

Family and society look down upon the women who are not able to bear the children. The reaction of family members, neighbors, relatives, friends, and the community towards infertility is extremely insensitive. Women often remain under constant social pressure. Some of them even talk about social exclusion. The case studies reveal that they have to bear comments, remarks, and unsolicited advices of the people. The interest of such women in parties and social functions, especially events identified with pregnancy, is restricted because they are viewed as ominous or deficient. In many families, traditional superstitious beliefs, norms, and values related to childlessness are still prevailing. In Kashmiri language infertile women are termed as '*haant*' means a non-productive which itself deteriorates her social status. In several cases, infertility is attributed to evil spirits and many self-styled infertility experts (peers) claim to have the ability to know the exact cause of infertility and suggest remedial measures which mostly prove futile as only money and time is wasted in such exploitative practices.

Since 'childlessness' is sometimes regarded as a spiritual trial or a punishment for wrongdoings, religious conduct like praying to God, performing rituals, keeping fast, attending holy discourses, etc., are advised to infertile women. In most cases, couples believe that medical treatment only works if God is pleased and that it is up to God's will to bestow the couple with a child. Along with medical treatment, the couples try non-medical treatments like consulting saints, self styled magico-spiritual healers, visiting various shrines, following religious practices, etc. The social attitude towards infertility and the urge to be a mother has resulted in the development of these practices.

The current trend of delaying marriages due to various reasons like incompatibility, career building, placements, etc., result in increasing infertility among women. Other effects of delayed marriages and conception could be

deterioration of egg quality, dysfunction of sexual organs, and a greater risk of genetic disorders in babies if conceived

Scientific knowledge and innovations are used as the base for making good social and personal decisions about human reproductive practices and women's reproductive behavior.

ART (Assisted Reproductive Technology) is a new technological innovation in Medical science and makes lot of endeavours to beat infertility issues within human society. To overcome the issues it is directly imposed on the female processes like menarche, menstruation, pregnancy, childbearing, lactation and menopause and expose how women become objects of modern medical technology

The experience of infertility is usually marked by anxiety and fear, social pressures to conceive, social stigmatization, and trials of various treatments. Infertility is a significant issue about important domains of public activity like kinship, inheritance, marriage, and divorce patterns. This study has revealed some aspects of fertility-related beliefs and behaviors, ideas about conception and contraception, beliefs about the importance of motherhood, fatherhood, children, and the extent of health risks involved. Infertility is seen as a threat to a woman's personality, status, and financial stability. For men, it becomes intimidation affecting their reproductive capacity, inheritance, family and community image and to their propagative contribution to the society itself. The women go through risky and invasive procedures like IVF repeatedly because of their sense of responsibility for reproductive failure and because of the sentimental "valorization of motherhood" which is seen as a woman's ultimate role. According to feminists who have documented experiences of women who underwent IVF, it is rarely beneficial, invasive, and has risks of physical and psychological damage. Most IVFs do not result in successful pregnancies. Moreover, the technology is not woman-centered in its approach and philosophy.

There is ambiguity towards the experience with IVF cycles that have been revealed by many cases during field study. Technologies like IVF are not value-free but contain values in their design which reflect the social relations at the time of innovation. IVF focuses only on biological reproduction and reduces any potential for the redefinition of parenthood or infertility. In this manner, it strengthens the idea that the 'characteristic' bond between a mother and her biological kids is the only fortifying factor in a family unit that determines the structure of social relations between adults and children. The increasing dominance of innovation over the procedure of assisted reproduction seizes control over the process of reproduction from women and leaves them entirely in the hands of clinical experts. Therefore, it can be said, that women have been exploited as an investigative subjects in medicine. This usually results in the "depersonalization" of women.

Despite the numerous concerning issues regarding ARTs, technologists present an overly positive picture through media and the language they use to define these techniques. In the regions like Kashmir there are no state-financed infertility centers and the hospitals under the state administration do not offer these services because of the excessive workload. As a result, only the upper class and a section of the middle class people can avail the benefits of these techniques. However in Tehran things are comparatively better.

There are several constraining factors linked to women's class, age, and ethnicity which limit their access to these technologies or make them more vulnerable to medical domination. ARTs have different implications for women within countries.¹⁹⁵ The conventional cultural definition of family and procreation consider children as an indispensable for the institution of marriage. There is no space for infertile couples in the traditional understanding of the word family. Birth is not just a biological event, it is a social one.

¹⁹⁵ Vlassoff Carol .2007. Gender Differences In Determinants and Consequences of Health and Illness, *Journal of Health, Population and Nutrition*, vol 25 (1) p 50.

Therefore, if there are any new biological interventions, there would be social and cultural consequences too

The clinical examination and treatment of infertility is a tedious procedure. More consideration is paid to the finding and treatment of infertility than to its mental results. Couples engaged in infertility examinations are mainly focused on pregnancy. The very idea of the process of conception produces an arrangement of expectation, desire, and gloom. The uneasiness related to testing worsens the negative impact. Individuals, particularly women find testing systems meddling and detaching. They feel unrest over the thought of what the tests might disclose

The ability to bear children is related to self-esteem, identity, sexuality, and body image. There is a social, cultural, and domestic pressure that impinges on couples and forces them to consider advanced reproductive technologies. Analysis of the participation in these treatments throws light upon the issue of male domination in reproduction. Women, as a result, cannot truly control their bodies when faced with personal, psychological, familial, and community pressures to produce a biological child. Most women who have gone through multiple unsuccessful IVF cycles relate to various unfortunate experiences due to this technology. Despite of-these unpleasant experiences, some do not give up speaks volumes about the societal pressures in general and familial in particular

Couples seeking infertility treatment go through an extremely discomforting process of investigation and treatment. Moreover, all infertile couples do not have easy access to sufficient information regarding the procedures and usually select consulting doctors through a process of trial and error. Most believe that doctors have a very definite profit-motive and sometimes mislead the patients. It is difficult for most couples to understand the procedures. The explanations given by the doctors are insufficient. Most of them believe that to genuinely understand the complexity of the procedure, it has to be experienced. For most

couples, the physical and psychological effects of the treatment are hard to deal with and these might worsen if complications arise. Some of the women interviewed during the study underwent complications with IVF and at least one of them suffered a major complication.

The Clinics in Kashmir claim a higher level of success rates, but the real statistics seems to be much lower. Moreover, this is the pregnancy rate, not the birth rate. These women felt that their lives were centered on reproduction and IVF cycles. Most couples felt that IVF is a blessing for infertile couples and those who could afford the procedures intended to keep on trying. Some had reservations about using donor sperms or eggs to have a child, but that depended on the clinical details of the cases studied. If there was such a requirement, then donor eggs were preferred from within the family. IVF is a very expensive procedure and can be afforded only by limited people. It is not offered in government hospitals. IVF increases women's financial dependence on their husbands, which already exists in the case of most house-wives. However, most couples felt that these medical advances have expanded options for infertile couples and expressed the intention to try a wide range of accessible treatment before abandoning the hope of having a biological kid. Adoption was considered the last alternative or completely rejected as an alternative by most women/couples

IVF specialists interviewed for this study were very defensive about the technology and presented it as a quite successful and un-problematic. They felt certain that infertility is either on a rise or seems to be so because more people are now coming out to get treated. They believe that social issues need to be addressed as those are the major causes of stress associated with infertility and that, in our society, infertility is a medical, social, as well as a psychological problem. One of the specialists from SKIMs, Srinagar, gynaecological department expressed that the only way to change the social attitudes towards the infertility is through education and counselling. She found high psychiatric

co-morbidity and depression rates among her patients who suffer from infertility; women being more susceptible to depression than men as they have to deal with many other pressures as well. Another specialist from L.D Hospital, Srinagar, felt that the psychological reaction of couples to infertility cannot be generalized. Some have an efficient support system while others feel squeezed however, both felt that the continuation of lineage is a major concern for most couples who seek treatment.

The doctors stated that women, from all strata of the society, feel that to be complete role performers they need to become mothers. The females face immense external pressure and most couples even go out of their way to have a child. They reported having come across cases of divorce and some cases of polygamy owing to the stress associated with infertility. Nevertheless, they added that if there was no societal pressure then few may choose to be childless. Doctors also revealed that even, there is no resistance against using donor eggs because such couple solely focused on having a child. He also believes that there is no problem with using clinical advanced technologies which offer the couple a preferred baby. Most clinics don't have counseling facility for couples neither before nor during IVF procedures. Infertility experts admit that medical and other expenses of IVF are very high. They impress that in Kashmir public and private sector companies should reimburse their costs and there should also be a private insurance cover. Only upper-class couples can afford Two to three IVF cycles as there are no clinics that are subsidized to offer low-cost IVF. Contrary to this Royan Institute has the facilities to combat the issues with state subsidised schemes.

The doctors also admit that some parents are worried about whether IVF babies grow up both physically as well as mentally. However, they claim a success rate of much higher than five to ten percent which is usually the rate reported by clinics in the west. Embryos are implanted at will as there is no regulation

regarding how many embryos can be implanted which is required to avoid multiple pregnancies.

Majority of the doctors were unaware of any ART-related legal complications that any of their patients might have been involved in. There are no laws regarding the (mis)use of ARTs, or the use of donor eggs and sperms in Kashmir. The doctors differ on whether there should be legal regulations on ARTs. Actualizing and following moral code would imply that the specialists would need to take a look at the issues of informed consent, screening of donors, lawful and moral issues, and professionalize their management. The doctors claimed that they suggest adoption as an option to all couples, but it is usually considered only if the IVF cycles are unsuccessful. Adoption is, certainly, not a widely accepted option in Kashmir even in the case of most childless couples. It is unlikely that the IVF specialist will go out of their way to encourage child adoption.

some specialists concurred on the need for the State administration to offer preventive and therapeutic measures to combat infertility and ensure that the technological methods are more promoted. They expressed concern over inadequate research being carried out on infertility in Kashmir. If women have to serve their needs and interests, they must gain greater social power and influence. The struggle to achieve science that meets the real needs of women is linked to a transformation of power relations between the sexes. It is not an issue of innovation being an unnatural intrusion of human life processes, but instead, an issue focused on the political and social condition of women that needs to keep pace with these advancements to be utilized by women to shape the experience of reproduction according to their own will. The health and well-being of women are important as a value.

We have seen that a significant number of respondents (both male and female) have heard/read about infertility but, have poor information about its treatment. Besides, about forty three percent of male respondents and fifty seven percent

of female respondents accept that infertility is the commonest reason for gynecological discussion in the setting of Kashmir. In Kashmir infertility has developed into an extremely troubling concern considering the way it is expanding because of different variables with a significant higher rates in women marrying after thirty years of age. The ideal age interval for conception is observed to be twenty to twenty six years with a perceptible reduction in fecundity seen above the age of thirty years which becomes significantly huge above thirty eight years of age. At the point when respondents were inquired as to whether or not they consider infertility as hundred percent curable; 37.14 percent male and 39.05 percent, female respondents thought that infertility isn't hundred percent curable. Rest of the respondents did not know about the most recent advancements in the medical field. This period has seen mega mechanical progression in assisted reproductive conception, even with that infertility is a long way from being curable in many cases. In our society, the traditional and conventional understanding of infertility lays the blame on women for the inability to bear children, which is a fallacious notion as has been proven scientifically that either one of the two partners could be responsible.

Suggestions

- (a) The state should actively educate the general population about issues of infertility. Media could play a significant role to make the masses more aware about infertility and its consequences.
- (b) Instructive projects ought to be drawn up to expand the degree of information regarding the subject focussed on trying to change the approach towards it among individuals and the community.
- (c) The state should encourage health advancement guide and educational programs about Infertility.
- (d) Counseling and social help significantly impacts the physical and psychological state of infertile women. Taking into consideration the ground reality of the prevalent social/psychological approach towards infertility, there is a universal consensus on the need for Psychological Counselling cells at Infertility Centres to offer counseling sessions to couples inorder to make them aware about the pros and cons of the procedure.
- (e) Gynaecological departments in hospitals and women study centers of universities should take lead in framing data on the subject of infertility so that proper analysis can be made which will help to reach to better conclusions.
- (f) Authentic Infertility Centres should be established in Kashmir with proper guidelines and infrastructures operated under state regulatory mechanisms to save the people from taking strenuous journeys for treatment purposes outside the Union Territory of J&K.
- (g) Subsidized schemes should be introduced to provide financial assistance to couples from poor economic backgrounds who undergo infertility treatment in hospitals.