



Does Technology Possess Potential to Alter Gender Relations? A Perspective on Social Construction of Infertility in India

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Abstract

Background: A woman's ability to make autonomous reproductive choices empowers women because it offers them the opportunity of becoming a mother without getting married, and presents to them the choice of age to become a mother by extending their pregnancy barrier in socio cultural dictates of the Indian society. Whether knowingly or otherwise, society through ritual and lore, then begins to play an active role in actualizing the expected portrayal of a girl; expectations that include the girl continuing her patriarchal lineage, with an invariable emphasis on the bearing of a male child. A cycle of vulnerability follows and a woman is seen to increase by leaps and bounds if she is unable to conceive. However, Assisted Reproductive Technology (ART) has altered social consequences and shares the co burden of infertility as well as fertility.

Objective: The paper attempts to analyze the social construction of infertility as an interface between existing public policies, medical practices and people perceptions.

Methods: The article is prepared based on the secondary literature. By assimilating underlying social pattern, a perspective on the social construction of infertility as technology mediates between perceived risk, social burden, and fertility outcomes established through an informal communication of people who experienced and their peers within the Indian cultural context.

Results: ART is an important gender intervention, therefore, fulfills more of a social psychological need, than merely biological. While a natural social construct protects the man's ability to reproduce, ART has the ability to identify and internalize a male's reproductive shortcoming, further substantiating a woman's position in the family, and shattering centuries of rigid beliefs. Women's identities have succeeded in being defined beyond reproduction, but motherhood remains central to a woman's status, both culturally and as the object of policy. Recent Public policies related to infertility treatments are toward inclusiveness. While a shift in the societal mindset aids to boost a woman's self-respect, scientific intervention is constantly negotiating the ethics between production and performance.

Keywords: Infertility; Social construction; Gender; Assisted reproductive technology; Policy

Introduction

From the moment a girl child is born, she invariably becomes a part of a long established social construct of fertility, one of the paramount pillars of what forms the primordial belief of gender roles. The paper attempts to draw social construction of infertility and changing gender relation in India through a binary perspective of fertility; one as natural process, while another as science and technology enabled. Further it attempts to analyze the social construction of infertility as an interface between existing public policies, medical practices and people perceptions. Whether knowingly or otherwise, society through ritual and lore, then begins to play an active role in actualizing the expected portrayal of a girl; expectations that include the girl continuing her patriarchal lineage, with an invariable emphasis on the bearing of a male child. The ability to bear a child in itself is considered a gift to the family. However, this gift is evaluated purely in terms of gender, by accepting wholeheartedly, or rejecting blatantly a woman on the mere assumed capability of bearing a male. Women, for years together, have been provided privilege and rank in their family on the sole judgement of their offspring's gender. Additionally, fertility is also linked to inheritance of property in numerous cultures and familial setups, the consequences of which have culminated in sex selective abortion, female feticides or even multiple birthing purely to try for a male child.

Consequences of Infertility

A cycle of vulnerability follows and a woman is seen to increase by leaps and bounds if she is unable to conceive. Infertility in itself has been a problem for millions of people around the globe [1]. Besides, there seem to be several viewed consequences of being a childless woman, some of which are listed below:

1. A threat to womanhood and motherhood: In conservative Indian society, fertility alone carries the power to define womanhood and motherhood. Society starts questioning qualities considered to be natural to a woman. Infertility is seen to be an indication of the failure of the body. This very notion brings with it a sense of failed personhood, thus questioning the ability of a woman to live up to herself.
2. Loss of identity: The identity of a woman is often defined as the ability to bear a child. If not, they are labeled "Banj" (a term for sterility), which is seen as a deviation from norms of femininity, a hidden disability, or a curse of God. They are socially ostracized and cannot participate in auspicious occasions. This establishes feelings of solid disinterest and hopelessness. Many women even struggle with feelings of anxiety, depression and exhibit suicidal tendencies.
3. Problems within the marriage: A study reports that infertile women have strained relationships with their husbands [2]. Women are abandoned in their own marriages. In many cases, wives themselves offer to bring to their husbands other women, so deep are

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Received: 05 August, 2021; Accepted: 18 August, 2021; Published: 25 August, 2021



their feelings of inadequacy.

4. Loss of economic support: In the cycle of vulnerability, women go through various stages of losses. One of the more significant of these (among others) is that she loses social support [3]. The loneliness that follows when she loses her sense of belonging is one that is deep and profound.
5. Loss of dignity: Women go through various challenges, such as mental torture and domestic violence. They start accusing their own fate and integrity, subsequently losing interest in caring for their own health and wellbeing [4,5].

Assisted Reproductive Technology (ART) and Construction of Male Infertility

ART have altered social consequences. This social construction is different from a technological ability to continue lineage. Though ART share the co-burden of infertility as well as fertility, the failure of the same essentially rests on women [6]. However, this is more gender neutral as it is able to identify the source of failure. However, the male ego is seen to face hesitance in accepting biological bases of infertility due to the fear that artificial methods of conception may threaten his masculinity [7]. The issue is then pushed aside or hushed, further limiting the social transformation of gender roles. Although male infertility contributes to more than half of all cases of global childlessness, infertility remains a woman's social burden. There is complete absence of information on the total number of infertile men. When highly prevalent, it converts individual experiences of infertility into social phenomena. Prevalence also determines social construction. While a natural social construct protects the man's ability to reproduce, technology has the ability to identify and internalize a male's reproductive shortcoming, further substantiating a woman's position in the family, and shattering centuries of rigid beliefs. Therefore, there is seen to be a large amount of data on the causes and management of female infertility, while male infertility continues to be sparsely investigated. Women are still treated as an object of experimentation.

Although a fertile woman has a choice, she does not have freedom even if she is able to conceive. If the male partner is infertile, women negotiate with their partners from different perspectives. However, in this negotiation process, men frequently have the upper hand, since they have more bargaining power than women in long term relationships. It is also reported that men blamed their wives as the reason for their childlessness [8]. Therefore, they are allowed the freedom to remarry, have extra marital relationships and physically abuse their wives. They are reluctant to allow medical intervention as their manliness is threatened. In the long standing cultural mandate for motherhood, infertility also affects women more than men, and so they have more at stake in the decisions over what to do about not being able to conceive [9]. The woman is the one who searches for alternatives to conceive a child within the relationship. She often serves as a buffer for her husband's emotional reaction to his physical incapacity to impregnate, and she takes on the burden of 'his infertility' by defining it as 'our infertility'. Thus a woman's ability to conceive does not necessarily translate to a changed status, or enhance her bargaining power in a relationship.

The objectification of women does affect a woman's position in her family including her mental health [10]. There is a psychological imbalance in the dynamics of marital bargaining. Given the husband's stress over his infertility, he may be unwilling or unable to provide emotional support. Although he has everything to gain and less to undergo, if a woman complains about the difficulties of undergoing IVF, she faces an unsympathetic attitude from her partner [11]. He might simply take it for granted that his wife would do anything so that they might have a biological child, and she cannot demand and may not expect gratitude for her emotional labor. She makes decisions from a cognitive rather than an emotional perspective, and therefore, needs to carry out an extraordinary amount of emotional labor to repair the damage to his sense of masculinity. In order to try to have both a child and to keep the relationship intact, a woman in this context becomes a too willing victim. There is also a messier clarity on the decision of seeking treatment. Since women bear the social onus of childlessness, she usually takes responsibility for initiating treatment. In case of donor insemination, the challenge is to negotiate, and if she wants to maintain her relationship, she would need his consent, which is often difficult to obtain because the situation stigmatizes men [12]. In the absence of systematic and organized medical awareness or information, she has to shop around and shuffle from one doctor to another for treatment [13]. Many a time, she is not allowed to make decisions regarding where to go and when. It is usually the in laws who impose their opinions on their daughters in law, deciding whom they should consult for the right kind of treatment. This, added to an unsupportive and unsympathetic atmosphere from family may lead to an unsuccessful outcome.

ART and Women's Empowerment

Advancement of technology invokes a metaphor of hope and a future for many childless couples and individuals who sought it as their last resort. In either choosing or avoiding pregnancy and motherhood, a woman's ability to make autonomous reproductive choices depends on various factors access to these technologies, its affordability, and issues related to consent etc. It empowers women because it offers them the opportunity of becoming a mother without getting married, and presents to them the choice of age to become a mother by extending their pregnancy barrier. The mean age of conception may increase. In addition, it preempts gender stereotypes. Emerging data suggests that making Advance Reproductive Technology (ART) accessible and affordable is an important gender intervention [14,15] Therefore, technology fulfills more of a social psychological need, than one that is merely biological. Though it gives rights to women to bear children as per their need, irrespective of age or without men, in socio cultural dictates of the Indian society, right and wrong are clearly determined on some issues including power relations and control over the body, principles of which are embedded deep in society. Although assisted reproductive technologies (ARTs) challenge widely held value systems, for example, who will decide the use of ART? Who will be held accountable for the failure to conceive in ART? Will all social classes have access to ARTs? And who is the biological father? Etc. With the expansion of the IVF industry and technology in India, the other side of benefits do affect because single or unmarried women the need to address family issues have become paramount. Society fails to recognize an unmarried mother and child

without a father as a 'family', and may be further stigmatized.

Recent Public policies related to infertility treatments are toward inclusiveness. Women's identities have succeeded in being defined beyond reproduction, but motherhood remains central to a woman's status, both culturally and as the object of policy. Policies need to address solutions w.r.t affordability and accessibility, women's rights, entitlement and gender justice. It is important that regulatory guidelines are put in place to regulate the practice of IVF in India, to protect patients' rights, and promote ethical practices. If it remains unregulated, the industry will become exploitative and indeed harmful to patients, because it fails to distinguish between binary profession and professionals. This causes multiple challenges. In case of a failure of technology, it increases women's risk and vulnerability leads to trust deficit resulting in a "silent campaign" against the medical profession. Therefore, the government and the larger society must find ways to get the best out of a technology while being vigilant to limit its misuse.

Conclusion

The discovery of reproductive technologies marks an important milestone in the treatment of infertility in the human population. Its success lies in the integration of technology, human feelings and social reality. Social and scientific interfaces do affect ethics and justice. While a shift in the societal mindset aids to boost a woman's self-respect, scientific intervention is constantly negotiating the ethics between production and performance. Those women who wish to be mothers outside of the traditional heterosexual family structure are still prone to their positions being threatened. Disintegrating the traditional family structure has resulted in a marked reduction of social capital. Though women face the challenge of creating progeny, the traditional masculinity of a male is challenged by the knowledge of infertility, leading to its non-disclosure. Creating awareness, disseminating information on infertility and offering other appropriate choices is imperative. Additionally, accurate information should be provided regarding the accessibility (spatial distribution of services/facilities), affordability (insurance) to the poor and acceptability of procedures, so the common man comes to understand it as a normal procedure. Effective counselling, particularly of the husband/male partner, is an important step in accepting and more effectively dealing with the issues of the family; saving the marriage and not yielding to societal pressure, all while respecting the wife's dignity. If people are hopeful towards ART, financial support will naturally be provided from the family. At large, if social issues are keenly addressed, then a woman's involvement in seeking reproductive choices will increase. The mere structuring of a policy can make or break a woman's capacity to either choose motherhood or avoid it. In a context like India, setting up comprehensive, people friendly guidelines is an urgent requirement in shaping those deeply rooted beliefs of infertility and gender roles that are till today, so deeply ingrained in the fabric of society.

Conflict of Interest

None.

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