



CHILDLESSNESS AMONG WOMEN IN HARYANA

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Abstract: *Childlessness is a painful condition for the individuals and couples. However, it is usually seen as a private matter to be resolved; in the medical area or in the case of adoption. This condition has serious demographic, social and health implications. Living as an involuntarily childless is challenging for a women as well as for her felinity. Childlessness has long been seen as a personal tragedy for childlessness couples in general and particularly in women. Childless women are socially stigmatized and face grave personal and social consequences. Childlessness of women may be influenced by factors such as cultural background, educational level and labor force participation. In the younger age-groups, a large percentage of women are childless but the percentage drops rapidly and stabilizes at a lower level above age thirty-five years. Norms and social values in India favor higher fertility with marriage for females almost universal. The newly married girls in India are often given blessing by elders to beget large families and childless or lack of male child invites prejudice and ill will.*

Key words: *childlessness, reproductive health, women, reproductive problems, Haryana.*

INTRODUCTION

Childlessness is a painful condition for the individuals and couples. However, it is usually seen as a private matter to be resolved; in the medical area or in the case of adoption. This condition has serious demographic, social and health implications. Living as an involuntarily childless is challenging for a women as well as for her felinity (Aiswarya and Moli, 2012). Childlessness is defined, as woman having no live birth or no living children at the end of her reproductive life span (WHO, 1991). This category, often used by demographers to indicate infertility, includes women who have never been pregnant, those who have suffered pregnancy losses and those with no live births. If not clearly indicated otherwise, it may include women who currently have no living children but may have had one or more live births. Since childbearing is highly valued and childlessness can have devastating consequences for Indian women, infertility is perceived to be a very serious problem (Pachauri, 1998).



In India, the males feel that the childlessness is because of the inability of the female partner to procreate. They always find fault with the females, divorce them and remarry. In many such cases even the second wife fails to bear a child because of the defect in the male. Childlessness has long been seen as a personal tragedy for childlessness couples in general and particularly in women. Childless women are socially stigmatized and face grave personal and social consequences. Childlessness of women may be influenced by factors such as cultural background, educational level and labor force participation. In the younger age-groups, a large percentage of women are childless but the percentage drops rapidly and stabilizes at a lower level above age thirty-five years (Vemuri & Manohar, 1987).

Sociologists believe that childlessness is also a common cause of divorce. Most of the studies indicate that marital breakdown is clearly associated with childlessness (Tilson & Larsen, 2000). The social status of women is enhanced when she delivers a child. A childless woman has to face physical, mental and psychological torture in India, particularly in the rural areas. Because of urbanization, emergence of nuclear family, employment of women and increase in women's education; some women may be opting for not to have a baby for a specific period (Aiswarya and Moli, 2012).

In India infertility and childlessness is culturally considered as significant problems which have both social and religious repercussion. In Hinduism, religious texts like "Vedas" and "Upanishads" epic poems such as "Ramayana" and "Mahabharata" and social commentaries such as Kautilya's "Arthashastra" have persuaded to have children, because childlessness is a curse according to these sources. Hindu believes that a child especially a male child is needed to secure their rebirth. Only a male child can perform rituals related to death (Mishra and Dubey, 2014).

Childlessness is perceived as a problem across virtually all cultures and societies and affects an estimated 10-15 per cent of couples of reproductive age. It has been viewed differently in different cultures. In underdeveloped and developing countries, it may be linked to an act of God, punishment for sins of the past, prolonged use of contraceptives, distinct dietary habits and the result of witchcraft whereas people in developed countries view infertility as caused by biological and other related factors. Individuals who are thought to be infertile are generally relegated to an inferior status and stigmatized with many labels. As a result, childlessness has varied consequences through its effects on societies and on the life style of



individuals though in some cases, the childless life style enhances life satisfaction for some individuals, yet it is diminishing for others, for whom parenthood is a personal goal (Joshi et al, 2009).

Norms and social values in India favor higher fertility with marriage for females almost universal. The newly married girls in India are often given blessing by elders to beget large families and childless or lack of male child invites prejudice and ill will. Despite this, the problem of childlessness has been largely overlooked in favor of research and promotion of family planning. Infertility research has been neglected both as a health problem and as subject for social science research as in the past few decades greater amount of emphasis is placed on controlling the unwanted fertility. The population scientist world over have paid more emphasis on trying to understand the dynamic of fertility and somehow ignored the important issue of childlessness to a greater extent and the Indian demographic community is no exception to this. As a result very little work has been carried out in the past on this important aspect. Thus there is need to explore this rarely explored phenomenon. In some of the regions infertility is found to be widespread and its prevalence reaching such proportions that it can well be considered as a public health problem affecting the life of the whole society (WHO 1991). In its extreme, infertility, compounded by pregnancy wastage, infant and child mortality, may lead do depopulation, which poses serious threat to the social and economic development of the region.

Infertility has multiple cases and consequences depending on the gender, sexual history, life style, society, and cultural background of the people it affects. Childless men and women are stigmatized and are likely to be discriminated against. Often the ill effects of childlessness ate far more severe for women than they are for men. Women who fail to give a live birth are often given names and are considered to be inauspicious. Sociologist in various cultural settings have observed that infertility is often linked to curse, adultery or immoral behavior, witchcraft, some activity that had angered ancestors, the deities or anyone in the community. The childless women are subjected to the additional risks of social discrimination in many forms (restriction in their participation in social celebrations for example), allowing husband to remarry. These things happen irrespective of whether it childlessness is due to her being infertile or because the husband is infertile (as matter of fact, male infertility has rarely been considered a factor in childlessness.



Infertility is a global health issue, affecting approximately 8-10 couple world. The World Health Organization (WHO) estimate that 60 to 80 million couples worldwide currently suffer from infertility. The WHO estimates of primary infertility in India are 3.9% (age-standardize to 25-49 yr) and 16.8% (age-standardize to 15-49 yr), using the “age but no birth” definition as per study, published at the end of 2012 by WHO. One in every four couples in developing countries had been found to be affected by infertility. The magnitude of the problem calls for urgent action. Particular when in the majority of cases the infertility is avoidable. Estimates of infertility vary widely among India states from 3.7% in Utter Pradesh, Himachal Pradesh and Maharashtra, to 5% in Andhra Pradesh and 15% in Kashmir. Infertility is not merely a health problem. It is also a matter of social injustice and inequality. Infertility can have a serious impact on both the psychological well-being and the social status of women in the developing world. As a result of their infertile status, they suffer physical and mental abuse, neglect, abandonment, economic deprivation and social ostracism as well as exclusion from certain social activities and tradition ceremonies.

Infertility is divided into primary and secondary infertility. Definition of primary infertility vary between studies, but the operation definition, put forth by the WHO, defines primary infertility as the “Inability to conceive within two years of exposure to pregnancy (i.e. - sexually active, non-contracepting, and non-lactating) among women 15 to 49 yr old”. Secondary infertility refers to the inability to conceive following a previous pregnancy. Both partners in relationship contribute to potential fertility and both may be sub fertile. The female factors contribute almost half in the etiologies of infertility followed by male factor (30-40%), and the rest are attributed to a mixture of both or by problems unknown The biological and social factors including stress due to economic status, religious attitude, age at marriage, urbanization leading to modernization, higher literacy, contraceptive usage and nuclear families play a significant role in lowering fertility.

OBJECTIVES:

1. To study the socio-economic factor that effect with childlessness women in Haryana.
2. To understand the reproductive health problems of childless women.

RESEARCH METHODOLOGY

The aims of the research paper to examine the social and economic factor that effect with childless women and to understand their reproduction health. The study based on



secondary data. For data collection, we have used journals, DLHS (District level household survey), books, newspapers, internet, senses etc. the secondary data would be collected from govt. report also.

RESULTS

Table 1. Percentage of Childlessness Women

Sr. No.	Variables	Percentage (%)
1.	Haryana	11.1
2.	India	8.2

Source: DLHS-III, 2007-08 & Aiswarya and Moli, 2012

The data presented in Table 1. Showed that the percentage of married women in the reproductive age-group (15-49 years) who had childlessness problems in Haryana and India during 2007-08. From the findings, it can be seen that the overall level of infertility in India is 8.2 per cent. Haryana has higher level of childlessness (11.1 per cent) than the national average.

Table 2. Age- wise Distribution of the Childless Couples in Haryana

Sr. No.	Age-groups of the Respondent	Percentage (%)	Age-groups of the Husband	Percentage (%)
1.	15-19	2.8	Less than 25	8.9
2.	20-24	22.7	25-29	19.1
3.	25-29	23.0	30-34	19.8
4.	30-34	16.5	35-39	16.9
5.	35-39	14.0	40-44	12.9
6.	40-44	11.0	45-49	10.8
7.	45-49	9.9	50-54	7.7
8.	—	—	55-59	2.2
9.	—	—	60 and above	01.6
10.	Total	100.00	Total	100.00

Source: DLHS-III, 2007-08 & Aiswarya and Moli, 2012

Childlessness among women may be influenced by socio-economic factors such as age of women, husband's age, age at marriage, marital duration, residing place, religion, women education, husband' education, working status, etc. The table no 2 shows the percentage distribution of childless couples by the age-group of women and their husband. In Haryana, the highest percentage of childlessness among women 23.0 per cent is found in the age group of 25-29 years while the lowest 2.8 per cent is found in the age-group of 15-19 years. Similarly, a higher percentage of childlessness women are found in the age-group of 25-29 years (21.7 per cent) and the lowest are found 3.6 per cent in the age-group of 15-19 years



in India. About 22.7 per cent of childlessness women are in the age-group of 20-24 years and 16.4 per cent of childlessness women are in the age-group of 30-34 years.

In Haryana, prevalence of childlessness is about 19 per cent among women whose husband are in the age-groups of 25-29 years and 30-34 years. While prevalence of childlessness is about 18 per cent among women whose husband are in age groups of 30-34 and 35-39 years. The lowest percentage of childlessness women 1.6 per cent in Haryana was found whose husbands are in the age-group of 60+ years. Both in Haryana and India, the high prevalence of childlessness has shown by women whose husbands were in the age-group of 25-29 years and lowest in the age-group of 55+ years.

Table no. 3 shows that the impact of socio-economic background on the prevalence of childlessness among women in Haryana. We found that women those getting married at the age less than 20 years prove higher percentage of childlessness (86.0 per cent) and those getting married after 30 years of age shows the lowest percentage of childlessness (0.1 per cent) in Haryana. The same trend is seen in India. Both in Haryana and India, about 11.2 per cent of childless women were married in the age-group of 21-24 years. While considering the duration of marriage, about 43.6 per cent of childless women had marriage duration of more than 14 years and the lowest percentage (11.8 per cent) of childless women had 10-13 years of marriage duration. While in India, 46.6 per cent childless women had more than 14 years marriage duration and lowest percentage (16.6 per cent) had 10-13 years of marriage duration. Around 17 per cent of childless women had a marital duration of 6-9 years both in Haryana and India.

The level of childlessness varies considerably across rural and urban areas in both Haryana and India. While considering the place of residence in Haryana, rural women have higher percentage of childlessness (64.3 per cent) when compared with (35.7 per cent) urban women. In the same way, in India, 69.9 per cent rural women have higher percentage of childlessness when compared with urban women (30.1 per cent). Haryana has higher percentage of childless women (35.7 per cent) in urban areas compared with 30.1 per cent of the Indian childless women in urban areas. When religion is taken into consideration, the highest percentages of childless women are Hindus (81.1 per cent) and the lowest is 0.1 per cent among Christians in Haryana. As far as women's education is concerned, 29.4 per cent of childless women have high school level education and a very low percentage is illiterate.



Similar result is also obtained when considering the husband's education in both India and Haryana state.

Table 3. Distribution of the Childless Women in Haryana by Various Social and Economic Factors

Variables	Number of the Respondents (%)	
	Haryana	India
Age at Marriage (in years)		
Less than 20	86.0	81.8
21-24	11.2	11.2
25-29	2.7	5.2
30 and above	0.1	1.8
Total	100	100
Marital Duration (in years)		
2-5	27.3	19.0
6-9	17.4	17.8
10-13	11.8	16.6
14 and above	43.6	46.6
Total	100	100
Place of Residence		
Rural	64.3	69.9
Urban	35.7	30.1
Total	100	100
Religion of Childless women		
Hindu	81.1	78.0
Muslim	13.4	12.9
Christian	0.1	3.9
Other	5.4	5.2
Total	100	100
Education of the Respondents		
Illiterate	0.3	0.5
Primary	7.3	15.1
Middle	29.4	51.7
High School and above	63.0	32.7
Total	100	100
Husband's Education		
Illiterate	0.1	0.3
Primary	5.2	11.6
Middle	21.9	45.1
High School and above	72.8	43.0
Total	100	100
Working Status of the Childless Women		
Working	11.4	13.5



Non-working	88.6	86.5
Total	100	100
Wealth Index		
Low	9.8	37.7
Medium	19.9	18.6
High	70.3	43.7
Total	100	100

Source: DLHS-III, 2007-08 & Aiswarya and Moli, 2012

Through income plays an important role in the level of happiness in a family but perhaps, it does not have much impact on fertility. The findings of table no.3 indicate that about 88.6 per cent of childless women are non-working in Haryana. The percentage of working women is only 11.4 per cent. In India, above 86 per cent of childless women are non-working. Most of the childless women (70.4 per cent) are found to be in a high level of wealth index in Haryana compared with 43.7 per cent in India. On the other hand, 9.8 per cent childless women are found to be in a low level of wealth index compared with 37.7 per cent in India. About 20 per cent of childless women in Haryana are in a level of medium wealth index

Table 4. Reproductive Morbidity among Childless Women in Haryana

Variables	Haryana	India
Spontaneous Abortion		
Yes	19.1	18.7
No	80.9	81.3
Total	100	100
Menstruation Problems		
Yes	19.6	34.2
No	80.4	65.8
Total	100	100
Vaginal Discharge		
Yes	13.8	15.8
No	86.2	84.2
Total	100	100
Color Discharge		
Yes	94.6	95.2
No	3.6	4.8
Total	100	100

Source: DLHS-III, 2007-08 & Aiswarya and Moli, 2012

Analysis of sample women with respect to reproductive morbidity shows that among the childless women, 19.1 per cent had experienced spontaneous abortion in Haryana. About 19.6 per cent of childless women reported the problem of menstruation also while around



13.8 per cent of childless women stated vaginal discharge problem. In Haryana, about 96.4 per cent of childless women reported that they had color discharge. While in India, 18.7 per cent childless women had experienced spontaneous abortion, 34.2 per cent of childless women reported the menstrual problem, 15 per cent reported vaginal discharge problem and 95 per cent childless women reported the problem of color discharge. While considering the place of residence in Haryana, rural women have higher percentage of childlessness (64.3 per cent) when compared with (35.7 per cent) urban women.

CONCLUSION

Childlessness is perceived as a problem across virtually all cultures and societies and affects an estimated 10-15 per cent of couples of reproductive age. It has been viewed differently in different cultures. In underdeveloped and developing countries, it may be linked to an act of God, punishment for sins of the past, prolonged use of contraceptives, distinct dietary habits and the result of witchcraft whereas people in developed countries view infertility as caused by biological and other related factors. Individuals who are thought to be infertile are generally relegated to an inferior status and stigmatized with many labels. From the findings, it can be seen that the overall level of infertility in India is 8.2 per cent. Haryana has higher level of childlessness (11.1 per cent) than the national average. In Haryana, the highest percentage of childlessness among women 23.0 per cent is found in the age group of 25-29 years while the lowest 2.8 per cent is found in the age-group of 15-19 years. Similarly, a higher percentage of childlessness women are found in the age-group of 25-29 years (21.7 per cent) and the lowest are found 3.6 per cent in the age-group of 15-19 years in India. About 22.7 per cent of childlessness women are in the age-group of 20-24 years and 16.4 per cent of childlessness women are in the age-group of 30-34 years.

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REFERENCES

1. Aiswarya, P. V. and G. K. Moli (2012), *"Childlessness among Women in India"* in 'Health and Population- Perspectives and Issues' Vol. No.- 35(3), pp.- 114-131.
2. Adamson, P. C. et al (2011), *"Prevalence & Correlates of Primary Infertility among Young Women in Mysore, India"* in 'Indian Journal of Medical Research' Vol. No.- 13(4), pp.- 440-46.
3. Joshi, H. L. et al (2009), *"Predictors of Psychological Distress among Women"* in 'Journal of Indian Health Psychology' Vol. No.- 4(1), pp.- 111-120.
4. Mishra, Kirti and Anubhuti Dubey (2014), *"Indian Women's Perspectives on Reproduction and Childlessness: Narrative Analysis"* in 'International Journal of Humanities and social science' Vol. No. - 4, Issue No.- 6 (1), pp.- 157-164.
5. Ministry of Health and Family Welfare (2009), *District Level Household Facility Survey (DLHS)- 3*, Mumbai: Indian Institute for Population Studies.
6. Pachauri, Saroj (1998), *"Defining a Reproductive Health Package for India: A Proposed Framework"* in Maithreeji Krishanaraj et al (ed.) 'Gender, Population and Development' pp. 310-339.
7. Tilson, D. and U. Larsen (2000), *"Divorce in Ethiopia: The Impact of Early Marriage and Childlessness"* in 'Journal of Biosocial Science' Vol. No.- 32 (3), pp.- 355-72.
8. Vemuri, M. and D. Manohar (1986), *"Childlessness in India"* in 'Biology and Society' Vol. - 3, Issue No.- 4, pp.- 163-66.
9. World Health Organization (1991), *"Infertility: A Tabulation of Available Data on Prevalence of Primary and Secondary Infertility"* in Geneva: WHO Programme on Maternal and Child Health and Family Planning.