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INFERTILITY TREATMENT AND COPING STRATEGIES ADOPTED BY WOMEN SEEKING TREATMENT IN CHANDIGARH

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Abstract

Reproduction is necessary for the survival of human race and from ancient times linked with womanhood. Infertility results in negative consequences especially for women and they try to sustain by adapting various coping strategies in life. The main objective of this paper is to look into various coping strategies adopted by childless women. The primary data was collected from women currently pursuing medical treatment from various fertility clinics in Chandigarh. The paper is divided into three sections namely coping mechanism followed; support provided by husband/friends/social institutions in the coping process; and adoption/surrogacy as coping mechanism. It was found that the main coping mechanism of respondents were support provided by parental family and husband. Support provided by in-laws family and community to her was not up to the level of satisfaction as reported by respondents. Prescribed gender roles resulted in better coping by respondent's husband. Respondents were unaware about existence of professional fertility support groups. In spite of awareness about adoption and surrogacy as option to become mother these women were trying hard to deliver child from own womb. To cope better a woman needs collective support of husband, friends and social institutions (parental family, in-laws family and community).

Keywords: Infertility, Women, Coping Mechanism, Fertility clinics, Child.

Introduction

Procreation means the process of producing offspring which is essential for the continuation of species of human beings. In most cases, adult men and women are able to bear children when they desire to do so. However, in remaining cases it is not so. In spite of repeated efforts couples are unable to have their own children. In medical terms, infertility or childlessness is a disorder of the reproductive system that affects the body's ability to perform basic function of impregnation and/or conceiving children. Infertility may be defined as the process of not being able to have children; involuntary childlessness may be viewed as the final state or condition resulting from infertility (Balen & Inhorn, 2002). Globally, many millions of couples are confronted with the problem of childlessness caused by infertility.

Both men and women desire a child to become parents but from ancient time the burden of reproduction, pregnancy and childbirth are associated with women only. Conventionally, motherhood is natural destiny of women that gives them an identity in the society. In traditional societies a woman wants to achieve motherhood to prove to be a real woman. Own child (i.e. *waris*) inculcates a sense of security and belonging in them. In this context, a woman is often compared with earth. When earth is not cultivable it is known as barren land (i.e. *banjar bhoomi*) and similarly a woman incapable of producing offspring is known as barren women (i.e. *banjh*).

It is also reflected in cultural belief since ages, especially in a country like India where marriage and motherhood is considered as the integral part of women's personality as it is well established by some of the earlier conducted studies to name a few like Gupta (2000) has mentioned that in Indian culture fertility is given a lot of importance resulting in pressure on women to deliver at least a child immediately after marriage. Widge (2002) also highlighted that in Indian society motherhood is linked with a woman's identity and a woman is primed to live a life full of sacrifices in this direction. In case if a couple is unable to have a child, the blame is always on women, despite the fact that there are equal chances that the husband with medical problems may be resulting in childlessness. There is enormous stigma attached to infertility resulting in negative repercussions, especially for the woman. Mishra & Dubey (2014) concluded that infertility is culturally deviant for women and it results in a number of social and religious consequences.

While struggling to bear a child and muddle through the crisis women try to sustain them by making some efforts in this direction. These strategies help them to manage the situation and are known as coping mechanisms. As per APA dictionary of psychology coping is any conscious or non-conscious adjustment or adaptation that decreases tension and anxiety in a stressful experience or situation. Coping strategies help to deal better with unpleasant situations in life. These tactics give strength and will-power to move ahead in life to women facing infertility and trying to bear a child through medical and religious interventions. In this context the present paper is a modest attempt to study the coping mechanism adopted by women to face the problems of infertility.

Objectives

The main objective of the paper is to look into various coping strategies adopted by childless women to cope better with the situation, future coping mechanism and live a normal life like other women in the society.

Study area and methodology

The paper is based on primary data collected from women struggling with childlessness and visiting various fertility clinics in Chandigarh city. Chandigarh is chosen as it is a city with good set-up of medical facilities catering to many states of north India. Here medical interventions to fight childlessness are also available both in public and private health facilities.

A pre-tested questionnaire was used to interview the women respondents. The sample size of the study was 75 childless women presently visiting various hospitals or clinics or nursing homes in Chandigarh and pursuing medical treatment to bear a child.

Researcher visited both public and private sector health institutions which provide fertility care services and all respondents were interviewed personally. Non-participant personal observation was also a part of the data collection. The respondents were identified by applying the snow ball technique.

PROFILE OF WOMEN RESPONDENTS

Considering their hardships and how these women face the societal and family pressure, a modest attempt is made in this paper to understand the coping mechanism adopted by women currently pursuing treatment from Chandigarh hospitals. Before going for further discussion it will be significant to look into socio-economic background of these respondents.

Table 1 reveals the profile of women respondents regarding age, religion, caste, education, occupation, husband's education, husband's occupation and type of family. At the time of data collection, maximum respondents belongs to the age group of 31-40 years (65.3%) followed by 26.7 per cent in the category of 20-30 years. It is significant to notethat8 per cent of respondents were above the age of 40 years and still pursuing treatment to bear a child, which is in some case considered as high risk age group especially for first pregnancy as per medical advice. Mean age of respondents was tabulated to be 33.2 years.

As far as religion of respondents is concern maximum respondents were practicing Hinduism (69.3%) followed by Sikh religion (20.0%). Another 5.3 per cent of respondents were practicing Islam, and around one per cent are Christians. Four percent of respondents claimed to be interfaith couples as in these cases both spouses belonged to different religions like Hindu, Sikh and Muslim. As far as their Caste is concerned, maximum respondents belong to the category of Other Backward Castes (OBCs) (41.3%) followed by 37.3 per cent belongs to General Castes and 13.3 per cent to Scheduled Castes (SCs). Eight per cent of respondents mentioned about their inter-caste marriage.

The educational level of respondents reveals that 48.0 per cent of them were having the degree of graduation or above whereas only 14.7 per cent had done primary schooling. Among them 37.3 per cent has studied up to higher secondary. Among respondents, 37.3 per cent were self-employed, 36.0 per cent were in service, 24.0 per cent were home managers and remaining 2.7 per cent work as daily wager/labourer. It is worth mentioning that few respondents who were home managers at the time of data collection mentioned that earlier they were working and were economically independent. As they were unable to manage both job and treatment simultaneously, they quit their job and were presently focusing only on pursuing treatment to fight infertility.

Table 1
Profile of Women Respondents

Profile of women	Response rate (N=75)
Age of women (in completed years)	
20-30	20 (26.7)
31-40	49 (65.3)
40+	6 (8.0)
Mean age of women	33.2
Religion of couple	
Hindu	52 (69.3)
Sikh	15 (20.0)
Muslim	4 (5.3)
Christian	1 (1.3)
Interfaith	3 (4.0)
Caste of couple	
SC	10 (13.3)
OBC	31 (41.3)
General	28 (37.3)
Inter caste	6 (8.0)
Education of women	
Up to primary	11(14.7)
Up to senior secondary	28 (37.3)
Graduate and above	36 (48.0)
Occupation of women	
Daily wager/laborer	2 (2.7)
Service	27 (36.0)
Self-employed	28 (37.3)
Home manager	18 (24.0)
Education of husband	
Up to primary	4 (5.3)
Up to senior secondary	34 (45.3)
Graduate and above	37 (49.3)
Occupation of husband	
Daily wager/laborer	7 (9.3)
Service	24 (32.0)
Business/Self-employed	44 (58.7)
Type of family	
Nuclear	40 (53.3)
Joint/Extended	35 (46.7)
Total	**75 (100.0)**

It is also significant to understand the educational level of respondents' husband. The Table reveals that about 50 per cent of the husbands have the degree of graduation and above, whereas, 45.3 per cent have their education up to senior secondary. It is very

interesting to note that only 5.3 per cent of husbands received their education up to primary level, which is less than half as compared to their counterparts that is respondents.

The main occupation of husbands of respondents was business/self-employed (58.7%) followed by service (32%) and daily wager/labourer (9.3%). Even the couples with little means of livelihood who worked as daily wager/labourer were forced to undergo the high cost of the treatment due to social construction of motherhood.

Family plays an important role in two ways – one family create pressure on wife to bear a child immediately after marriage, while , sometime they become pillars of support to handle coping mechanism, hence it become significant to understand the type of family in which respondent lives. Table 1 reveals that 53.3 per cent of respondents were living in a nuclear family and 46.7 per cent lives either in joint or extended family. A noteworthy point to be mentioned here is that few respondents living in a nuclear family claimed that earlier they used to live in a joint family. However, infertility of couple resulted in tension and fights with in-laws family. As a result, they parted from in-laws and started living separately.

Table 2 divulges the type of hospital first visited by respondent while initiating the treatment and type of hospital being visited at the time of data collection. At the time of initiation of treatment, percentage of respondents visiting government hospital were 52.0 per cent and that was little higher than the private hospitals (48.0%). Respondents also reveal that in order to bear a child as early as possible, they keep shifting their treatment from one hospital to another in hope of early conception. At the time of data collection, percentage of respondents visiting private hospital was 57.3 per cent which was higher as compared to those visiting government hospitals (42.7%). A shift of about 10 percentage points was observed from government hospitals to private hospitals between the first and current hospital being visited by respondents for treatment.

Table 2
Type of Hospital Visited for Treatment

Type of hospital	First visited	Currently visiting
Private	36 (48.0)	43 (57.3)
Government	39 (52.0)	32 (42.7)
Total	75 (100.0)	75 (100.0)

COPING MECHANISM FOLLOWED

Coping means to deal with problems or difficulties encountered in life and mechanism means the technique or method used to handle such difficulties. So a *coping mechanism* is a strategy or adaptation that a person relies on to deal with the stress caused by life. In case of women struggling with infertility coping mechanism refers to tactics adopted by them to deal with infertility and related problems.

In this section of paper, coping mechanism followed by respondents; respondent's perception regarding better coping by either spouse among the couple; and membership of fertility support groups by couple, will be discussed.

Coping mechanism followed by women

Life of women pursuing treatment to bear a child is very stressful and demanding. They have to keep their hopes alive and move ahead while taking various medical interventions suggested by healthcare providers. To handle such situation women usually adopt more than one type of strategies to support themselves in order to survive in the time of crisis. These are coping strategies followed by them to muddle through the situation. All the interviewed respondents were enquired about coping mechanisms followed by them. All the responses were recorded and tabulated in Table 3, which reveals that each respondent was following numerous coping strategies to fight with the situation. Out of 525 multiple responses of respondents currently pursuing treatment, 12.2 per cent got parental family support, 9.7 per cent got support of husband and 8.6 per cent coped by believing religious explanations or following a guruji/babaji. Another 8.2 per cent responses were managing by changing doctors one after another, followed by 7.8 per cent avoiding social gatherings or discussion about their infertility. Few other mechanisms followed by them were, they keep themselves busy by spending their time in watching or listening TV/mobile/radio (6.5%), yoga/gym/walk/exercise/meditation/naturopathy/listening to motivating talks(6.1%), support of in-laws family (3.8%) and fight back when blamed by others (3.6).

When respondents are taking treatment to bear a child, they are very optimistic of delivering a child. So, only 1.1 per cent of responses came under category of keeping option of adoption or surrogacy open to them in case of unsuccessful treatment.

The responses under 'Others' category includes respondents busy in job/business/household chores, sharing the feelings/friend circle, crying, following

hobbies, getting involved with children of others in family, going for higher studies, meeting other women struggling with childlessness, dancing, involved in *sewa*/social work etc.

Table 3

Coping Mechanisms Followed by Women Currently taking Treatment to Deal with Infertility

Coping mechanisms followed*	**Response Rate (N=525)**
Parental family support	64 (12.2)
Support of husband	51 (9.7)
Religious explanations/ Following *guruji/babaji*	45 (8.6)
Changing doctors	43 (8.2)
Avoid social gatherings/said topic	41 (7.8)
TV/mobile/radio	34 (6.5)
Yoga/gym/walk/exercise/meditation/naturopathy/listening to motivating talks	32 (6.1)
In-laws family support	20 (3.8)
Fight back when blamed	19 (3.6)
Adoption/surrogacy	6 (1.1)
Others	170 (32.4)
Total	525 (100.0)

*- Multiple Responses are allowed.

Women perception regarding better coping by either spouse among the couple

Child is desired by both spouses equally but somewhere responsibility of bringing child into the world is more on women than men. One of the major reasons could be that when a woman delivers a child, it is considered as she becomes a complete woman that is gender-based social construction of motherhood and due to patriarchal mindset. Keeping this consideration in mind, an attempt is made to know the perceptions of respondents regarding who are more successful in adopting coping mechanism among both the spouses and responses are tabulated in Table 4. They were further probed about the reasons behind giving these responses.

Majority of respondents perceived that their husband was more successful with coping mechanism (69.3%). The reasons given by respondents for better coping by their husband as compared to them includes husband is guilt free as his medical reports are normal; he faces no taunts/misbehavior from others; he smokes/consumes alcohol to distress himself; he is a strong and positive person; he has an option of remarriage whenever he wants or

had already married and have children from other wife; he is busy in office work; and he has never accepted his medical problems.

However, 21.3 per cent of respondents felt that their husband was not more successful with adopted coping mechanism. Respondents were further enquired about the reasons for their responses. The reasons given by respondents were that both spouses had equal stress as child belonged to couple; husband is guilty as he has medical problems and reports of wife are normal; husband is more sensitive and stress natured compared to respondent; and both spouses have medical problems resulting in childlessness.

Table 4

Perception of Women regarding their Husband being more successful in Coping due to Infertility

Is husband more successful in coping with the tension due to childlessness	Response rate (N=75)
Yes	52 (69.3)
No	16(21.3)
Can't say	7 (9.3)
Total	75 (100.0)

Membership of Professional Fertility Support Groups

Struggle to become parents may be different for different couples struggling with infertility but overall their agony, sorrows, aspirations, dreams, and desires tend to be alike. As a result they are supposed to understand and apprehend each other better than other people. Keeping this in background, many organizations/institutions are working as *fertility support groups* worldwide. The objectives of these support groups are to provide better coping and comfort to childless people struggling with infertility. They meet with other childless couples, shared their experiences in a more free and frank manner and help each other. Such support groups are working in almost all countries of the world.

In India one such group is 'Infertility Friends Support Group' which is India's first support group. It is a registered charitable trust started by Malpani Infertility Clinic and run by childless couples (www.infertilityfriends.org). Highlighting the importance of support groups Malpani A. et. al. mentioned that people cope better when they talk with each other and share their problems and they feel that they are not suffering alone in this battle.

Keeping all this in background, respondents were asked whether couple (either spouse or both) is member of any fertility support group and given responses were tabulated in Table

5. It is pertinent to mention here that 96 per cent of respondents claimed that couple was not at all a member of any such group. It is surprising to know that rest of 4 per cent who mentioned that they are member, on further probing to give the name of the fertility support group joined by them revealed that none of them was part of any fertility support group. Actually those claiming to be members of fertility support groups were actually part of religious support groups of followers of spiritual *gurus* like *Radhaswami etc.*

A detailed discussion with respondents revealed that most of them were unaware about presence of such support groups who are working in this field for the welfare of childless couples. Unaware about these fertility support groups, respondents tried to cope with support of existing religious/spiritual groups working in their area.

Table 5
Membership of Professional Fertility Support Group by Couple

Membership of any support group	Response rate
Yes	3 (4.0)
No	72(96.0)
Total	75 (100.0)

SUPPORT PROVIDED BY HUSBAND/FRIENDS/SOCIAL INSTITUTIONS IN HANDLING COPING MECHANISM

In this section of the paper an attempt is made to record the responses by the respondents regarding the support received by them from different corners of family/friends and community such as sharing their feelings and discussing the issues with husband; counseling sessions attended by them; and support provided by husband, friends and social institutions (like parental family, in-laws family and community) to respondent in this time of crisis.

Sharing feelings and discussing with husband

To cope better and handle the crisis in a better way, support of people around them gives immense strength to a person. A woman fighting childlessness may be able to cope better if she is able to share her feelings and discuss issues with her husband without any fear or

hesitation. This might benefit in comforting the stress and tension between the couple as it is a common problem of both of them.

In this regard, respondents were asked about sharing and discussing their feelings about their infertility struggles and hidden fears with their husband (Table 6). Their responses were recorded on a four point scale ranging from 'Yes to a great extent' to 'Not at all'. 'Yes to a great extent' category includes respondents sharing and discussing everything regarding their infertility struggle with their husband. While category of 'Yes to a limit' recorded responses where respondents shared and discussed their feelings with their husband but not completely. Third category of 'Not much' included respondents sharing and discussing very little about infertility with their husband. Last category of 'Not at all' were not at all sharing or discussing anything with their husband. A positive aspect revealed by data was that 49.3 per cent of respondents claimed that they shared their feelings and discussed these issues with their husband to a great extent. Another 28 per cent of respondent's falls under the category of up to a limited extend and 18.7 per cent of respondents were not sharing much with their husband. The cause of concern was the four per cent of respondents who claimed that they were not at all sharing or discussing anything with their husband. In these cases, husband was not at all supporting the respondent. These respondents expressed that their relations were very strained with their husband due to which they were mistreated by their husband.

Table 6
Women Share Feelings/Discuss with Husband about Infertility

Women shares feelings/discuss with husband	**Response rate**
Yes to a great extent	37 (49.3)
Yes to a limit	21 (28.0)
Not much	14 (18.7)
Not at all	3 (4.0)
Total	**75 (100.0)**

Counseling Sessions attended

Counseling is basically a helping approach that benefits a person to cope better with the present issues whatever in his/her life. Counseling experts provides guidance and help them to handle any specific problem. Similarly, in case of couples fighting infertility, counseling sessions are interactive sessions with doctor/counselor where couple share their problems and doctor/counselor guides them, clears their misapprehensions and advises suitable strategies to find solution of the problem.

The infertile couples currently pursuing treatment are in contact with doctors. If doctor treating them feels that one or both spouse need counseling sessions then they are advised to do so. Usually, these counseling sessions are planned after looking into the individual problems and treatment options available for the couple.

All respondents were asked about counseling sessions attended by either or both spouse while undertaking treatment and results were tabulated in Table 7. The results revealed that 46.7 per cent of couples had already attended counseling sessions to cope with this crisis at one or other point while taking treatment. Usually doctors handled these counseling sessions and in some cases couples were sent to a counselor. Respondents were further enquired about the spouse attending these counseling sessions. It is evident from the data that in majority of cases these counseling sessions were attended jointly by couple (71.4%) followed by wife only (20.0%) and husband (8.6%).

Table 7
Counseling Sessions Attended by Couples as per Women Respondents

Couple attend any kind of counseling sessions	**Response rate**
Yes	35 (46.7)
No	40 (53.3)
Total	75 (100.0)
If yes, for whom	**(N=35)**
Couple	25 (71.4)
Wife	7 (20.0)
Husband	3 (8.6)
Total	35 (100.0)

During interview with respondents it was revealed that basic purpose of these counseling sessions organized by hospitals was to guide couples regarding available treatment strategies. Most of respondents who had attended these counseling sessions were benefitted by these sessions as they helped them to cope better and take decisions in life regarding how to pursue the treatment.

Support Provided by Husband/Friends/Social Institutions to women

Respondents were further probed regarding support provided by family members and friends and given responses were tabulated in Table 8.

Responses highlighted that maximum positive role was played by parental family of women respondents (86.7%). They helped them to cope better in the present situation by supporting them. Twelve per cent of respondents claimed that their parental family played

no role and in 1.3 per cent cases they played negative role in the time of crisis. These include respondents who had opted for love marriage against the wishes of their parental family.

Data regarding support received from husband reveals that 66.7 per cent respondents got positive support of husband followed by 25.3 and 8.0 per cent playing negative and no role in this difficult situation. Husbands not playing positive role in coping with the issues resulted in the whole burden of childlessness being borne by wife.

It is pleasant to realize that friends played a very positive role by extending their support to them. About 69.3 per cent of respondents claimed that their friends played a positive role by holding their hand and for remaining 30.7 per cent friends played no role.

The findings of the study support the observations made by Martins, M. V. et. al.(2011) who mentioned that in time of crisis of women their husband, family and friends play a very supporting role and help them to cope better.

Out of all women respondents, only 29.3 per cent mentioned that their in-laws family played a positive role, while maximum respondents experienced wrath of in-laws family (56.0%). For remaining 14.7 per cent of respondents, in-laws family played no role in their life at the time of crisis.

Table 8 further highlighted that community provided no positive support to any of the respondent in this time of crisis. Among respondents, 57.3 per cent claimed that community played a negative role and for remaining 42.7 per cent of the respondents community played no role in supporting them.

Table 8
Support Provided by Husband/Friend/Social Institutions to Women at the Time of Crisis

Support provided	Positive	Negative	No role	Total
Husband	50 (66.7)	19 (25.3)	6 (8.0)	75 (100.0)
In-laws family	22 (29.3)	42 (56.0)	11 (14.7)	75 (100.0)
Parental family	65 (86.7)	1 (1.3)	9 (12.0)	75 (100.0)
Friends	52 (69.3)	0 (0.0)	23 (30.7)	75 (100.0)
Community	0 (0.0)	43 (57.3)	32 (42.7)	75 (100.0)

ADOPTION AND SURROGACY AS COPING MECHANISM

India is a patriarchal society where childbearing after marriage is essential for the continuity of family lineage. Initially after marriage, couples believe that they will have children when they desire to have them. Inability in this direction results in hope from medical interventions. Those pursuing treatment are so confident to have own child that options of adoption and surrogacy are not considered by them.

Adoption as coping mechanism

Adoption means to voluntarily accept and raise a child of other parents to be the same as one's own child. This procedure should be followed lawfully in order to avoid any complications in future.

To organize and deal with the process of adoption, a statutory body named Central Adoption Resource Authority (CARA) was established by Ministry of Women & Child Development, Government of India. It monitors and regulates adoption of Indian children within and outside India. CARA primarily deals with adoption of orphan, abandoned and surrendered children through its associated/recognized adoption agencies (www.cara.nic.in).

All the intervened women respondents were asked whether they had thought about using adoption as coping mechanism in their own life and responses were tabulated in Table9. Maximum women respondents responded that they don't need to go for adopting a child as they were very sure to have their own child with the help of medical interventions (58.7%). For 34.7 per cent of respondents, adoption was the last resort. They felt that adoption as an alternative is available to them and it could be done any time, they further mentioned that if they were unable to have own child even with the help of medical interventions than they will go for adoption. In other words, most of them have a strong feeling that, it is better to try to have own child to utmost limit.

Another 2.7 per cent of respondents responded that they were willing to stop the medical interventions and complete family by adopting a child but their in-laws family was not willing to accept an adopted child. They were pressurizing them to have own child.

'Others' category includes respondents who had earlier registered for adoption but later on changed their mind for adoption and planned to try for some more time to have their own child; and unwillingness of either spouse to adopt a child.

To adopt, first of all couple needs to be ready for it. Adoption may not result in end of all problems associated with infertility but it will definitely help couple as they will be busy in raising a child, giving love and being loved by the child.

Table 9
Opinion of Women about Adoption as Coping Mechanism

Opinion about adopting a child	**Response rate**
No need as very sure to have own child	44 (58.7)
Last resort	26 (34.7)
In laws pressure to have own child	2 (2.7)
Others	3 (4.0)
Total	75 (100.0)

Surrogacy as coping mechanism

Surrogacy involves a woman agreeing to carry a baby for someone else. After the baby is born, the surrogate mother gives custody and guardianship to the intended parent or parents. This medical arrangement is normally followed when intended mother is unable to carry the child through complete gestation period due to some medical reasons. So with help of medical interventions, a surrogate mother gets pregnant on behalf of the couple. She has no genetic link with the child and her eggs are not used to conceive the child. She is a carrier of a child that belongs to somebody else.

Women respondents were enquired whether they will try to bring their child into world via surrogacy (Table 10). The most common response given by respondents was non-acceptance of surrogate child by in-laws family and society (70.7%). They felt that child born out of surrogacy or *kokh udhar* (borrow womb) from others will not be acceptable by the family and society. Another response given by respondents was that they were unaware about concept of surrogacy (22.7%).

Four per cent of them responded that they had no medical problems and can carry a child in their womb after conception. So there was no need to go for surrogacy.

Remaining 2.7 per cent of respondents claimed that they had tried to bear a child via surrogacy. But it was not an easy solution. Firstly, it was very difficult to arrange a surrogate mother. Secondly, surrogates demanded an exorbitant amount of money from the intended parents. Thirdly, there was no guarantee of success of medical interventions performed on surrogate. So these respondents had dropped the idea of surrogacy and instead continued with medical interventions in hope of a child.

Interactions with respondents fighting childlessness highlighted that foremost difficulty in bearing a child via surrogacy was fear of non-acceptance of this child by family and society.

Table 10
Opinion of Women about Surrogacy as Coping Mechanism

Opinion about surrogating a child	**Response rate**
Not possible as child from own womb acceptable to in-laws family and society	53 (70.7)
Not aware about surrogacy	17 (22.7)
Woman had no problem and could carry a child	3 (4.0)
Too costly	2 (2.7)
Total	75 (100.0)

Conclusion and Suggestions

In brief, it can be said that in a patriarchal society like India, not bearing once own child and childlessness is considered as social stigma attached with infertility and become a serious issue of mental health and torture not only by immediate family but community and society at large. Main coping mechanisms followed by women respondents to deal with infertility were support of parental family, husband, seeking help from religious and spiritual leaders etc. There was almost no professional fertility support group are working in this region, hence they took solace from religious support groups. The only encouraging aspect was that women respondents get positive support mainly from parental family, husband and friends. However, community and in-laws family were found lagging in this regard.

Most of the women respondents were unable to lead a normal life. They were in a tragic and depressed situation. They were trying hard to survive thereby reinforcing the prevalent notion that woman becomes a complete woman only after delivering a child. It is noteworthy to mention here that women respondents, voluntarily acknowledged adoption

or surrogacy as alternative coping strategies for other women in same situation. But they were hesitant to adopt this approach by themselves. They wanted to carry child in own womb for better acceptance of self and child in family and society.

From field observations and interactions with respondents, researcher concluded that women fighting infertility can lead a better life if they have a positive attitude in life; believe in god; better understanding and support from their husband; support of family especially in-laws family instead of blaming/mistreating/fighting with her. It is suggested that 21st century- a century of scientific and technological revolution, one should not discriminate between boys/girls, 'A Child is A Child'. It is also suggested that government of India should focus more on the problem of infertility and encourage more and more childless couples to go for adoption of children especially of orphans, deserted and destitute children, so that children can find the love of parents and couples can find a child. A policy to give incentive to such couples can be adopted. Further, it is also suggested that more and more fertility care centers can be opened under the supervision of government in order to maintain a check on cost of treatment to be incurred by couples.

Overall, a childless woman needs collective support from husband, family, community and society. Infertility is a medical problem and women struggling for this required special care.

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