laws have harassed her mentally for her infertility. In addition Zahida's husband has harassed her physically too, so that she goes to her father's home. Her husband does not even go with her to the gynecologist because he holds Zahida responsible for infertility since she is diagnosed with uterine cyst. The respondent reveals that her in-laws are adamant on remarrying her husband because they want a child and her husband is too willing to remarry. Zahida has asked for last one chance from her husband and is planning to go for laparoscopy for her cyst removal. Doctor

has given her a hope to conceive after undergoing laparoscopy. After 2 or 3 months when Zahida was at her parent's home, recovering from her surgery, she came to know that her in-laws have made all the arrangements for her husband's marriage. Fortunately the respondent could contact the new to be wife of her husband, who was unaware of her husband's first marriage. This no doubt stopped her husband's marriage for a while, but Zahida has a constant fear that her husband will remarry soon. Zahida's health is deteriorating day by day since her in-laws constantly torture her and taunt her that its only a child which secures a woman's place at her in-laws. For that reason she is left with little time. Moreover she suffers from anxiety and other heart problems, which make her chance of childbirth more difficult. Zahida feels that a woman is not a woman if she is not able to conceive. She feels that death was easy than a childless life.

3. Shakeela is 39 years old from Baramulla. She suffers from infertility for last ten years. The respondent lives in a nuclear family with her husband, who is a daily wage labourer. Her husband earns a meager income of around 10000 a month. Shakeela previously lived in a joint family with her husband's brothers and their wives. All husband's brother's have 3 or 4 children each. Shakeela reveals that she was always referred to by different names by her sister-in-laws, because she did not have a child. She has been even beaten by them in absence of her husband. She was told that she has nothing left at her in-laws, since she was childless and she went to her parents home. There she stayed for nearly a year and returned back and started living with her husband in a separate room. Her sister-in-laws did not stop harassing her mentally and did not stop taunting both her and her husband by names such as "*hanth*" (barren). She reveals that they needed excuses to taunt her with these kinds of names. After sometime the respondent and her husband tried to adopt a baby, but her brother-in-laws told her that they do not need to get a child from outside and will give them their own child. But after sometime when Shakeela and her husband asked for the child they had promised, they did not give them their child as well. So it was clear that they will not allow them to adopt a child and if they adopted a child, her brother-in-laws will not allow him to live there after their death and will snatch everything from him. Shakeela reveals that childlessness has given rise to many problems in her. She suffers from all kind of illnesses. She laments that if she had just one child, she would have been very lucky. Shakeela and her husband had visited many infertility clinics but secretly, because she is ashamed to seek treatment as well. She has stopped going to attend functions such as marriages and has stopped visiting her relatives as well. Shakeela has grown vegetables around her house so that she may not have to go out of the gate for it. The respondent prefers to remain indoors and is does not want to go out of her home, because people fear that her infertility might bring bad omen to them and their children.

The above case studies highlight that infertility is a traumatic experience for women. Apart from the loneliness and incompleteness, these women feel extreme stigma for not becoming a mother, since embracing motherhood is the normative standard for a woman in our culture and society. Motherhood brings respect and esteem to woman in family and society.

VII. CONCLUSION

Attainment of motherhood holds a significant importance in our culture and society. Our society prescribes women to marry well on time and bear children. Women themselves have a desire to bear children after marriage, which provides an intrinsic happiness and a sense of completeness to them. Without children a woman feels left out by the fertile world. Relationship of woman with her spouse and in-laws is largely affected. Blame games between husband and wife become

common. Motherhood holds its importance among women who work outside their homes too. Their dignity and self-esteem is closely related with their procreation potential in family and society. While childbirth lends a sense of confidence to woman, childlessness or infertility poses several social, psychological, physical and economical stress that affect all other domains of her life.

REFERENCES

1. Akarsu, R.H., Beji, N. K., (2019) Spiritual and Religious Issues of Stigmatisation Women with infertility: A qualitative Study, *J of Religion and Health*, 60(4).
2. Batool, S. S., de Visser, R. O., (2014) Psychosocial and contextual determinants of health among infertile women: A cross-cultural study, *Psychology, Health & Medicine*, 19, 673–679.
3. Becker, G., Nachtigall R.D., (1994) Eager for medicalization: The social production of infertility as a disease, *Social Hlth Illness* 14, 456-471.
4. Crowe, C. (1987) 'Women Want It: In Vitro Fertilisation and Women's Motivations for participation, women's studies Int forum, 8(6), 547-552.
5. Dube, L.,(1998) 'On the Construction of Gender: Hindu Girls in Patrilineal India', In
6. Gallup, C., (2007) 'Making Babies the Hard Way: Living with Infertility and Treatment', Kingsley Publishers, Jessica.
7. Geetha, V., (2007) Patriarchy, Stree, Calcutta.
8. Goffman, Erving, (1963), *Stigma: Notes on the Management of a Spoiled Identity*, Simon & Schuster New York.
9. Gonzalez, L. O., (2000) Infertility as a transformational process: A framework for psychotherapeutic support of infertile women, *Issues in Mental Health Nursing*, 21, 619–633.
10. Harasankar, A., (2013) Changing attitude of women towards infertyility and motherhood, *social change review*,11(2),105-113.
11. Kothari, B., (2012) Perception and work Ethos of Medical experts dealing with infertile couples: a study in medical sociology, *Sociological bulletin, Indian sociological society*, 61(1), 144-158.
12. Miall, C.E., (1985) The stigma of involuntary childlessness, *Social Problems*, 33, 268-282.
13. Phoenix , A, Woollet (1994) *Motherhood meanings, practices and Ideologies*, New Delhi.
14. Sharlip, I.D., Jarrow, J.P., Lipshultz, Larry, (2002) Best practice policies for male infertility, *Fertility and sterility*. 77(5), 873-82.
15. Shattuck, J.C., Schwartz, K.K., (1991) Walking the Line between Feminism and infertility; implications for nursing, medicine, and patient care, *health care for women intl*, 12(3)
16. Sternke, E.A., Abrahamson, K., (2015) Perceptions of women with infertility on stigma and disability, *Sexuality and Disability*, 33(1), 3-17.
17. Sundby, Johanne, (1999) Sad Not to Have Children, Happy to Be Childless: A Personal and Professional Experience of Infertility, *Reproductive Health Matters*, 7 (13), 54-65.
18. Ulrich, M., Weatherall, A., (2000) Motherhood and Infertility: Viewing Motherhood through the Lens of Infertility, *Feminism & Psychology*, 10(3),323-6.
19. Williams, M. E., (1997) Toward Greater Understanding of the Psychological Effects of Infertility on Women, *Psychotherapy in Private Practice*, 16(3), 7-26.
20. Yao, Hong, Chan, C.H.Y., Chan, C.L.W., (2017) Childbearing importance: A qualitative study of women with infertility in China, *Res Nurs Health*, 41, 67-77.

Stigma of Infertility and the Motherhood Narrative: A Case Study

Snober Dilshad

Ph.d Sociology, Department Of Sociology, University Kashmir

dilshadsnober@gmail.com

Abstract: *Motherhood is considered as an important part of a woman's identity as it elevates her status in family and society. It determines the strength of her marital bonds. Inability to attain the status of motherhood has serious implications and greatly influences the course of life of a woman. Her status is determined by whether she fulfils her responsibilities towards family and society through her role of procreation. Since motherhood and womanhood are terms used interchangeably, high importance is accorded to motherhood, thus women unable to bear children are rebuked by family and stigmatized by society and may be labeled as worthless.*

KEYWORDS: *Infertility, childlessness, motherhood, stigma*

I. INTRODUCTION

Marriage for woman is primarily to bear a child in our culture and motherhood is the central fact of female existence. Procreation potential of a woman holds a lot of importance in our culture. Women represent the generative nurturing power of life as is symbolized in mythology, popular culture and the legends. In Indian culture, motherhood role and its importance is inscribed in a girl right from her childhood. The onset of puberty is accompanied by celebrations because it depicts a girl's fertility and her capability for motherhood. The girl is given nourishing food like milk and ghee to eat so that her reproductive organs remain healthy for childbearing in the future (Dube, 1998: 168-92). Even the unborn child in the womb helps in providing women with a higher status in family and in community (Phoenix and Woollett, 1994: 1-27). Thus mothering is considered to be basic to women's lives and the family organization. It is associated with status and prestige for a female in our society. When pregnancy fails to occur, it causes many psychological and social concerns for a woman. She faces rejection by family as well as society and finds herself as a non-conformist in a culture which glorifies motherhood, as her identity mainly rests on her fertility status (Geetha, 2007: 6). Thus infertility results in a sense of role failure which proves to be very challenging for a female (Sundby, 1999). She is considered deficient, incomplete, or unfilled calling her gender into question.

Infertility is a global public health issue affecting a significant proportion of humanity. It is a worldwide problem which affects 15 percent of couples that have unprotected intercourse (Sharlip *et al.*, 2002:873). Infertility is the inability of a person to reproduce naturally. According to medical research, while 40 percent of infertility or childlessness is due to male deficiency, 40 percent is due to deficiency in women and in 20 percent infertility cases the problem remains unidentified (Kothari, 2012:146). Even if a woman knows that her infertility is due to her partner's problem, she sees it an act of dishonesty to go public about it, therefore unwillingly adding to the pain and agony to herself (Gallup, 2007). Childless women have to answer the questions and queries thrown at them by relatives, friends and co-workers. The questions whether asked out of care or curiosity are always unwelcome, making them feel insufficient, incomplete and abnormal (Akarsu and Beji, 2019:7). Women feel they are being pitied for their condition, thus provoking feelings of inadequacy and otherness in them (Sternke, 2015:14).

II. MOTHERHOOD

Motherhood is highly embraced and women still take pride in becoming mothers. Motherhood is intertwined with womanhood and the two cannot be separated. Even if a woman acts as a good wife or a daughter-in-law, but fails to become a mother, her position is weakened at her in-laws and she is thought to bring disgrace to her husband and his family (Batool and de Visser, 2014). Motherhood is considered as an important part of a woman's identity as it elevates her status in family and society. It determines the strength of her marital bonds. Inability to attain the status of motherhood has serious implications and greatly influences the course of life of a woman (Yao et.al, 2017). Her status is determined by whether she fulfils her responsibilities towards family and society through her role of procreation. Since motherhood and womanhood are terms used interchangeably, women unable to bear children are rebuked by family and stigmatized by society and may be labeled as worthless (Phoenix and Woollett, 1994). Motherhood thus serves an essential component for psychological completeness of a woman. Since her identity is interwoven with her ability to bear children, overshadowing her all other identities, motherhood is a resolution to the insecurity borne out of childlessness and brings an acceptance to a woman at her husband's place (Haransankar, 2013: 106).

III. INFERTILITY STIGMA

Women regard infertility as a discreditable attribute and conceal it from others as revealing this would cause others to view them in a new and damaging light (Goffman, 1963:14, Miall, 1985:396). Infertile women feel strangers in their own society and face enormous strain between their public images and private lives (Goffman, 1963:31). Since the stigmatization occurs late in life, their self image is often shattered. They start doubting their whole being and their existence, leading to negative self- perceptions, humiliation, weakened marital relationships and reduction in quality of life (Gonzalez, 2000:629).

Goffman's definition of stigma vividly sums up as, "any physical or social attribute or sign that so devalues a person's social identity as to disqualify him from full social acceptance" (Goffman, 1963). He emphasizes that stigma[tized] and society are two faces of the same coin. It is the society which prescribes the definitions of normality. Society works as an audience whose reactions force the stigmatized to act in a way which is considered normal. It is the so called 'normals' who discriminate, segregate and construct an ideology about the abnormal in the society (Ibid, 1963:15, Slattery, 2003: 186). Stigmatization of women with infertility leads to deterioration of women's physiological, psychological and spiritual well-being often leading to depression and stress among them (Akarsu and Beji, 2019:2). They go through an emotional roller coaster and suffer from the feelings of negative identity, worthlessness, lack of personal control, isolation and loss of dream of co-creating (Williams, 1997:7-26).

Experience of infertility from women's standpoint show a lot of variability in their experiences. Women are more stigmatized in cultures where their status in a family is conceptualized in terms of motherhood (Akarsu and Beji, 2019:2). Motherhood as a biological destiny makes women feel that bearing children is their social responsibility (Ulrich and Weatherall, 2000:328). They start blaming themselves for discontinuing the family cycle (Becker and Natchigall, 1994:512). Most of them feel that they have little choice but to seek medical intervention to avoid the social stigma attached to infertility and non-motherhood (Crowe, 1987). Even the medical definitions for female infertility signify inadequacy and incompetence. The words such as 'incompetent cervix', 'blocked fallopian tubes', 'failure to conceive' shows the ways womens' infertility has been constructed. The terms are themselves stigmatic conveying a sense of inadequacy and

emptiness (Shattuck and Schwarz, 1991: 333). Moreover seeking advanced medical treatment of infertility and children born out of it are still viewed as stigmatic in our culture and society.

IV. RESEARCH METHODOLOGY

The present study is a qualitative study. The research explores and describes the childless experience of women highlighting their plight in family and society by taking individual case studies from the respondents. It also describes how becoming a mother is important in our culture and society and unable to give birth is considered abnormal thus leading to stigma and social ostracism in such women. The universe of study comprises of infertile/ childless women of Kashmir.

V. AIM OF THE STUDY

To explore the experience of childlessness among women and highlight the stigma they face by not becoming a mother.

VI. CASE STUDIES

4. Sakeena is a 37 year old respondent from Srinagar. She is a post graduate in sociology and has a diploma in Early Childhood Care and Education. She is presently holding a good post as a government employee, with a monthly income of 75,000. Sakeena is married for 11 years and has no child. Her husband is a chartered accountant and earns a handsome salary too. Sakeena is currently living in a nuclear family with her husband. Previously she has been living in a joint family with other family members including father-in-law and mother-in-law. Sakeena's husband is the lone son of his parents. When she got married, everyone wanted a child soon after their marriage. For the first one or two years relationships were fine with her in-laws, but as time passed, and when expectations started to decrease, her sufferings started due to her un-explained infertility. Her in-laws started hatching conspiracies against her, so that she retaliates and misbehaves with them. By doing this they wanted to declare her a psychiatric patient, after which it would be easy to justify giving her a divorce since they wanted their son to remarry. The respondent feels that infertility has changed her overall personality. She had been quite outspoken but now she hardly speaks. She had also been quite fashion conscious, but now she has no interest in it. Sakeena believes that aging has set on early. A childless woman does not get adequate respect in society. Nor does she feel a sense of completeness. She feels an attack on her womanhood, because she feels that if a woman does not become a mother, she fails as a woman too. Living with infertility for two or three years is fine, but living with infertility for 11 long years was not easy. It feels that one falls down in life, in kashmiri she said '*dab chu lagaan*'. The respondent reveals that one is not able to plan anything in life. There is no validity till what time one remains in a husband's life, so there is continuous threat and instability.
5. Respondent named Zahida is a 38 year old female from Budgam. Her husband is a shopkeeper and earns a monthly income of 15000 to 20000. Zahida is suffering from infertility for the last 9 years. Doctors have diagnosed a cyst in her uterus and have recommended a laparoscopy. Zahida lives in a joint family with her in-laws and her husband's other siblings. Her in-laws have harassed her mentally for her infertility. In addition Zahida's husband has harassed her physically too, so that she goes to her father's home. Her husband does not even go with her to the gynecologist because he holds Zahida responsible for infertility since she is diagnosed with uterine cyst. The respondent reveals that her in-laws are adamant on remarrying her husband because they want a child and her husband is too willing to remarry. Zahida has asked for last one chance from her husband and is planning to go for laparoscopy for her cyst removal. Doctor

has given her a hope to conceive after undergoing laparoscopy. After 2 or 3 months when Zahida was at her parent's home, recovering from her surgery, she came to know that her in-laws have made all the arrangements for her husband's marriage. Fortunately the respondent could contact the new to be wife of her husband, who was unaware of her husband's first marriage. This no doubt stopped her husband's marriage for a while, but Zahida has a constant fear that her husband will remarry soon. Zahida's health is deteriorating day by day since her in-laws constantly torture her and taunt her that its only a child which secures a woman's place at her in-laws. For that reason she is left with little time. Moreover she suffers from anxiety and other heart problems, which make her chance of childbirth more difficult. Zahida feels that a woman is not a woman if she is not able to conceive. She feels that death was easy than a childless life.

6. Shakeela is 39 years old from Baramulla. She suffers from infertility for last ten years. The respondent lives in a nuclear family with her husband, who is a daily wage labourer. Her husband earns a meager income of around 10000 a month. Shakeela previously lived in a joint family with her husband's brothers and their wives. All husband's brother's have 3 or 4 children each. Shakeela reveals that she was always referred to by different names by her sister-in-laws, because she did not have a child. She has been even beaten by them in absence of her husband. She was told that she has nothing left at her in-laws, since she was childless and she went to her parents home. There she stayed for nearly a year and returned back and started living with her husband in a separate room. Her sister-in-laws did not stop harassing her mentally and did not stop taunting both her and her husband by names such as "*hanth*"(barren). She reveals that they needed excuses to taunt her with these kinds of names. After sometime the respondent and her husband tried to adopt a baby, but her brother-in-laws told her that they do not need to get a child from outside and will give them their own child. But after sometime when Shakeela and her husband asked for the child they had promised, they did not give them their child as well. So it was clear that they will not allow them to adopt a child and if they adopted a child, her brother-in-laws will not allow him to live there after their death and will snatch everything from him. Shakeela reveals that childlessness has given rise to many problems in her. She suffers from all kind of illnesses. She laments that if she had just one child, she would have been very lucky. Shakeela and her husband had visited many infertility clinics but secretly, because she is ashamed to seek treatment as well. She has stopped going to attend functions such as marriages and has stopped visiting her relatives as well. Shakeela has grown vegetables around her house so that she may not have to go out of the gate for it. The respondent prefers to remain indoors and is does not want to go out of her home, because people fear that her infertility might bring bad omen to them and their children.

The above case studies highlight that infertility is a traumatic experience for women. Apart from the loneliness and incompleteness, these women feel extreme stigma for not becoming a mother, since embracing motherhood is the normative standard for a woman in our culture and society. Motherhood brings respect and esteem to woman in family and society.

VII. CONCLUSION

Attainment of motherhood holds a significant importance in our culture and society. Our society prescribes women to marry well on time and bear children. Women themselves have a desire to bear children after marriage, which provides an intrinsic happiness and a sense of completeness to them. Without children a woman feels left out by the fertile world. Relationship of woman with her spouse and in-laws is largely affected. Blame games between husband and wife become

common. Motherhood holds its importance among women who work outside their homes too. Their dignity and self-esteem is closely related with their procreation potential in family and society. While childbirth lends a sense of confidence to woman, childlessness or infertility poses several social, psychological, physical and economical stress that affect all other domains of her life.

REFERENCES

21. Akarsu, R.H., Beji, N. K., (2019) Spiritual and Religious Issues of Stigmatisation Women with infertility: A qualitative Study, *J of Religion and Health*, 60(4).
22. Batool, S. S., de Visser, R. O., (2014) Psychosocial and contextual determinants of health among infertile women: A cross-cultural study, *Psychology, Health & Medicine*, 19, 673–679.
23. Becker, G., Nachtigall R.D., (1994) Eager for medicalization: The social production of infertility as a disease, *Social Hlth Illness* 14, 456471.
24. Crowe, C. (1987) 'Women Want It: In Vitro Fertilisation and Women's Motivations for participation, women's studies Int forum, 8(6), 547-552.
25. Dube, L.,(1998) 'On the Construction of Gender: Hindu Girls in Patrilineal India', In
26. Gallup, C., (2007) 'Making Babies the Hard Way: Living with Infertility and Treatment', Kingsley Publishers, Jessica.
27. Geetha, V., (2007) *Patriarchy*, Stree, Calcutta.
28. Goffman, Erving, (1963), *Stigma: Notes on the Management of a Spoiled Identity*, Simon & Schuster New York.

29. Gonzalez, L. O., (2000) Infertility as a transformational process: A framework for psychotherapeutic support of infertile women, *Issues in Mental Health Nursing*, 21, 619–633.
30. Harasankar, A., (2013) Changing attitude of women towards infertility and motherhood, *social change review*, 11(2), 105-113.
31. Kothari, B., (2012) Perception and work Ethos of Medical experts dealing with infertile couples: a study in medical sociology, *Sociological bulletin, Indian sociological society*, 61(1), 144-158.
32. Miall, C.E., (1985) The stigma of involuntary childlessness, *Social Problems*, 33, 268-282.
33. Phoenix, A, Woollet (1994) *Motherhood meanings, practices and Ideologies*, New Delhi.
34. Sharlip, I.D., Jarrow, J.P., Lipshultz, Larry, (2002) Best practice policies for male infertility, *Fertility and sterility*. 77(5), 873-82.
35. Shattuck, J.C., Schwartz, K.K., (1991) Walking the Line between Feminism and infertility; implications for nursing, medicine, and patient care, *health care for women intl*, 12(3)
36. Sternke, E.A., Abrahamson, K., (2015) Perceptions of women with infertility on stigma and disability, *Sexuality and Disability*, 33(1), 3-17.
37. Sundby, Johanne, (1999) Sad Not to Have Children, Happy to Be Childless: A Personal and Professional Experience of Infertility, *Reproductive Health Matters*, 7 (13), 54-65.
38. Ulrich, M., Weatherall, A., (2000) Motherhood and Infertility: Viewing Motherhood through the Lens of Infertility, *Feminism & Psychology*, 10(3), 323-6.
39. Williams, M. E., (1997) Toward Greater Understanding of the Psychological Effects of Infertility on Women, *Psychotherapy in Private Practice*, 16(3), 7-26.
40. Yao, Hong, Chan, C.H.Y., Chan, C.L.W., (2017) Childbearing importance: A qualitative study of women with infertility in China, *Res Nurs Health*, 41, 67-77.