

DESIRE, IMPORTANCE AND LIFE WITHOUT CHILDREN AND FEELING OF LONELINESS AMONG WOMEN'S SEEKING FERTILITY CARE IN THE CITY OF ALLAHABAD, U.P.

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Abstract

Due to widespread desire for children and parenthood as social norm, children in pro-natal societies are highly desired and valuable. Childlessness is neither supported nor encouraged by society and their normative and value structure. This is very true for pro-natal, high fertility north Indian families. In this context one study plan was made to understand the desire for children, importance of children, life without children and feeling of loneliness among infertile women/couple. Study was conducted with a structured interview schedule in the city of Allahabad on 180 women coming for fertility care in the apex public hospitals and private infertility clinics and super specialty hospitals. Results clearly show the strong desire for children from all section and background of women. Statistically significant ($P < 0.05$) associations were found between desires for the children with, the type of hospital, the length of the marriage, and the religion. A strong association between types of infertility and the feeling of loneliness was discovered. Every women/ couple wants minimum one child after marriage. Three fourth women want a baby within two years. The majority of respondents from the primary infertility category were feel loneliness. Mostly all women look life without children as "poor". Children are important for couple for numerous reasons. They are their future prospects as old age support, source of happiness, joy and meaning of life at large.

Key Words:

Desire for children, Importance of children, Life without Children, Feeling of Loneliness, Parenthood, Womenhood

Reference to this paper should be made as follows:

Received: 07.09.2022

Approved: 29.09.2022

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Article No.48

*RJPSS Apr.-Sept. 2022,
Vol. XLVII No. 2,
pp. 427-435*

Similarity Check: 12%

Online available at:

<https://anubooks.com/rjps-2022-vol-xlvii-no-2/>

DOI: <https://doi.org/10.31995/rjps.2022.v47i02.048>

Introduction

Mostly all human being has a desire to become a parent and take care of their children. The Demographic and Health Survey (DHS) reports, which used data from 47 nations, revealed that globally at least 96% of married women can expect to have one or more surviving children (Rutstein, S O.&et al. 2004). Parenthood and child rearing is a genuinely vital biological, psychological and social fact of human life. A woman is considered 'complete' or real only when she produces children. However, men also need children to have heir and to prove their masculinity in society. Married persons are expected to have children, should want to have children and should rejoice at the prospect of having children (Pohlman, 1969). In Indian context, after marriage, conception and birth of a new one is the common goals of the couples especially for women. Infertile women face a lot of problems in society. Formation and expansion of own family, prestige in in-laws' house and motherhood/womanhood were main subthemes came out from the narrations of fertile and infertile women of East UP (Mishra & Dubey, 2014).

Due to various reasons, there is a strong desire for children in Indian society. *Children are valuable to parents* since they provide certain satisfaction like social, economic and psychological to them (Chaudhary, 1982). It is often said in India that children have one mouth and two hands and more hands can do more work. Most societies around the world are structured in a way in which children are required for care and maintenance of older parents. Studies show reliance on children particularly sons in future to support economically, help in emergency or times of adversity in third world countries and India. Even in increase in education and income, women's need for child for economic and social support is still remains (United Nation, 1993). Further in societies with social support systems, children and family are expected to provide much of the care for the elderly (Rutstein, SO &et al. 2004).

Due to a much value of parenthood in societies; childless couples experience negative consequences in form of their status, respect and authority. Whatever the reasons of infertility, couples particularly women's experience a sense of failure, loss, and exclusion (Rutstein, SO & et al.2004). In religious writings of mostly all cultures children were often viewed as blessings from heaven, and *barrenness* as a curse, sometimes as a punishment for some particular misdeed (Pohalman, 1969). Childlessness is neither supported nor encouraged by society and their normative and value structure. Hence, when couples find their effort unsuccessful to create a family 'frustration, despair and helplessness' are common debilitating consequences (Jones et al 1993). Children are seen as social cushion against social loneliness and alienation in changing times.

In India, the District Level Household and facility Survey(DLHS) from 2007–2008 found that about, 8.8% of presently married women suffered from infertility in and majority of them were suffered from secondary infertility (5.8%). In Uttar Pradesh, the infertility rate was 10.14 percent. Furthermore, women who belong to the Hindu religion, to scheduled castes, and those who live in rural areas all had higher rates of infertility. For both primary and secondary infertility, similar pattern were seen among women throughout the nation. The highest rate (19.7%) of infertility was among women who married after thirty year of age. The prevalence of primary infertility was reported by about 6% of women who married after the age of 30, and secondary infertility was recorded by 13% of these women. It seems sense that women who married after turning 30 had already passed their peak reproductive years (Sarkar, S &et al 2016).

Study Rationale & Objective

Until recently there is a lack of studies on basic desire and importance of children in Indian couples. However, this is the fundamental thought behind fertility behavior of Indian couple of reproductive age. Despite of much emphasis on fertility regulation and control, parenthood particularly womanhood and role of children was not much explored in Indian context. Understanding desire for children, life without children and feeling of loneliness among infertile couple also sheds lights on fertility behavior of Indian couple. In fact, fertility seeking behavior of couple of reproductive age is directly linked with the above mention issue. That's why one study was conducted to understand the psycho-social and health aspect of infertility in the high fertility area- North India- in general; and desire for children, life without children and feeling of loneliness among infertile women particularly as partial fulfillment of PhD degree at CSMCH, JNU, New Delhi.

Methodology

The most populous district of most populous state, Allahabad city (now known as Prayagraj) is purposefully selected as the *place of this study*. The research plan of the study was based on the *retrospective-prospective cross-sectional method* which involves getting response on the present as well as past & future health and infertility care behavior, reaction and experiences of the respondent. Field study and data was collected during December 2019 to February 2020.

The *study population* consists of women/couple coming for their consultation/ treatment of reproductive failure in the city of Allahabad. *Hospitals/centers* were categorized as top two public and private hospitals on the basis of availability of maximum numbers of patient. Respondents were those married women/couples coming for counseling, consultation and treatment of reproductive failure in these hospitals.

Private hospitals have more shares in infertility care that's why 60 women from public and 120 from private centers who were willing to participate in study were finally selected. Final *sample size* of study was done on 180 women respondent.

The data was collected from both primary and secondary sources. The *tools* used for data collection were a **structured interview schedule** used on infertility care seeking women. The techniques used for data collection were in-depth and probing interview, narratives techniques, observation of people and setting and informal talk to care providers and seekers with proper ethical considerations as introduction, informed consent, confidentiality and comfort of respondent. The information obtained from the survey was entered into a database developed for the study, using SPSS 16.0 program. Descriptive statistics (mean and standard deviation) were calculated for continuous variables and frequencies and percentages were calculated to summarize qualitative data.

Results

A brief socio-demographic and health characteristics of women seeking care reproductive failure:

Two third respondents (120) were suffering from *primary infertility* and one third (60) are suffering from *secondary infertility*. Total 60 (33.4%) of pregnant women only 19 (10.6%) women reported child birth. Further, 11(6.1%) women have one child either son or daughter. It shows that not only childless respondent, rather respondent with son and daughters are also approaching hospitals for getting their desired family size. The *present age of women* ranges from 20 to 46 years of age group with median age of 30 years. Majority (62.2%) of women belongs to 25-34 year age group. The *level of education* in women (32.2%) was highest in PG and professional degrees. Nearly one-tenth women were illiterate in study. Majority of women (59.4%) were graduates or above educated as study was carried out in urban area. More than two third (67.2%) women were living in *joint family* which portrayed predominance of traditional family system in study area. Majority of the women belongs to rural area, while one third from the city. Majority (56.1%) women belong to *other backwards category* followed by general (30%) and SC/ST (13.9%). Majority of women belongs to Hindus (85.6%) followed by Muslims (12.2%). Majority (90%) of women were *non-working* and only 10% were working mainly in government jobs. Highest 30% women's belong to below Rs 8000 category, followed by 28.9% between 20,001 to 40,001 categories. More than half (52.2%) have *monthly income* up to 20,000 and less than one fifth (18.9%) have Rs 40,000 and above monthly income.

Desire for Children by Women after Marriage

Table 1 shows the desire for children by women after marriage. Usually, Indian couples start family building after marriage. On asking after how many years of

marriage there should be a child, highest nearly half (47.8%) express that it should be between 1-2 years. Interestingly, more than one fourth (27.2%) women want a baby within one year. Further, 20.6% women want it between 2-4 years and 4.5% women after five years and above. Overall we may conclude that *three-fourth (75%) women want a baby within two years*, and mostly (95.5%) within four years of marriage.

Table 1: Desire for Children by Women

Start family building/ there should be a child	Frequency	Percent
Within 1 Year	49	27.2
Between 1-2 Years	86	47.8
Between 2-4 Years	37	20.6
5 Years and Above	8	4.5
Total	180	100.0

Life without Children and Feeling of Loneliness

Table 2 shows that how respondents look their life without a child. As table noticeably shows that, not a single respondent feels good in life without a child. Everyone assessed life poor except very few (2.2%) who were uncertain about life without children. Notably, highest 50% rated it very poor while 47.8% rated it generally poor. So it is explicitly evident that *for women life without children is always poor*. Another part of table shows the feeling of loneliness due to infertility. Only 8.9% women did not feel loneliness. Most probably they are those women who have at least one child. Highest 43.3% women feel loneliness, slightly 9.4% moderate, 21.1% very much and 17.2% feel it always. *Nearly Half (47.7%) of the women feel moderate to always degree of loneliness in their life due to infertility*. This might be due to current life without a child or fear of life without a child in future.

Table 2: Life without children and feeling of loneliness

Life Without Children	Frequency	Percent	Feeling of Loneliness	Frequency	Percent
Very Poor	90	50.0	Always	31	17.2
Poor	86	47.8	Very Much	38	21.1
Can't Say anything	4	2.2	Moderate	17	9.4
Good	0	0	Slightly	78	43.3
Very Good	0	0	Not at All	16	8.9
Total	180	100.0	Total	180	100.0

Importance of Children in Life

Table 6.31 shows importance of children in life. Women's were asked, gives three reasons of why children are important in their life? 12 women's (6.7%) were gives no response. Others (93.7%) reported one, two or three reasons of children in life. First response of were categorize as above. *A nearly half woman (45%) associates from her future prospect and looks them as means of old age support.* More than one fourth (26.1%) women's sees their *importance for happiness in life.* One-tenth (10%) want them to run their descent. Other response was to remove loneliness (4.4%), to complete family (3.9%) and social prestige (3.9%).

Table 3: Importance of children in life

S.No	Importance	Frequency	Percent
1	Old age support	81	45.0
2	For Happiness	47	26.1
3	To run a descent	18	10.0
4	To remove loneliness	8	4.4
5	To complete Family	7	3.9
6	Social Prestige	7	3.9
7	No response	12	6.7
	Total	180	100

Discussion

Desire for Children (Motherhood Years)

In this study, statistically significant ($P < 0.05$) associations were found between desires for the children with, the type of hospital, the length of the marriage, and the religion. *Muslims women had a desire of children within a year* in comparison of majority Hindu women, who had a wish for children up to one or two years. The number of years of marriage was also shown to be more connected with those of 2 to 4 years, whereas respondents with marriages longer than 13 years expressed a wish for children up to age 5 and older. *The respondents who visited private clinics were more likely to have children within the first or second year of their marriage;* whereas those who visited government hospitals had no children after their marriage had been over for five years.

Women of 25 to 35 years had a greater desire for children until one or two years after getting married, but no women under the age of 24 were found to have such a desire after two years of marriage. Whereas the age category of less than 21 years of marriage was desire of kid within one year of marriage, the age group of marriage between 22 and 25 years showed more want to have child within 1 to 2 years of marriage.

Education level is also interlinked with desire of children. Women of class 6th and above showed more desire to have child with in 2 years of marriage, where as post graduated woman had desire of child after marriage of 5 years. The house wife after 2 years of marriage showed high desire of children till 1 to 2 years of marriage where as no respondents under student category had desire before completion of 2 years of marriage. The more OBC respondents showed desire for child with in 4 years of marriage where as more general population showed desire of child after 5 years of marriage.

A sad story of a woman- "*There is no happiness in life without children. With the arrival of a child the entire lack of life is complete. I have come here for treatment after selling my farm. God bless us here. (Respondent was weeping, looking absolutely helpless.) Only the attainment of a child can bring happiness in life.*" Another infertile woman express that "*My husband is alone in my in-laws family .In this condition, how will life go on without children? So children are very important. I feel sad because of it*".

In contrast to the joint family respondents, who were more numerous, respondents from the village locality and joint family expressed a wish to have children during the first year of marriage. More respondents with primary type of infertility expressed a wish to have children within the first 1 to 2 years of marriage, but respondents with secondary type of infertility did not express such a desire until 5 years of marriage.

Feeling of Loneliness and other selected variables

Across-tabulation of characteristics like family structure, infertility type and occupation of women in relation to loneliness was carried out. A strong association between types of infertility and the feeling of loneliness was discovered. *The majority of respondents from the primary infertility category were feel loneliness.* There was no relationship between the type of family and occupation and feeling of loneliness. In comparison to the nuclear family structure, *a greater percentage of respondents from joint families reported feeling lonely all the time.* In comparison to working respondents, *non-working respondents had traits of feeling alone more often.*

“Loneliness is felt at home due to not having children. If there was a child, the mother would call out. Stay alone at home all day. If there was child, he would have paid attention to the children apart from household chores”.

Conclusion

From the above discussion it is evident that there is strong desire for children, and to make family from all section and all types of respondent. Every women/ couple wants minimum one child after marriage. Three fourth women want a baby within two years. Muslim, house wife's, women's of marriage duration up to four years, women of rural locality with joint family and women with primary type infertility expressed a wish to have a child within one to two year of marriage. Even they cannot wait more than one year's some times and started visiting hospitals and private infertility super specialty centers more. Women of 25 to 35 years had a greater desire for children after getting married. Children are important for couple for numerous reasons. They are their future prospects as old age support, source of happiness, joy and meaning of life at large. That's why mostly all women look life without children as “*poor*”. Further, the majority of respondents from the primary infertility category were feel loneliness. Women from joint families and non working background had reported more feeling of loneliness.

References And Bibliography

1. Chaudhary R.H (1982): Social aspect of fertility with special reference to developing countries'. Vikas Publishing House, New Delhi.
2. Chaturvedi, Abhilasha (2001): 'Santaaanheenta: Samasyaaurasamadhan, Kiran Book Company, Allahabad
3. Distt Prof (2019): District Profile of Prayagraj, National Health Mission, Department of Health & Family Welfare, UP
4. Jejeebhoy, SJ (1996): 'Reproductive health information needs in India: Has NFHS filled the data gaps? The Journal of Family welfare, 42(1), p. 7-23
5. JF, Jones, H.W. & Toner, JP (1993): 'The Infertile couple' The new England Journal of Medicine, 329(23), p. 1710-1715
6. Kazmi S, Praveen K, &et al (2018): Prevalance and sociodemographic covariets of infertility in the city of Allahbad District, Int Jr Community Med public Health 2018 : 5:3372-6
7. Lavania, V (2006): Childless Couples: Social Consequences of Sterility and Infertility, Rawat Publication, New Delhi.
8. Mishra K and Dubey A, (2014) :Indian Women's Perspectives on Reproduction and Childlessness: Narrative Analysis, International Journal of Humanities and Social Science Vol. 4, No. 6(1); April 2014

9. Pohlman, E &Pohlman JM (1969): 'The psychology of birth planning' Schenkman Publishing Co. Inc. Cambridge, (Part one The Disease for children).
10. Rangaiyan, G &Swinder, S (2000), 'Women's. perception of gynecological Morbidities in south India: Causes and remedies in cultural context' The Journal of Family Welfare, :46(1), p 31 38.
11. Rutstein SO, Iqbal HS (2004) Infecundity, *Infertility, and Childlessness in Developing Countries*. Calverton, Maryland, USA: ORC Macro and the World Health Organization; 2004 Sept. 74 p. DHS Comparative Reports No.: 9.
12. United Nations (1993): 'Education and Fertility Behavior; A case study of rural Maharashtra, India', New York.
13. UNFPA (1999): Background paper, National Consultation on Infertility Prevention and Management, p 37-61, New Delhi.