

**WISH FOR A CHILD AS A PSYCHOLOGICAL CONSTRUCT:
STUDIES ON FIRST PREGNANCY, ADOPTION
AND AWAITING**

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in
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By
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Under the Guidance of
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CERTIFICATE

This is to certify that this thesis entitled **WISH FOR A CHILD AS A PSYCHOLOGICAL CONSTRUCT: STUDIES ON FIRST PREGNANCY, ADOPTION AND AWAITING**, is a bonafide record of research work carried out by **Ms. LIJIYA MANJU K.C.**, under my supervision and guidance, and that no part of this has been presented before for the award of any degree, diploma, associateship or fellowship of other similar title or recognition.

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A handwritten signature in blue ink, appearing to read 'T. Sasidharan', with a horizontal line underneath.

Supervising Teacher
Dr. T. Sasidharan

DECLARATION

I, Lijiya Manju K. C. , do here by declare that this, **WISH FOR A CHILD AS A PSYCHOLOGICAL CONSTRUCT: STUDIES ON FIRST PREGNANCY, ADOPTION AND AWAITING** is a bonafide record of the research work done by me under the guidance of Dr. T. Sasidharan, Associate Professor (Retd.), Department of Psychology, University of Calicut. I further declare that this dissertation has not previously formed the basis for the award of any degree, diploma, associateship, fellowship, or other similar title of recognition.

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GLOSSERY

Term	Definition
Psychoneuroendocrinology	: is the study of hormone fluctuations and their relationship to human behavior.
IUI(Intrauterine insemination)	: is a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilization. This is to increase the number of sperm that reach the fallopian tubes and subsequently increase the chance of fertilization.
IVF (in vitro fertilization)	: is a complex series of procedures used to treat fertility or genetic problems and assist conception. During IVF, mature egg collected from ovaries and fertilized by sperm in a lab.
ICSI (Intracytoplasmic sperm injection)	: is a specialized form of In Vitro Fertilization that is used primarily for the treatment of severe cases of male- factor infertility. ICSI involves the injection of a single sperm directly into a mature egg.
PCOD (polycystic ovarian syndrome)	: is a condition that affects woman's hormonal level. woman with PCOD produce higher- than normal amount of male hormone.
Endometriosis	: is a condition in which the tissue that make up uterine lining (lining of the womb) is present on other pelvic organs (ovaries and fallopian tubes) or other organs inside the body.
Kudumba kshetra	: is a temple maintained by a family.
Putrakameshti yagam	: is a special yajna performed in Hinduism for the sake of having a male child/ son.

Thottilketal vazhipadu	:	a practice existing among Hindus, where in childless couples offer a 'cradle' toward deities to have a child.
Urulikamazhthal vazhipadu	:	is one of the serpent worship practices. A pooja performed by childless couple to remove or suppress curse by serpents.
Dathuputhra yogam	:	presents of a fate to Adopt in horoscope.
Garbharoga vidakthan	:	gynaecologist.
Nattuvydhyan	:	Folk medicine.

ABSTRACT

This study is an attempt to explore the 'wish for a child' and its various expressions. While going through the review of literature investigators got an understanding that the history of psychology viewed 'wish for a child' on the plain of the femininity and motherhood, totally ignoring the male's perspective. This distinguishes the present study as it attempts to explore the 'wish' as a human beings wish without any gender differentiation. Investigators used ex-post facto research design to explore the research objectives. Based on the research design the investigators designed five different studies to answer the research question. They are: Descriptive study, study on couples who undergone treatment for conception, study on adopted couple, study on progeny free couple, and book analysis. Five different samples were used for each one of the studies(normally conceived couples, couples undergone treatments for conception, adopted couples, progeny free couple and a book named 'one part woman'). Interview and observation were selected as a mode of data collection. Once the data were collected five different analysis appropriate to the objectives were used, such as descriptive analysis, interpretive phenomenological analysis, prototype learning method, case study analysis and book analysis respectively. The detailed result and discussions were presented in the thesis.

Keywords: wish for a child, pregnancy, delivery, infertility, adoption, and progeny free.

CHAPTER I

Introduction

"Only living thing can wish and living thing lived by wishing".

Human being is colorful energy system with full of dynamic striving. Like any other energy system, it is continually trying to reach a stable state. In human being, the energy is expressed mentally or physically. It is expressed mentally in the form of feeling of restlessness and anxiety. These feelings arises from an urge to seek something which is able to restore the balance and relieve the tension, called 'wishes'(Berne, 1982). Wish, wishing and wish fulfillment can be understood in a variety of manner. Psychology viewed the wish from a different perspective. Freud is interested in the mental wish fulfillment than the real life events. He considered this mental wish fulfillment as a mental achievement. In psychoanalysis the term 'to wish' is used as 'to want' or 'to intent'. It is a mental activity that produce pleasure, and an anticipation of every day prototype of wish. An anticipation does not serve any goal directed behavior in reality but it does achieve something which regards to the well being of the individual (Boothe, 2002).

"If wishes were horse beggars would ride", no matter how apparently contented we are and how well we are supplied with the good things of the earth, are "baggers" because one time or another and one way or another we are betrayed by unfulfilled wishes. Such kind of wishes cannot be put into words (Watson, 1916). Wish for a child is, one such kind of a wish, because everyone has 'wish for a child' but they are not aware of 'when' and 'how' this wish originate within them. Kant

elucidate the wish as a desire in his work, this wish had not any expenditure of effort in order to imagine the goal objects. In everyday life there is many examples of the objects that takes on an aura (without expenditure of effort). The baby we have is an example of the aura objects because I alone am the one who have bestowed the object with an aura (Boothe, 2002).

In all animals below man, the motivation underlying procreation appear to be innate, determined by impelling forces within the organisms. The case of human is bit different. While looking into the world, the population is largest and highest where the condition for survival are extremely poor. While considering this there might be suspect to the presents of some deep lying and inexorable instigation toward reproduction (Centers & Bleeberg, 1954). Having a child of our own is one of the prime motive and living force of organisms. And this wish has a history of human origin.

Evolutionary perspective:

Charles Darwin (1871) in his book the '*origin of species*' spoke about natural selection theory. It provide explanation of adaptive traits by selection. Natural selection is the process that result in the adaptation of an individual to its environment by means of selectively reproducing changes in its genotype (genetic constitution). These variation in the genotype increases the chance of survival and procreation. And the natural selection may arise from different survival values, in fertility, in rate of development, in mating success and other aspects of life cycle.

Along with the natural selection Darwin proposed sexual selection theory. But this theory is much less known and remained mostly ignored for more than a century. This theory explains that, some times the cost of survival is more than compensated by reproductive success. The evolution of characters that give organisms reproductive advantages, as contrasted with all survival advantages. Survival is important only insofar as it affected reproduction (Buss & Schmitt, 1993). Darwin suggested that the peacock tail as an example, in spite of reduction of male survival they prefer reproductive success. The long ornamental tail is harmful for the male, which expose them to their predators. Even though males prefer long colorful tail because, female preferred long tailed males (Mota, 2010). Here the reproductive success is valued than survival. The species will achieve the equilibrium only when the natural selection just balance the sexual selection, (Fisher, 1915).

Darwin explains evolution in individual or group (selection of species) level, but Dawkins (1976) intended to introduce gene level interpretation of evolutionary process by his 'selfish gene theory'.

“Man are born as selfish and our subconscious is not made you for moral discourse; so we always try to defeat other gene in all possible ways. ”

(Dawkins, 1976)

Here he explained the specie's competitive struggle for survival. The fittest will survive after the struggle and became the evolutionary ancestors. He pointed out two main characteristics that manifested the struggle for survival: selfishness and fake altruism. The ruthless and selfishness of gene make them able to procreate

themselves; this is the basis of evolution, because genes are the real evolutionary unit, potentially immortal by creating copies.

While coming to the behavioral level, the human and nonhuman animals inherit brain and body equipped to behave in a way according with the demands of the environment in which their ancestors evolved. In this study we focused only the evolution of the reproductive behavior of animals. While looking into the details of romantic relationship, many people enter into the romantic relationship because of two reasons they are (1) they provide pleasure (proximate reason) and (2) it enhanced our reproductive fitness in ancestral environment (ultimate reason) (Griskevicius, Haselton, & Ackerman, 2015).

Tinbergen (1963), was the first person who explained about the survival 'value', causation, development and evolutionary history of animals (Koenig & Dickinson, 2017). He said that evolutionary perspective give importance and clear explanation for the proximate and ultimate explanation for behaviors (Phillips, Dickens & West, 2011). Proximate explanation focuses on the immediate trigger (cause) for a particular behavior, which include hereditary, developmental, structural, cognitive, psychological, and physiological reason for a behavior (Koenig & Dickinson, 2017). Which means they are behavior generated and directly underline a behavior. At the mean time the ultimate functions explains why those behaviors are favored. And which include the behaviors that is evolutionary or historically origin or by selective process that have shaped past and present functions. They are more concerned with the fitness consequences of particular behavior, so the individual may not be consciously aware of the ultimate reason for a

behavior (Phillips, Dickens, & West, 2011). While considering reproductive behavior as an example the pleasure is the proximate function at the same time the ultimate explanation for the behavior is to enhance the reproductive fitness on the ancestors environment. Ultimate explanation is an evolutionary species specific behavior so the goal of such behavior is no obvious and indirect. These two explanations are not in competition with each other, they are complimentary. Human behavior is the products of brain activity and the brain is an evolved organ. This brain is designed to solve the adaptive challenges, by the cumulative solutions together to enhance the fitness over evolutionary history (Griskevicius, Haselton, & Ackerman, 2015).

The inclusive fitness theory in evolutionary perspective focuses on reproductive success at the genetic level, not at the level of individual. Which means the aggregate success of the individual are seen in those who share common gene. This theory doesn't predict, people always prefer or help their relatives; rather it predict that the psychological mechanisms that tend to increase the reproductive success of relatives may evolve. Westermarck (1891) is an avid proponent of Darwin, and proposed the incest aversion in his book 'the history of human marriage'. (Shor & Simchai, 2009)

"There is an innate aversion to the sexual intercourse between person living very closely, together from early childhood. " (Westermarck, 1891)

He state that those of our ancestors who avoided in and in breeding would survive, while the other would gradually decay and ultimately perish (Shor & Simchai, 2009). These are all about the ultimate reason for a behavior (reproductive

behavior). The reproductive advantage got through two paths they are 1) intra sexual competition: one male defeat another and the winner get access with the female. 2) inter sexual attraction : male peacock displaying brilliant plumage that is attractive to pea hen (Buss & Schmitt, 1993). Triver, (1972) proposed that the central driving force behind sexual selection is the degree of parental investment each sex devoted to their offspring's.

While coming to the psychology, the psychologist is interested mostly in the proximate explanation of behaviors than the ultimate. Which deals with the relatively immediate cause for a behavior.

Psychological Perspectives

Freud is an important figure who addressed the psychology behind the concept 'wish for a child'.

“The development of the 'libido' in the man the phase of genital primacy must be preceded by a pre- genital organization, in which sadism and anal eroticism play the leading parts. ” (Freud, 1905)

The pre- genital phase is an important period connected to the 'wish for a child' because everyone has a childhood (anal stage) and experiences related to it, which at an unconscious level is gender free. These experiences are used for genital priming later on to other psychosexual stages.

The pre-genital concept of child birth is connected with defaecation. The baby is regarded as a faeces, as something detached from the body by passing through bowel. The bowel can be extended to the birth of a baby through it like

faeces, and the defaecation is the first occasion on which child must decide between narcissistic and object loving attitude.

The unconscious spontaneous ideas, fantasies, and symptoms of the concept of faeces (money, gift), baby, and penis are ill distinguished one another and are easily interchangeable. Unconscious often treated them as equivalent and could be replaced one another freely. This is most easily seen in the relation between baby and penis, as both may be replaced by the same symbols. And these symbolic speech often ignores sex difference, and are universal for mankind. So the male genital organ (penis) had a secondary application to the female genital too. So the 'wish for a penis' and 'wish for a baby' would be fundamentally identical for both sexes (Freud, 1905).

Indian mythology gave an important position to marriage and having a child, to achieve *moksha* (salvation). Death is the ultimate punishment and procreation is the ultimate reward to overcome the punishment, so the expectation of having a child is related with immortality. Everybody desires for a child of their own in order to continue blood line and themselves (their name, family name, skills, dreams) to be represented in the subsequent generation (Sherrod, 1995). In fact, parents love to see a reflection of themselves in their kids. May be that reason why they experience immense pleasure to hear a comment such as 'your child looks exactly like you or he/she behaves like you'. All the mythical stories of childless couple usually ends happily, being blessed with a child. The birth of child is seen as the climax of a happy and fulfilling life (Lavania, 2006). While looking the individual, at gene level

and behavior level it is apparent that, the whole life of a species is an awaiting for a child of their own (our immortality).

While looking into the mating psychology men and women are presumed to be identical in their mating psychology. The desire lay at the foundation of human mating. The fulfillment of desire is the key to success mate attraction and retention. The male and female within a species grow from very similar genes and development mechanisms, most traits are homologous across sexes. And the male traits cannot be initially evolved separately from the female. (for example, if female choice favored large penises over many generations in some species, the clitoris would tend to enlarge along with the penis, assuming no other selection operated on clitoris) Miller, (2011).

The attachment mechanism of the couples are also very important for the human mating. The mutual rapport and protection enhance the survival and reproduction. The basic mating strategies humans adopts consist of secure romantic attachment and relatively long term monogamy. The deviations from the pattern are seen as ultimately maladaptive in posing risk to the children in the evolutionary currencies of survival and reproduction and proximately maladaptive in censing romantic relationship instability and psychological dysfunctions(zeifman & Hazan, as cited in Fraley, Brumbaugh, Mark, 2005).

The speculation of sex difference in reproduction only comes in the fertilization, that occurs internally within woman (Buss, 1993) and men lack main three experiences; pregnancy, delivery and breast feeding. The first pregnancy and delivery is considering a major life event in the life period of a woman. The transition to motherhood is a psychological and social transformation for a woman

to mother (Dravill, 2010). Society have created and evolved continuously to create stereotypical archetype of the mother and motherhood. In each generation the prevailing idealized stereotype become incorporated and influence both the male and female psyche. This stereotype express unconscious childhood wishes, expectancies and hope of what a mother should be like and how she should behave towards a child (Lax, 2006).

Fromm (1962) explained about motherhood in his book 'man is not a thing: on the motherhood' that all the people attached to their mother consciously and unconsciously. Some of them attached to their mothers in an archaic level (people with high death instinct). Such babies are closely attached to the womb and afraid to born. He explains that the idea of mother is a cosmic idea, because it is a heaven like concept, where we have no responsibilities, we all are protected, and we haven't no obligations and risks.

According to psychoanalysis school during pregnancy the women's object-libidinal and narcissic equilibrium occur, and a pregnant woman feel that the growing body within her is an integral part of herself. This cathact the expanding maternal self representation and internal baby (Lax, 2006).

“Her Oedipus complex cumulative in a desire, which is long retained, to receive a baby from her father as a gift. To bear him a child. One has an impression that the Oedipus complex is then gradually give up because this wish is never fulfilled. The two wishes- to possess a penis and a child - remain strongly cathacted in the unconscious and help to prepare the female creature for her later sex role. ”

(Freud, 1924)

Freud theorizes dynamic meaning of pregnancy. Freudian drive theory explains pregnancy period as a recapitulating infantile sexuality. In the first trimester, with the attachment of fetus inside the uterus, orality predominate, coinciding with symptoms of nausea, vomiting, and food craving. In the second trimester the fetus is accorded with greater personhood during quickening as anal trends become predominant, corresponding to the anxiety during toddlerhood of increased separation from parents. Finally, during the last trimester as the mother preparation for the delivery, phallic aggressive wishes associated with urethral issues, linked with heightened fear that she or baby may die along with the dread of losing control (Leon, 2008). Karen Horney state that only woman has the power of motherhood so she has physiological superiority while comparer to man. This is more clearly reflected in the unconscious male psyche and the boy have an instance envy of motherhood. Through reaction formation this envy is transferred in to basic disregards for woman and constant attempt to limit her sexuality by direct it into motherhood. the woman's sexuality remain in the family sphere and assuring procreation (Garrison, 1981) which reason the glorification of motherhood.

Historical Perspective

The book 'Genesis' explains two version of human creation, one is that "god created male and female together in his own image". The second explanation is that "god had taken a rib from man and created female from that". Going deep into the myth there are many contradictions between the sexuality and motherhood. According to Christian tradition, Mary gave birth to 'Jesus' without losing her virginity. Hindu tradition explains the virgin 'Yashoda' gave birth to lord 'Krishna'.

along with these examples there are some ambivalent contradictory perception of woman in myth, 'Yeshoda' and 'Mary' are depicted pure, virgin, and holly at the same time 'Lilith' (in Jewish tradition) conceived by sexual intercourse and she is depicted as sinful, devilish, and lacking any maternal instinct (Friedman, Weinberg, & Pines, 1998). Sexuality was not associated with motherhood, they were thought of as separate entities. This split between motherhood and sexuality not only reflects woman's position in patriarchal society, but reinforce the existing status of woman (Allport, 1958).

Engels (1884) proposed in his book '*the family, the private property and the state*' that female played the central role in social cooperation and social organization, at the same time the equality is dominating vast during the hominid evolution (epoch savagery). But the subordination of women took place recently on the onset of epoch of civilization. Reproduction and mothering are the core of feminist discourse during the first and second waves of feminist movements (Neyer & Bernardi, 2011). Feminist psychologists, Engels and Marxist feminist, Levi-Strauss and feminist anthropologist, and parson and family theorist pointed out that women find their primary social locations within the sphere of maternity. Because in the male dominant society woman as mother get a pivotal role in the sphere of social reproduction and again mothering is central to the sexual division of labor (Chodorow, 1978).

“The problem of maternity cannot be dismissed as a zoological fact. The theory of cultural motherhood should have been made the foundation of general theory of kinship. ”

(Malinowski, 1884)

Maternal instinct is a social construct rather than a biological universe. There is variation in the manifestation of mother love, it cannot be taken for granted (Banister, 1982). In modern society the production and reproduction were organized according to the rules of the kinship. The maternal identity has nothing to do with the biology, marriage especially for women is a synonym for childbearing at the mean time women's mothering is taken for granted. So motherhood is a social structurally induced psychological process (Chodorow, 1978)

Dinnerstein writes;

"When men start participating as deeply as women in the initiation of infants into human estate, when both male and female parents come to carry for all of us the special meaning of early childhood. The trouble we have reconciled these meaning with person-ness will be finally faced, the consequences of course, will be fuller and more realistic, a kinder and at the same time more demanding, definition of person-ness. "

Chodorow and Dinnerstein are different in their view point. Dinnerstein claimed that the maternal monopoly is not only the product of male domination but also political domination but Chodorow argued that mother dominated child care engendered the psychology of male domination (Balbus, 1992).

Simone de Beauvoir (1949) viewed motherhood very critically. In 'second sex' she claimed that *women are the 'slaves' of human species and to be a woman amounts to being a helpless victim of one's physiological capacity to produce babies*. She rejected Freud, Adler, and Engels on the explanation of women's

evasion. And she explained that women should participate in production and free from the reproductive slavery.

"It is through motherhood that women fully achieved her physiological destiny: that is 'natural' vocation, since her whole organism is directed towards perpetuation of the species". (Simone de Beauvoir)

Beauvoir emphasized on the women's autonomy or reproductive freedom. Autonomy can be explained by the 'right to choose to have children or not', and' the right to decide the number of children they want. During her time abortion and contraception were illegal. So she always fought for the reproductive freedom of woman. The condition of women in India is very much similar to the perspectives of Beauvoir. Women in Indian culture do not identify autonomy as a right of their own (Gupta, 2000) as they are not conscious about their autonomy and reproductive freedom. The patriarchal culture in India has succeeded to limit women's sexuality within spheres of motherhood without letting women the right towards reproductive freedom.

Both biology (nature) and culture (nurture) likely contribute to our reproductive behavior. Reproduction doesn't require any inherited preference to have children, natural selection already favor the mechanism of reproduction, significantly through sexual urge. The biological clock trigger awareness of reproduction among childless women in their 30's, may be natural selection gets at work. The reproduction is cared and valued by all the organisms but nurturance of offspring is exclusively left to be undertaken by mother (Elger, 2015).

Infertility

Aforementioned are concepts related to 'wish for a child'. Life of people who did not fulfill their 'wish for a child' is entirely different from those who have. Majority of the people enter into the marriage with an expectation of a baby, many people will unexpectedly experience difficulty for conception and delivery (Peterson, Newton, Rosen & Schulman, 2006). Inability to achieve pregnancy after at least one year of regular sexual relationship with out birth control or inability to carry a pregnancy to live birth are called infertility (Higgins, 1990). Infertility is one of the common health problem in the world. World health organization estimates that 60 to 80 million couple worldwide currently suffered from infertility (Adamson, et. al, 2011). At the mean time its consequences are massive. Couple suffers a lot from personal, interpersonal, social, and religious expectations. In some culture, especially in Indian and African context, traditionally infertility among men are believed to be chastised by god or great grand fathers meanwhile women as sinned as they might have performed against god or ancestors. Infertile couple are not allowed to take lead role in family functions and events (Mogobe, 2005).

Irrespective of era childlessness is problematized and it is evident from the mentioning in the mythology about the childlessness and remedies. Believed as a curse or evil spirit action; therefore, magical rites are often used for treating the curse. For example in Ramayana, king *Dasharatha* is unable to impregnated his three wives. Then he seeks help from a sage, and he give some 'kheer' (rice pudding: probably an euphemism of sperm), and *Dasharatha* give it to one of his wife and told to distribute equally among all three. All three wives got pregnant and he

became father of four sons. This may be considered as an artificial insemination by donor (Gupta, 2000). This is an exemplar of Freudian sexual theory of children which sees conception happens like consumption. In epic Mahabharata the story of *Bhishma* is also an example for the phenomena, where his step mother '*Sathyavathi*'s son (*Vichitraveera*, King of Kuruvamsa) was unable to have a child irrespective of marrying twice. His mother worried a lot about their legacy. So she decided to bring *Vyasa* the great sage (who is also the son of '*Sathyavathi*' in her premarital relation) and the two wives of *Vichitraveera* was impregnant. The *Vyasa* was looking ugly and untidy, so the two wives of *Vichitraveera* were not interested him and they had two sons (Pandu and Dritharastra) with some informalities (Kuttikrishmamanr, 2014). *Fertility back up hypothesis* explains that woman could benefit from an extra mating, if her husband was infertile (Buss, 1993).

The infertility is a matter of concern in biblical time too and had rationale for diagnosis and treatment. *Sara* experienced the agony and desperation of infertility over a long period of time and she persuaded her husband *Abraham* to have a child by her maid *Hager*. In ancient colonial America the barren woman was thought to be cursed by god. In Roman empire, the sterility was considered as offence against the state. In the eighteenth century this sterility was ground for divorce. Later it became a medical condition with large societal implication (Epstein, 2003). Sexual strategic theory Buss and Schmitt, (1993) states that men and women have evolved short term and long term mating strategies. Kenrick and Keefe (1992) state that there may be short term mating strategies for male and females. This may be last for a few month, days, hours and even minutes. There may

be relaxation for male standards in short term mating, but the female's standard remain uniform high for such relationship. The Vyasa story is an example, the two wives of Vichitraveera shows much hesitation toward Vyasana, due to his rude and filthy appearance.

While coming to the cause of infertility it may be due to female factor is 30%, male factor of 30%, a combined factor of 30% and unexplained factor of 10%. The psychological factors, such as personality characters are also important in connection with infertility. Historically some practitioners believed that the infertility is due to some psychogenic problem; one's innate personality problem. Fortunately now practitioners believed that physical and psychological conditions were interrelated for infertility, the area is known as psychoneuroendocrinology (Higgins, 1990). There are many management option for infertility couple based on the aetiology and financial status like intrauterine insemination (IUI), invitro fertilization (IVF), and ICSI excetra; the birth of Louise in 1978 raise the hope of many childless couples all over the world, and many have benefit from it (Oladokun, et al., 2009). Conception by means of donor sperm and egg is not much preferred in Kerala. Undoubtedly as in many other societies, Indian men also shows dislike to conceive by means of donor sperm which indicate the value they attach on 'own' child as a means to have heirs and to prove their masculinity (Sterling, 2013).

Adoption

Adoption is 'that you grew in your mother's heart instead of her tummy'

George Dolan

Adoption is a coping mechanism to childlessness. 'Matching paradigm' linked infertility tightly to adoption, because family made by society should look like family made by bloodline. So the adoption emerged emotionally and legally as a solution for those who could not reproduce themselves (Hutchinson, 1940). Adoption is foremost an effective means for providing a stable family life for the children and to provide a social progeny for an childless couple (Goody, 1969 & Oladokun, et al., 2009). Adoption itself is not a new phenomena, there are references in mythology; *'Lord Krishna', 'Karna', and 'Oedipus'* lived with their adoptive parents. Historically adoption happened within the family. Childless couples reaches at a resolution by adopting children of their siblings or close relatives, when it was impossible they extended towards local premises and in any case there would be a mediator or an influential person who is instrumental in reaching at their decision. Later adoption widen possibilities from within national borders to globally (Carriline & Sawbridge, 1971).

When a woman's longing to be a mother is not gratified by children of their own, she seeks substitute by the most natural method, called adoption' (Deutsch, 1945). While compared to men, as women misses the three important life events: pregnancy, delivery and breast feeding, it is they who shows greater resistance towards adoption in general. Historically conceiving a child out of wed lock is considered unbearable and the child is treated as illegitimate, so the children

available for adoption were suspected of being bad seeds their birth parents were morally flawed which led it to be a confidential process in the early part of 20th century, adoption records were usually sealed by the court. Over the last 25 years changes happened in the process related to adoption and it has become lenient and a common life event (Gibbs, 2000).

Freud's (1909) in '*family romance*' stated that in early childhood every child wants to be like father or mother. As they grow older they start to compare their parents with others and start doubting the unique qualities (ideal figure) they attributed to their parents. As a result of which they wish to replace them with superior others. This doubt attains strength with the arrival of a sibling as they feel they are deprived of their parents love, few even think that their parents does not love them anymore, as it gets shared among siblings. In addition to that some time they may feel that their parent loves sibling more than themselves, which prime towards a sense of step child or adopted (Strachey & Freud, A., 1961).

“The one who assumed virtually all children experienced and occasionally remembered - was an adoption scenario. This scenario was developmentally useful precisely because it remained imaginary. It allow children to safely express ambivalence and anger towards their parents” (Freud, 1909)

This explanation favored adoption and helped to erase the significance of natal kinship. Harry Harlow (1950) is a major contributor towards adoption theory. In '*monkey love experiment*' he separated the infant monkey from its mother monkey for a few hours. Then arranged two machine monkey mothers, one is a bare wire mesh monkey mother and the other wire mesh monkey is covered with a soft terry

cloth. Both were equipped with milk but infant monkey clinged towards terry cloth monkey. This indicate that the infants love is not simply because of satisfying physiological needs. Study reveals that nurturance along with nature determines psychological development. So the separation anxiety of infants of both general childbearing and adoption are similar. The attachment of infants are closely associated with the critical period in the early life. It is good to place an infant with adoptive parents as early as possible, after birth.

Types of Adoption

Closed adoption: Closed adoption is one where no identifying information about the birth family or the adopted family is shared between the two, and there is no contact between the families. After adoption finalized the records were sealed (Patricelli, 2007). In the beginning stage closed adoption are more common than the other types. There was a case filed by an adoptee in Columbia during 1978 about 'do the adopted have the right to know about their adoption'? After all the pro and cones statements, the court passed a bill. It permitted the adoptee to inspect about their birth parents with a consent. In the mean time promoted and protect the psychological welfare of the adoptees (Green, 1979). In India closed type of adoption is practiced more as adoptive parents are unaware about biological parents.

Open adoption: In open adoption there exist some forms of association between the birth parents and adoptive parents. Open contact is possible through pictures, letters, sharing phone contacts (Gibbs, 2000). Earlier adoption of this sort was common in India as childless couple would foster care their own brother's, sister's and immediate family member's child. The psychological impact of such adoption is

very low because the biological parents have too many children. In the same time they could have the opportunity to see the development of their own child in front of their eyes. So they were ready to give their child for adoption, it was more of union within the family itself.

International adoption: International adoption means adopting children from other countries. Through international adoption opportunities had expanded to wide variety of countries.

Transracial adoption: Adopting children of different racial ethnic culture. Here the problem is regarding racial identity and parenting style (Gibbs, 2000).

NEED AND SIGNIFICANCE OF THE STUDY

Parenthood is one of the major transition in the adult life for both men and women . Having a child is too close to the meaning of the existence of a person. The experience of an event make sense at individual level and each individual undergo it differently, rendering meaning to each in different manner (Fransella & Frost, 1977). So the non fulfillment of such desire has been associated with a lot of psychological sequels. Here comes the significance of the study.

- This study is an attempt to provide insight into the area of 'wish for a child', the different expressions it take. Initially researchers went for reviewing in order to gain an understanding on humans 'wish for a child'. It was surprising to see that majority of the studies revolved around motherhood and very few which has addressed 'wish for a child' focused on wishes from the women perspective. These studies identified women as a subject matter, none has

been conducted with an objective to identify the 'wish for a child' from the perspective of a man, nor did studies see 'wish for a child' as a gender-free phenomenon. So, researchers took a stand to study 'wish for a child' among couples and how it develops as a psychological construct.

- Across lifespan 'wish for a child' takes different expressions and these are accompanied by a series of psychological and social events which is even more intense if couples remain childless. While looking deep into the social kinship formation 'the child' is central to the kinship formation. If somebody remain childless they are considered as social deviants and they are claimed to lead a tragic life. Marriage is usually considered as a pre-requisite to reproduce, so to conceive after marriage is seen as part of a norm. Irrespective of the personal achievements at intellectual, social and professional level humans are measured based on reproductive status, as it is unnecessarily attached to masculinity and femininity of individuals. Society treats them insensitively attaching childlessness to curse by God or of ancestral origin. Neither do people have a second thought on reproductive freedom of others nor do they respect the personal space demands of another person. Society triggers infertile couple to think of themselves as incomplete without a child.
- In the current scenario the topic 'wish for a child' is very relevant and important theme to discuss because; looking into the past 25 years of Kerala history the importance attached to conception has undergone a drastic change. Currently pregnancy is considered as a disease than a natural

biological process, which is explicit from the terms such as '*garbha roga vidakthan*'. Each pregnancy has become precious for every family and childlessness has been problematized as never before. Couple becomes conscious about their fertility status regardless of their age and marital longevity. Earlier while they took time to consult in years now the duration between marriage and first consultation has abridged. The number of infertility centers and scarcity of children for adoption is an example for the scenario. Today's consumer society have utilized the market value of the basic 'wish for a child' of an individual, they have succeeded to generate a fear and a possibility of infertility in every couple. Heart has overpowered brain with regard to decisions on dealing with childlessness which is caused by the intolerance created by advertisements and over vigilance of people around regarding delayed pregnancy.

STATEMENT OF THE PROBLEM

The aim of the present study is to explore different expressions of 'wish for a child'. To identify the psychological domains, compare the experiences of expected pregnancies, unexpected pregnancies, eagerly expected pregnancies (conceived with help of assisted reproductive technologies), infertility, adoption, and progeny free couples.

The current study is entitled as "**WISH FOR A CHILD AS A PSYCHOLOGICAL CONSTRUCT: STUDIES ON FIRST PREGNANCY, ADOPTION AND AWAITING**".

OPERATIONAL DEFINITIONS

Wish for a child: According to Kant (1964) cited in Boothe, B. the wish is a desire, which no expenditure of effort in order to imagine the goal objects. Wish for a child is not a wish to have a child instantly, it is a mental image of wanting a child and will produce pleasure.

Procreation is one of the prime motive of all animals for the survival of their own species. While coming to human beings reproduction have some other meanings apart from the survival. A marriage is considered meaningful only after a child enter into the marital dyad. The childless couple believe that they do not have any biological future without child. Apart from biology some social, cultural and psychological factors are linked with the desire to have a child.

First pregnancy: Social and personal meaning of the new status in the life along with the conscious and unconscious aspects associated with birth of the first child is brought under study.

Adoption: adoption defines couple and individuals who typically are unable to have children as a result of infertility or any other reasons adopt infants domestically and internationally to form an expected social family (Gibbs, 2000). The couple who decided to adopt might reach the decision after undergoing very strange social and psychological life events.

Awaiting: the whole period after marriage is an awaiting for the addition of a child into the marital dyad because marriage is considered as a synonym of conception.

RESEARCH OBJECTIVES

1. To conceptualize the underlying psychological phenomena of 'wish for a child'
2. To identify various expression of 'wish for a child' among couples
3. To have a general idea on women's experience related to pregnancy and delivery.
4. To analyze critically 'how' and 'when' childlessness status becomes a problem and the psychological and social sequence of events associated with it.
5. To explore the prevailing practices to resolve and cope with the childlessness among infertile couple.
6. To explore the "psychological sequence of events" associated with adoption.
 - 6a. To compare and contrast the similarities and differences among adoptees.
7. To explore the experience of "childlessness" among progeny free couples.
8. To explore a literary depiction of the experiences of childlessness.

RESEARCH QUESTION

The research question is developed and formulated by deducing the research objectives. And the main and sub questions were addressed in the study process.

Table 1.1: Over view of research aim, research objectives and research questions

Research Aim	Research Objective	Research Questions
To explore 'wish for a child' as a psychological construct	1. To study various expressions of 'wish for a child'	<ol style="list-style-type: none"> 1. To have a general idea on women's experience related to pregnancy and delivery. 2. To analyze critically 'how' and 'when' childlessness status becomes a problem and the psychological and social sequence of events associated with it. 3. To explore the prevailing practices to resolve and cope with the childlessness among infertile couple. 4. To explore the "psychological sequence of events" associated with adoption. <ol style="list-style-type: none"> 4a. To compare and contrast the similarities and differences among adoptees. 5. To explore the experience of "childlessness" among progeny free couples. 6. To explore a literary depiction of the experiences of childlessness.

ORGANIZATION OF THE REPORT

Organization of the report is done into five chapters. The delineation of the chapters are given below.

Chapter1 Introduction: In this chapter the investigator introduced the concept of study by giving broad to specific view. It includes the problem under study, objectives of the study significance of the present study, and definitions of key terms.

Chapter 2 Review of Related Literature: The chapter given the review of related studies, consist of the studies related with the main variables under study. In addition to this review helped the researchers to identify the relevant area of study.

Chapter 3 Methodology: This chapter deals with the process of research in detail. The research design is the blue print of the research, includes all the technical information regarding the research like data collection procedure, the sampling procedure for each study, the analytical process, and ethical consideration for the current study.

Chapter 4 Result and Discussion: This cover the analytical results and discussion of the study. The investigators designed five different studies using different research methodologies. The collection of studies examines different aspects of the problem from its different perspectives. The results and interpretation of the initial study is taken as a standard for designing the objectives of forth coming studies. The chapter covers the results and discussion according with the objectives explained before.

Chapter 5 Summary and Conclusion: This chapter deals with the overview of the important aspects of the research by satisfying the research aim and addressing all the research questions.

RESEARCH PROCESS

The Table 1. 2 shows the overall research process of the current study

Table 1.2 Research Process of the Present Study

Research Aim (Chapter 1)
Research Objectives (Chapter 1)
Working Definitions (Chapter 1)
Review of Related Literature (Chapter 2)
Research Design: Ex-post Facto Research Design (Chapter 3)
Data collection: Structured and Semi Structured Interview, Observation (Chapter 3)
Data Analysis (Chapter 3) Phase 1: Descriptive Analysis Phase 2: Interpretive Phenomenological Analysis Phase 3: Book Analysis Phase 4: Prototype Case Study Analysis Phase 5: Qualitative Case Study Analysis
Results and discussion (chapter 4)
Summary and conclusion (chapter 5)

CHAPTER II

Review of Literature

"the things desired by the mother are often found impressed on part of the child who the mother carried at the time of the desire, so it is concluded that one and same should govern the two bodies, and the same body nourishes both".

Leonardo da Vinci

This chapter is dealing with the review of literature. The review of literature give theoretical as well as empirical evidence, through which one can understand how researchers have conceived the concept and what they could come up with. It helps to avoid duplication of work and investigators to go deep into the problem. It provide ample evidence to substantiate the research questions, and it will be a treasure to bring out the research in a systematic and scientific manner. As far as reviews for the current research is concerned reviews focusing on wish for a child as a phenomenon undergone by females are superfluous, basically skewed towards one direction.

Two most powerful urges of human beings are the creative urge and the destructive urge. In current research we mainly focused on the creative urges. The creative urge give rise to generous love and giving, procreation and joyful building. The urges that driven man towards these constructive goals may called 'libido' (Berne, 1982).

In the beginning of 21st century motherhood was front and central in popular cultures. High profile celebrity pregnancy, fitting fashions, and maternal photography are the examples. Now a days the period of pregnancy becomes a

celebration. In addition to that the high tech fertility treatments, birthing centers and water birth are the interesting topic for bloggers, television talk shows and documentary films (Kawash, 2011) these were given enormous glory for maternity and motherhood. The media representation of celebrity 'yummy mummy' has a strong influence on the woman's body image, the fixation on the body and neoliberalism of fat indicates unhealthy and undisciplined. In the modern society 'body' is the focal aspects of femininity and maternity (Malatzky, 2017). Motherhood, in short became an interested area by many people, but they give least importance to female sexuality and paternity.

While focusing to the history of this phenomenon we could find that the patriarchal society give extreme glorification for motherhood. Consequently, all the studies and researchers were according to it. Oakley (1976) reported that the woman's wish for a child is a cultural product of the patriarchal society and the motherhood experience is attached to the institution of marriage, which aims at ensuring the motherhood shall remain under male control (Linn, 2008). The patriarchal society and motherhood is closely related subject. the study titled "snake as a metaphor: an exploratory study in the Kerala cultural context" by Sasidharan and Rajana (2011) reported that in Kerala socio-cultural context the serpent has a collective representation of femininity and masculinity. Representation of snake is a product of pre- genital anal stage as the unconscious symbolic concept of snake is related with feces. As Kerala was a centre of snakes, the first idol symbol of Keralites were snake. This symbol is the product of tribal culture. Which means in this tribal culture the people had freedom of free sex with any one they want without

much gender difference. In Kerala there is no much clear cut difference between the masculinity and femininity of snake. But most of the traditional society give snake as a symbol of male organ (Phallus) and sexuality. Decades later the phallus significant of the snake dominated and perished the feminine importance in the Kerala culture also. This dominance is the byproduct of patriarchy, the caste system and feudalism in Kerala. Here comes the importance of male snake god (symbol of purity, respect and devotion)that we commonly seen. All the snake god is attributed with masculinity, by suppressing all the femininity. So maternal instinct can be seen as a social construct of the patriarchal society rather than a biological universe because there is variation in the manifestation of mother love, the mother love cannot be taken for granted. In modern society, the production and reproduction were organized according to the rules of the kinship. The maternity identity had nothing do with the biology, marriage especially for women is a synonym for childbearing in the meantime women's mothering is taken for granted. So motherhood is a social structurally induced psychological process (Chodorow, 1978). Along with this the apotheosis of motherhood has got a greater height in India than anywhere else. But it is not reflected in the actuality of woman's status in Indian society (Bhallacharji, 1990).

On Motherhood

An individual's first relationship is with his mother, these relationship profoundly influence both the mother and child. The 'mother's influence to the child is unique, without parallels and she is the first and strongest love object and the prototype of all later love relations'. Freud (1895) explains this relationship as a

'psychological reciprocity'. The reciprocity between the mother and the infant is a circular process means an action-reaction- action process. 'During the early month the infant is lived in a undifferentiated psychological state, there is no clear and absolute distinction between consciousness and unconsciousness, ego and id, psyche and soma, inside and outside, I and what not I, nor even different parts of body. By constant exchange with the mothering person the infant merge all the oppositions and take his first step on the road of selfhood' (Kakar, 1981).

Studies conducted on the experience of becoming a mother by Nicolson, 1996. Healthy development of any woman is considered with the desire to be pregnant, give birth, and raise children. The desire for pregnancy is a biological, psychological, and historical construction. A woman's greatest bodily involvement is in reproduction, through menstruation, pregnancy, and childbirth. Woman create naturally from within her own being and woman's social role forced them to do more in childcare and domestic duties. This indicate that a woman often occupy an intermediate position between culture and nature (Lipset & Stritecky, 1994). Centers and Blumberg (1954) compared the people who had strong desire for having a child with undesired people. They reported that a variety of psychological variables have some significant relation with the desire to have or not have children. During a wanted pregnancy, positive conscious and unconscious fantasies and wishes originating in childhood become activated, and a bond of love and possession will form. The feeling, fueled with narcissistic cathexis, evokes a powerful sense of "its mine, totally so"(Lax, 2006). Some of the woman find enormous satisfaction and

significance in pregnancy and childbirth, even if they never see and rear children (Robertson, 1983).

Laney, Hall, Anderson, and Willingham(2015) studied how the becoming a mother affect's women's identity. The result of this study shows that during the transition to motherhood most of the women experience self-loss, then they redefine themselves in a variety of ways through motherhood. Mercer (2004) has introduced the term 'becoming a mother' and he said that the maternal role attainment encompasses the dynamic transition and the evolution of women's persona. The transition to motherhood needs a lot of adjustment from the women side. Parratt and Faby (2011) criticized the theory of Mercer and Rubin that the theory is mainly based on humanism and logico empiricism and mainly baby centered, lacks a holistic perspective on the transition to motherhood. pregnancy period enhances psychological preparation for mother and give an opportunity to make adjustment with the maternal role (Smith, 1999). Agbo and Raspel(2017) studied on women with HIV positive and their result indicates that 46% of women under study have a strong desire for a biological child.

Gerson, Posner and Morris (2007) compared the wish for a child among three categories of samples: eager to have children, disinterested and conflicted about having child. Montgomery et. al (2010)conducted a qualitative study on to the 'women's desire for pregnancy', find out five themes from the interview with sixteen women those who had the experience of pregnancy. The themes are timing, spacing, meeting personal criteria, desire for experience of pregnancy, birth and parenting and finally the extended family in close relation. The result of the study showcased

that, these five themes are the important factors that influence the timing in planning of pregnancy and most of the women viewed this experience as positive and innate.

Kost and Lindberg (2015) reported that the unintended childbearing has a significant negative effect on the beneficiary behavior of the mother and on the health of the child. In addition to that Dixit, Ram, & Dwivedi (2012) find out that the unintended pregnancies are an important public health issue in the developing country like India because of poor health care like delayed health care, inappropriate health behavior, birth complication and increased fetal morbidity (Jalaly, Ghodsi, & Hojjatoledtami, 2015). Sipsma, Ickovics, Lewis, Ethier & Kershaw (2011) study reported that the older adolescents show desire and ambivalence towards pregnancy than school going younger adolescents. The decision of abortion is also very crucial for the woman. The socio-economic and relational factors had an impact on the decision of abortion. The decision is not the same at different stages of life. The younger woman's decision mainly related to being a student or being single but the care of adult woman may be wanting to stop childbearing (Sihvo, Bajos, Ducot, Kaminski, and Coco group, 2003). The abortion choice is deeply and necessarily tied to the body integrity of women because the decision about abortion severely damage their very sense of self (Robertson, 1983). Some woman shows regret about their pregnancy and transition to motherhood (Donath. 2015).

Transition to Motherhood

Moors (2008) studied the attitude profile of young women on the transition to motherhood. The attitude profile explains distinct attitudes and values that influence their maternal behavior, based on it sample was categorized into three

different groups 1) is 'latent egalitarian', valued personal freedom and being independent, do not give much importance to marriage, child and domestic duties. 2) woman who are ambivalent about maternity. 3) women who come under traditional family oriented, give low preference to autonomy and self-development. Marriage and childbearing valued the most. The highest percentage of women comes under the third category. The women who met all their familial goal are more ready to enter into a motherhood or desire for pregnancy. Staneva and Wittkowski (2013) suggested that there is a discrepancy between the expectation and reality of motherhood, especially for first-time mothers. The unrealistic expectation leads to difficult postnatal adjustment, low self-esteem, and feeling of inadequacy. There is a connection between maternal expectation and successful transition.

Pregnancy Experiences

The decision regarding pregnancy is influenced by the 'inner space' and 'biological clock'. During adolescence, the inner space tends to be dominant by the fantasies about pregnancy, but later the 'biological clock' dominate more. Girls emphasis 'inner space' than boys (Erikson, 1964). Hellerstendt, Fee, McNeely, Sieving, and Resnick (2001) studied about pregnancy wantedness and the stability of wantedness, and the result shows that the individuals social, cultural and environmental factors have a correlation with the feelings and attitude towards pregnancy. Gabriele, (2004) pointed out that the ideas of maternal behavior are, based on the religious, social and political intersection and the glorification of motherhood in the culture.

Leifer (1997) investigated the psychological changes that occur during first pregnancy and early postpartum month. throughout the pregnancy, women develop ideas and expectations about their childbirth, expectations of the women can affect how women respond to their postnatal period. In addition to that after the termination of pregnancy due to some fetal abnormality the women experience a lot of difficulty to cope with the situation as it is emotionally and physically traumatic for a women. Most of the women in this study acknowledge that they feel that their babies are still alive, and they are living with the memory of the child (Jones, Baird & Fenwick. 2017).

The concept of childbirth is explained in Freud's work '*sexual life of man*' that, it is believed that the conception is taking place in the bowel, and the baby is produced like a piece of feces (Weigle, 1987). Freud (1905) reported that the unconscious idea of 'feces, money, gift, baby, and penis' were equivalent and could replace one another freely. Leifer (1980) report substantiated the above-mentioned myth; that nausea, vomiting, and constipation are the main difficulties seen during pregnancy, the root cause of it is psychological. It may be the sign of maladjustment or rejection of pregnancy. While coming to the expression of physical and psychosomatic symptoms during pregnancy, the unwed woman shows lower difficult than married one. The unwed woman may reject pregnancy, leads to rejection of physiological complaints during pregnancy as well. This may reflect a feeling of guilt, and the subsequent punishment (nausea, psychosomatic complaints) rather expressed, is suppressed in order to alleviate guilt feeling (Clifford, 1962). In addition to that many cultural pressure on the woman make the pregnancy a complex

psychological experience thus many gravid (expected mothers) shows a significant increase in the psychosomatic complaints while they were pregnant. The psychological wellness of woman during pregnancy is significantly associated with somatic complaints and fear about herself as well as the baby (Heinstein, 1967).

While coming to the gender differences in the 'wish for a baby' girls and women expected and wished to get married and have children than boys and men. This desire for motherhood started at the younger age of girls between seven to eleven (Fransella & Frost, 1977), because a mother continues to play a major role in defining daughter's sense of self (Chodorow, 1978), the mother is not only an external object for children. The child internalize various aspects of the mother, and this internalized maternal quality resides in their unconscious (Caputi, 1993)

The pregnancy and childbirth are not always as positive and enjoyable for some women because, pregnancy requires physical, psychological, and social adaptation to cope with the situation. Everyday physical changes, tensions, fears, and sense of uncertainty towards motherhood overwhelmed the primigravida (first-time mothers) and leads to negative thoughts and feelings towards pregnancy (Soltani, Meleki, Shobeiri, Ahmadi & Roshaneai, 2017). Some younger woman had the dichotomous feeling before pregnancy, they were ambivalent about their pregnancy (Gabriele, 2004 & Welldon, 2006). They have unresolved and contradictory feeling about whether want a child currently or not (Cutler, McNamara, Qasha, Kennedy, Lundsherg, & Gariepy, 2017). First-time mothers start to undergo the transition to motherhood at early stages of pregnancy. They felt that early period of pregnancy and after birth as a difficult period (Darvill, Skirton, &

Farrand, 2010) because transition to mother pose many challenges, it is the shifting of identity as a 'woman' to a 'mother', so need more support to cope with the situation (Nelson, 2003 & Bellhouse, 2013).

Psychoanalysis on Motherhood

Levi- Strauss explains that the birth process deserves detailed investigation not only by pragmatic and instrumental information but also by symbolic messages regarding the meaning of the event (Weigle, 1987) as pregnancy is a unique health experience, particularly in cultural and social context (Soltani. Meleki, Shobeiri, Ahmadi, & Roshaneai, 2017).

The early classical psychoanalysis defines motherhood as a healthy developmental outcome of woman (Ehrensaft, 2006). Freud (1905) explains that the girls pre oedipal 'wish for a penis' is gradually transferred into the 'wish for a man' because 'wish for a man' is purely a rationalistic way to 'wish for a baby'. The 'wish for a man' arises independently of 'wish for a baby', but the entire underlying motive belongs to the original 'wish for a penis'. When a woman has a baby her 'wish for a penis' is cathect, her narcissistic masculinity thus changes into femininity. Jones (1994) explains that Pregnancy has phallic significance for woman. The development of femininity involve the substitution of the wish for a baby in the place of the wish for a penis. Freud felt that most normal development of the female was the substitution of baby for penis (penis=baby equation). In contrast to this theory, Mayer explained that in the pre-oedipal period a girl's body is revolved around 'what she is' not 'what she lacks' (Bleichmar, 2006). Young women viewed themselves determines how they behave as a mother. The motherliness is not an

automatic product of female biological process. Some women are motherly without ever being pregnant, while others with children are not motherly (Deutches, 1884 as cited in Roazen, P).

In most society, feminine and mother are combined to form a single representation of 'woman' and most woman in the world still is their only self representation. The craving to have a baby is considered as an innate maternal instinct actually stems from an unconscious response to pressure (pressure of religious, societal, and familial origin). Which predominantly define a woman's role in terms of motherhood. The identification with one's own mother during childhood is the basis for this idea (Lax, 2006). The relational model of pregnancy explains pregnancy is less about heterosexuality conflict related to father or bodily deficiency with men, it is more about the identification and relation with mother (Leon, 2008). Carine and Janssens (2000) reported that young woman noticed two aspects of their mothers they are; mother's traditional orientation, relational and self assertive role. While comparing them with their mothers the young modern mothers identified them less traditional and more relational oriented. The result shows that the modern mother's strive to reconcile autonomy with interdependence. Willen and Montgomery (1996) suggested that there might be a psychological readiness for having a child, which to some extent depends on some external situations, like family situation; such as current number of children and duration of marriage. Indian cultural psyche the expression of maternity is a little bit different; in India the primitive idea of being a woman embedded in the material configuration of Indian family and culture. 'Male developed hegemonic narrative of Hindu culture concerns

neither that of Freud's Oedipus complex nor that of Christianity's Adam. The dominant narrative is about 'Devi', the great goddess, especially her diverse expression as the mother, in the inner world of Hindu son. So the maternal feminine is more central in Indian myth and psyche'. So it influences the quality and dynamics of social relations throughout the life (Kakar, 1997), and the aura of motherhood is like the air we breathe. In contrast to this the women do not have a choice on 'whether they want to embrace the motherhood or not?', this is not even a question of fact in India (Philipose, 2017).

Indian myth give enormous importance for motherhood, especially 'motherhood of sons'. There is a lot of reference about the pregnant woman blessed with having the glory of a 'heroic son'. After the marriage of '*Reshyasringan*', his father '*Vibhandaka*' blessed him to have a son. In addition to that he insisted him to return to his native *asrama* after giving a heroic son to his wife (Marar, 2014), this indicate that Indian mythology and Indian psyche had a preference of male child and birth of a girl child is not taken with rejoice (Bhallacharji, 1990& Kakkar, 2004).

According to Erich Fromm (1962), the mother-child relationship is an exchange between mother and her infant. He paid more attention to the tremendous attachment in the side of children to the mother but the mother is also unconsciously attached to the babies. He explained about motherhood in his book 'man is not a thing: on the motherhood' that all the people attached to their mother consciously and unconsciously. Some of them attached to their mothers in an archaic level. Such babies are closely attached to the womb and afraid to be born. Most of the woman

are good mothers it may be because of an instinctual thing or maybe because of the narcissism of self-love, she feels that child is a part of her. The love of the mother to the child is an unconditional one. Whereas Eric Erikson introduced the psychoanalytic concept of inner space by comparing the plays of boys and girls. He observed significant difference in the play of ten year old boys and girls using toys. They constructed very different games. The girls constructed 'inner space' they play house with calm and quiet feelings (Torsti, 2013). "The basic modalities of woman's commitment and involvement naturally reflect the ground plan of her body. We mention in passing woman's capacity on any level of existence to actively include, to accept, "to have and to hold" - but also to hold on and hold in. She may be protective with high selectivity and overprotective without discrimination" (Erikson, 1956).

A sperm penetrates the ovum, a new life is born within the body of a woman. Maternity is the psychological product of women's inner genitality and its animation and this is known as inner space. Inner genitality is a set of mental phenomena, driven by sexual feeling and internally in the early age onwards. The origin of the inner space is related to the earliest love relationship with the mother and father. The interaction between the inner genitality and inner space functioning maintained and neutralize the infantile sexuality and aggression and serve an organizing principle for the woman's feminine mental functioning, which means during the pregnancy time the mother is in touch with the child and satisfy both the physical as well as the psychological needs (Torsti, 2013). Stern, (1998) states in his book ' the birth of a mother' that a mother has to be born psychologically while her baby is born

physically. What women give birth to in her mind is not a new human being, but a new identity.

Ethology on Motherhood

Ethologists explain pregnancy and childbirth by means of maternal imprinting, they states that a newborn identifies mother and the mother identifies young one. Imprinting occur by direct contact, sight, and smell during the critical period. The period following birth is considered as a critical period, during this period there is an exchange of pheromones between the mother and child which help for the imprinting (Hollar, 1996). Nesting is another maternal behavior shown by the nonhuman mammals, which include nest site selection, nest building, and nest defense. By this sort of behaviors, they prepare themselves for parturition. It is a critical period in the life of nonhuman mammals. While coming to human being pregnant women also exhibit the same nesting behavior as space preparation and social selectivity in the third trimester as a protective behavior (Anderson & Rutherford, 2013).

Biology on Motherhood

Apart from all these theories pregnancy is one of the remarkable biological life event. So there will be a lot of challenges to face. One of such challenges is the challenge of immune system. Opposition, adhesion, and implantation of the embryo into the uterine lining are the critical stage of human pregnancy. During pregnancy period a variety of immune cells are recruited to the placental bed to serve and promote pregnancy. By this the maternal immune system develop a tolerance of fetal

antigen and avoid unnecessary complication during pregnancy (Liu, Diao, Huang, Li, Zeng, & Kim, 2017). Changes takes place during pregnancy in the brain structure of the women, mothers' brain cortex decreases in size during pregnancy associated with the mother minute changes takes place in the brain of a pregnant women. There changes is expected to facilitate in child care (Hoekzema, et al., 2016). Glynn and Sandman (2011) explained in their study that, the pregnancy is a critical period for central nervous system development in mothers. Women experience massive hormonal fluctuations during pregnancy, these hormones may prepare a woman's brain for the demands of motherhood. Oxytocin is the 'love hormone' which foster the maternal behavior. Morells (2015) conducted an experiment on mother mice, that the mother mice does not have an instinctual capacity to recognize their younger ones when it cries. But when the hormone oxytocin is injected in the brain mother mouse responded with maternal care and attentiveness to the cry of their offspring's. The estrogen, progesterone mediated by prolactin help in the initial expression of maternal behavior. While coming to the role of hormone testosterone, in males the testosterone plays a key role in modulating mating and paternal investment. The level of testosterone is found to be low in fathers than single men. Looking into women there were a difference in the testosterone level with marital and maternal status. The testosterone concentration is lower among mothers of young children aged ≤ 3 years. Evolutionarily speaking the testosterone facilitate the intrasexual competitions of males and aggression, those behaviors may be unnecessary during parenting time (Gray & Campell, 2009 and Barrett, et. al. 2013).

Ecology on Motherhood

Ecological theorist Bronfenbrenner explained that we should address the developmental shift according to ecological system. He posits that phenomena influences a woman's experience of pregnancy and the pregnancy influence woman's ecological environment, so it should be taken under consideration (Leifer, 1980).

Existentialism on Motherhood

Prinds, Hvidt, Mgensen, and Buus tried to make a thematic overview of the literature on existential meaning among making related to motherhood among mothers. For the same, they collected published studies between 1990 to 2010. The finding suggested that transition to motherhood is considered a pivotal and paradoxical life event. Through the lens of existential psychology, it can be interpreted as an existential changing event, reorganizing value and what makes life worth living and to some women also being interpreted as a spiritual experience. Jesse, Schoneboom, Blanchard (2007) conducted a study on the effect of faith or spirituality in pregnancy. The results showcase that spirituality as a resource in pregnancy for those who valued it and further exploring the meaning of spirituality in pregnancy.

Feminism on Motherhood

Feminist contribution in the area of motherhood is synthesis of Marxist and psychoanalytic perspective in a theoretical way. They tried to explain the influence of gender role and personality in the contemporary capitalist society on motherhood. Mothering is mainly influenced by the dominant economic and cultural institutions

of industrial capitalism (Hatem, 1987 & Balbus, 1992). In addition to that the women are differentiated from men by their sexual reproduction apart from physical, intellectual, spiritual, economic, and social relevance (Hird & Abshoff, 2000). Helena Deutsch describes that motherhood is the passivity, masochism, and narcissism compromise of femininity. While looking deep into the 'wish for a baby' the motherhood is a psychological phenomena rather than a biological one. Sexual energy of woman's developmental history transformed and motivated to lead motherhood and the wish to have a baby arise from the little girls wish for 'penis' (Weisskopf, 1980). In addition to that Cutler (1985) described that the nature of motherhood is a 'tragic paradox' because it is the base of love, dependence, and altruism in human life. and the historical oppression of women have found within the same matrix because motherhood is central to social and legal definition of self (Gullette, 2002) the woman who disappointed, undervalued and insecure in their femininity openly and candidly, express strong need to have a baby, because it is the magical answer for their sexuality and identity (Welldon, 2006). The patriarchy prefer to treat all woman as essentially and forever as volunteer caregiver and care giving nature is taken for granted across culture (Gullette, 2002), Coulter, (1985) pointed out that the love expressed by woman must not be taken as a proof to claim mother love is universal form of behavior, *or as* that is innate and biologically determined.

The pro feminist sympathies are negatively related to 'wish for a child'. Traditionally femininity was positively correlated with motherhood but now

education, career orientation has been influential in bringing about a change in that perspective (Gerson, Alpert & Richardson, 1984).

Pregnancy is a crisis situation for woman because it is period of change of status, which give rise to anxiety (Stein, 1967). Wellbeing and stress experienced during pregnancy is influenced by social and interpersonal support (Leifer, 1980). Wives of those husbands who often disengaged from baby care and mother care went into postpartum depression. In India postpartum is considered as a socio-cultural attitude towards gender than a biomedical psychiatric category (Rodriguez, Patel, Jaswal, & Desouza, (2003). Females loss interest in sexuality during motherhood. During pregnancy, sexuality gets psychically integrated with motherhood so during pregnancy time marital satisfaction is seen to decline (Weisskopf, 1980; Deka, & Sarms, 2010; and Klock, 2011), especially for husbands. The couple's sense of identity, sexual interest, communication pattern and role behavior are the main area under changes during pregnancy (Leifer, 1980).

Child rearing is the only among the main tasks handled by the women (Hatem, 1987). The birth of the first child still create a greatest discontinuity in the work life of woman. Mc Gannon, Curtin, Schinke, & Schweinbenz, (2012) find out two distinct identities in sports elite pregnant women. They are 'athlete and mother as one' and 'primary as mother; athlete as secondary'. Most of the women scarifies their sports career in favor of motherhood without much psychological problems. In India most of the women quit their job after having a child. Even woman who has family support or affords to pay for childcare out of guilt prefer to take care of child, the socio-cultural makeup of Indian woman trains them accordingly. Men is

expected to take up job and responsibility of home and for women it is not a prerequisite in Indian context (Arya, 2015).

The self concept of a woman changes when she becomes a mother. Motherhood play a significant role in the women's personality. If a woman do not have a child because of any reason either by personal choice, not involved in any relation, or by sterility they are considered abnormal and immature (Breen, 1975). Bhaskaranunni (2000) reported twelve type of son in his book '*pathonbadamnoottandindekeralam*'. they are 1) *Aurasan*: son born after a normal traditional marriage; 2) *Kshethrajan*: son born after a short term relationship of a woman in case of her husband is impotent; 3) *Dathan*: son who adopted; 4) *Krithriman*: child is neither own nor adopted, but foster cared; 5) *Gudothpannan*: son born in polyandry; 6) *Apavidan*: child who abundant by birth parents and cared by someone else; 7) *Kaninan*: child born to an unmarried woman; 8) *Kreethan*: be suspicious of the paternity of a child; 9) *Pownerbhavan*: son of a widow or divorcee; 10) *Swayam dathan*; 11) *Sawdhran*: son born for a *Soorda* in a relationship with a *Namboothiriman* and 12) *Sahodan*.

Infertility

The wish for a child is one of the prime motive of human being so being unable to fulfill it becomes stressful and concentrate their thinking on lack of a biological future without a child. Infertility affected 15 to 20 % of married couple in USA (Poter & Christopher, 1984; Higgins, 1990). Fertility affect both men and woman of reproductive age (Peterson, Newton, Rosen, & Schulman, 2006). In developed countries the cause of infertility due to female factor is 30%, due to male

factor is 30%, a combined factor of 30% and unknown factor of 10% (Thomas, 1995).

The philosophical debate regarding infertility is that whether it is a disease or syndrome of multiple origin. The infertility may be a consequence or manifestation of disease rather than a disease entity itself. It is an ambiguous condition, so the etiology and progress still lack definition. Medical literature cogitate occurrence of infertility due to some proximate cause for the failure of reproduction. But it is linked to ultimate causes like defect of desire or failure of will. The failure of will or desire may delay childbearing by creating biological dysfunctions directly responsible for infertility (Sandelowski, 1999).

Initially infertility was considered as a woman's problem, later technologies have shown that both men and women contribute equally to the infertility (Peterson, Newton, Rosen, & Schulman, 2006). Even then we count the number of childless women, not couples to estimate the infertility (Sundbay, 1999). Thus infertility turns out to be an agonizing experience for woman because it is assumed woman is responsible for the failure to produce a baby (Thomas, 1995). The women bears in mind that reproductive experience are partly or wholly the result of 'luck'. How 'unlucky' or 'lucky' one is thought to be determined by whether they conceive or not. Most of the time women contemplate it as a moral luck, so they blame themselves for their infertility (McLeod & Ponnese, 2008). Once identified as infertile they becomes emotionally stressful. The emotional pain includes self-pain and insult from in-laws and fertile population. Sometimes emotional abuse from their partner especially during menstruation period lead them to deny the experience of

pregnancy, childbirth, and parenting (Mogobe, 2005). While comparing the fertile women with infertile women (including voluntary childless women) on the basis of long-term psychological distress, the infertile women show increased stress than the other group (Greil, 1997; Ma Quillan, Greil, White & Jacob, 2003).

There were gender difference in the perception of infertility. Men see infertility as a disconcerting event, but not as a tragedy. Men prioritize economic impact of infertility were as women prioritize psychological impact due to the intense personal and social pressure to become pregnant and lack of support from the extended family (Nieuwenhuis, Odukgbe, Theobald, & 2009). For women it as a dreadful situation that spoil their ability to live normal life in the fertile world (Greil, Leitko & Porter, 1988). Males infertility problem underrepresented. This may be due to their unwillingness to disclose such sensitive issues. They were less likely to seek support and education about the issue, when it affected them or their partner (Sabatelli, Meth, & Gavazzl, 1988).

This is a tragic life event for many of the couples, so the couple will go for whatever measures available to satisfy their 'wish'. So the heterosexual couples turning to fertility clinic for genetic parenthood. Among the couple men give more importance to genetic parenthood than woman (Hendriks, Peeraer, Bos, Repping, and Dancet, 2017).

While looking into the causes for infertility it is considered as a biological problem, age had a significant role in conception. The older the woman is when attempting to conceive, the more chance for childlessness (Potter and Christopher, 1984; and Sandelowski, 1990). Buck, Sever, Batt, and Mendola (1997) reviewed the

papers published in MEDLINE, indices and annual review about the lifestyle factors related to female infertility. The review result shows that extreme body size as a risk factor of primary ovulatory infertility. Cocaine, marijuana and alcohol use, coffee consumption and use of thyroid medication were contributing factors of primary infertility. Pujari and Unisha (2014) studied about the causes of infertility in Indian sample and highest percentage (77%) accounts to physiological and biological problems. Whereas the second highest value (70%) is for religious and superstitious explanation (fat, *karma*, evil spirit and God's will) and the lowest score for extramarital affairs. Matthew and Matthew (1986) suggested that infertility should be considered as a social psychological problem too. Infertility is a medical and social issue (Sundby, 1994) in Nigeria and predominantly hold the traditional understanding of infertility and its treatments, so the biomedicine seems to be lacking its efficiency (Damka, & Dein, 2013). People there believed that some supernatural and behavior problems are responsible for infertility, gradually their focus comes to the contraceptives and frequent abortions, which are the contributing factors of their infertility (Nieuwenhuis, Odukogbe, Theobald, and Liu, 2009; & Mogobe, 2005) and the prevalence of infertility is also known to be very high in Nigeria, it may be due to the lack of information about causes and treatment (Okonofua, Harris, Odebigi, Kane & Snow, 1997).

Male's perception of childlessness is a neglected area. Moyo and Muhwati, (2013) studied about the cause of male infertility. Most of the western society considered male infertility as a biological phenomenon and often neglect socio-cultural dimensions. By the result, they point out that there are certain thought

patterns like witchcraft, punishment from God or angry of ancestors which are avowed to be the reason for male infertility in Zimbabwe. Sherrod (1995) studies about the perception of male about their infertility reveals that 'shock' and denial is the primary reaction towards infertility. Men silently suffer the burden of childlessness (Pujari & Unisha, 2014).

World Health Organization reported that infertility is one of the major gynecological problems worldwide. The percentage of infertility has increased in recent time. Even though in India there is lack of focus on the issue of infertility, it is treated as an ancillary next to the problem of overpopulation and the infertility treatment is not a part of the reproductive health service offered (Joshi, 2008). The infertile couples often undergo a prolonged state of emotional crisis during the investigation and treatment period (Poter and Christopher, 1984). The use of medical service provides important insight into racial or ethnic reproductive stratification in the United States. The result shows that the number of black and Hispanic women are less likely than white and Asian women who seek medical assistance for infertility. There may be over-representation of infertility among blacks and Hispanics or under-representation of them who seeking medical help (Greil, McQuillan, Shreffler, Johnson, & Blevins, 2011)

Along with the medical treatment there is in need of psychological assistance too to cope with the situation as infertility is a biopsychological issue. Daniels (1993) suggested that the infertility counselors should take a holistic approach than not merely considering the psychological and emotional needs of the couple.

Emphasis has to be given to the psychosocial aspects of infertility in order to cope better.

While coming to the sexuality of the infertile couple it is not addressed well in clinical diagnosis and treatments. The childless status itself serve as a stressor and a crisis in the life period, which may cause psychosexual issues for the couple (Tao, Coates, & Maycock, 2011). The psychological symptoms associated with infertility are profound as the other chronic medical conditions such as cancer, and heart disease. Some of the women reported that infertility is more stressful than divorce when they had experienced both (Domar, Zullermeister, and Friedman, 1993). The close relationship model of Higgins (1990) explains that the physical and psychological characters of both partners related to their infertility. The close relationship model includes 1) personal conditions associated with infertility (the biological characters, beliefs, values and norms, personal traits, intelligence, and education), 2) relational conditions (mutual understanding, reciprocal behavior, and other joint characteristics), 3) social environmental conditions (religion, culture, and social values), 4) physical environmental conditions (living arrangements and working conditions) and 5) interaction: comprehensive analysis of the factors. The comprehensive interaction of these five factors is essential to improve the lives and cope with infertility.

Tao, Coates, and Maycock, (2011) reviewed the available literature on infertility and sexuality. Result suggests that the infertility and treatment approaches affects the sexual self- esteem, sexual relations, and sexual functions. Basically the very fact that couples undergo infertility treatment can bring about change in the

dynamics of couple relationship especially in their sexual domain which may affect the overall quality of life and wellbeing of the couple.

Growing ability of scientist to manipulate conception and pregnancy given woman and man a great control over their reproduction (Robertson, 1983). The current discoveries related to reproductive technologies such as artificial insemination, IVF, embryo transfer and surrogacy has shaken traditional thought of women as the one who produces children there by bringing a change to women maternal identity (Stumpf, 1986). Artificial insemination in human was successful from 1870s where a man's sperm is inseminated in a woman without sexual contact (Gupta, 2000). Now a day's reproduction without sex is possible, a sexual union between a man and a woman is no longer a prerequisite for procreation. A third person can donate sperm, egg or womb. This new paradigm is termed as 'baby making process' where a baby is born out of a maternal desire which is divorced from sexual desire (Ehrensaft, 2006). But this process is extremely useful for those who are infertile, single parents, homosexuals and those who are prone to pass genetic disease to fulfill their desire for a baby (Robertson, 1983). In India infertile couple do not prefer donor sperm for artificial insemination as men value virginity in a potential partner more than woman. It acts as the signal of ensuring paternity in a man (Buss, 1993). The decision of a single man to produce by surrogacy and egg donation were influenced by a lot of factors like, career security, financial security, social encouragement, single parent responsibility missing female role model, and engage in female sort activities (Carone, Baiocco, & Lingardi, 2017). For IVF the chance of conception is only 18%, so the IVF is considered the most expensive and

disappointing of all treatments (Winston, Margara, Dalton, Burke, Phillip, and Munday, 1987). The most effective treatment for infertility due to hypothalamic amenorrhea is treatment with gonadotropin or releasing factors (Lilford & Dalton, 1987). Five to ten percentage of the couple remain childless even when new technology are widely available (Lilford & Dalton, 1987).

The invention of reproductive technology helps the couple to facilitate and encourage the unconscious omnipotence and narcissistic fantasies (Welldon, 2006). The reproductive technologies separated genetic, physiological, and social motherhood (Mogobe, 2005). The psychosocial problems associated with infertility treatments overextended to post treatments, if the problem exists that significantly affect marital and sexual satisfaction even after the treatment is terminated (Pepe & Byrne, 1991).

A series of losses are experienced by the couple along the infertile period. The loss of self-esteem due to the frequent failure to achieve the goal. Loss of important relationship like marital, family and friends. Loss of health and wealth because most of the treatments have side effects and are extremely expensive (Klock, 2011). Some perverse mother mind think to produce a baby with the help of reproductive technologies abandoning sexual intercourse because in this condition she is the only one in power (Welldon, 2006).

Assisted reproductive technologies may de-eroticize the experience of conception. This sterilized conception is induced by sexualized procreation only in dreams, fantasies, and anxieties which indicate that the reproduction can be take

place out of sex, but it is very difficult for psychology to take sex out of reproduction (Ehrensaft, 2006).

The couple with infertility took some strategies to cope with the situation. First and for most they looked for some deep meaning by spiritual awakening or god's will. Then they pour out their feeling by crying, which give some sort of relief from the intense sadness, frustration and depression. Next they try working out with the emotions by finding out some solution for their infertility. Then they compromise and accommodate with the situation by accepting and taking care of other children along with getting more involved and active in their works. Finally reach at a decision to adopt (Mogobe, 2005).

Adoption

Childless couple suffered from conflux of personal, interpersonal, social, and religious expectations that bring a sense of failure. Adoption serve as alternative strategy for the affected couple (Oladokum. et al., 2009). Benet, 1976 said that adoption is as old as human society itself. Adoption touches the lives of few people directly, but it has different significance for different life. For a pregnant women, it offer an alternative home for her baby; for a childless couple, it offer an avenue of parenthood; for the adopted child, it offer a family to live and love (Bacharch, 1986). The customs associated with adoption is different in different societies, but the underlying rationale for adoption is cross-culturally rather consistent (Geissinger, 1984). According to Bhaskaranunni (2000) *Kshetrajan, Krithriman, and Swayamdathan* are not considered as own son. So they can't claim any possession on the properties. There are some rules for adoption also, the adoptive parents

should do some rite and rituals after taking a child. Only after all these rituals the baby became their adopted child and the baby had the possession on their properties. Adoption in the United States has been legalized only since 1928. It is arranged chiefly on a private basis or by comparatively small specialist organizations. It is only during the last decade that it has been seen as one of several possible alternatives in planning of child care agencies for children in need of permanent care.

The first work done (parents, children, and adoption) on adoption is by Jane Rowe's in 1966. In the same year, Goodacre's published a research paper on adoption policies and practices. Consecutively a lot of studies has been done on adoption worldwide. A new aspect of study was published by Michael Humphrey in 1969 on infertility and why infertile couple adopt and others do not (Carriline & Sawbridge, 1971).

Central adoption resource Authority (CARA) of India reported that adoption means a legal process that allows someone to become the parent of a child, even though the parent-child is not related with blood. CARA aims to reach every orphans, abandoned or surrendered child in need of care and protection, so they can be made legally free for adoption and be placed in loving and caring atmosphere of a family according with juvenile justice act 2015. The adoption regulation 2017 proposes that every resident Indian prospective adoptive parents, who intent to adopt a child shall register online in child adoption resource information and guidance system based on guidelines.

The psychology and other fields of studies made some attempt to explore adoption. Fisher is one among them, in his study he tried to explore important factors associated with adoption. They are mainly 'who adopt children, and why', and 'who relinquishes children for adoption, and why'. Along with these factors he also tried to explore stigmas associated with adoption. The age of the couples is younger in biological families than adoptive, but the duration of marriage is longer in adoptive parents (Moorman & Hernandez, 1989). Bachrach (1986) explored the main reasons for adoption. The finding revealed that adoption is mainly because of childlessness, sterility, and age. While coming to the decision making of adoption the adoptive parents have high social support for their decision of adoption and reported low emotional stress once they adopted (Bird, Peterson, and Miller, 2002). Sissony, Ralph, and Foster (2017) studied decision making among teenage who faces a situation between choosing to deliver a child and then let the child for adoption or take decision on abortion. Result shows that women preferred giving their babies for adoption instead of abortion. The unmarried adolescents who place their children for adoption are more psychologically adjusted to life than those who raise their children during adolescence (Resnick, 1984).

Kirk (1981) Social role theory address adoption in terms of social role theory. His research indicates that more open style of communication about the adoption helps the adoptee for healthier social adjustment than a style that ignores these differences. Kohler, Grotevant, and Mc Roy (2002) explored the adolescent adoptee's identity formation. The result illustrates that those who preoccupied with their adoption have difficulty with their identity formation in their adoptive family.

While coming to the kinship identity of the adoption, the metaphoric statement 'of my flesh and blood' witnessing a renewed stress on biogenetic connectedness and identity formation (Howell, 2009).

Brinich (1990) psychodynamic theory focused on the dynamic relationship between adoptive families, the experience of loss and the adopted children's fantasies about the birth parents. The result indicates that it is depending on the ability of a child to cope with these events and experiences they show attachment and adjustment. The Winnicott's idea of 'continuity of being' and 'holding' is central for the infant's development of the sense of self. But the adoptive children shows ambivalent feeling towards the two sets of parenting, so they develop an oedipal issue (Powell, 2009).

Bowlby (1969) attachment theory predicts that separation from biological parents will have a negative, long-term effect on a child's socio-emotional developments because they are the primary attachment figures of the baby. Muntean and Ongureanu (2012); Loehlin, Horn, and Ernst (2010) studied emotional closeness and attachment in school children by comparing biological versus adoptive parents and their children. The result shows that the children are more close to their biological parents than adoptive in their school going age. At the same time, the adoptive children show more closeness to their mothers than fathers.

Brodzinsky proposed a cognitive-emotional model. Adoption complicates the task of identity formation adding a cognitive-emotional burden to the child's developments because when the child grows older, they become aware of this status as adopted children. But this is normal in the context of adoptive family experiences.

While coming to the studies on adoptees which showcases the cognitive development the adopted children resemble their adoptive parents in the early childhood but not much at the later age. The genetic influence of their biological parents since infancy to adolescents and the environmental transition from the parents to the offsprings has little effect on later cognitive development. So the children are more likely to be inclined towards their biological parents (Plomin, Fulker, Corley & DeFries, 1997).

Cadoret (1990) biological Model outline the biological model of adoption. In this model he proposes genetic factors as well as prenatal and postnatal experiences result in a range of vulnerability in the child. Adverse parental experiences, such as maternal stress, poor maternal nutrition and inadequate medical care as well as fetal exposure to alcohol and any other drugs increase the risk of childhood developmental problem. The developments of children is associated with the biological and social process of the child. So the experience of stress during the adoption transition have significant impacts on the neuroendocrine system of the individual, and can contribute to the problem with physical, social, emotional and cognitive developments. Along with that contact between adoptive and birth families, co-parenting in lesbian and gay adoptive families, and racial socialization may affect social development of adoptive children (Grotevant & Macdermott, 2014).

Types of Adoption

Nowadays adoption agencies work with a purpose to enable every child a home of his/her own for forever. So they considered varieties of alternatives. They

are 'open adoption, closed adoption, transracial adoption, international adoption, single parent adoption, and lesbian adoption' (Shireman & Johnson, 1976). Since world war II, international adoption has increasingly become a familiar phenomena. Since the early 1940's more and more states allowed foreigner to adopt children. This has happened because state have passed laws and policies that facilitate the international adoption. Since 2010 half of the states in the world coordinate their visa regimes with other states in order to allow foreign adoption. While coming to the international adoptions, Tan, Major, Marn and Jackson (2015) explained in their study, the country origin and parent-child relationship. The study showcase that the quality of parent-child relationship has influenced the country of adoptee or the country of adoptee seemed to matter while adopting. Transracially adoptive mothers took more effort to socialize the babies racially, ethically and culturally. These socialization depend on mother's own psychological connectedness to the child's age and birth country (Johnson, Swim, Saltman, Deckard & Petrill, 2007). Vonk (2001) explains that in trans racial adoption the adoptive parents need to transform a particular set of attitude, knowledge, and skill to meet the children's unique racial and cultural needs.

In open adoption, the adoptee shows more difficulty to adapt to the new environment. They usually have a confusion and it stop them to settling into the new family. The contact with their biological parents is the prime reason for this (Neil, 2009). Open adoption can be a positive experience for the adoptive parents. Initially, the parents show apprehension for the open adoption and relation with the birth family, gradually this feeling disappeared and shows a much easier coping pattern

(Mac Laughtin, Feeham, Coleman, & Roynold, 2013). Post-adoptive support may be required in open adoption due to complex nature of interpersonal relationships and the developmental challenges of adoptive and birth parents (Barth & Miller, 2000).

Voluntary Childlessness

Comparatively high incidence of voluntary childlessness in recent decades are reported. This is undoubtedly an effect of contemporary social, political, and economic factors. In modern society individual has a freedom of choice on their fertility. Increased education and delayed marriage has a positive correlation with the phenomena (Hird & Abshoff, 2000). Control movement of nineteenth century gave the power of reproductive freedom for women. The reproductive freedom mean both the freedom of 'not to conceive' and 'to conceive'. This give women a control over their biological destiny (Robertson, 1983).

Motherhood for women has historically and traditionally seems to be natural and synonyms of feminine identity. In recent decades a new trend emerged is called voluntary childlessness (Gillespie, 1999). Living voluntary childless is also challenging for femininity and female role. In societal point of view those who reject this wish for a child may suspect to be abnormal and deviant (Linn, 2002). The women who remains childless must have necessarily chosen either of the two avenues of development. She has either blanched before the reality of her castrated state and avoid sexuality, or she has clung to her pre oedipal masculinity and refuses mothering as feminine (Hird, 2003). But some women called the voluntary childlessness a "*women's ultimate freedom*" because childfree life offering a women enough time to live a life of her own and a successful career as men have (Peterson,

2015 & Gobbi, 2012). But women who choose not to be mother continue to be viewed through the lens of motherhood and their decision remains to be considered deviant (Hanigsberg, 1995).

Conclusion

This chapter explored about how the psychology studied the topic 'wish for a child'. By this the researcher can understand how previous researchers have conceived the topic and what they would come up with. It gives a strong foundation for the work.

While going through the reviews of related literature, it is seen that most of the psychological researchers measured 'wish for a child' from the women's perspective. They have not addressed it as gender-free and lack of reviews related to the wish for a child among men explicitly communicate the need to explore the same with enthusiasm.

The psychological, psychoanalytic and feminist psychological studies mainly focused on the maternal desire and the psychological change during the transition to motherhood. It considered feminine and mother as a combined entity to form a single representation of woman. This notion put femininity in the sphere of maternity. Freud's penis-baby equation of oedipal resolution was the foundation for the studies emphasizing wish for a child as women's desire, and it came up in surplus. While looking through the history it is evident that all these are the byproduct of patriarchal society. The extreme glorification of motherhood is the

artifact of patriarchy and all the subsequent research on the 'wish for a child' go behind this glorification.

While coming to the studies on infertility which give emphasis to both physiological as well as psychological significance on infertility. The infertility mainly considered as a psychiatric medical condition. The main variables under consideration for research are causes of infertility, physical, psychological and social experiences related with childlessness, treatments (including assisted reproductive technologies), and psychological management to cope with the situation.

Next category of review is about child adoption. While going through the studies it is found out that the main variables under study are the adoption policies, adoptive parenting, emotional and social accommodation of the adoptees and post-adoptive problem, especially in trans racial and international adoptions. From the review it is apparent that sequence of psychological event associated with the adoption is not explored too much by the field of psychology.

CHAPTER III

Method

Aim of this present study is to find out the various expressions of 'wish for a child' among couples. The reading and reviewing clued-up that the 'wish for a child' is something which cannot be approached in direct manner. So that the investigators decided to approach this single phenomena using all the possible way.

Investigators initially wanted to know, what are the common perception of people about marriage, 'wish for a child', conception, pregnancy and delivery. For the same the investigators designed a single study initially, to explore the phenomena as a whole. To conduct the study the investigators selected a panchayath, and samples were recruited from the panchayath. For data collection the investigators selected two wards of the panchayath randomly, because the investigators haven't any preference. The couple's marital longevity up to fifteen years and below are considered as sample of the research. Interview is used as a medium of data collection. After completing the data collection appropriate methods were used for data analysis.

Once this particular study is over, further objectives for the research is designed according with the result got out from the study. Accordingly another three studies were designed based on the initial descriptive study. Three different studies were designed with different samples they are: 1) studies on couple who conceived with the support of assisted reproductive technology; 2) studies on adopted couples; and 3) studies on progeny free couple. Interview was selected as a mode of data

collection. After completing the data collection appropriate methods are used for further analysis.

Apart from the above data the investigators wanted to know about how the literature depicted the 'wish for a child'. For the same investigators selected a single book named 'Ardhanareeswaran' written by Perumal Murugan for the research purpose and was analyzed.

The detailed description of each methodologies are given below

Research is a knowledge increment process. Digging down to the subject into different layers with respect to different dimensions gives birth to new knowledge. The research have various motives like, to gather new information, to study further findings, to add something new, and to improve knowledge. The success of a research is related more about the relationship between the researcher and the data, how it is collected, what the data consist of and how it is analyzed. In order to be methodologically congruent in our research design we need to be conscious of our philosophical position.

This study is an attempt to explore various expression of 'wish for a child' using various studies on various sample of subjects, thereby looking a single phenomena. For the same the investigators drawn various categories of samples associated with the research question, like newly married couples, pregnant women, parents, couple conceived with the assistance of fertility treatment, adopted couple and progeny free couples, in addition to these, a book ('One Part Woman') also selected for analysis. The pre existing experience is collected as the data of analysis.

During the data collection time the investigators comes to know that, some group of samples have undergoing or under gone the trauma of childlessness in their life period. From this knowledge the investigators come up to a decision that, the data for the research should be collected retrospectively from the category those who were resolved their problems of childlessness with any of coping mechanisms. The sample who were undergoing infertility treatments shouldn't be included as a sample of study. The researcher felt that including such sample for study is a violation of the ethics of the research. The assumption regarding those who participated for the study is that, once they have resolved a problem it would be much easier for them to disclose about their life experience and incidences with others while comparing to a situation where they are still struggling within the problem. This is the main reason for selecting ex-post facto research design for this study.

RESEARCH DESIGN

Ex-post Facto Research Design

Research design is the blue print of any research architect. It provides a frame work to obtain answer to the research questions and information about the research protocol used to collect and analyze the data.

In social science research we cannot always control the factors necessary for the research because of its nature. But ex-post facto research design will help us to study how does a phenomena happen in a natural situation may be in a more satisfactory way. So here we selected ex-posed facto research design. Ex-post facto means '*from what is done after ward*' (Simon & Goes, 2013) it will help to study how does a phenomena happen in a natural situation may be in a more satisfactory

way. When the manipulation of the variable/characters of human participants are not possible or unacceptable this research design is most appropriate.

Ex-posed facto research design is defined,

"in which the independent variables or variables have already occurred and in which the researcher starts with the observation of a dependent variable or variables. He then studies the independent variable or variables in retrospect for their possible relation to, and effect on, the dependent variable or variables."

(Kerlinger, 1983)

The basic purpose of ex-post facto research design is to discover or establish a causal or functional relationship among variables and to provide support for number of different and contradictory research questions. While the present research attempts to unravel the phenomenon 'wish for a child' the sample is interviewed to produce a retrospective recollection of their experiences, basically the content of the data for the present study were mostly constructive memories which provide rationale for using ex-post facto research design. Here the investigators seek to establish causal relationship between event (wish for a child) and circumstances (experiences). This is achieved by comparing the circumstances associated with the events.

Specifically this chapter is organized in to the five different phases

Phase 1: Descriptive study

Phase 2: Study on couples who have undergone infertility treatments

Phase 3: Study on adopted couples

Phase 4: Study on progeny free couples

Phase 5: Analysis of a book

PHASES OF RESEARCH

Phase 1

Descriptive Study

The investigators began research with a descriptive study in order to get a notion of the characteristic of a population or phenomena under study. Descriptive study is a comprehensive summarization of specific events experienced by individual or group of individuals. The descriptive studies are often the first step or initial enquiry into a new topic (Cath, 2006). Specifically researchers intended to explore a general impression or idea about wish for a child, conception, delivery and infertility among couples. Based on the result of this study the investigators designed further objectives of the study. So this was considered as the first step of this particular research enquiry.

For the same investigators selected a Panchayath based on the convenience of the researcher. The panchayath contain a population of 31580 people (male: 15158 and female: 16422) and it has 17 wards. Amongst the 17 wards the investigators randomly selected 2 wards, 7 and 12 for the research purpose. Here the investigators used convenient random sampling to select the sample for the study.

Sample

Sample size constitutes a total of 327 couples from two wards of a Panchayat. While coming to the details, a total of 705 houses of two wards represent

the sample. The inclusion criteria for the sample selection includes couples with a marital longevity of 15 years or below (duration 2001-2015). Amongst the 705 houses 327 comes under the distinctive category of the study. Houses which comes under study is divided into four other categories based on the number of marriages consummated during the period 2001-2015.

- Houses at which a single marriage has ensued: 240
- Houses at which two marriages have ensued: 31
- Houses at which three marriages have ensued: 7
- Houses at which four marriage have ensued: 1

Tool

Interview was selected as a mode of data collection. It is one of the most prominent method used for data collection in social sciences. Kvale (2003) says that, 'if you wanted to know how people understand their world and life, why not talk to them?'. The National opinion research centre put forward a procedure for conducting an interview. Here the investigators adopted this method for data collection. The process of interview is given below,

- Initiating the interview: the interviewer should initiate the conversation by giving proper introduction and back ground of study
- Put the respondent at ease: a conversational attitude may help to put the respondent at ease. There by we will get relaxed and natural responses.
- Be business like: if the respondent stays far afield from the point of question, politely pull them back on to the track.

- Keep the interview situation as private as possible.
- Avoid stereotyping: do not try to 'peg' the respondent as our preconceptions, may interfere with our objectivity and may influence the respondent. And also prevent the respondent from stereotyping us.
- Be thoroughly familiar with the interview schedule
- Ask every question in its proper sequence
- Do not assume any answer to any question.
- Speak slowly in a clearly understood and well modulated voice.
- Do not put answer to the respondent's mouth
- Use appropriate natural probes when needed
- Record responses (Singleton & Straits, 2005).

For the same the investigators prepared an interview schedule. While framing the interview schedule, the type of question and scope of questions are very important factors under consideration. The questions should not be too difficult to understand and should have the right kind of focus. The interview schedule contain twenty straight forward descriptive questions regarding age at marriage, first pregnancy, and delivery (Appendix I). The structured interview was selected because the investigator wanted to know a common trend in the data. Time taken for each interview on an average is 20 - 30 minutes, as and when required investigator took initiative to spend more time in order to ensure completion of data collection.

Procedure

To start the data collection the investigator met with the panchayath member and collected information about the panchayath regarding the total population, number of wards, geographical location. The officials of panchayat was informative in directing researcher towards ASHA workers, who was instrumental in providing preliminary data on sample under consideration. ASHA, (Accredited Social Health Activist) acts as a link between community and health care services. Each ward consists of two ASHA workers. They have a comprehensive data on the total number of houses in each wards, pregnant women and under five children which turned out to be of use to researcher. The investigators randomly selected two wards from the panchayath and personally met with four 'ASHA' workers of two wards and they were more than happy to assist researcher to introduce to the house which met the inclusion criteria.

For collecting data investigator personally met each and every participants and verbal consent was taken. Interview began with self introduction and conveying the purpose of study. Almost same questions were asked to all couples, and additional questions were asked in case of remarriages, widow/widower, infantile mortality, health issues. Each and every question in the interview was important, because each question provokes the thinking of the samples and the corresponding answers reflects their individual experiences.

Analysis

The gathered data were transcribed and further divided into eight different categories. After the categorization the frequency and percentage of responses were calculated which gives a descriptive summary of data in an organized manner.

Phase 2:

Study on Couples Who Undergone Treatment for Conception

Aim

Aim of the study is that to explore the experience of couple who had children with the support of assisted reproductive technology. The target population in this present study was the couples who undergone infertility treatments to fulfill their 'wish for a child'.

Sample:

Couples who had undergone infertility treatment for conception were considered as the target population. Here the investigators used purposive sampling technique to choose couple who undergone infertility treatment for conception. In purposive sampling the researcher relies on his/her own judgment when choosing sample for a study (Dudovskiy, 2018). The researchers believed that they could get a representative sample by their judgment and these sample will help the researcher to answer the research question to achieve the research objective. Thirty couples were selected for the study.

While looking into the sample details, eighteen out of the thirty couples were recruited from the initial data (data of descriptive study). The researchers considered

that this eighteen couple were not enough to answer the research objective of the study. So few more (12) samples were added to the former. After collecting twelve more cases the researchers attained a saturation point, because of the replicate nature of data. The final data contained 30 couples who under gone treatment for conception. The age of the couple ranges after a child with the assistances of treatment were presented in table one.

Table 3.1

Distribution of age at the time of having a child after treatment

Age	Male	Percentage	Females	Number	Percentage
20-25 years			20 – 25years	12	27%
26 – 30 years	7	23%	26 – 30years	8	40%
31 – 35 years	15	50%	31 – 35 years	8	27%
35 < years	8	27%	35 <years	2	6%
Total	30			30	

Table 1 depicts that 50% of the male had their last baby between the age of 30 and above, and 40% of the female at the age of 26-30 years and below. From the data, it is evident that the age of both males and females were not too high while they had babies with the assistance of medicine. Because the age at marriage of these couples were too low as 56% of couples started their consultation with 2 years of marital longevity.

TOOL

Interview

For collecting data the investigators used interview method as a tool. Each and every participants were met individually to collect data. Only those gave verbal consent were recruited as sample. Initially the investigator made a good rapport with the participants by briefing about themselves and the purpose of the study. Again the investigator ensured confidentiality of the responses. Only after the rapport building started the data collection.

The investigator started with an unstructured interview method. This is to get some information about the couple under study and to avoid stereotyping about the sample under study. After five interview the investigators prepared a schedule. The remaining interviews were done using the schedule prepared. So the 75 % of the data were collected by using a semi structured interview. When the 75% of the data collection was completed the investigators get a hold on the data. So the rest of the data collection were done using a structured interview model, to identify a common pattern in the experience of the infertility among the sample under study. So three type of interview method is used to collect correct information from the couple under consideration.

Participant Observation

Myers, (1999) explains that the researcher should try to immerse themselves in a setting and become part of the group being investigated in order to understand the meaning that actors put upon events and situations. For this purpose participant

observation is the best method. Because participant observation is the process enabling researcher to learn about the activities of the people under study in the natural setting through observing and participating in those activities (Kawulichou, 2012).

The other relevant data like nonverbal cues and manners for the couples were also jotted down to get much clear information regarding the samples

Data Analysis

Interpretive phenomenological analysis was used to analyze the data collected. This is used when the reality is not access in direct way. Phenomenology is the study of human experience and the way in which things are perceived as they appears to consciousness (Lungdridge, 2007). The central objective of IPA is to understand what personal and social experience means to those people who experience it. IPA recognizes that different people perceive the world differently, dependent on their personality, prior life experience and motivation. So IPA attempted to explore or understand the subjective meaning of events and experiences of individuals (Smith & Osborn, 2004).

IPA is a ideographic approach. For doing IPA the researcher uses double hermeneutics, means apart from the samples experience the researcher attribute the same assumption to the experience. The analysis cannot be done without interpretative work by the researcher who is trying to make sense of what the participants are saying. The aim of IPA is to understand 'what it is like to walk in another shoes' (Forrester, 2010).

Initially the investigator asked the participants to describe about their emotions and feelings that they encounter with. Once the data were collected it is transcript. The transcript data were used for further analysis. Went through the transcript several times to obtain overall feeling. Then identified significant sentences that pertained the infertility experiences. After this, initial themes were found out using open coding. Once the themes were set then made an initial interpretation based on the initial themes. Continued the process with other samples also.

Then cluster of the themes based on the relatedness of themes formulated. Final themes for the study was formulated by the clustering. Once the final themes were formed interpretations would given according with the themes.

Phase 3

Book Analysis

Aim: To study the portrayal of childlessness in literature.

Sample

The book named '*One Part Woman*' (Ardhanareeswaran) is taken as the unit of analysis for the study. Book portrays the personal and social life of a childless couple and the means by which they adapt to their condition. The book 'one part woman' written by Perumal Murugan, a versatile, sensitive and responsible Indian writer, who writes in his local language Tamil. He has been a college professor for the past seventeen years. He was born in a farmer family near to Thiruchengodu at Tamilnadu state, started to pen during his early years, with sonnets. The one part

woman (Ardhanareeswaran) is his fifth novel, this novel is based on an ancient cultural practice among the Thiruchengodu people. Later it became one of the best work of his till date.

By this analysis the investigators attempted to depict the important character, major themes, and relationship plot in the book in accordance with the research question. After selection, the investigators thoroughly read the book thrice completely and even more for better comprehension as and when required. After that investigators, organized the information regarding character note, and other detailed descriptions are prepared and analyzed according with the study.

Data Analysis

Book analysis is selected as a mode of analysis for the selected literature book 'one part woman'. It is a descriptive, critical analysis and evaluation on the significance of a book. The investigators adopted this book analysis as a method of analysis for the present study for identifying the relevance of the content of the selected book, on the area of research and how significant this book is in the area 'wish for a child'. For this the investigators selected a single book which describes the 'wish for a child' very well among several books which deals the same concept because the investigators felt this book describes the phenomena of 'wish for a child' and its related experiences noteworthy than other books.

Phase: 4

Study on adopted couples

Aim

The aim of the present study is to explore the process and sequence of events associated with the adoption decision making. Further investigators compare and contrast the similarities and differences within category.

Sample

The researchers selected 15 couples who have gone for adoption as the unit of analysis. For the selection process the investigators used a combination of three different sampling technique; 'convenient', 'snowball', and 'judgmental' sampling. This methods of sampling was adopted by the investigators to improve the quality and validity of the unit of analysis.

Investigators started with snow ball sampling. Which means "the study units are recruit further subjects from among their acquaintance". This sampling technique is often used in hidden population which are difficult for the researcher to access. Here the cases are affiliated through links that can be exploited to locate other respondent based on exiting one (Katz, 2006).

In this study the investigators selected snowball sampling because the target people was a special population, and it was difficult to locate them. So the investigators asked for the assistance from the subjects who participated in the study and other friends and relatives of the researcher to identify similar potential people

for the study. The researcher continued the process until sufficient number of subjects were obtained for the study.

By snow ball sampling, the researcher managed to locate 45 adoptive parents, out of this 45 couples only 25 was recruited for the study. Out of the 20 who did not participate, 17 showed hesitation for participating in the data collection by not giving consent. Decision not to participate was looked into with utmost respect. The other 3 cases are excluded by the investigators themselves irrespective of telephonic consent because of the inconvenience of the researcher to access them. This is what the researcher denoted by convenient sampling.

Convenient sampling, also known as accidental sampling, "is a non probability sampling which the people or unit of study are sampled simply because of the accessibility of the sample". Here the members of target population should meet some practical criteria's, such as accessibility, geographical proximity, availability of given time, or the willingness to participate in this research (Etikan, Musa, & Alkassim, 2016)

At the end of the sampling process the investigators used judgmental sampling this is otherwise known as purposive sampling. "Judgmental sampling is a non probability sampling technique where the researcher select units to be sampled based on the knowledge and professional judgment". The judgmental sample obtained according to the discretion of someone who is familiar with the relevant characteristic of the population. This method is used when a specialty of authority can select a more representative sample that can bring more accurate result (Maheshwari, 2017).

In the present study, the judgmental sampling was used for avoiding duplication among the cases. From the twenty five cases only fifteen were selected for further analysis. Ten cases were excluded from the analysis according to the discretion of supervisor in order to avoid the repetition of cases.

TOOL

Qualitative Case Study

The case study method is not uncommon for qualitative researchers to call for letting the case tell its own story (Carter, as cited in Stake, 1994). The basic idea of a case study is that one case or a small number of cases will be studied in detail, using whatever method seems appropriate. While there may be a variety of specific purposes and research questions, the general objective is to develop as full an understanding of the cases as possible (Punch, 1998). Case study is an exploratory enquiry, which gives in-depth information of a unit of study. The most important consideration in case study methodology is to ensure that the researchers selected methods correspondent to their particular ontological and epistemological beliefs (Miles & Huberman, as cited in Steward, 2014).

There are different types of case study methods, in this study the investigators selected instrumental case study method. Because in instrumental case study the cases are selected in order to explore 'how a particular phenomenon exists within a particular case'. In this design, individuals who are experiencing the phenomenon are taken as the unit of study (Willig & Carla, 2001). This method is appropriate for the purpose of answering questions about 'how' and 'why' a contemporary

phenomenon occurs, when the researcher has little or no control over the phenomena (Yin, as cited in Stewart, 2014).

Data Collection Technique

Interview

Interview method is adopted for data collection. Interview is one of the most common and most powerful tool to use to understand our fellow beings (Fontana & Fery, as cited in Stake, 1994). Each and every individual have a personal and social life. In this life we interact with others and get knowledge about their life too. These information's are primarily through talking. By talking we express ourselves and know about others. So interview is a common form of systematic enquiry (Holliday, 2002).

Initially investigators began with unstructured interview, as the sample under consideration was totally new to the researcher. Unstructured interviews are more open to the interviewer as there are no predefined framework and questions. It was of importance to the interviewer to get some information about the unit of study, and the best way was to talk to them to get acquainted with them, and for the same unstructured interview was instrumental. After some interview (around 15%) the investigators got some information about the sample. Based on the information gathered the investigators prepared an interview schedule and changed the unstructured interview method to semi structured one.

Semi structured interviews provides more freedom and flexibility. Almost 70% of the cases were interviewed using the semi structured interview. After

completing 70% of data collection investigators reached at a comprehensive knowledge about the specific pattern of data and the unit of analysis. Then the investigator stressed on the general pattern which develops out of the adoption cases rather than focusing on specific one, so the researchers used structured interview for the remaining 15% of interviews.

Participant Observation

Observation is a systematic description of events, behavior and artifacts in the social settings chosen for study (Marshall & Rossman, 1989). Here the investigator observed the behaviors and other relevant information like the nonverbal cues associated with the interview. In the interview sessions the investigators made sure that these observations were jotted down as hints so as to be incorporated in the analysis.

Procedure

Each sample was interviewed by taking prior consent and fixing the date, time and venue according to the convenience of the interviewee. Every time interviewer contacted a sample it was made sure that their free will and time is given priority and their right to participate was considered with diligence along the process of sampling. After taking appointment of the interviewee, investigator personally met the couples who had gone for adoption. Snowballing sampling facilitated data collection as investigator was recommended by an informant known to the couples. While taking telephonic consent and appointment the only demand put by the couples was that they prefer an interview on a working day so as to avoid the

presence of their child. Even though every child is acquainted in advance about their identity, either directly by parents or by some other sources parents preferred interview in their absence, which is the right decision. Only a single interview per day was collected and its duration varied from one to two hours. They were very cooperative and showed genuine interest to give information relevant to adoption process covering areas which interviewer later included in interview schedule while shifting from unstructured to semi-structured interview.

Data Analysis

For analyzing the adoption cases the investigators used prototype learning method. The prototype learning is proposed by Rosch, (1974). It comes under concept learning, which is based on the prototype theory of categorization. Prototype of a predicate is a object held to be very typical of the kind of object which can be referred to by an expression containing the predicate. Simply prototype is the most typical member of a category (Rosch, 1974). Rosch and Mervis (1975) proposed that the prototype appears to be just those member of a category that most reflects the redundancy structure of the category as a whole. While coming to category, the category within a taxonomy of concrete objects are structured such that there is generally one level of abstraction at which the most basic category cut can be made (Rosch, 1976).

Categories are meant by a number of objects that are considered equivalent, categories are generally designed by name, and the taxonomy is a system by which categories are related to one another by means of class inclusion. The greater the

inclusiveness of a category within taxonomy, the higher the level of abstraction (Kay, as cited in Rosch, 1978).

In this particular study the investigators analyzed the 15 adoption cases by categorizing the fifteen cases under four heading. The name of each category based on the reason for adoption are given below:

1. Adopted couple without any identified problem for their infertility
2. Adopted couple with infertility problem
3. Adopted because of frequent abortions
4. Adopted because of frequent infantile death

The categorization of the fifteen cases into four group was one of the crucial task at the time of analysis. The basic level of abstraction of the cases into category formation was decisive to the overall analysis of data. It is expected of investigators to have thorough knowledge about the cases and principles of categorization for categorizing the cases under study. Each category contains some number of cases that are considered equivalent. At the mean time each category is related with one another by means of the research question that is 'adoption'. Once the categorization is completed, next major concern was to find out a prototype case for the four representative categories mentioned above. This prototype case will represent each categories respectively. Prototype case generally means the clearest cases which defined operationally the quality of that category to which it belong among the number of cases present in a category. This single case will cover all the relevant specific nature of the group. Rosch (1974) proposed that the prototypes develop

through the maximization of cue validity and maximization of category resemblance as these principles govern the formation of the categories themselves.

Phase 4

Study on progeny free couples

Aim

Aim of the study is to find out the experience of childlessness and the coping mechanisms adopted by the progeny free couple.

Sample

Purposive sampling method was used for recruiting participants. Purposive sampling is a non probability sampling. In which samples are selected based on the characteristic of the population and the objective of the study (Crossman, 2018).

Here the target population is progeny free couples. The inclusion criteria of the samples was that of the marital longevity is 25 years and above and they haven't children till the date of data collection. The age of females ranges from 40 -60 years and males 45-70 years. They were stopped all the infertility treatment at the time of data collection and took a decision to live a childless life. Such ten couple were selected as the participants

TOOL

Interview

Semi structured interview is adopted as a tool for data collection. The interview is the most common and powerful way in which we try to understand our fellow beings (Fontana, & Frey, 2000).

For the same the investigators approached 10 couple who were not having a child of their own. Before starting the data collection the researcher participated a program conducted by progeny free welfare association (PFCWO). This organization became a platform for couple who have not children, to share their experiences. Participation of this program gave some knowledge about the progeny free people. Based on this knowledge the investigators prepared a schedule for data collection. The schedule contains 20 open ended questions. After schedule finalization the researcher started the data collection.

First and foremost the researcher collected telephonic consent from the couple. Only those given consent were recruited for the study. 10 samples were collect for the present study.

The investigator met these ten couples personally and interviewed. The participants are interested to share the information, based on the nature of cases the investigator took one to two hours for each interview. The interference of the researcher is minimum in each interview by giving complete freedom for the participants. But the investigator probed the interviewee when they caught somewhere or deviating from the subject.

Method

Qualitative Case Study Method

The case study methodology provide tools for researcher to study complex phenomena within their context. This is an intensive analysis of an individual unit. Here the individual unit is a case which helps the researcher to describing, understanding, and explaining the research problem. Miles and Huberman (1994) defines case as "a phenomenon of some sort occurring in a bounded context". The case study help us to experience situations or individuals in their own surroundings, thereby it help us to know something familiar in a new and interesting way.

So inductive case study approach was selected because this approach focus on gaining understanding about the human experience and events, qualitative data are collected and it makes a closer understanding of research (Saunders, Lewis & Thornhill, 2009).

Once the data were collected the researchers compare and contrast the cases by cross case analysis to produce accumulated knowledge about the data collected. Cross case analysis is an inductive multi case abstraction across the cases (Marriam, 1998). For this the collected data were transcribed and analyzed to build a general explanation that fit for each cases.

Data Analysis

The investigators used cross case analysis. This is done to organize the entire case study by developing a story line according with the research objectives (Baskarada, 2013). For the same the investigators thoroughly went through the cases

collected. Through this the investigators got a thorough hold on the data. Based on the knowledge the investigators divided the collected 10 cases in to two categories. In addition to that the investigators recognizes some general pattern and differenced among the data. These general patterns and differences were discussed to give an explanations for the propositions made.

RESEARCH ETHICS

The ethical codes for professional and academic associations are the conventional format for the moral principles of any research so in all research process there might arise an ethical concern on the topic, design, sample, data collection, analysis and its interpretation etc. , this study tried to the best to stick on the ethical value in all part of the research.

Informed consent is one of the necessary condition for a research. Each and every subject must be agree voluntarily to participate in the research process. At the same time the agreement must be based on the open information about the nature and intention of the research (Christian, 2005). The investigators recruited all the unit of analysis of the research, only after taking the verbal consent through met them personally or through telephones.

Privacy and confidentiality is another important code of ethics. By the privacy concern the researcher gave freedom to the sample to suggest time and collection of data collection and the data collection was mostly done at their own home in the absence of others. The adopted couple were not interested to give an

interview with in the presents of their children. So they suggested a convenient time for the interview.

Complete confidentiality is maintained after the data collection. The identity of the couples were not revealed any were in the thesis. The names used in the thesis are not the real ones. Accuracy is ensured by the researchers by avoiding fabrication, fraudulent, and controversies.

In addition to this, the researchers excluded the couple who undergoing infertility treatments from this study, because the couples were undergoing a set of emotional turmoil in their life. So recruiting them as a sample might be a violation of the ethics of the research.

CHAPTER IV

Results and Discussion

This study is an attempt to explore the different expressions of 'wish for a child'. Apart from the information gathered from review of literature on 'wish for a child', investigators made an inquiry on the reason stated by the public about why they need a child. This is done by asking a single question; 'why do we wish for a child in our life?' The question was asked to around 75 people of different age group, status, sex, and education. This particular question evoked a wide-range of responses which was instructive for pursuing the present research. Answers provided by these samples are presented comprehensively underneath.

Among the responses provided by the sample, the reasons which attained greatest strength in terms of frequency was related to concern over their immortality and descend. The overall impressions which investigators got after reading statements is that child is considered as a prime motive to live as child acts as the ultimate accomplishment. So they perceive a life without a child as impossible as they view their relation with child as the only relation that is natural and true considering child as a possession, as someone who would never abandon them and as the only thing that is completely owned by selves. This is even strongly mentioned in statements by unmarried girls who have shown a strong desire for becoming a single parenthood, they have even disowned the requirement of a husband.

Statements such as; the only means to outdo death is to have a child, it is our natural instinct to have our copy, Our child is our eternity, Child is a means by which humans leave a mark of their own in this world, When we keep aside the concept of 'god', a mother is 'the creator', directly indicates the relevance we as humans attach to “own” child in order to surpass death anxiety. Some women who have endured complicated pregnancies stated that they were not ready to terminate their pregnancy and took a decision to risk their life for a child, as they felt that their child is more important than themselves. This statement explains the eternal nature of a child, a 'child' is nothing but ourselves.

While looking at relationship level people stated that child is the ultimate creation of the romance both partners experience and is an extension of both husband and wife. The child is considered as a future investment because child is the one to love and to be loved, one who will look after at their old age, financial security and carry over their culture, properties, and dynasty. They are even thought out to do our obsequies. A statement given by few of our sample implicates how far childhood experiences gets linked to wish for a child; “to make our child do all those that we never got to do and to correct all those mistakes that our parents did while bringing us up”. In short, they ought to achieve those that they failed to acquire and would love to be a parent by fostering unconditionally.

Conception is popularly considered as a synonym to marriage, which is evident from the queries from anyone and everyone who meets after wedding. A delay in this usual process is considered as a deviation from the benchmark set by society, so having a child is considered as a social responsibility. Disturbances

caused if there is a delay, is accelerated if acquaintance preferably of similar age or marital longevity conceive or fail to conceive. Family without a child is not considered as a family at all. Even though unmarried sample has given strong reasons for their wish for a child the responses from married people attains a different orientation as it turns out to be social demand after marriage. In order to sustain society an invisible natural cycle is continuously in process. After marriage willingly or unwillingly due to social pressure they gets accommodated to that process, which succeeds in inculcating a sense of guilt if they failed to achieve their goal.

To quote a statement “having a child gives a sense of social identity. It is as if I have achieved a certificate”, this particular statement as far as a man is considered has greater significance in terms proving their masculinity, potency and is thought off as a status symbol. In case of women, it gives a sense of accomplishment (*child is the only thing that is completely owned by myself and none can claim right over him/her*) and power over their husband, child is a means to strengthen their marital dyad thus relieving from the boredom between the couple which develops with passing years and offers a space as a daughter-in-law during virilocal residence.

Certain statements have attained genetic as well as cultural significance. “Relationship between me and my mother is true, so it is the only true relation which I attain by having a child”

While looking into the psychological history of this wish humans undergo a varied experience related to 'wish for a child' across life span. Whether in case of

first, second or subsequent pregnancies, awaiting or adoption, couples pass through eventful stages accompanied by emotional episodes which varies in intensity depending on the meaning they attached to the wish for a child. Every individual can attribute a personal touch to the relevance they impart to a child of their own. It has a root to the individual's development right from his childhood; a history within the self.

'Wish for a child' is a construct as its origin can be traced to the anal stage of psychosexual development (18 months to three years) during which irrespective of gender the wish for a child generates. It is during this period that adults in the name of disciplining interfere into a child's life for the first time and as a repercussion child is subject to emotions such as fear and anxiety. Initial years of a child is autoerotic and it is during the anal stage that a child makes an identification apart from own body to an external object; faeces. Sexual theory of children regarding childbirth is that, a woman conceives by swallowing and a baby comes out through anus like feces does. Even though this theory of childbirth is gender free in the long run it is girls who can understand this notion better. Freud (1977) reported that the unconscious idea of 'feces, money, gift, baby, and penis' were equivalent and could be replaced by one another freely. While looking through the phenomenon of 'wish for a child' it is boys who symbolize feces more strongly to power and money. The information attained by children during this stage is used for genital priming during phallic stage.

A significant development of phallic stage lies in the identification of gender difference; boys and girls get to know that they are different to each other in terms

of bodily aspects. The dynamics change between a parent-child relationship as a result of which complexes (Oedipus and Electra) develops. Girls in the process of identifying a discrete psychosexual identity develop penis envy towards all males. Penis envy can be resolved by the birth of a child preferably a boy as child is thought of as equivalent to penis. This is the reason why 'wish for a child' is stronger in women while compared to men. Males lack experiences related to major life events such as pregnancy, delivery and breastfeeding. Phallic stage marks the development of emotions as a result of the complexes and conflicts a child undergoes during this stage. Emotions such as love and hatred develop during this stage which later attains the form of sexuality and aggression, and gets sublimated through creativity (Freud, 1905).

While inquiring into the reasons disclosed by those who stated that they do not have a wish for a child there were few who did not have a wish yet. Majority did not want to compromise their time and profession by investing on a child rather they preferred to utilize their time productively. They stressed on their reproductive freedom and autonomy thereby questioning societal benchmark. They have even shown concern over the right of a child to receive the care, so if not ready for the same why succumb to the societal pressures. Few did not want to bring their child to a world with adverse social condition so thought of adoption as a better option. In case of interreligious marriage, the religious position of the child is problematized. Even while they reason their position in the absence of wish for a child, they have clearly mentioned that in case they conceive they would not deny the right of the child to live. They have shown ambiguity in their response as they doubted that their

decision would end up in guilty in future and few have resolved from this confusion by stating that if they feel like having a child they would go for adoption.

From the statements of those who do not have 'wish for a child' it is evident that wish does not dissipate from a couple rather it takes other forms and shows its presence in their life. An in vivo statement "*the production of a creative work is equal to a child of one's own*" shows that creativity is a sublimated form of wish for a child as well. Wish for child has not got much to do with biology rather it is a byproduct of civilization (Freud, 1905). Lengthy childhood of humans accompany a long period of psychosexual developments, during which information gained from each stage acts cumulatively for the development of later stages. This reasons why 'wish for a child' originates, attains strength and keeps strengthening and sublimating across a human life span in any other form and so can be called a "psychological construct" with an innate nature.

The main aim of the present study is to find out different expressions of 'wish for a child'. While going through the literature the investigators recognized that 'the wishes' are mostly unconscious and is not an accessible phenomenon at an ease. Straightforward queries regarding the phenomenon would not give any answer to the research questions. So the investigators designed different methods to explore this single phenomenon. The methods are designed as, approaching the single phenomena from different perspectives. The detailed description of the methods of studies was given in chapter III and the results and discussion after data analysis are arranged under five phases, they are given below.

Phase I

DESCRIPTIVE STUDY

The investigators tried to explore the common notions and practices existing in the society regarding the variables such as age at marriage, conception, delivery, infertility, and children. For this, the investigators selected a nearby locality (panchayath), based on the convenience of the researcher. The total population of the panchayath is 31, 580 (male: 15, 158 and female: 16, 422). Panchayath contains 17 wards, among the 17 wards the investigators randomly selected 2 wards. The inclusion criteria for sample selection was that, those who got married within the duration of 2001 – 2015 (last 15 years) and are recruited as the sample for this study. The sample size was 327 married couples, the 327 couple could be divided into two category that was; those who had children 267 and those haven't children at the time of data collection was 60.

For collecting data investigator personally met each and every selected person, and verbal consent was taken. Structured Interview was selected as a mode of data collection to get a rich description regarding the 327 married couples under study. This method ensures that answer gathered could be reliably aggregate and comparison could be made between samples and subgroups. So the data would provide a general pattern about the variable under consideration. After the data collection, a descriptive analysis is used as a mode of analysis. Descriptive analysis means describe the characteristics or phenomena under study. This was used as a first step or initial inquiry into a new research. In any investigation, analysis and interpretation are the key aspects and it is the way to test the objectives formulated

by the investigators. The data gathered are stratified into several heading for detailed analysis, and results are presented in tables.

Table 4.1

Age at Marriage

Age	Males	Percentage	Female	Percentage
18 – 20 years			231	71%
21 – 25 years	126	39%	88	27%
26 – 30 years	160	49%	7	2%
31 – 35 years	37	11%	1	0.31%
< 35 years	4	1%		
Total	327		327	

Here the investigator considered the age at marriage of males and females under study. This query intended to find out the standard age at marriage in the sample.

Majority of marriages in the case of the males comes under the age group of 26 – 30years and of the female under 18 – 20year. From this data, it is evident that the age at marriage of females were neither too early nor too late while compared to the legal age in Indian context. On the other hand males marry at later age while compare to legal age. The universal minimum age for marriage is recognized for all citizen is eighteen. In India the difference of eighteen for women and twenty-one for men is simply contribute to the stereotype that 'wives must be younger than their husband' (NDTV report, 2018).

The investigator considered the age at marriage as an essential variable because conception and age at marriage are viewed with utmost correlation by

scientific society, with increasing age as a causal factor of infertility. The age and fertility are inversely proportional (Agarwala, 1957). There exist an important relationship between age at marriage and fertility rate. The age at marriage and fertility are influenced by socio-economic factors as well as costumes, values, and norms related to the particular locations we belong (Manju, L, & Sasidharan, T, 2019). For example, In the case of late marriage both the husband and wife were above 35 years of age during the time of marriage. They were childless for long six years, consulted few doctors and has undergone treatment for years. Doctors constantly pointed out their increased age as responsible for their infertility and above all the semen count of her husband was too low to conceive.

The scenario in early marriage is entirely different while compared to late marriages. Conception at a young age without preparation for motherhood, both physically and socially paved way for uneasiness in their life. It requires an immense amount of responsibility from the part of both male and female in order to perform their parenthood. The consequences of child marriage were lifelong. The child bride typically drops out of school, losing their chance to acquire the skill and knowledge needed to lift themselves and their family as well as society (Mahcel, 2015).

Table 4.2

Timing of Parenthood

	Number	Percentage
Within 1. 5 Yrs	158	59%
1. 5 – 3 yrs	87	33%
4-6 yrs	16	6%
7-10 yrs<	6	2%
Total	267	

The main aim of this query was to find out a standard time duration taken by the couples to have their first baby. From the table, it is evident that 59% of couples had their first baby within 1.5 years after marriage. Most majority of the couples under study, became parent within first three years (92%). The remaining 60 couple had no children during the data collection period, though they were excluded in the table presented.

In Kerala, according to their culture there exist an implicit connection between marriage and having a baby as soon as the marriage take place. Most of the couples have reported themselves, that soon after marriage they got pregnant as they consider conception as a natural phenomenon followed by marriage. The Women who lived in a traditional family and met all their familial goal are more ready to enter into a motherhood or desire for pregnancy (Moors, 2008). This showcase that the transition to motherhood is not a big issue for this population.

Table 4.3**Age at Parenthood**

Age	Males	Percentage	Female	Percentage
18-20 years			140	52%
21-25 years	73	27%	105	39%
26-30 years	139	52%	15	6%
31-35 years	47	18%	7	3%
< 35 years	8	3%		
Total	267		267	

The investigator had a quest to know the range of age among couples while they entered parenthood. From the above tables it is evident that majority of the male samples have their first baby between the age range 26-30 years and females 18-21 years. Ninety one percentage of the female entered motherhood before the age of 25.

Table 4.4**Sample Distribution Based on the Mode of Conception**

	Number	Percentage
Normally conceived	249	76%
Conceived after treatment	18	6%
Haven't children	60	18%
Total	327	

The purpose of this interrogation is to find out mode in which conception occurred among the samples, whether they have conceived without difficulty/prior treatment, have conceived after undergoing treatment and those who did not

conceive. The third category consists of those who are newly married, pregnant women, and those undergoing treatment during the study.

In the total sample, those who had conceived normally is 249. This revealed that 76% of the sample has conceived without any medical assistance. From this data, the investigator recognized that most of the women are entering their motherhood in their young ages. They did not experience any kind of confusion in their transition from wifehood to motherhood, as they have identified motherhood as a natural phenomenon which accompany wifehood. Exception is a minority who had expressed an ambivalence about their pregnancy because of its unexpected nature. Even though they took a very small period of time to accept these condition. The woman from traditional families are easily copped with the transition to motherhood (Moors, 2008) which is evident from the present study.

One case among the lot requires special attention because of its nature. This particular couple had a baby after 7 years without any medical assistance. After 5 years they consulted a doctor to take an opinion. Apart from this consultation, they have not undergone any further medical treatment. They haven't faced any kind of physical or psychological stress or stain from their own and from the part of family. During their sixth year of marital life, she conceived and gave birth to a baby boy. Psychogenic hypothesis explains that infertility may have a psychological cause, the psychological factors play an etiological role in infertility (Greil, 1997; Mai, Munday, & Rump, 1972). This case reveals the importance of the psychological well-being of the couple for normal healthy conception.

Couples who have undergone any type of medical assistance constitute 6%. The data showcase that the rate of infertility is very low in the selected population. Majority of the couple had their babies without any medical assistance. A very few people (6%) who go for medical assistance of any form with regard to conception, which contradicts the common stigma among the society, that the rate of infertility is very high. This hype regarding increased infertility among the public is brought out by the overexposure created by media as well as medical science reports.

And the remaining 60 couples do not have children during data collection. These 60 couples come under three different categories they are:

1. Recently married: 11
2. Pregnant during data collection: 10
3. Undergoing medical treatments: 39

Table 4.5

Details of Abortions

Number of abortions	Total	Percentage
1	10	62%
2	4	25%
3	1	6%
4	1	6%
Total	16	

This is an enquiry to get information regarding the number and causes for abortion.

While considering the 267 couples who had babies, 16 of them had a history of abortion. Among these sixteen cases, ten of them had only one abortion and

remaining 6 had more than one abortion. None was intentional, each had history of clinical conditions.

Table 4.6

Number of Children Possessed

Number of children	Number	Percentage
1 child	106	40%
2 children	113	42%
3 children	38	14%
4 children	10	4%
Total	267	

By deducting 60 couples who have not been blessed with children, 267 couples have in total 486 children. Among these 486 children, the proportion of boys is a little bit higher than girls. The number of boys is 246 and the number of girls 240. In this particular data, there are three male identical twins. From the data, it is evident that the majority of the couples had one or two children after marriage. This point out that from the 267 couples most of them have a short duration of (5years) marital life. Accordingly, they have one or two children. The samples stated regarding contraception that 12% of the couple used permanent contraception, thus we cannot ignore the chance of having more children in the future.

Table 4.7

Details of Delivery

Type of delivery	Total	Percentage
Normal	381	78%
Cesarean	105	22%
Total	486	

This questioning intended to find out the nature of delivery.

From the above data, it is obvious that 78% of the samples delivered normally. Most of them had not faced any complication during their pregnancy and delivery. Among the normal deliveries, 3 happened with the help of vacuum tubes. Because the mother was too weak to deliver a baby due to the long duration of pain (approximately 1 or 2 days), so they took the assistance of a vacuum tube for delivery.

Kerala State Health Department (2012-2013) conducted a survey on the deliveries that took place in the hospitals of Kerala. The results show that 40% of deliveries in Kerala were cesarean. But the standard set by WHO says 15% (Mathrubhumi Weekly, 2015). This result signifying that the percentage of cesarean in Kerala is not in accordance with the national standard which leaves space for further research in this area. Meanwhile the data in the present study is closer to that of WHO standards while compared to the percentage reported by Kerala State Health department.

While looking into the caesarian, there is more or less genuine reason for cesarean like decreased dilation of the uterus, diseases during pregnancy, incorrect

angler position of babies, and winding of umbilical cord around baby's neck. Cesarean couples maintained three years gap between the babies because the doctors insist them a 3 years gap for the second delivery, considering the mother's health. Leifer (1980) suggest that psychological changes occur during first pregnancy and early postpartum month. So the mental well being of the women during pregnancy and delivery is an essential thing. Throughout the pregnancy, women develop ideas and expectations about their childbirth. The unnecessary stress and strain during this period might lead to somatic complaints and fear about herself as well as the baby, this will later reflect in their parenting (Heinstein, 1967). Stress usually leads to problem like high blood pressure at the time of delivery, which in turn lead to caesarian.

Table 4.8

Age wise distribution of male and female at the time of the last baby

Age	Males	Percentage	Female	Percentage
21 – 25 years	4	2%	34	22%
26 – 30 years	41	26%	73	46%
31 – 35 years	63	40%	44	28%
< 35 years	50	32%	7	4%
Total	158		158	

The query is intended to explore the range of age couple at the time of the last baby. The couple with more than one child is considered for this exploration. The table 8 depicts that 40% of the males had their last baby between the age of 30 to 35 years and 46% of females at the age of 26 to 30 years. From the data, it is evident that the age of both males and females was very low while they had their last

baby. Most of the couples have not yet used any permanent contraceptives. So the age at the time of the last baby is not a constant, majority of the couples have a possibility for babies in future.

While coming to the 327 data analyzed, around 70- 80% of male and females married in their young age. And 59% of couples had their babies within 1.5 years after marriage. The data had given an idea about the conception mode, number of children and mode of deliveries. Majority of the couples had a moral conception and stage of pregnancy. There would not be seen any great deal of complications during delivery, 78% of the women had a normal delivery. Only a minority had caesarean, it had solid reason too. The total number of children possessed was 486, includes one, two, three and a maximum of four children.

Only few of them used any kind of medical assistance for conception. From this result, it is evident that most of the couple had babies soon after marriage, at the same time they did not take much time for the transition to parenthood. The society had a common notion that the marriage itself is for having a baby. The marriage is viewed as complete only after the addition of a baby to the marital dyad. While looking at the data 54% of husbands are working abroad. Women in this category lives only a short duration after marriage with their husbands, almost 3-6 months. While some of them conceived within these 3-6 months rest are not, which is a common trend seen in the data.

While considering the second category, those who haven't conceived soon after marriage; the majority of them are conceiving within one or two years after marriage as their return from abroad. The remaining couple who did not conceive

after two years mostly went for further consultation and infertility treatments. A minority of 39 couples were undergoing treatment for their childlessness, in addition to that 18 couples had children with the help of treatments. Most of the couple consulted the doctor after 2 years. Up to two years, everything related to their childlessness was almost normal. After a period of two years, the childlessness grew up to a problematic level and most of the couples decided themselves to consult doctors. Frequent inquiries from the family and society also influenced their decision. These 39 couples started consultation with allopathic medicines. Later on they used to try a combination of treatment as allopathy, ayurveda and siddha. the couples were became suggestible to any one, It was not the means but their persistent attempts following suggestions given by anyone who comes their way indicates how strongly they wished for a child. In addition to the treatments, they have tried the path of religious practices and rituals in the hope to be a parent.

The data contain some special information apart from the above discussion. There was a single case of divorce, widowhood, infantile death, chronic disease along with a few cases of mental and physical disabilities.

Phase II

STUDY ON COUPLES WHO UNDERGONE TREATMENT FOR CONCEPTION

Investigators selected 30 couples who has undergone infertility treatments for conception as the sample of the study by means of purposive sampling. Eighteen out of the thirty were recruited from phase I (descriptive study), but it was not enough to satisfy the research objectives and went for further data collection. When sample size reached 30 investigators stopped data collection as data reached saturation. Interview was selected as a tool for data generation, one to one mode interview was used with the assistance of interview schedule. The schedule contain open ended question in order to provide freedom for the interviewee.

Once the data collected investigators analyzed the gathered data using interpretive phenomenological analysis (IPA). IPA is used to understand what personal and social experiences means to those who experience them. Here the investigators tried to explore the phenomenological experiences of childlessness. So the investigator asked the participants to describe their experience, emotion and feeling during that particular time. Intention behind it was to understand the phenomenon in a personal, social cultural, political, and historical background. Using this method the investigators refined the data and classified into themes. Five major themes were synthesized from the data, they are

1. Personal experience of childlessness
2. Experience within the family

3. Experience within the society
4. Experience of infertility treatment
5. Experience after conception

Theme One: Personal Experience of Childlessness

An important theme which had evolved from the data was, the experience of childlessness from the point of view of the couple who has undergone it. While looking to the data as a whole it is seen that almost all have entered marital life at a young age abiding to the norms set by society, a smooth transition to the role of husband and wife is evident from their description. A common experience as described by one couple:

During initial years of marital life we were least bothered about having a child a wish for a child gradually grew within us as days pass by it attained strength, as in any marital relationship. (Husband: Couple 03)

In the present sample majority of couples were living apart, because the husbands were working abroad for the purpose of making a living. They usually join their family for a short vacation and leave, so the couples did not identify their misconception as a problem until two to three years. After which tenseness starts building up and it raises as years pass by. A 32 year old woman's statement:

Childlessness was too agonizing experience, we could not compromise it with anything. Our thoughts were dominated by worries and could not deviate to any productive event. in the initial stage, it was somewhat manageable, but as years go by they lost the tolerance and gradually ended into a frustrating experience.

(Wife: Couple 7)

After initial three years, all couples began consultation with allopathic medicines. In the beginning period of treatment a certain uncertainty exists in terms of the cause of misconception and couples are usually behind the scheduled consultation pattern. As they get diagnosed with a problem they begin to address the issue. If a noticeable problem is undiagnosed the uncertainty continues. Definitely speaking five years after marriage couples became even more disappointed and started trying other treatment practices and a combination of treatments along with allied practices, being suggestible to any information that comes their way. participants frequently talks about the initial experiences:

During that period our only need is to have a baby of our own. For a baby we were ready to follow others opinion regarding the doctors, treatment possibilities, taking vows and abiding religious practices as the baby became the fundamental motive of our life (Both husbands and wives in most of the couples).

The most difficult part during treatment period is the discovery of the person responsible for the childlessness, who among the couple is diagnosed with infertility issues. Once identified it brings change to their marital bond and eventually they adapt to the event. The way males respond if they are diagnosed with a problem is apparently different from how they react if their partner is diagnosed with an issue. The same is with the females based on 'who' among the partner is diagnosed an issue. The position infertility issues take in the marital bond and intimacy varies considerably according to person diagnosed with the issue:

After few treatments my husband was showed indifference to treatments, and I am the person forced him for continuing treatments. during that time he easily got agree toward me. (Wife: Couple 08).

Female identified with problem behaved differently, a common experience reported by an husband:

During the treatment period she became very sensitive towards life, easily get emotional to any personal incidence in our life. (Husband: Couple 25)

The scenario with those couple who were not identified with any physiological reason behind delayed pregnancy is entirely different:

The situation even worse when doctors could not diagnose a reason behind our delayed pregnancy. We thought both of us were reproductively healthy and the fact that we don't know the reason for delay left us in a state of irresolute anguish. We personally and others thought we were affected by some curse or lack blessing by God. (Husband & Wife: Couple 18)

Thereafter their life is steering up by the consultation pattern and the treatment methods adopted by couples. They follow doctors and allied practitioners suggestions. Even their intimate moments and sex life is under supervision of the comments provided by doctors. It is expected of them to undergo sexual intercourse during most fertile days within an ovulation cycle, so rather than mating at their will and choice, sex life becomes mechanistic, filled with infelicitous moments. Basically, their sex life turn out to be a baby making process:

During that period one thought dominated their life, one's own baby. We planned our day and night according to doctor's suggestion. Each sexual intercourse was accompanied by mixed emotions of expectation and fear of misconception, we continued prayers and along the process we forgot to enjoy sex life. (Wife: Couple 9)

Theme Two: Experiences within the Family

In Indian collectivistic culture, the concept of fertility is defined and understood in the context of family and kinship. So a child is seen as a product of a the family, as it ensures familial lineage. Having a child is considered as a means to declare one's own masculinity, femininity and fecundity. While coming to the collected data the role of the family and its environment is seen as an invisible presence behind couples life.

During the initial period, both the in-law families were very supportive and suggested an expert opinion regarding their misconception as a matter of their concern. Even though family members had an apprehension regarding delay in conceiving they did not exert pressure on them. But gradually they lost their nerve and became restless, and started behaving/expressing their grief on to the couple thereby adding to their distress experienced:

Four years after marriage, behavior from the part of in-laws changed. They started interfering into decisions regarding consultation and rather than consoling us they expressed their point of views abruptly. My husband is their only son, all they want was a grandchild of their own. (Wife: Couple 15)

As emotionality overpower their logic, and despair starts entering their room, family keeps interfering to decide on consultation; its frequency and persistence with a single doctor. Parents of the couple shows trust in religious practices than the couple themselves. As time pass by couples also succumb to religious practices. a common experience shared by the participants:

Our parents often told us to change the doctor we consulted, and go for another one. Family as a whole took up responsibility to make sure of availing the best medical services meanwhile their decision got influenced by anyone and everyone who suggested options. In-laws avow religious practices as they believed childlessness occur as an aftermath of disgrace from God and felt that biomedical services would not alone provide us with desirable results. (Wife & Husband: Couples 4 and 8)

Male and female experience childlessness differently, especially depending on who the problem gets identified, their journey as a person, a couple, within the family and society differs. Also depending on the place of residence; patrilocal and matrilocal, a significant difference occur in well-being. Once the husband is identified with a problem, his parents are found to be very concerned and could empathize easily with the situation. But if it is for the wife it is not easy as in earlier case. She is subject to denunciation directly and indirectly, and has to encounter fake concerns, victimization and at times to the ill treatments by the family members. According to our tradition, the women should live in husbands home after marriage, and makes it even more tougher during their treatment period:

Once my in-law parents (especially mother in law) came to know that my husband is responsible for our childlessness they could easily empathized towards him. And

advised me not to hurt my husband by pointing towards his issues. She reminded me of the duty of a wife to stand beside him in any condition that comes their way also that possibility of him to collapse if he sense dislike from my part. (Wife: Couple 23)

In the second category, the women identified problem, the approaches from family is entirely different. The experience was stated as:

Once we started consultation the doctor suggests that my irregular periods may be a reason for our misconception. When my husband's family came to know about this they scolded me and my parent for not taking any medication before marriage to regulate the menstrual cycle. And they believed that if taken proper medication in advance we would have a child. (Wife: Couple 5)

If had an opportunity for matrilocal residence their physical, psychological and emotional state would enhance providing a better chance to conceive. Some of the couples believed that all these unfortunate behavior from the part of parents might be due to their anxiety and stress. Because all through the period they are also being part of the journey of childless couple, and was supportive to proceed towards assisted reproductive technique, their only concern is a grandchild to uphold all their prosperity,

We are a middle-class family, the only earning member in the family is my husband. Once we take a decision to go for assisted reproductive technology to fulfill our desire both our family stood with us and gave all the support and courage. Even though they knew that treatment require a huge amount of money. They did not show any objection towards our decision. (Wife: Couple 7)

Theme 3: Experience within the Society

Society looks into unmarried status and childlessness as a deviation from the normalcy. As in every case, a deviant person is treated barely, at times they are been considered as group to be marginalized. This is evident from the practices which existed and still exists in many parts of India, where childless couple is considered as incomplete couples and their presence at auspicious occasions are looked into as disgraceful.

When people meet and greet each other in occasions, it is a usual mannerism to enquire about each others' whereabouts. This regular pattern has crossed a thin line between public and private life. Once a person gets married, it has turned out to be as usual as a daily routine to ask whether they are expecting a baby. It begins right from the very next month after marriage. People will not give any privacy for the personal life of the couple. They don't have any hesitation to ask about their personal life nor do they recognize that personal questions are to be avoided. A common experience shared:

During the third or fourth month after marriage the neighbors and others started asking me if I had to convey them any special/happy news (pregnancy) irrespective of our feelings. (Husband & Wife: most of the couples)

When the couple failed to have a baby for years, societal interference crossed limits. Childlessness is a considered as an underprivileged status in society. Those people are least bothered about the concerned party and their feelings. Even when it is obvious that asking about childlessness to a couple who are striving with their

treatment is disheartening to them they still continue their deed. They will ask about their childlessness in public gathering as well, and so there were couples who avoided such events,

We totally come under stress after attending a public or family function, cause everybody wants to know just one thing. Whether I have conceived. So after a while, we reduced our presence in public function to avoid all the unnecessary questions. We had our own tension why accelerate it. (Husband and Wife: Couple 2, 6, and 17)

In our culture childlessness is easily correlated with a state of being in a curse. Later on these couples are renamed as so and so without children, it becomes their identity:

The social categorization as childless has let down our morale and has affected our sense of self and esteem. We felt that we are living a worthless life. The desire for a baby became even stronger, so we went for all the available treatments to fulfill the wish and to live a social life like others. (Husband: Couple 12)

Theme 4: The Experience of Infertility Treatments

The couples enter into an infertility treatment with lots of hope and expectations. They assume that these treatments are the only solution for their problem. All these couples under study have undergone treatments for their childlessness. But only 10% of the couples opted advanced infertility treatments, and its couples themselves took the decision regarding the advanced infertility treatments.

While looking to the details of experiences of infertility treatments, the reason for childlessness is different for each couple and so the treatments should naturally be in accordance with the problem identified. Within the data 50% of the couples belong to the category in which doctors have not yet diagnosed reason for their infertility, but are still under medication,

Me and my husband are reproductively healthy, there is no identified problem for our misconception. Even then we took medication for six years. (Wife: Couple 19)

While looking to the couple with an identified problem for their misconception, low semen count, endometriosis, irregular periods, sperm mobility and motility, varicose vein in the testis are found to be the common stated problems. The couple starts with one discipline of treatment, unfavorable outcomes they go for another, and the process will go on:

We tried all the available practices like allopathy, Ayurveda, Siddha, homoeo and other traditional and religious practices for a baby. During that time we became vulnerable to practicing any kind of treatment for a child. (Husband: Couple 3)

From the sample, only 27% of the couple went for assisted reproductive techniques like IUI (intrauterine insemination) and IVF (in-vitro fertilization). When all the other practices failed to give a child the couple exercised these treatments as a last hope.

We went for IUI in the ninth year of our marriage. All other treatment were insufficient to produce a positive result, we took the help of assisted reproductive technique to fulfill our wish. (Wife: Couple 28)

The experience of advanced treatment is more stressful, as the treatment itself is a stressor, with its lengthy procedures, pain, uneasiness and the high cost of the treatment which makes it unaffordable for those who are really in need of it. Advanced treatment accompanies high expectations at the same time its success rate is very low,

We are an average middle-class family, the cost of the treatment was not affordable for us. But our wish for a baby was beyond boundaries set by our financial liabilities. So we took the help for assisted reproductive technologies to achieve our craving for a child. (Husband: Couple 11)

Theme 5: Experience after Conception

This is one of the most important themes in the analysis because the remaining themes described their childless status and this theme enters to the culmination of it. Procreation is one among the prime motive of human beings, so if there is any difficulty to procreate that affects the couple to a large extent and they will try to resolve the problem with all the available resources. Here the investigators going to describe the experiences of childless couple after conception and delivery. The couple achieved their prime motive through hardships.

In the sample, 45% of the women conceived 5 to 8 years after their marriage and the remaining 55% of the women took 9 to 13 years after marriage to conceive with the help of medication and assisted reproductive technique. Once they conceived the couple reached a state of blissful happiness. They could not explain it with words:

I can't explain the feeling in words when I came to know am pregnant.

(Wife: Couple 18)

I felt I am the happiest person in the world when I came to know I am pregnant. My husband and family was also as happy as I am.

(Wife: Couple 4)

The couples were very happy about the pregnancy, at the same time they were extremely anxious about it. Constant fear of abortion and other complication left pregnancy period stressful and they could not enjoy it. Experience of pregnancy explained by a couple:

There is always fear in my mind regarding the pregnancy. Along with me my husband and family were also anxious about my pregnancy. People around reminded me not to rejoice, crossing limit of happiness and to keep indulging in prayers for a healthy baby.

(Wife: Couple 11)

Because of the fear, 15% of the couple stayed in the hospital throughout the pregnancy period till delivery. They didn't want to take any risk on the pregnancy and felt that hospital was the safest place for them. In the meantime, females were ready for any kind of adjustments and compromise to sustain their pregnancy, hardships during pregnancy in terms of constant medication and frequent injections to avoid miscarriage did not reduce their morale.

I stayed in the hospital from the third month of pregnancy up to delivery. We felt that the hospital is the best place to be, where we would get all medical support in all the critical situations.

(Wife: Couple 17)

Once they saw their child all the suffering undergone were worthwhile. They were in a state of ecstatic and delightment. 67% of the couple had a caesarian delivery and other normal.

Most of the couple said a similar explanation for their feelings that is they felt they were the happiest people in the world,

I prayed to god that I will not put forth complaints and demands. (Wife: Couple 12)

Me and my husband were so happy when we got our baby in our hands. At the same time our family was very happy along with us. (Wife: Couple 18)

While looking into data of phase I it is seen that majority of the couples have considered conception as a process which happens along with marriage, they did not recognize the importance of choice regarding whether they need a baby, and if yes when to conceive. Either they conceive unexpectedly and become happily adjusted to it or conceive eventually. There is another group who prefer to conceive but encounter a problem for conception. They become conscious about constant failures after each menstruation and gets disturbed and with passing time their disturbance grows. Lack of conception and childbearing and the absence of the role of parenthood have a negative impact on the marital relationship (Tao, Coates, & Maycock, 2011). The literature said that in most of the cases the couple postponed their marriage and childbirth to achieve occupational and financial security. This delaying of marriage and childbirth is a major factor that contributing to their infertility (Higgins 1990). But the data of the present study contradict this result because the age at marriage was young for the participants, 89% of the males

come under the age range of 21 – 30 years and 99% of the female under 18 – 25 during the marriage.

Once the couple got married initial two to three years seems to be the tolerance period of the childlessness. After this period the couple starts their consultation. Most of the couples decided by themselves to consult doctors, frequent inquiries from the family and society also influenced their decision. The society easily categorizes couple based on their fertility status. Living without a child is not an easy task in our society.

While looking to the cause of infertility, the main causes related to women were PCOD (Poly Cystic Ovarian Development), overweight, irregular menstrual cycle and endometriosis. There is a special case present in the sample, the lady had very small and thick vaginal opening, so the semen flows backward after intercourse. The main reasons related to men were low semen count, low sperm mobility rate, and varicose vein in the testis. A common factor identified for both gender is the age of the couple in this data it is around 2%. Age had significant role in conception, the age is inversely proportional to fertility (Poter and Christopher, 1984; and Sandelowski, 1990).

Earlier infertility was considered as a women's matter it took technological advancement to bring in role of male in infertility (Peterson, Newton, Rosen, & Schulman, 2006; Sundbay, 1999). But taboo related to infertility as a problem related to women still remains (Sundby, 1999). Women receive the major blame for the reproductive setback (Okodofua, Harris, Odebiyi, Kane, & Snow, 1997; Thomas, 1995). Until the end of the nineteenth century infertility was not considered as a

male problem. Indians majority still are ignorant about contribution of men towards infertility. The childless women are considered social deviants and not full adults. They are often seen to be with minimal economic and social values in terms of household wealth or lineage continuity (Damka & Dein, 2013). The researches in the area of infertility has brought light into the different causes of infertility and how to address the issue but still the state of infertile couple is adverse at emotional level.

Fifty percentage of the couple in this study belong to unidentified category, that is even after prolonged consultation doctors could not diagnose reason behind their infertility. These couples experienced more stress than the couple identified with a problem as they did not know a genuine reason for their misconception which left them with a lot of unanswered questions. Investigators have a strong intuition that core reason for infertility among the couples with unidentified problem would be psychological issues with regard to sexuality. The previous notions regarding sexuality, hate-love dynamics between couples, also social and familial situations are contributing factors to this issue. Medical professional expertise in gynecology/infertility nor the psychologist have taken this matter with due prominence. Healthy sexuality is central to the psychological wellbeing and quality of life but the childlessness had a big negative impact on the sexuality of the couples.

While looking to the treatments, all the couples started consultation with allopathic medicines. This may be because of the wide publicity and accessibility of such medicines in our society. But 5 couples stopped this treatment after a while, because of the undesirable result and adopted Ayurvedic treatments, one couple

tryout Siddha medicines besides ayurveda. It is evident from this that couples had opted for combinations of medical services, in order to embrace every possibility available. It was not the means but their persistent attempts following suggestions, given by anyone who comes their way indicates how strongly they wished for a child. In addition to the treatments, they have tried the path of religious practices and rituals in the hope to be a parent. Religious practices and treatments went parallel to accomplish their ultimate goal, to have a baby of their own.

Most of the practitioners were males and treatments were not women-friendly. Nearly all the infertility specialists primarily examines women and if unidentified with a problem they examine their male counterpart, it is as if they are also oriented towards the false impression that infertility is a women's problem. Moyo and Muhwait (2013) reported that among the couple who affected by infertility worldwide up to 50% of the cases are related to male issues. In this study, the couple identified with the problem for their misconception is 25% by males and 23% by the female problem.

In the present data a minority 27% of the couple used assisted reproductive technology like IUI and IVF for conception. Many doctors and laypersons think that the great technological advancement in the field of assisted reproductive technology in the past 20 years may lead to the high success rate in the infertility treatments. But it is a myth, the success rate of these treatments are very low (Lilford & Dalton, 1987). This is one of the reasons for the use of a combination of treatments by the couples. The couple would practice all the available treatments and allied practices to fulfill their wish. Unfavorable result lead to change doctors frequently and go for

another one. Few periods from then becomes hopeful by pursuing suggested treatments. Followed by despair if it did not provide the expected result and the cycle goes on, practicing religious rituals goes along with this. .

In many of the cases the male partners are working abroad. The investigators noticed a common trend shown by these particular couples. They are: most of the couples start their treatment two to three years after marriage. The main reason is that the husbands were working abroad and after marriage, they went for a job and returned after one or two years. Then they underwent treatment for misconception for the remaining years under different doctors. If undesirable results both were affected badly, which in turn affected their personal as well as social life. In such cases in order to avoid marital distance they decide to stay together for a longer period by either extending leaves or settling back at home town or taking wife along with them to job place. Surprisingly 74% of the couples who belong to this category conceived during that period.

The women who conceived during this period, those who left with their husband towards abroad reported that they were very happy with the privacy they attained and enjoyed their life as a second honeymoon. There is no one around them to disturb and poke on childlessness. They believe baby as a gift adorned by the moments they created and shared.

Along with the couple, their parents also have undergone emotional journey similar to couples. From the analysis, it is evident that the parents of husbands experienced more stress than women's parent. According to Indian tradition, son's baby is considering as next generation and they were expected to carry out all the

traditions and prosperity of the family. It is through patrilineal line that the legacy gets passed on. Having a baby ensure the group immortality and hopeful, prosperity (Damka & Dein, 2013). Our society has given a premium role for the sons as the potential producer of property (Battachrji, 1990), the parents would give the same importance for their grandchild as their son/daughter give for their child, because they are the next generation. Infertility mostly considered as a women problem, so all the treatment focuses on women initially. The daughter's parents also experience the same stress but they do not pressurize their daughters so as to put them at ease. Along with this according to our custom, most of the daughters live in their husband's family, so their parents intentionally tries to avoid hurting them.

In our society bearing a child is widely accepted as a natural and inevitable part of being human. Childbearing is a social norm expected after marriage (Moyo & Muhwati, 2013). So along with all these stressors, the society had a crucial role to make the couple more stressful. The social consequences of the childlessness are more profound for women than men as childlessness is considered as a dreaded condition or a curse. Society consider childlessness as a variation and maintains a sense of repulsion towards them. A similarity between bachelorhood and childlessness among couples is explained by Lévi-Strauss in his chapter 'The Family', which is evident from existence of native vocabulary to insult them notifies the strength of societal dejection towards them (Shapiro, 1960). Practices such as viewing childless women as disgraceful during occasions of prosperity such as marriage, ceremonies related to pregnancy and childbirth substantiate this notion.

Next, the investigators talk about the experience after conception and delivery. Once they conceived they were in a state of ecstasy forgetting their disgraceful past. There is a state of mixed emotions, while they are happy they also become cautious and there are few who feared to rejoice. Some of the female partners stayed in the hospital from the early period of pregnancy to the delivery as they did not want to take any risk during their pregnancy. They felt that the hospital is the safe place for them and their babies. Once they got their babies they were happier than ever before.

The interesting finding is that 74% of the couples had their second babies within one year after the first delivery. They have waited five to ten years for a baby, so never did they expect second pregnancy, unexpected pregnancy after the first child that too soon after the first is taken as a bonus.

The recent population is more conscious about the fertility of their own and others. The health magazines, newspapers, and booming of the infertility centers are the main factors that influenced the psyche of the Kerala population. The investigators themselves conducted a study on 'representation of pregnancy and motherhood in popular magazines (Lijiya Manju and T, Sasidharan, 2016) also supported the above finding. The result showcased that the magazines portray the pregnancy as a disease condition and giving an idea that infertility became a common problem as any other problems. Along with that each book contained seven to eight advertisements of infertility centers. This subliminally influence the reader's psyche and has a probability to upset them by thinking about the chances of infertility. The readers might think of infertility as a common phenomenon in the

society thus each one (including ourselves). Most of the magazines were giving insufficient information regarding the topic. The well-educated group gathers the missing information because these people have an idea that these magazines cannot be considered as last piece of information, it can also contain unauthentic information. So they weren't much distressful regarding their infertility.

Investigator noticed that there is a relationship between comprehensive knowledge related to infertility and how they cope with their infertility. While categorizing the couples into three groups based on their knowledge are the couple with high knowledge, average and low, the couple with high and low knowledge cope more easily with their condition of infertility than the middle group. The middle group faces a lot of clash in their mind related to their childlessness as they lack proper knowledge related to it. The high group goes for better treatments than other allied practices but the middle group has always used a combination of treatments and other allied practices. The people in the rural area and less educated were more affected by their infertility (Thomas, 1995). A report came in the 'Times of India' was an example for explaining the relevance of proper knowledge about fertility: "the infertility rate among tribal women in Munnar is on the rise. They have used contraceptive pills excessively at their younger age, to postpone their menstrual cycle. Further they use oral contraceptives to escape from the sufferings and taboos in the community during the menstrual time (to avoid isolation during menstruation)". This alarming situation was the byproduct of their illiteracy, because the women were not aware of the side effects of contraceptive pills and its correlation with infertility (Chandran, A. , 2016).

Today the infertility has a great market value. Peoples wish for a baby is exploited by the infertility centers. they considered it as a biological condition, than a sexual condition. These infertility centers has its own politics and they have dreadfully succeeded in it. Meanwhile, the cost of the treatment is beyond our imagination, pretty explicit from the majority who cannot afford it. One IVF and one ICSI costs nearly one lakh, meanwhile the success rate of IVF and ICSI are very low. There are lot of studies stressing on the importance of marital bond and the relationship of psychological well being and fertility rate. The distress associated with lower pregnancy rate is considered in itself as a reason for infertility among those who persuade with infertility treatments (Bolvin, 1995; Demyt, 1998; Smeenck, 2001). Many infertile women describe that the evaluation and treatment of infertility as being the most upsetting experience of their life (Domar, Zuttermeister & Friedman, 1998).

Phase III

BOOK ANALYSIS

The main aim of this study was to found out the literature depiction of childlessness. Here the investigators excluded the category of people who still undergoing treatment as the unit of analysis, because the study on this sample is somewhat a violation of the research ethics. To get information about the kind of people the investigators selected a book among many, that explains all the dimensions about the life of a childless couple. The book is considered as the unit of analysis for further study. Once the book was selected book analysis is considered for further analysis and interpretation. Book analysis means identifying the relevance of the content of the selected book, on the area of research. How significant this book is in the area 'wish for a child'.

One Part Woman

Perumal Murugan a versatile, sensitive and responsible Indian writer, who writes in his local language Tamil. He has been a college professor tutoring anthropology for the past seventeen years. He was born in a farmer family near to Thiruchengodu at Tamilnadu state, started writing in his early years, with small poems. The one part woman (Ardhanareeswaran) is his fifth novel, this novel is based on an ancient cultural practice among the Thiruchengodu people. Later it became one of his most celebrated work till date.

The story revolves around a childless couple with a strong desire of having a child who resides at Thiruchengodu. Meanwhile an ancient practice that exists in

Thiruchengodu location was taken as the main theme to describe the emotional trauma and solution for the trauma of childlessness of the couple. Thiruchengodu was a temple town, the writer portrays one of an idol in Thiruchengodu which is the 'Ardhanareeswaran' (one part woman). This is an idol of Lord 'Siva', who gave his left part of the body to his consort, 'Parvathi'. The writer himself is a native of Thiruchengodu, where he is familiar with the term 'Sami pullai' (God-given child) ever since his childhood. Once he became adult he started to encounter the meaning of the 'Sami pullai' and his search for the meaning ended at the chariot race festival in the temple of 'Ardhanareeswaran'.

The story behind the 'Sami pullai' is,

“For the people of Thiruchengode the chariot festival was a three-month affair, but actually speaking it is a fourteen-day celebration. The deities come down from the hill on the fourth day and returned uphill in the fourteenth day, the celebrations are in between these days. The fourteenth day is a special day, the childless women come alone to the area alive with festival revelries in the last day, the day in which the deities are returned back to the hill. Each woman had the freedom to select a male partner of her own choice, who was considered an incarnation of God. After this meeting if the woman get impregnate, the child was considered as the gift of God and accepted as 'Sami pullai' by the family and husband.” (Raman, 2015)

The investigators selected this novel for analysis because the novel 'one part woman' describes the 'wish for a child' completely and comprehensively, which cover the psychological, social and cultural mechanisms related with the desire for a

baby. The novel portrayed the life of a couple knotted with passionate love, along with the agony and suffering of their childlessness.

One part woman is the story of 'Kali' and 'Ponna', they are agricultural laborers in Thiruchengodu. Married for twelve years, there is always a tenderness and affection in the relationship between them throughout the novel.

Before marriage, the male protagonist 'Kali' was totally a different man. He used to wander around with his friends whenever get free time, also he worked in their farm with his mother. His father died at his young age, and his mother brought him up single handedly. 'Muthu' is one of his best friends, there is an intimate warm friendliness between them. The female protagonist 'Ponna' was 'Muthu's' sister, once 'Kali' open up his love towards 'Ponna' directly to 'Muthu' and he was found to be the happiest one to find a brother-in-law in his best friend. After marriage the life of 'Kali' changed a lot, their life was full of romance and love.

They refuse to stay away from each other even for a little while. They couldn't even resist to constantly looking at each other's face. (Pg. 2)

After a while, the happiness in the life of the couple started to trim down, because their childlessness is spitting out as a problem for them as well as the society. Gradually the life of them became miserable, but they tied to wear a mask in front of the society in order to cover their pain, aalso tried to retain the warmth in their relationship. The society harshly judged the couple based on their childlessness. Comparatively 'Ponna' suffered a lot, whenever she goes for any

family function or other cultural function she was treated as a cursed lady. Once 'Ponna' attended a puberty ritual, women in that ritual said that

You stay away. If a childless woman did the ritual, it would make the girl barren.

(Pg. 112)

In another occasion 'Ponna' helped in a neighbors farm to sprinkle seeds, at the time of plough only because they were not feeling well. That year rain was too low, so yield from the farm was not sufficient. Somebody said that

That barren women ran up and down carrying seeds. How do you expect them to grow once she has touched them?

(Pg 115)

These type of discrediting statements affected her a lot. She always thought that society is strangely behaving toward the childless couple. Those who had babies can do and say anything they want but the childless couple had no right to assert their life.

The patriarchal society always gives significance to man. After seven to eight years there had been a talk of 'Kali's' second marriage, openly and secretly. One day one of the characters in the novel 'Chellappa Gounder', a cattle dealer said to 'Kali' equivocally:

It is just how some cows are, no matter what you do, they never get pregnant, just quietly change the cow. If you say yes, I can fetch you one right away.

(Pg 10)

The couple was totally isolated and withdrawn from the society in order to avoid offensive comments. 'Kali' completely involved in his work and stayed in his

farmhouse itself. 'Ponna' helped him at his work and lived at his house, during this period their intimate relationship became mechanical. The desire for baby overpowered the warmth in their relationship, they started attributing all the things happening around them to their childlessness. Once 'Kali reported that

Look 'Ponna', I planted the Portia tree when we got married, twelve years have gone. Now the whole tree has grown so lush and abundant with flowers and seeds. But Ponna replied that but there while not even crawled a worm in my womb. (Pg 3)

After wedding 'Ponna' taken a cow from her home. It delivered seven to eight calves, she had torn up just looking the cow and said, I don't have the boon that even this mute creature has been blessed with. (Pg 8)

Couple prayed to various deities, vows, and penances, but to no avail. In the meantime 'Ponna' tried many traditional medications for her childlessness. 'Kali's mother and his grandmother tell him that his family was cursed by 'Devatha', for a past crime. That may be the reason for their childlessness. Even if a child is born to them, it will be short lived. His father and grandfather have died at their young age. To overcome these curse, and to please 'Devatha', they practiced many prayers and rituals. They offer votive scarifies to the 'mother god', 'Ardhanareeswaran'. The one part woman, the man, and woman together equally make the world. They climbed the 'Maladikkal' barren rock, the semi-circular path travels around the rock. Several people died by trying to walk around the rock. The beliefs related to 'Maladikkal' is that once finish the too risky walk around the rock their wish would be answered. 'Ponna' did the 'Maladikkal' to fulfill her wish for a baby (Paulraj, 2017).

Ponna was full of hope after all these worships, she prayed to the god to fill her womb with the baby. But nothing could change Devatha's thirst for revenge. When she menstruated, she sits with 'Kali' with unbearable pain and asked,

'Mama', won't I ever get pregnant? Kali pep her with consolation

Why not dear? You are only 28 years now. Women are giving birth till they are 40-45 years. We are not that old. (pg14)

'Ponna' is not only the victim of personal and social pressures, but the people around them targeted 'Kali' as well by calling him impotent. The thought of impotency and love toward 'Ponna' abandoned him from second marriage. If kali remarry and he fails to impregnate his second wife he would be tagged as impotent. Patriarchal society attributes cause of childlessness to female partner alone while equally male partner can also be responsible for the condition.

Parents of both couples and grandmother of Kali was concerned about their childlessness because grandchildren from their next generation. If 'Kali' and 'Ponna' will remain childless, it will affect their inheritance and will lead to the end of a dynasty. So they always thought of a solution. One day Kali's mother told him to send her to the fourteenth day of chariot festival, Ponna's family also had the same wish. But Kali could not accept this proposal, he became so disturbed and distorted. His attitude toward woman changed a lot by this single suggestion. Kali thought

My mother tells me to send my wife to another man. Her mother is ready to take her to, and 'Ponna' says, "I will if you are fine with it". What kind of women are these? If

someone told them that the only way to have a child was to drop a rock on the head while I slept, would Ponna be ready for that? (Pg 117)

Marriage is a matter of mutual trust, but 'Kali' lost his trust in 'Ponna'. The thought of chariot festival disturbed him, later he could not embrace 'Ponna' whole heartedly. He found solace in drinking and a sense of urgency and carelessness was evident in all his actions.

He had a wake up suddenly and go home. Peep through the gap in the wooden planks on the door to see if she was sleeping. Whenever he saw that the light inside was put out, he listens carefully for any sound that came from inside the house.

(Pg 118)

As time passed by he acted cool and started behaving normally, and treated her affectionately as earlier. He had a sense of contempt for himself and thought that,

How can I be so suspicious of her because of the only thing she said? She said I will go 'if you asked me to' and I didn't ask to. Then why I anger on her? (Pg 119)

Next year Ponna's brother 'Muthu' came to Kali's house to invite them to the chariot festival. They were intimate friends from childhood. Kali was very much happy by means of Muthu's presence, both of them spend the whole day in the barnyard. Kali's mother believed that 'Muthu' will resolve all their existing problems. 'Muthu' wanted to return all the happiness in the life of 'Kali' and 'ponna'. Next day he told Ponna,

He said yes to everything, Ponna. I explained to him that this was a religious matter.

And I made him agree. He loves you so much. (Pg 141)

Actually, he didn't take any permission from 'Kali'. Muthu believed that he is doing all these for a good cause. So in the very next day, he took Ponna with him to her house and Kali promised to join them on the fourteenth day of the chariot race. 'Muthu' was determined that he will not allow communication between 'Kali' and 'Ponna' lest 'Ponna' will recognize the truth. Muthu thought that

None of these things might matter to him when a child called him 'Appa' and crawled on to his lap. (Pg 141)

In the last day of chariot festival, 'Muthu' skillfully changed 'Kali' from home to another place. Without the knowledge of this 'Ponna' went for the chariot festival with her parents. There he found out her god

She closed her eyes and tried holding his face in her mind. But it slipped away. She could recollect the eyes, lips, and head separately, but she could not put them together. It was unlike any other face that had stayed on in her mind. It was never easy for a new face to make its place in a shelf of place. 'This is how I expected you to be, god. (Pg 223)

Mean while 'Kali' came to know that Ponna had gone for the chariot festival, he collapsed totally. His mother was the first women in his life who had a great influence in his life until he got married, but now Ponna had total control over him, he loved her that much. For her, he left behind all his friends and other happiness.

He was not ready for second marriage because of love towards her. He lost him completely and said,

you whore! You have cheated me! He was breathless you will not be happy, you have cheated me, you whore. (Pg 240)

In this novel '*One Part Woman*', Perumal Murugan describes an ancient practice existed in '*Kongu*' village at Tamil Nadu. The story is about Kali and his wife 'Ponna'. 'Kali' is a farmer, in Gounder family and 'Ponna' is the sister of his close friend 'Muthu'.

The couple is childless during the 12 years of marital longevity. They always tried to keep a warm relationship and succeeded in it unless disturbance due to childlessness affected their personal, as well as the social life of the couple. The couple abided to allied practices present during that period which was reportedly done for achieving a child. But none of them gave a favorable result. Then the 'Therutsavam (chariot race festival)' at 'Thiruchengode' became the last hope. Therutsavam and a mention of its possibility to fecund Ponna drove the life of Kali and Ponna' through ups and downs.

Apart from the pain of hope and hopelessness which was produced by each allied practices the couple suffered from society and family members who could not understand couples personal journey as childless. The family of both the couple experienced the same agony as the couple. In the story, Kali surprised of the agony of the families and he could not find out a reason for this also. This agony maybe because of the pair bonding, the pair bonding in the human being is only for rearing

device. Which means the male and female relationship is the building block of each kin, by this relation the DNA of two persons is passing to the next generation. This passing is continued through our children and grandchildren. By this, we are fixing our inclusive fitness in our ancestor's environment. The inclusive fitness means that the altruism among organisms who share a given percentage of genes enable those genes to be passed on to the subsequent generation. The survival of the relative individual enhances the genetic fitness of both the recipient and altruistic organism. So the fear of the couple's family is also a genetic fear too.

The couple heard a story about a curse on Kali's family, from Kali's grandma. The story summarizes on the curse on their family as a reason for their childlessness. Kali's ancestors miss behaved towards a girl, therefore, she cursed his family for fecundity and death of males at young ages within the family. Kali's father and grandfather have died in their young age. This thought disturbed the couple very badly. The childless death fears Kali more than the death at young age. Because the childless death is the biological/genetic death of a person that affect the reproductive success of a kin/person (Subhashchandran, 2015). Reproductive success is the passing of gene on to the next generation in a way that they too can pass on those genes (Fisher, 1915).

There is a Portia tree in the story. That is a symbol of fertility. Kali planted that tree while they were newlywed. After twelve years the plant has grown to a big tree with a lot of flowers and seeds. But the case of Kali is still the same after the twelve years. By this the novelist is trying to explain the impotency of Kali. The man silently suffers the burden of childlessness. Taunts, abuses, and snide remarks

towards wives. The urge to have a biological child is intense and their childlessness status poses a severe challenge to his masculinity (Pujari & Unisba, 2014).

The story showcase that many of the neighbors, friends and family members advised Kali for a second marriage. But he is not ready for that not only because of the love toward 'ponna' but fear of his impotency. He thought that if he could not give a baby to another woman, it would become a big threat to his potency. But the case of Ponna is a little bit different, she is disturbed by the thought of Kali's investment and her position in the house after his second marriage than sharing him with another woman.

The chariot race festival is a fourteen days celebration. The fourteenth day is a special day for a childless couple; because on that day, a woman can mate with any man (in the temple) she wants, to solve her childlessness. On that day all the men are considered as 'God', so the children are known as *Sami Pullai* (God's son). In the story, Kali is not ready to send Ponna for the fourteenth-day festival. This may be because of male sexual jealousy, male sexual jealousy is a paternity confidence and is therefore expected to be a ubiquitous aspect of male psyche (Buss, 2000). The males are not ready to invest all his parental investment on a child who is not genetically connected to him. This phenomenon is known as cuckoldry effect (Subhashchandran, 2015). The case of the woman is a different than the man because in all temporary mating strategy the woman invests 50% of her gene onto the child born. While considering the parental investment the pregnancy and breastfeeding are also satisfied. But the case is not the same for a man they even lack the genetical investment too.

“Men and woman differ in their sexual nature because throughout the immensely long hunting and gathering phase of human evolutionary history, the sexual desire, and dispositions that were adaptive for either sex were for the others tickets to reproductive oblivion.” (Donald Symons, 1979 cited in Hrdy. B. S.)

In this novel, childlessness has been explained in the perspective of our genetic interest which in turn is reflecting in our sexual interest. Apart from genetic interest our cultural practices also stresses on the relevance on leaving a sign of ourselves in this world. This particular story has closely examined the male psyche along with female psyche related to childlessness. This story portrays the conflict between id and superego of the male protagonist 'Kali'. Id addresses the 'wish for a child'. Kali desires for own child but not at the expense of his potency. Chariot race festival brings an opportunity to fulfill their desires but Kali does not even consider it as an option because his superego (morality) overpowers his id (wish for a child). This is properly illustrated in the climax of the story where Kali becomes devastated while he acknowledges that Ponna has gone for chariot race festival. From this investigators comprehend that a childless men opts from remaining progeny free to adoption and at an extreme level they even go for donor sperm, but at any cost men cannot think of their partner conceiving from an external person other than themselves (sexual jealousy).

Phase IV

STUDY ON THE ADOPTED COUPLE

The aim of the present study is to explore the process and sequence of events through which the couples pass during adoption. For the same, the researchers selected 15 adoptive parents. For analyzing the adoption cases the investigators used a prototype learning method. The prototype learning is proposed by Rosch (1971). Simply prototype is the most typical member of a category (Rosch, 1971).

Study is a process of construction and exploration, rather than of validation and experimentation. The 'result' of the research is the descriptive measure itself and the characteristic of the measures discovered in the preliminary analysis (Newberger, 1977).

The main purpose of the study is to explore the psychological and emotional process during the decision making during adoption

Initially, 25 adoptive cases were collected, but again the number of cases were narrowed down to 15 by avoiding repetition by means of judgment sampling. These fifteen unique adoption cases were selected for this particular study from different areas of Kerala. Then these fifteen cases were clustered using the prototype method into four categories which cover all the cases. The result is presented below

The four categories of the cases are:

1. Adoptive parents without any identified problem for their infertility: 3 cases

2. Adoptive parents with infertility problem(female: 3 cases, and males:3 cases)
3. Adopted because of frequent abortions: (4 cases)
4. Adopted because of frequent infantile death: (2 cases)

Table 4.9

Age Wise Distribution of Couples During Marriage

Age	Males	Percentage	Female	Percentage
18 – 20 years			4	27%
21 – 25 years	3	20%	8	53%
26 – 30 years	8	53%	2	13%
31 – 35 years	3	20%	1	7%
< 35 years	1	7%		
Total	15		15	

From the result, it is evident that 70-80% of the couples were married at their younger age. Only one among the fifteen couples married in their late thirties. Couples reported that life after marriage was smooth and normal for all the couples until they recognized childlessness as a problem. After two years majority (60%) of the couples felt distress about their childlessness and they started consultation with the doctors. 20% of the couples started their consultation even before that, during their initial year itself.

When coming to the details of treatments, out of the 15 couples 14 (93%) of the couples started their consultation with allopathic medication and remaining one approached Ayurvedic treatment. Amongst the fourteen couples who initially started off their treatment with Allopathy 9 of them along the duration switched treatments

and tried a combination of one or more medical disciplines along with other allied practices. There was no particular period of break from treatment once they began it.

While considering the duration of treatment undergone each couples has a treatment history of around or above 10 – 12 years. The tolerance period at which couples opt for change of consultation from one to another is two years, after which undesirable result elicit other options, accepting the suggestions from family and friends (duration of consultation under one doctor is mostly 2 year in the majority of cases 9 cases) and others changed the doctor even before that, indicating their vulnerability.

The presenting complaints differ among couples. Among the fifteen couples, 20% of the couple don't have any identified problem for their childlessness. And the remaining 80% of cases are further classified into two classes, based on the problem identified. Males identified with infertility problem (3 cases) and females identified with infertility problem (3 cases). The remaining six couple had other problems like frequent abortion and infantile death. While considering the advanced infertility treatments, 6 out of the 15 couples (40%) have gone through different kind of infertility treatments like IUI, IVF, and ICSI and most of them had undergone a combination of these treatments.

The remaining nine couples did not go for any kind of advanced infertility treatments. While coming to them in detail, two of them abstain treatment as they were well aware of its adverse health consequences. The hormonal injections, ovarian stimulation, egg collection and transfer of the fertilized embryo into uterus are painful and had a lot of negative impact on the body of the women, thus they

chose not to become a prime victim. Another two did not prefer advanced treatment without mentioning any particular reason. The remaining 5 are aged couples, they are in their sixties during the data collection and all through their fecundity period the infertility treatment is not as advanced as it is right now.

Table 4.10
The Time at Which the Couple Adopted

Marital Longevity	Number	Percentage
5-10 years	1	7%
11 – 15 years	9	60%
16 – 20 years	4	27%
21 – 25 years	1	7%
Total	15	100%

After 10-12 years of treatment history, the couple took almost three years to reach a decision on adoption. While looking into the last three years prior to adoption which has been crucial in their decision making, in almost every case investigators have noticed that it is the fertile partner amongst the couple who take an initiative for adopting a baby. 60% of the couple adopted their children after 10 to 15 years of marital longevity.

While considering the 15 adopted couples, 12 of them had sex preference for child, only 3 couples did not show sex preference. Some interesting findings related to the adoption is that 66% (10 couples) of the couples under study preferred girl child for adoption, and the remaining 2 couples preferred boys. For adoption both sexes are equally available, the evidence suggests that preference on the part of adoptive parents for girls (Leahy, 1933) and our data substantiate research findings.

Even though 10 couples preferred girl child due to availability issues 3 couples had become satisfied with boys. Officials have informed them to wait if they are adamant about having a girl child, and in these cases after reaching a decision to adopt they find it hard to wait. In addition to that 73% (11 cases) of the couple adopted infant within ten months. Which ensures easy adaptability to the new environment. Leahy, (1933) reported that the median of the age of the child during adoption is 10.8 months.

Eighty percentage of the couple adopted the first baby shown to them by the officials of adoption centre. They reason their decision to adopt the child they have, by stating that they had dreamt the baby before, the baby smiled at them in their first sight, and the baby generated an unknown sense of attachment to them as he/ she is familiar to them. These little moments of first interactions pave way for one large decision of their life. A minority of couples go for second or third chances because they miss out a feeling of belongingness in their first meetings, health issues and in one case as biological mother was mentally unfit.

Seventy three percentage of the parents had revealed about adoption to their children around the age of five years abiding to the rules of adoption centre. But a minority of parents had shown hesitation to follow their instructions. Their hesitation is a byproduct of their fear of rejection from the children. The couples believed that when their child confronts being an adoptee they would cease to love their parent and would go in search of their biological parents.

Whereas looking to the parenting style of the adopted couples the investigators noticed that the couples are excellent parents. This may be because

they acquire their parenthood after a great effort. And they are found to be extraordinarily enjoying their parenthood. For an example one of the parents reported that "it was when my baby became five-year-old I realized my own existence in the world, I was simply ignorant of the world around me and changes taking place around me".

Another interesting finding observed by the Investigator is that the fertile partners in each couple are concerned about the biological parents of the adopted child, at the same time the other one is least bothered about their parents provided, it is the fertile partner itself who takes initiative for adoption. Even though within a couple the partner who is diagnosed with infertility showed resistance to adopt, once they surpass the procedure of adoption they are seen to bestow unending care, support and acceptance to their child.

Category One: adopted couple without any identified problem for their infertility prototypal case one

The case of Mr. 'Prabhakaran' (46 yrs) and Mrs. 'Ajitha' (41 yrs) was selected as a prototype for this category because this case is one of the true representative of the category. This couple went for adoption after a marital longevity of fifteen years, presently it's been four years after they adopted a baby girl.

The journey as a couple went smoothly as any other normal marriage unless they started recognizing childlessness as a problem after a year. The couple started

consultation for the same as they felt the need also from the concern of people close to them influenced their decision regarding their consultation.

The couple started with allopathic medication. In the beginning, the couple maintained their consultation with the same doctor for almost three years but that doctor could not identify any problem related to their infertility. After three years they changed their doctor and had gone for another one. By 4 years of marital longevity, disturbance created by childlessness reached its peak and the couples started changing their consulting doctors even more frequently. During these frequent changes, it is found that they are vulnerable to any kind of treatments and religious practices because the wish for a child by the time becomes the prime motive for their life. They are seen to be easily suggestible and from their reports, it is evident that anyone and everyone who mentions about the possibility of treatment (medical or any allied) and better probability turns out to be a savior in their life. Few periods from then becomes hopeful by pursuing suggested treatments. If it did not provide the expected result they go for another treatment, and the cycle goes on. Even after prolonged treatment tryouts their unfulfilled wish gave them only despair because no one could find out the reason behind their childlessness. The wife reported that if the doctors can find out the reason behind the same, it would have been useful to find out a suitable treatment for the problem.

During this period the couple collapsed totally. They had become completely disheartened and fragile. The society also accelerates the intensity by their genuine as well as unnecessary queries. So the couple avoided most of the public functions to avoid social queries and insults. And the couple reported that in all their bad time the

family was so supportive and stood with them, this was the only consolation for them .

After a while, the couple stopped all the treatments and left it for faith. The couple said that the experience we they have gone through gave tolerance to cope with the situation and helped them to lead a somehow normal life.

Mr. 'Prabhakaran' and Mrs. 'Ajitha' accounted that, after 10 years of marital longevity the wish for a child gained even more relevance and started affecting their daily routine and normal well-being. Disturbance lead them to submit themselves to advanced infertility treatments as a last ray of hope. The couple consulted with an infertility specialist, like all others this specialist also could not find out any noticeable reason for their infertility. In the advanced treatments, the IUI (Intrauterine Insemination) was the first mode of treatment, but it was a failure. Then the doctors suggested and proceeded with IVF (Invitro Fertilization), the IVF was attempted twice both were failures. Constant failure was a strong smack for the couple, a situation indefinable, unimaginable and above all least expected. The treatments affected the couple not only psychologically but financially too, the cost of the infertility treatments were not affordable for a middle-class man. The couple had spent almost 15 lakhs for the entire treatments apart from all the strain and stress along the process. Due to all the bad experiences, the couple lost the last hope for a baby and decided to stop all the treatments and other practices for a baby.

The couple still was not able to accept the childless life. The couples were living in Prabhakaran's house and his brother had babies who were staying in the same house, but the presence of these children could not surpass their wish for a

child. Meanwhile, two of their neighbors adopted, these adoptions led to a major change in their thought. The couples started observing them and the life of these adopted couples influenced them a lot. These influence finally ended up in thinking seriously about adoption, by then it was fourteen years of their marital life. Couples communicated their wish for adoption to their families and they received an unending support for the same from the people whom they seek it.

Once taken the decision the couple started enquiring about adoption procedure to those couples who had already adopted and few adoption centers. From their detailed query, they got to know that the adoption procedure starts with online registration and again it is a one window process. Once the couple enroll for adoption they would be shown a baby at their turn and if they reject the baby shown to them for many reasons (reason could be based on gender preference or any personal choices) the position of the couples will go down the list and becomes the last person and they will have to wait for long to get their second turn. There are lot of couples waiting for a baby. After enrolling the couples waiting list number was above 250 in the Kerala list. Once decided, they wanted a baby as soon as possible. From the information got from neighbors and others the couple identified that the availability of a baby is very minimal in Kerala. This led them to prefer the option of all India availability of babies. At the same time, the couple does not have any gender preference, this was an advantage for the couple because their rank raises in the list. The husband reported that they didn't have any gender preference during adoption because there is no choice when we deliver a baby of our own.

One year after the registration there was a notification of availability at Bhubaneswar. The couple informed a willingness for adoption and started to Bhubaneswar within three days. Wife's brother and sister in law accompanied them in the journey. Mr. 'Prabhakaran' and Mrs. 'Ajitha' reported that the two days in the train was very crucial for them, they felt two days as two months. State of mind during that journey was indescribable, on one side filled with joy and hope to see the baby on the other part there was lot of apprehension about the baby and the adoption. Once they reached the adoption center and saw the baby confusions vanished and decided this is it 'Our own'. After completing the procedures while the nursing staff handed over the baby to Mrs. Ajitha she could not hold the baby, she was shivering internally due to the strong overwhelming emotions she was going through. It was and is difficult for her to put into words her emotional state. Then the authority told them to proceed with medical checkup, after all the medical checkup to ensure the baby's health, they returned home the very next day. The life with the baby was blissful for the couple and the family and still is as happy as the time she was into our hands for the first time.

This prototype presentation represents one category. In total there are three cases under this category and now the researchers mention some common features and differences within this category.

Commonalities of the Category:

- The major commonality is the name of the cluster itself, the doctor could not identify any reason for their infertility.
- Consultation started with allopathic medication. After three to four years the couple became vulnerable to any kind of treatments and alternative practices. They are seen to be easily suggestible and from their reports, it is evident that anyone and everyone who mentions about the possibility of treatment (medical or any allied) and better probability turns out to be a savior in their life. Few periods from then becomes hopeful by pursuing suggested treatments. Followed by despair, if it did not provide the expected result and the cycle goes on.
- No family history of infertility
- Mentally collapsed and intentionally isolates from others.
- After the peak traumatic experiences, the couples attain a particular mindset of courage, that has seen to bring some sort of normalcy in their life. From the result, the investigators noticed that after an eight to ten marital longevity the frequency of visits for treatment decreased to a noticeable level. And they are more involved in the work, daily routines and have started enjoying their work more than ever before. In the meantime they have started to find out ample excuses and reasons for their childlessness, asserting it to dathuputra yogam in jathakam, sarpacopam and to lack God's blessings. They are seen

trying to rationalize their childlessness and to normalize their own state of mind.

- The decision regarding adoption is taken by mutual interest.
- Life after the adoption was not that easy, societal intrusion to personal lives seeing baby as a matter or something that is bought. There were situations wherein people directly asks them, "*ohh is this the baby you bought?*". It was really painful and upsetting for the couples.
- Revealing about the adoption to the child was a herculean task for the couples.

Differences:

- Rest of the couples started consultation after 2 years of marital longevity.
- This was the only couple in the category who had gone for advanced infertility treatments. Even though the couples have woven a better life for their own after all the distressful life events, still want to show a rebound as a final try out. A final ray of hope which is innate in a human.
- Other couples have adopted from Kerala.
- Other couples had a preference for baby girls.

Category Two: The Adopted Couple with Infertility

The second cluster is mainly based on the infertility. On the basis of the problem the investigators again identified two subclasses of the category they are:

- a. The infertility problem is identified for the female partner
- b. The infertility problem is identified for the male partner

Prototypal Case 2a:

Regarding the case study, the investigator approached the couple Mr. Rajan and Mrs. Mini who were married for 29 years. Aged 61 and 52 years respectively, they were very cooperative for the interview.

They had enjoyed a very smooth and harmonious marital life during the early period of their marriage. Husband was working abroad during this period, and the wife accompanied him soon after marriage to Dubai. The couple decided not to have a child for a year, after which they genuinely wished for a child. Two years they waited and then proceeded to consult a doctor.

Mr. Rajan and Mrs. Mini started their consultation with allopathic medication. The wife was diagnosed with endometriosis in the uterus and doctor reported that the endometriosis will spread after each intercourse and that will affect the uterus severely and leads to infertility, so such a couple should not postpone their pregnancy. The couple said that they were totally collapsed while hearing the doctors statement as they had postponed their pregnancy soon after marriage and felt responsible for their childlessness. Further Mini reported that she had a family

history of endometriosis which correlated stress as she was guilty of not addressing this issue and took it lightly.

The couple had undergone treatment for two years under a doctor and then changed the doctor. They had gone for allopathic treatment along with allied practices. But the treatment was not a continuous one cause they were working abroad at that time. The couple reported that the life was not easy to lead. They exit from Dubai and settled at their hometown for a change and for better treatment. They didn't get any positive outcome but the family supportive acted as a buffer system during difficult situations. The couple had undergone treatment for eight years. They consulted five different doctors, all of them belonging to the allopathic tradition, reporting the same diagnosis, endometriosis. But they continued worships and other religious practices with a hope. The couple by then had become susceptible to any suggestion and started going to every temple and offered all the worships, as it gave them a sort of relief. After the long treatment history and depressing outcomes they decided to stop treatments.

The desire to have a child never goes away and after a year of abstaining treatment the couple decided to go for advanced infertility treatment, marital longevity by then was 11 years. The couple started querying about the infertility treatments and places where they got better treatments. From the inquiry they got an information that 'Chennai' is the best place for infertility treatments. During the early '90s, the infertility treatments were not that common in Kerala. They consulted with the doctors at Chennai and had undergone IVF, thrice it ended up in failures, they were distraught. Wife was more affected than the husband, she took more time

to get out of these situations. With all these failures, the couple lost the last pinch of hope for a baby. After all the emotional turmoil the couple reached a devastated state.

After a while, they coped with the situation and decided to live a life without a child but unfortunately could not succeed in it as well and they felt that a life without a child as incomplete, worthless and void. From this report, it is evident that the couple was in a totally collapsed and depressed state. From the information gathered the investigators came out with a knowledge that the mood of the wife was too depressed compared to the husband. She took a lot of time and assistance to cope with the situation. During this period Mini's brother suggested adoption as an alternative, because he witnessed a happy life of one of his friend who was adopted.

By the experiences the couple has faced in life, they have attained a particular strength in their marital bond and an ability to improve their mental wellbeing and take a decision, to adopt. The investigators have noticed that it is the fertile partner (husband) who had taken an initiative and suggested about the option, adoption and wife denied suggestion. A period of negotiations and brainstorming was essential from the part of her husband to convince her.

Husband gave her time to reach a decision and when the couple reached a state of equal interest to adopt, they started to collect information regarding the same. Finally, the couple approached an adoption center in 'Palakkad' and completed all the formalities for the adoption. They filled up all the relevant information's and registered for adoption. The couple preferred a baby girl. They reported the reason for their preference as, the girls are more loving than boys; the girls would always

be with there. But the boys are more rebellious by nature so they may detach from us especially when they learn they are adopted and might go in search of their biological parents. This behavior will be minimum in girls, so the girls would love them as they love their biological parents.

After a year the couple got a call from the adoption agency. The couple was in ecstasy when they got the call, they went to the center. Then the wife's statement: "*a three-month-old angel was waiting for us. The people in the agency told us that we are showing you a baby girl if you are interested to take her or else you can go for the second option. But the time we saw her we had decided that this was our baby. both of us had the same opinion on this*". The couple decided to adopt the first baby they saw. It was required of them to submit documents to the adoption agency and they could take the baby on the same day. But the baby cried very badly when Mrs. Mini handed over her to the lady in the agency. The situation was so heartbreaking for the couple. Surprisingly authorities of the agency said to the couple that if they decided on this baby take her along with them, that day onwards provided they should complete the formalities as early as possible.

Initially social life after the adoption was tough, because of the unwanted interruption and queries from the part of public. As they have lived and overcome despondent life without a baby they by then have gathered the courage to face all such nuances. Familial support was commendable to adapt to the situations that came their way.

From the interview, investigators realized that the most difficult part of the adoption was to take part to reveal the matter of adoption to the child. Young (1954)

suggested that when a baby has been adopted, the new parents are faced strongly with the question of 'how they are to explain about adoption to their child'. In this case, the adoption agency insisted them to reveal it at the age of five. While the couple revealed to their child about adoption, she took it easily and without a hassle and couple was relieved.

Commonalties of the Category:

The category contains three cases where the females are identified with infertility. the commonality and differences of the category are given below;

- The main commonality of the category was that the infertility problem was identified for the female partner.
- 83% of couples in this category started their consultation after 2 to 3 years of marital longevity.
- Consultation started with allopathic medication. 21% of the couples practiced and remained loyal to allopathy. After a period of time, the remaining couples became vulnerable and shifted to other treatments and alternative practices.
- The investigators noticed that after an eight to ten marital longevity the frequency of visits for treatment decreased to a noticeable level. In the meantime, the couples purposefully avoid all the public gatherings and functions in the family and neighboring. This approach helps to reduce

unnecessary interference and thereby couples have woven an exclusively beautiful world of their own.

- The partner who is identified with infertility became more sensitive than the other, and they develop a highly negative attitude towards life. Most of the fertile partner reported that the infertile one will become easily upset and connect all the simple fall outs onto another partner, for example, "*you do not love me and you can't love me anymore, because you know I don't have the capacity to give a baby*". They do complicate all the simple incidence in their life and blame the other partner. In total the whole life becomes hell.
- 83% of the couples go for advanced infertility treatment like intrauterine insemination (IUI), in vitro fertilization (IVF), and intracytoplasmic sperm injection (ICSI) etc. as a ray of last hope of their life.
- In most of the case (83%), the decision regarding adoption is taken by the partner who does not have a problem.
- Couples had a preference for girl.
- The life after the adoption was tough due to societal intrusion, but the baby act as a cure to all the distress.
- Revealing about adoption of the child is a herculean task for the couple's

Differences:

- The reason for infertility is different for different females.
- The tolerance of the situation is different for different females.
- Two of the couples preferred a baby girl but they got a baby boy for adoption. But they are happy with the baby they had.

Category: Infertility Problem Identified for Male Partner**Prototypal Case2b:**

Mr. B (65yrs) Balan and Mrs. Baby (59yrs), arranged married at 1984. After two years of marriage, the childlessness created disturbances within themselves and further enhanced by people around. They consulted with an allopathic doctor, after detailed check up husband was diagnosed with low rate of sperm mobility rate. Doctor further pointed on the hereditary issue of husbands family as a reason for infertility.

A year of unfavorable outcome resulted in changing consultation towards ayurvedic doctor. This doctor also said the same reason for their childlessness. They cross-verified with one more doctor who also confirmed the same reason. After 5 years of treatment the husband lost interest in the treatments and he stopped all the medications. Husband's decision was disheartening for wife, it affected their marital bond. The wife reported that they would have had a child if the husband had taken proper treatment and medication. They did not opt advanced infertility treatments because it was not accessible as it was a not common in Kerala and husband also did

not take initiative to pursue treatment. After a period of time, they have learned to cope up with the situation.

Belonging to a religious family which practiced strongly couples also followed religious practices, along with medical practices. The couple has done "*Uruli kamazhthal*" in Mannarasala temple, carried out a "*Putrakameshtiyagam*", and different type of worships in many other temples alas did not attain favorable results.

After a while, Mr. Balan and Mrs. Baby decided to stop all the medical and allied practices for a baby, and think about an adoption. Decision of own brother who went for adoption lead to rethink towards adoption. The wife is the one who showed interest to adopt, initially, the husband denied the option but his family managed to convince him.

Once decided they approached an adoption center at Thrissur and registered for adoption. The couple had a preference for a baby girl. One year later they got a call from the adoption center. It was a five-month-old baby girl, did not prefer that child because biological mother had psychiatric history after reconfirming with a psychiatrist and to avoid risk in future they proceeded with second chance. After six months second call from the adoption center, saw a three-month-old baby girl, decided as their baby, brought her with them after essential medical checkups and completing other formalities.

The life with a baby is entirely different from that of former one; entirely different and experienced as a second life, it was full of happiness and love. Couples

communicated about adoption to their child while she was in the tenth standard. The husband: "she did not show much difficulty to cope with the situation. She handled all these situations very maturely so the couple did not feel it as a task".

Common features of the category:

- The first and foremost commonality is that the husband is identified with an infertility.
- Most of the couples started their consultation with allopathic medicine and gradually enter into all the available treatments and allied practices available.
- Later traumatic experiences and emotional turmoil couples attain a particular mindset of courage, to live. In the meantime, the couple unintentionally tried to rationalize their present situation by other situational factors.
- Two couples preferred girl child. But one among them got a baby boy due to the unavailability of girls. Most of all the couple demands girl child for adoption. This is in contradiction to the commonly seen fact in India where based on gender there is female infanticide. While people conceive at least a noticeable population prefer male child and in case of adoption, people are portraying an evident preference for a female child.
- This category is showing the same behavior of the former category that is a partner who is identified with an infertile problem (male partner) become more sensitive than the other, and they develop a highly negative emotion towards the life. Besides, they show a disinclination for adoption.

- The fertile partner (female partner) amongst the couple take an initiative and suggests adoption. It is a common phenomenon among the couples studied that the infertile couple denied the option sooner or later the other partner proposed it. Investigators have a strong intuition that it occurs because of their own unconscious internal clash, as till date, everyone has pointed out the fingers towards her/his fertility capacity. It requires immense internal strength to admit to one's own self about infertility. No one can easily take a decision regarding this sort of deep rooted events. So a period of negotiations and brainstorming were needed to convince them.

Differences of the Category:

- Reasons for infertility is different for different males.
- One of the couples had a preference for baby boy. The investigators noticed that, while looking to the 15 cases as a whole there is a connection between the baby boy preference and financial security. The financially insecure families are preferring boys because they believe that they are the ones who will look after the parents in their later age. In the meantime, the philosophy behind girl preference is different. Financially secure families preferred girl child than boys. At least some parents opting adoption believes that girls would stand by them during their old age and would love them as their own whereas as boys have every possibility to move on, detach self from parents and they might get out in search for their biological parents.

Category: Adopted because of Frequent Abortions

Prototypal Case 3:

Mr. Gopalan and Mrs. Narayani, married at 1977. During the time Mr. Gopalan was working at a distant place from their hometown and he took his partner along and after three months of marriage she conceived, but it was a tubal pregnancy. Consulted a doctor and suggested abortion, because if the zygote grows in the fallopian tube it will ultimately damage the fallopian tube by rupturing it and in turn will affect later conception. So the couple opted abortion without a second thought. The couple reported that the abortion did not affected them much because duration between marriage and conception was too low at their younger ages too.

Mrs. Narayani again conceived twice after a period of two years, both pregnancies were tubal. In both the cases, abortions occurred naturally. Doctors verdict was that it might be a genetical condition despite lack of familial history. This affected the couples adversely. They went for other treatments like Ayurveda and allopathy and other allied practices but nothing turned fruitful. All the medical test shows the couple is normal there is no identified problem for the frequent tubal pregnancy and abortion. After three miscarriages she did not conceive. They did not go for any advanced infertility treatments because during their period the advanced infertility treatments were not so common as today. And the couple reported that even though they have undergone almost ten to twelve years of treatments for a baby, none gave a desirable result so they stopped all the treatments. The couple was emotionally drained. But after a while, they got accommodated to the situation.

After a while, one of Mr. Gopalan's friends suggested about adoption. But Mrs. Narayani was not interested in adoption and husband frequently started to convince her. But the decision regarding the adoption was not an easy task for her which is evident from the conversation below.

Mrs. Narayani: *"one day he came to the home and said that next week we will go to an adoption center to see a baby, if we liked the baby we will adopt him/her as our baby. He said again that he has already registered in an adoption agency a year before, along with his friend. The news was shocking for me. I thought that how could he take such a decision without my consent, there was a lot of question in my mind. But as days go on my resistance decreased and I got ready for an adoption. I felt free to go and see the baby"*.

Finally, Narayani agreed on the basis of a demand, preferred a baby boy and while her husband preferred a baby girl. If the husband is not willing for a baby boy she straight away communicated her disagreement to accompany him to the adoption centre. The husband had no option but to succumb to her clause. The couple adopted the ten month of old.

The couple reported that the life after the adoption was totally different from earlier one. They were fully happy as never before and he became their world. The wife felt that she could have taken the decision much earlier. The social life after the adoption was not that easy for them, the family was not much support for adoption as there was no case of adoption prior in the family, the lack of awareness evident on their attitude. But when the baby came to the family every one welcomed him and started to love him as our own child.

The life after adoption for this couple was a little bit different from others because the child they adopted turned out to be rebellious. The behavior of the boy became unmanageable along with his development. He behaved unruly with the parents and relatives. The couple did not reveal about the adoption to the child. Parents feel he might know this from his friends or neighbors. she reported that her son never asked them about the adoption.

Mrs. Narayani reported that sometimes she felt that they could have adopted a girl as her husband's wish. Because girls would be more loving than boys and will be less rebellious than boys". Six years before the data collection Mr. M has passed away. The life without her husband brought hardship also relationship between mother and son was also not that smooth. She regrets not adopting a girl. Finally, she said that if it is our their child they would definitely forget and forgive their son in the same way she could forgive him like any other mother.

Commonality:

- There are four cases in this category. The main reason for adoption is frequent abortion. .
- Most of the couples (3 cases) the decision regarding adoption was taken by both the husband and wife.
- One among the couple had not any preference for the baby, the remaining had their own preferences.

- All the four couples adopted a baby of below 10 months. so the children could easily adapt to the environment.

Differences

- Two of the couples did not go for any infertility treatments and the other remaining two had undergone IUI and IVF. But the results were negative for them.
- Two of the couple adopted a baby boy and remaining two baby girl.
- While coming to the family support, the family of two of the couples was not supportive. But after adoption, they showed accepted.

Category: Adopted because of Frequent Infantile Death

Prototypical Case 4:

The couple Mr. Vimal and Mrs. Rosy, married at 2005. During the time of marriage, wife has enrolled for her post-graduation. So the couple decided not to have children for the next two years. After completing her post-graduation she joined another course. At this time even though wife had a strong wish for a baby, husband discouraged it because he thought that the pregnancy may affect her studies. She was confident that she could handle both without mixing up each other. Subsequently, she got pregnant and delivered the baby in the eighth month of pregnancy, it was a normal delivery. The worst thing happened after a day forefront the delivery. Baby passed away without any specific problems, even doctors could

not detect an issue. Couple attributed the cause of death to the lack of rest and prenatal care as the pregnancy was during her studies.

In the very next year, she got pregnant again. The couple and family took special care during pregnancy. But like the former one, the placenta got ruptured and she lost the amniotic fluid in the eighth month. So the doctors suggested for a caesarian delivery. The couple proceeded for it, as previous pregnancy they lost this child also in the very next day. Unlike the first infantile death, this incident had high emotional impact on the couple. They totally collapsed. They changed the doctor and consulted another one, but none of them could find out a reason for the infantile death.

Three years after this particular incident she again became pregnant. The couple reported that it was a highly stressful situation for them and others. The doctors also provided special care for her, but the result was depressing. the couple lost their baby ones more time. To cope with the situation she needed therapeutic assistance. In the meantime, after this third incident the doctor whom they consulted with had given the option of adoption, them onwards husband started to think about an adoption. After a while he introduced wish in front of the wife, she was not willing for an adoption. She wanted an own baby, so she liked to go for another pregnancy. But the husband was not ready for that as he did not want to see her in miserable condition ever after. because they lost babies thrice, in the meantime she has undergone two caesareans and all the difficulties after delivery.

Finally, they decided to go for another pregnancy as a final option. This decision was taken after nine years of marital longevity. But the doctors did not give

any assurance as reason behind infantile death was undiagnosed and left it to genetic issue. In the meantime, the husband has already consulted with an adoption center and registered for adoption without the consent of the wife. The husband reported, he knew that was a risky decision, but at that moment it was the right thing. he did not want to saw her in terrible situation again, and he did not want to put her in a worse situation, but the couple again lost their baby. The condition of the wife became too critical as her blood pressure increased after delivery, bleeding intensified and she became unconscious. At this time the doctor whom they consulted give the

After two days wife gradually restored health. Subsequently a few days later husband again introduced the topic of 'adoption'. The doctors also helped him to convince her by talking about the positive side of adopting a baby. After long debate and discussion, she showed her willingness to adopt a baby. A few days later, they got a call from the adoption center, to see a baby. The husband reported that the call was a surprise for them because they did not expect a call from the center as early as this. And that was the apt time for adopting a baby. No one else could manage that situation other than a baby than a baby, a natural cure.

The very next day the husband and his brother in law visited the adoption center. Mrs. Rosy was physically not fit for a journey, so she did not go with them. When they reached the center to see the baby, it was a baby girl of two month age. Vimal: *"when I saw her I felt that this was the baby we lost in the last pregnancy because it was a baby girl too. In addition to that she was two months old, if our*

baby was alive she would also be almost one and half month. By all these factors we decided this would be our own and decided to adopt".

The decision to adopt at the right time is instrumental to regain the health of Rosy back to normal. And this couple had an added advantage that is; she could breastfeed the baby. Along with the couple the whole family was also very happy and the social life of the couple also turned to normal.

Society treats childless couple as a deviant group which is evident from the statement given by Vimal: "women are the prime victims of this sort of societal maltreatments, the males are less likely ill-treated by others. Alike the childlessness the adoption is also treated very badly by the society. But all these ill treatments wasn't a major issue for us after our baby's arrival. We started enjoying our life again".

Now she has become three years old and we are planning to open up to her regarding adoption in her fifth age. The couple mutually took the decision.

Commonalities of the Category:

- These couples are somewhat different from the other categories because they had delivered their own babies, unfortunately could not lead a life with them. This situation was more traumatic as they had breast milk but did not have a baby to feed. So the physical, as well as the psychological strain faced by this category, is really dismal.

- The doctors cannot find out a reason for this frequent infantile death. So the couples could not take precautionary treatment for the same. The doctors reported that this may be because of genetic reasons.

Differences of the Category:

- One of the couples preferred and adopted a baby girl and the other has preferred and adopted a baby boy. The couple who adopted the baby boy adopted the second baby they saw. The first baby they saw had heart complaint, so they were not interested to adopt a baby with a problem.
- The chance for adopting the same sex of baby lost to the couple is more. The couple who lost a baby boy was adopted the baby boy too and the other couple had four infantile death adopted a baby girl because the last baby they lost was a baby girl.

Phase V

STUDY ON PROGENY FREE COUPLES

This study is an initiative to explore the experience of childlessness among progeny free couples. For the same, the investigators by means of purposive sampling identified ten progeny free couples as the unit of analysis. Purposive sampling is used by keeping an inclusion criteria: couples with marital longevity of 25 years or more. The 25 years is considered as a cutoff point as most of the women would be on the verge of menopause or in menopause and the couples would have been taken a decision regarding their progeny free life.

Data were gathered by means of open ended questions used during semi structured interview. The gathered data were analyzed through case study method. Case study is a in-depth or detailed examination of individuals in their context. Though comparison of similarity and differenced of the cases is possible, in a stronger and reliable way. Data gathered were thoroughly red repeatedly after which investigators identified commonality and differences among the couples. Based on these similarities and differences the investigators categorized the ten samples into two groups, they are:

1. Couples accustomed to childless life (seven couples)
2. couples with a ray of hope (three couples)

The cases are presented accordingly,

Case a: A couple belonging to lower middle class family, aged 57 (husband) and 49 (wife) with a marital longevity of 25 years reported, their initial years of marriage to be smooth and harmonious. Soon after marriage they had to relocate their husbands job locality. Apart from financial difficulties their marital life went on without any stress and storm. Even though after three years of marriage families extended pressure to consult doctor in order to conceive, husband had an opinion of his own and their first consultation was after five years. Doctors could not identify any reason for childlessness. On the other hand husband was pretty calm about this because he reasoned it with the pre family history of two elder sisters of his wife, they conceived very late (took 8-11 years to conceive). They did not attempt for second consultation and he could console and assert her to take things lightly.

Meanwhile they embraced religious practices, consulted with an astrologer to find out the reason for their childlessness. Astrologer reported that husband's family had a curse from the snake, and advised remedies; snake worship in different temples and some ritual in their '*kudumba kshetra*'. But could not pursue with rituals in *kudumba kshetra* due to some internal conflicts within the families. So gradually they gave up the attempt. Husband gave a statement: "if destined, we would definitely have a child".

The wife reported that the childlessness affected her badly but her husband was pretty positive towards life. Unlike other progeny free couples, the evident perspective towards life from the part of husband gave immense strength to his partner to cope with the childlessness. He was living apart from his home since

eleven years. The financial background of the family was very poor during that time, so he stopped his education at eighth standard and went for job. This attitude of the husband was contagious which leads both of them to easily cope with the situation, that come their way. Wife reported that if the husband was not supportive and positive she would not have adapted to childlessness.

The couple did not undergo any kind of infertility treatments, nor do they preferred assisted conceptions because he was aware of the adverse after effects of infertility treatments. Husband statement: "if we had a child, we live life accordingly, if not we have to live the way it is. Children cannot be considered as a future investments because they can't remain with us for entire life. Think of a girl child, definitely she would be sent in marriage during early twenties. In that case also we would have to live lonely life. So why can't we live like that from now own". They did not face pressure from both the families as well. So they were living a sort of happy life together.

Wife has attained menopause prior to data collection (two years before). They are the members of Progeny free Welfare Organization. This is an organization of progeny free couples, which prioritize social services. All the members of the organization are progeny free, and the organization provides common platform for sharing and extending towards society without much disturbances. The relationship evolved through this organization improved their quality of life as well as the mental well being of the couple. The husband reported that if they had a baby of their own the life would have been different, revolving around that child. Now the situation is different, as they felt that they are doing something worthy.

While looking to other six cases with in this category, all the couples have reached a state where they have adapted to childless life and they did not have any confusion regarding their state.

Case B: This case belongs to the second category, a group of people who strongly abide to a hope of having a child. The couple married at 1984 (with a marital longevity of 32 years), aged 59 (husband) and 50 (wife), and marital longevity of thirty two years wife was undergoing a proper menstrual cycle.

The couple experienced a smooth marital life with in a happy family. Husband was working abroad, so he left six months after marriage. After one year he came back and she got conceived, unfortunately she had a miscarriage. As it was their first experience, even though heart breaking, they recovered easily. After three years of marital longevity, a second abortion at the third month of pregnancy devastated them. This time husband was head off for his job, so the couple consulted a doctor only after his revisit. Low count and mobility of sperm was reported as the reason for frequent abortion. Doctor, in addition, warned that unhealthy sperm can lead to abortion in future also. The couple was shattered and they started taking treatment for the same. Couple consulted many doctors under different disciplines like '*allopathy, ayurveda, homoeo and nattuvydyam*' with a hope for desirable result. Alas, couple was left disappointed as wife never did conceived even after husband settled back at home town for continuing treatments.

Couple embraced allied practices along with the treatment. They went to astrologers to find a reason for their childlessness and without a fail practiced all the remedies suggested by them. They did '*thotil kettal and uruli kamazhthal*' in

some temples to satisfy their yearning for a baby. During this period the couple underwent a very dreadful life. They felt life as worthless and couldn't manage the personal as well as social pressure, until they reached a decision to go abroad together, both the families supported their decision. The wife reported that their decision was intentional so as to avoid stressful situations and most importantly they were in need of a change. They stayed abroad for three years, and after their return consulted a 'Nattu Vydhyan' informed by a neighbor, but did not work out. Meanwhile a fibroid was diagnosed and she had to undergo a surgery for removing the fibroid. During their regular consultations doctors reminded them of their low chances of pregnancy, hearing the fact, though know to them was not that easy for them.

Two years later, one of their friends told them about the advanced infertility treatments and its possibilities, they decided to try it as a last ray of hope. They consulted a doctor to gain information. Wife:" during those days infertility treatments were *that popular among people and unlike today infertility clinics were very less in number. Simultaneously, cost of the treatment was unaffordable. Even if we decided to pursue the treatment. Without a second thought we decided to go forward with treatment as it was our last hope*". They were all set to undergo advanced infertility treatments and chose 'Bangaluru' as the closest destination because it was not common in Kerala. They tried one IUI and its failure took time to cope. Later they opted IVF, twice did it ended up in disappointments. A hell lot of emotions, hope- anxiety- distress accompanied with physical and financial loss turned their life towards a turmoil. Finally they reached a decision to stop all their

treatments and was left with a hope for conception which could be brought by enchantment; this is the reason why they did not opt adoption. Further they strongly believed in having " an own child".

This category still had a hope of a child of their own, have not reached a completely adaptive life. They still think of advanced infertility treatments and regrets their lack of knowledge about it. Among three cases only the presented case B was aware of it. Even though they are informed of the disqualification brought about by their, they still would like to pursue advanced infertility treatment, given a chance. Advertisement, and news about the success of advanced infertility treatments, late pregnancies, and deliveries reinforced their desire.

Investigators selected ten progeny free couple as the unit of analysis. Among the ten cases, seven are coming under the category of those have coped with the childless life and the remaining three comes under the hopeful people who wait and wish for own. The above described cases are examples of the two categories under study. There are similarities and differences between these categories.

Similarities

- Initial days of both categories are same. A smooth transition towards marital life, bonding, hoping a child, disturbances leads to consultation, treatments, and embraced allied practices. Days filled with hope and despair.
- People belong to both these categories did not find adoption as a possibility, as both adhere wish for own child.

- Couple by this point of life has reached a position to take advantages of the time they possessed
- Couple finally reached at a strong affection and support towards each other.

Differences:

- While compared to the first category, people belonging to the second could not reach at a sublimated state; nor did they reach at a homeostatic equilibrium with their childless life.
- Quality of life of the second category is low while compared to the first.
- People of first category has attained a mental strength which gives them a power to rationalize their 'wish' universally, they engage in creative works, social activities, agricultural activities, and family responsibilities.

This is substantiated by the example of one couple, who opened a special school for physically challenged children. They offer the needful for these children. Their fellow members at progeny free welfare organization accompany them to run the school. They believed all children as 'God's children' and effortful use their time and resources for the welfare of them. They reached a worthy life attributing their service wisely. Unlike a couple who adhere to society norms, by settling within their family unit, utilizing their time, work, and resources for their own children the progeny free organization extents toward society which evident from above mentioned couple.

CHAPTER V

Summary and Conclusion

'Wishes' are the mental expressions of human energy' (Berne, 1982). The term wish is used in the sense 'to desire' or 'to want'. 'Wish for a child is one among the prime wish of human being. Reviews of literature reveals that in the history of psychology the 'wish for a child is considered as a maternal factor rather than gender-free aspect except Freud. This impression is a byproduct of civilization or patriarchy. Freud (1905) explained 'wish for a child' as a pre genitally originated gender free wish, this wish gets modified along the psychosexual developmental stages of an individual. The pre genital information's were used for the genital priming. While looking to the history of psychology, it gave prominence to the genital period and the complex (Oedipus and Electra) resolutions than pre-genital period. The genital period mainly focused the penis baby equation, which means that a women get narcissistic equilibrium when she has a baby, the penis envy is cathected by delivering a baby of their own. Here onwards the 'wish for a child' was specifically put as a matter of concern of women, the male wish was ignored completely. The craving to have a child, which mistakenly has been considered to originate from an innate "maternal instinct," actually stems from an unconscious response to pressures which still predominantly define a woman's role and being in terms of motherhood. These pressures are both open and disguised, they are of religious, societal, and family origin. However, a uniquely significant contributory factor is a girl's conscious and unconscious interaction with her mother (Lax, 2006).

Wish for a child is mostly studied in the sphere of maternity and motherhood. By this study the investigators tried to explore the 'wish for a child' as a gender free one.

Research Aim/Statement of the Problem:

The main aim of the study is to explore the 'wish for a child' as a psychological construct and the different expression of 'wish for a child' of couples.

The work is entitles as "**WISH FOR A CHILD AS A PSYCHOLOGICAL CONSTRUCT: STUDIES ON FIRST PREGNANCY, ADOPTION AND AWAITING**".

OPERATIONAL DEFINITIONS

Wish for a child: According to Kant (1964) cited in Boothe, B. The wish is a desire, which no expenditure of effort in order to imagine the goal objects. Wish for a child is not a wish to have a child instantly, it is a mental image of wanting a child and will produce pleasure.

Procreation is one of the prime motive of all animals for the survival of their own species. While coming to human beings reproduction have some other meanings apart from the survival. A marriage is considered meaningful only after a child enter into the marital dyad. The childless couple believe that they do not have any biological future without child. Apart from biology some social, cultural and psychological factors are linked with the desire to have a child.

First Pregnancy: Social and personal meaning of the new status in the life along with the conscious and unconscious aspects associated with birth of the first child is brought under study.

Adoption: Adoption defines couple and individuals who typically are unable to have children as a result of infertility or any other reasons adopt infants domestically and internationally to form an expected social family (Gibbs, 2000). The couple who decided to adopt might reach the decision after undergoing very strange social and psychological life events.

Awaiting: The whole period after marriage is an awaiting for the addition of a child into the marital dyad because marriage is considered as a synonym of conception.

RESEARCH OBJECTIVES

1. To conceptualize the underlying psychological phenomena of 'wish for a child'
2. To identify various expression of 'wish for a child' among couples
3. To have a general idea on women's experience related to pregnancy and delivery.
4. To analyze critically 'how' and 'when' childlessness status becomes a problem and the psychological and social sequence of events associated with it.
5. To explore the prevailing practices to resolve and cope with the childlessness among infertile couple.
6. To explore the "psychological sequence of events" associated with adoption.

7. 6a. To compare and contrast the similarities and differences among adoptees.
8. To explore the experience of "childlessness" among progeny free couples.
9. To explore a literary depiction of the experiences of childlessness.

RESEARCH QUESTION:

The research question is developed and formulated by deducing the research objectives. And the main and sub questions were addressed in the study process.

Table 5.1

Overview of Research Aim, Research Objectives and Research Questions

Research Aim	Research Objective	Research Questions
To explore 'wish for a child' as a psychological construct	1. To study various expressions of 'wish for a child'	<ol style="list-style-type: none"> 1. To have a general idea on women's experience related to pregnancy and delivery. 2. To analyze critically 'how' and 'when' childlessness status becomes a problem and the psychological and social sequence of events associated with it. 3. To explore the prevailing practices to resolve and cope with the childlessness among infertile couple. 4. To explore the "psychological sequence of events" associated with adoption. 5. 4a. To compare and contrast the similarities and differences among adoptees. 6. To explore the experience of "childlessness" among progeny free couples. 7. To explore a literary depiction of the experiences of childlessness.

NEED AND SIGNIFICANCE OF THE STUDY

Parenthood is one of the major transition in the adult life for both men and women. Having a child is too close to the meaning of the existence of a person. The experience of an event make sense at individual level and each individual undergo it differently, rendering meaning to each in different manner (Fransella & Frost, 1977). So the non fulfillment of such desire has been associated with a lot of psychological sequels. Here comes the significance of the study.

- This study is an attempt to provide insight into the area of 'wish for a child', the different expressions it take. Initially researchers went for reviewing in order to gain an understanding on humans 'wish for a child'. It was surprising to see that majority of the studies revolved around motherhood and very few which has addressed 'wish for a child' focused on wishes from the women perspective. These studies identified women as a subject matter, none has been conducted with an objective to identify the 'wish for a child' from the perspective of a man, nor did studies see 'wish for a child' as a gender-free phenomenon. So, researchers took a stand to study 'wish for a child' among couples and how it develops as a psychological construct.
- Across lifespan 'wish for a child' takes different expressions and these are accompanied by a series of psychological and social events which is even more intense if couples remain childless. While looking deep into the social kinship formation ' the child' is central to the kinship formation. If somebody remain childless they are considered as social deviants and they are claimed to lead a tragic life. Marriage is usually considered as a pre-requisite to

reproduce, so to conceive after marriage is seen as part of a norm. Irrespective of the personal achievements at intellectual, social and professional level humans are measured based on reproductive status, as it is unnecessarily attached to masculinity and femininity of individuals. Society treats them insensitively attaching childlessness to curse by God or of ancestral origin. Neither do people have a second thought on reproductive freedom of others nor do they respect the personal space demands of another person. Society triggers infertile couple to think of themselves as incomplete without a child.

- In the current scenario the topic 'wish for a child' is very relevant and important theme to discuss because; looking into the past 25 years of Kerala history the importance attached to conception has undergone a drastic change. Currently pregnancy is considered as a disease than a natural biological process, which is explicit from the terms such as '*garbharogavidakthan*'. Each pregnancy has become precious for every family and childlessness has been problematized as never before. Couple becomes conscious about their fertility status regardless of their age and marital longevity. Earlier while they took time to consult in years now the duration between marriage and first consultation has abridged. The number of infertility centers and scarcity of children for adoption is an example for the scenario. Today's consumer society have utilized the market value of the basic 'wish for a child' of an individual, they have succeeded to generate a fear and a possibility of infertility in every couple. Heart has overpowered

brain with regard to decisions on dealing with childlessness which is caused by the intolerance created by advertisements and over vigilance of people around regarding delayed pregnancy.

RESEARCH METHODOLOGY

Table 5.2

Research methodology

Methodology	Phase I	Descriptive analysis
	Phase II	Interpretive Phenomenological analysis
	Phase III	Book analysis
	Phase IV	Prototype analysis
	Phase V	Qualitative case study analysis
Time horizon		Cross sectional
Data collection technique	Phase I	Structured interview
	Phase II	Semi-structured interview and participant observation
	Phase III	Selected a book among several
	Phase IV	Semi-structured interview and participant observation
	Phase V	Semi-structured interview and participant observation
Sample	Phase I	327 couples from two wards of a Panchayath
	Phase II	30 couples who undergone treatment for conception
	Phase III	A book named 'one part woman' by Perumal Murugan
	Phase IV	15 adopted couples
	Phase V	10 progeny free couples

INFERENCES FROM THE STUDY

This study is an attempt to explore the different expressions of 'wish for a child' among couples. Here the 'wish' is considered as a gender free mental image of wanting a child of our own. For the same the investigators selected couples who had children and cope with the childlessness by adoption or progeny free life as samples. Couples who fulfill/cope with their wish in any possible way were considered as sample, because this couple encountered a demand of having children in their life and intensively experienced the wish. Such people are apt to explain their wish than those who had not any conscious awareness about 'wish for a child'.

From the data the investigators came to know that in our society the marriage is considered as a synonym for conception. So each individual is seen to enter into a marriage with an expectation of a child. While looking at the age at marriage it was found to be appropriate with the legal age permitted, abiding the norm males were seen to be older than females. Majority of the couple had a child within three years of marital longevity, with a normal conception and normal delivery. The case of intentional abortions and caesarians were absent in the sample. The couple identified their childlessness as a problem after two years of marital longevity and started consultation after that. Majority of them started with allopathic medications.

Among the couples who have undergone infertility treatments it is noted that women experience childlessness differently from men as society carry a common notion that women is solely responsible for infertility as male infertility is unaddressed. Society measures infertility by keeping an account of childless women. Conception at times is related to luck factor and those couples who lack the ability to

conceive is looked at with suspicion and people in general point towards their fertility. Child gains unnecessary relevance which gets attached to eternity, a feeling of accomplishment and carrying of legacy which is a byproduct of biology and social meaning which it has already acquired. That is why infertility is considered as a biopsychological issue.

While looking to the couple who has undergone any kind of medical assistance, it was astonishing to note that 50% of the couple with delayed conception comes under unidentified reason for the same. These couples while compared to those with identified reasons experienced stress and strain at a grander level. Investigators have a strong intuition that core reason for infertility among the couples with unidentified problem would be psychological issues with regard to sexuality. It is essential that one's body should be prepared to conceive, the lack of desire for child bearing may result in infertility. The previous notions regarding sexuality, hate-love dynamics between couples, also social and familial situations are contributing factors to this issue.

Medical professional expertise in gynecology/infertility nor the psychologist have taken the matter of allied reasons apart from biological reason with due prominence. People with unidentified problems are commonly seen to approach assisted reproductive technologies, adoption and live a progeny free life. Professionals, public, and society in general lack awareness or ignore the importance of psychology behind infertility and causes behind it including the relevance of proper sexuality among the couples, these are the areas which has to be addressed with eminence.

Some couples in the study gradually stopped all the treatment and other practices and lived a life by admitting their childlessness (denied experience of pregnancy and delivery). During this period the couple experienced a low stress life than before that lead to a smooth marital relationship. They conceived during this time without any medical assistance. The investigators considered it as an important event as sample communicated that, after accepting childlessness they could ease the marital dyad by getting rid of emotional turmoil which accompanies anxiety and hope related to menstruation.

In the remaining sample, the period between which the couple identified their childlessness as a problem to time at which they decided to stop all the treatments (approximately two to eight year) is very traumatic without any parallels. The journey of a couple during their infertile period is traumatized by the fertile world. Fertility and the anxieties related to delay in proving it to self and the world has a massive impact on relationship between couple. Both the partners experience childlessness at individual level and at dyad level, and it varies in intensity in accordance with the person who is identified with the problem. Partner identified with problem becomes more sensitive and connect any event to childlessness. Apart from the physical, emotional, and personal issues that the couple undergoes within themselves, family and society stimulates towards a crisis situation. Couples identity as such is expressed in terms of childlessness by purposefully ignoring their achievements.

The treatment as such becomes a stressor for them. During this period efforts to use defenses fails abruptly and thus the couple becomes suggestible to any

treatments or combination of treatments and allied practices which is initiated by any person, whether it be a known or unknown personnel. The frequency and intensity of treatments attains its peak and failures lead to alternate options by choosing different doctors in different disciplines. In short, cultural glorification of motherhood and importance exerted on having an own child is the main reason for the outrageous life experienced by the couple.

The novel *One Part Woman* is an illustration on childless life of a married couples along a marital longevity of twelve years. Couples life was filled with ups and downs, both trying to comfort each other at times of emotional upsurges and becoming stressor for other at few other occasions. They are further intensified by families and societies intrusion. Culture has succeeded to instill death anxiety by creating a notion that death of a childless person affect the reproductive success of a kin. The information which was lacking in reviews regarding the wish for a child from males perspective and psychological experiences related to the childlessness is described in this novel appropriately.

After all the emotional turmoil's, emotional pain induced by self, insult from families and fertile society few couples attain a strength to take a decision regarding their life. The strategies taken by the couple to cope their childlessness is

1. They gradually conceive a baby with the help of assisted reproductive technologies which in itself is a stressor for the couples even though they forgot all their tension after having a child of their own

2. They will find an alternative by adopting. The decision regarding adoption is not an easy task at all for a couple who faced threat to their potency. Couples between a marital longevity of ten to fifteen years prefer to adopt. The strength attained by the hampering of emotional and social life has been instrumental in reaching at a thought on adoption. Parallely they have stopped entrusting self to treatments and thoughts on adoption instigate them towards a final try out hoping for a child of their 'own'. The impact of failure to succeed by means of advanced reproductive strategies takes time to resolve and brings about a perspective change leading to a transition from 'own' to 'other' child. Along with this, suggestions from a person who has an influence on this couple, can be from a doctor to another couple who lead a happy life after adoption were the main underpin for the decision regarding adoption. While looking to the decision making between partner, it is the fertilize partner who suggest adoption as an option. Infertile partner shows objection initially and gradually both reaches at a decision. They usually shows a preference for a girl and adoption usually happens between an age of three to nine months. It helps both the child and parents to bring a sense of family. Once adopted the infertile partner never had a second thought in their mind but in case of fertile partner there were few who made comments on their biological parents.
3. Another choice is to stop all the treatments and choose to live a childless life. This couple go through intense sadness, frustration and depression for a prolonged period, and gradually they rationalize their childlessness by

spiritual awakening. They eventually accommodate to the condition by either accepting others children, getting involved in social activities, being a member in the progeny free welfare association or investing in agricultural activities. But there was a minority among progeny free who had a ray of hope for a child at some point of their life.

SUGGESTIONS AND LIMITATIONS

Data has immense evidence on the requirement of psychological assistance during the whole process of awaiting, conception, pregnancy and delivery. People who have conceived at the right time they wanted to, has also undergone pregnancy period which was stressful due to their anxiety and fear of the while process of delivery. Unnecessary information's mostly which lacks authenticity has intensifies their fear and made the whole conception period uneasy. While regarding those who conceived without prior planning, the group who believed conception is synonym to marriage their gestation period is found to be filled with mixed feeling of unexpectedness, excitements, worries, and queries. Very few among them has taken time to adjust to the situation. Among those couples who has undergone infertile period it was surprisingly to note that 50% of the cases are with unidentified problem. Ignorance of causes behind infertility leave them scandalized. they are seems to suffer a prolonged period distress caused due to issues created out of it within the marital dyad, or from the family and society. The period of treatment as such is seen to be a stressor. In case of infertility, while problem is identified for one partner the psychology behind relationship changes entirely. The role of psychologist is crucial during infertility period. In the case of adoption, they take a

journey of ups and downs, conflict within self and between partners to reach at a decision of 'other' child from a wish of 'own' child. Adopted couple has taken psychological assistance only after taking the decision to adopt.

In case of progeny free couples as well reaching at a resolving situation of extending self to society took years of traumatic life events. Investigators hereby affirm the necessity of psychological assistance during normal or assisted pregnancies, during delivery period especially in case of caesarian and complication, treatment periods, decision making process regarding adoption and progeny free life. It was surprising to note that none of the couples under study has thought about an alternative to deal with their day to day queries and problem faced regarding pregnancy, even while it has brought a great storm in their life. It require a special mention that none of the gynaechologist/infertility specialists has recommended a visit to psychologist to deal with emotional turmoil nor thought about assistance especially in case of couples with unidentified problem. An exploration of psychological causes of infertility is completely ignored. During the initial stage of study investigators has approached three infertility centers for the purpose of data collection, reluctance on the part of officials to permit permission substantiates our result. It's high time that psychologist address this as which require intervention.

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Appendices

APPENDIX I

**INTERVIEW SCHEDULE
(DESCRIPTIVE STUDY)**

1. ദമ്പതിമാരുടെ പേര്?
2. ദമ്പതിമാരുടെ വയസ്സ്?
3. കല്യാണം കഴിഞ്ഞിട്ട് എത്ര വർഷമായി?
4. കല്യാണം arranged ആയിരുന്നോ Love marriage ആയിരുന്നോ?
5. കല്യാണസമയത്തെ വയസ്സ്?
6. കല്യാണം കഴിഞ്ഞ് കുട്ടിയു ളയതെപ്പോൾ?
7. ഗർഭധാരണത്തെപ്പറ്റി എന്തെങ്കിലും പ്ലാൻ ഉ ളായിരുന്നോ?
8. ഗർഭംധരിച്ചത് പ്രതീക്ഷിച്ച സമയത്താണോ?
9. എത്ര കുട്ടികളു ള്?
10. കുട്ടികളുടെ സെക്സ് എന്തൊക്കെ?
11. കുട്ടികളുടെ വയസ്സ് എത്ര?
12. കുട്ടികളുടെ ജനനതീയതികൾ?
13. പ്രസവം സാധാരണ/സിസ്റ്റേറിയൻ?
14. ഗർഭകാലത്ത് എന്തെങ്കിലും ബുദ്ധിമുട്ടുകൾ?
15. ഗർഭധാരണം, കുട്ടികളുടെ എണ്ണം ഇതിലൊക്കെ തീരുമാനമെടുത്തതാര്?
16. ഗർഭനിരോധന മാർഗ്ഗങ്ങൾ എന്തെങ്കിലും ഉപയോഗിച്ചിട്ടുണ്ടോ?
17. രാമതൊരു കുട്ടിവേണം എന്ന് എപ്പോഴാണ് തോന്നിയത്?
18. അതിൽ sex preference ഉ ളായിരുന്നോ?
19. പ്രസവം നിർത്തിയതാണോ?
20. ആരാണ് നിർത്തിയത്, ആരുടെ തീരുമാനം ആയിരുന്നു?

APPENDIX II

INTERVIEW SCHEDULE

(COUPLE WHO UNDERGO TREATMENT FOR CONCEPTION AS RESPONDENT)

1. ദമ്പതിമാരുടെ പേര്?
2. ദമ്പതിമാരുടെ വയസ്സ്?
3. കല്യാണം കഴിഞ്ഞിട്ട് എത്ര വർഷമായി?
4. കല്യാണസമയത്തെ പ്രായം?
5. കല്യാണം arranged ആയിരുന്നോ Love marriage ആയിരുന്നോ?
6. ആദ്യമായി കുട്ടി വേണം എന്ന് തോന്നിയതെപ്പോൾ?
7. ഗർഭധാരണത്തെപ്പറ്റി എന്തെങ്കിലും പ്ലാൻ ഉണ്ടായിരുന്നോ?
8. കുട്ടിയില്ലായ്മ ഒരു പ്രശ്നമായി തിരിച്ചറിഞ്ഞതെപ്പോൾ?
9. ആദ്യമായി ഡോക്ടറെ കാണിച്ചതെപ്പോൾ?
10. ആരാണ് ആ തീരുമാനം എടുത്തത്?
11. ഭർത്താവ് നാട്ടിൽത്തന്നെ ജോലിചെയ്യുന്ന ആളാണോ?
12. അല്ലെങ്കിൽ കല്യാണം കഴിഞ്ഞ് എത്രനാൾ കൂടെ താമസിച്ചു?
13. വീട്ടുകാരുടെ സമീപനം എങ്ങനെയായിരുന്നു?
14. ആർക്കാണ് പ്രശ്നം ഉണ്ടായിരുന്നത്?
15. ഏതൊക്കെ ട്രീറ്റ്മെന്റ് ചെയ്തു?
16. എത്ര ഡോക്ടർമാരെ കാണിച്ചിട്ടുണ്ട്?
17. എപ്പോഴാണ് ഒരു ഡോക്ടറെ മാറ്റി മറ്റൊരാളിലേക്ക് പോകുന്നത്?
18. Treatment costly ആയിരുന്നോ?
19. ചികിത്സയ്ക്കുള്ള സാമ്പത്തിക സൗകര്യങ്ങൾ ഉണ്ടായിരുന്നോ?
20. എന്തൊക്കെ ആചാരാനുഷ്ഠാനങ്ങൾ ചെയ്തിട്ടുണ്ട്?
21. എന്തെല്ലാം സാമൂഹികമാനസിക ക്ലേശങ്ങൾ അനുഭവിക്കേണ്ടിവന്നിട്ടുണ്ട്?
22. സാമൂഹിക ഇടപെടലുകൾ എന്തൊക്കെ?

23. ദാമ്പത്യജീവിതത്തിൽ എന്തെങ്കിലും പൊരുത്തക്കേടുകൾ ഈ കുട്ടിയില്ലായ്മ കാരണം ഉ റായിട്ടു റേ റാ?
24. പ്രോബ്ളം ഉള്ളയാളെ ഇല്ലാത്തയാൾ സപ്പോർട്ട് ചെയ്തിട്ടു റേ റാ?
25. കുട്ടിയില്ലാത്ത ഒരു ജീവിതത്തെക്കുറിച്ച് എന്താണ് പറയാനുള്ളത്?
26. ട്രീറ്റ്മെന്റിനുശേഷം ഗർഭംധരിച്ചാൽ ശേഷമുള്ള ജീവിതം എങ്ങനെയായിരിക്കും?
27. ഗർഭകാലത്ത് എന്തെങ്കിലും ബുദ്ധിമുട്ടുകൾ ഉ റായിരുന്നോ?
28. പ്രസവം നോർമൽ/സിസ്സേറിയൻ
29. ട്രീറ്റ്മെന്റിന്റെ ഭാഗമായി എന്തെങ്കിലും ശാരീരിക ബുദ്ധിമുട്ടുകൾ ഉ റായിരുന്നോ?
30. കുട്ടിയു റായിരുന്നതിനുശേഷം ഉള്ള ജീവിതം എങ്ങനെയായിരുന്നു?

APPENDIX III

INTERVIEW SCHEDULE

(ADOPTED COUPLES AS RESPONDENTS)

1. ദമ്പതിമാരുടെ പേര്?
2. ദമ്പതിമാരുടെ വയസ്സ്?
3. കല്യാണം കഴിഞ്ഞിട്ട് എത്ര വർഷമായി?
4. കല്യാണസമയത്തെ പ്രായം?
5. ആദ്യമായി ഡോക്ടറെ കാണിച്ചതെപ്പോൾ?
6. കുട്ടിയില്ലായ്മ ഒരു പ്രശ്നമായി തോന്നിത്തുടങ്ങിയതെപ്പോൾ?
7. ഡോക്ടറെ കാണിക്കാനുള്ള കാരണം?
8. ആദ്യമായി ഡോക്ടറെ കാണിക്കാനുള്ള തീരുമാനമെടുത്തതാര്?
9. വീട്ടുകാരുടെ ഇടപെടൽ ഈ തീരുമാനത്തിൽ എത്രത്തോളമു ളായിരുന്നു?
10. എത്രകാലം ചികിത്സിച്ചു?
11. എത്ര ഡോക്ടർമാരെ കാണിച്ചിട്ടു ള്?
12. ഒരു ഡോക്ടറെ മാറ്റി മറ്റൊരാളെ കാണിച്ചതെപ്പോൾ? എന്തുകൊ ള്?
13. ഏതെല്ലാം തരം ചികിത്സാരീതികൾ പരീക്ഷിച്ചിട്ടു ള്?
14. സമൂഹത്തിന്റെ ഇടപെടൽ എത്രത്തോളമു ളായിരുന്നു?
15. ആർക്കാണ് പ്രശ്നം ഉ ളായിരുന്നത്?
16. പ്രശ്നം ക ളുപിടിച്ചതിനുശേഷം ജീവിതത്തിലെന്തെങ്കിലും മാറ്റം ഉ ളായിരുന്നോ?
17. നൂതന വന്ധ്യതാ ചികിത്സകൾ എന്തെങ്കിലും ചെയ്തിരുന്നോ?
18. എത്രവർഷം കഴിഞ്ഞാണ് ചെയ്തത്?
19. അതിനുശേഷമുള്ള സാമൂഹിക മാനസിക ജീവിതം എങ്ങനെയായിരുന്നു?
20. എന്തൊക്കെ തരം ആചാരാനുഷ്ഠാനങ്ങൾ നടത്തിയിട്ടു ള്?
21. ദത്തിനെക്കുറിച്ച് തീരുമാനമെടുത്തതെപ്പോൾ?
22. ആരാണ് തീരുമാനം ആദ്യം പറഞ്ഞത്?
23. ര ളുപേരുടേയും സമ്മതപ്രകാരമാണോ ദത്ത് എടുക്കുന്നത്?

24. വീട്ടുകാർ എത്രകുടുംബങ്ങൾ അനുസ്മരണമയ്ക്കുന്നു?
25. മാനസികമായും വൈകാരികമായും എന്തെങ്കിലും തയ്യാറെടുപ്പുകൾ നടത്തിയിരുന്നോ?
26. ഏത് ആൺ/പെൺ കുട്ടി വേണം എന്നായിരുന്നു?
27. ആരാണു് തീരുമാനമെടുത്തത്?
28. ആൺകുട്ടിയാണെങ്കിൽ എന്തുകൊടുപ്പം/പെൺകുട്ടിയാണെങ്കിൽ എന്തുകൊടുപ്പം?
29. ആദ്യം കുട്ടിയെയാണോ ദത്തെടുത്തത്?
30. ആണെങ്കിൽ കാരണം?
31. അല്ലെങ്കിൽ കാരണം?
32. കുട്ടിയോട് ദത്തിനെക്കുറിച്ച് തുറന്നു പറഞ്ഞിട്ടുണ്ടോ?
33. ഉണ്ടെങ്കിൽ ഏതു പ്രായത്തിലാണ് പറഞ്ഞത്?
34. പറഞ്ഞതിനുശേഷം ജീവിതത്തിൽ വന്ന വ്യത്യാസങ്ങൾ എന്തെല്ലാം?
35. എന്തൊക്കെ നിയമനടപടികളാണ് ഉണ്ടായിരുന്നത്?
36. കുട്ടി ജനിതക മാതാപിതാക്കളെപ്പറ്റി ചിന്തിക്കാനുണ്ടോ?
37. ഉണ്ടെങ്കിൽ എപ്പോൾ?
38. ഇനി ഒരിക്കലും കുട്ടികളുണ്ടാവാൻ സാധ്യതയില്ല എന്ന തിരിച്ചറിവിൽ നിന്നാണോ ഈ തീരുമാനം എടുത്തത്?
39. കുട്ടിയില്ലാത്ത ജീവിതത്തെക്കുറിച്ചെന്താണ് അഭിപ്രായം?

APPENDIX IV
INTERVIEW SCHEDULE
(PREGNANCY FREE COUPLE AS RESPONDENTS)

1. ദമ്പതിമാരുടെ പേര്?
2. ദമ്പതിമാരുടെ വയസ്സ്?
3. കല്യാണം കഴിഞ്ഞിട്ട് എത്ര വർഷമായി?
4. കല്യാണസമയത്തെ പ്രായം?
5. കുട്ടിയില്ലായ്മ ഒരു പ്രശ്നമായി തിരിച്ചറിഞ്ഞതെപ്പോൾ?
6. ആദ്യമായി ഡോക്ടറെ കാണിച്ചതെപ്പോൾ?
7. ആരാണ് ആ തീരുമാനമെടുത്തത്?
8. ഫാമിലിയുടെ ഇടപെടൽ ഉണ്ടായിരുന്നോ?
9. എത്രകാലം ചികിത്സിച്ചു?
10. ഏതൊക്കെ ട്രീറ്റ്‌മെന്റുകൾ ചെയ്തു?
11. ഒരു ഡോക്ടറെ മാറ്റി മറ്റൊരാളെ കാണിച്ചതെപ്പോൾ?
12. ആർക്കാണ് പ്രശ്നം ഉണ്ടായിരുന്നത്?
13. പ്രശ്നം കൂടുപിടിച്ചതിനുശേഷം ജീവിതത്തിൽ എന്തെങ്കിലും വ്യത്യാസം ഉണ്ടായിരുന്നോ?
14. എന്തൊക്കെ ആചാരാനുഷ്ഠാനങ്ങൾ നടത്തി?
15. സാമൂഹിക മാനസികമായ അനുഭവങ്ങൾ എന്തൊക്കെയായിരുന്നു?
16. ദാമ്പത്യജീവിതത്തിൽ എന്തെങ്കിലും പ്രശ്നം ഉണ്ടായിട്ടുണ്ടോ?
17. നൂതന ചികിത്സാരീതികൾ വല്ലതും പരീക്ഷിച്ചിരുന്നോ?
18. ഉണ്ടെങ്കിൽ എത്ര വർഷം കഴിഞ്ഞ്?
19. ട്രീറ്റ്‌മെന്റുകൾ എല്ലാം നിർത്തിയതെപ്പോൾ?
20. ആരാണ് തീരുമാനം എടുത്തത്?
21. ഫാമിലി സപ്പോർട്ട് എത്രത്തോളം ഉണ്ടായിരുന്നു?
22. കുട്ടികൾ ഇല്ലാതെത്തന്നെ ജീവിക്കാൻ തീരുമാനിച്ചതെന്തുകൊണ്ട്?

23. ദത്തിനെക്കുറിച്ച് ചിന്തിച്ചിരുന്നോ?
24. ഈ തീരുമാനമെടുക്കാൻ മാനസികമായി തയ്യാറെടുപ്പുകൾ വല്ലതും വേറിവന്നോ?
25. ഈ ജീവിതം നിങ്ങൾ ആസ്വദിച്ച് തുടങ്ങിയിരുന്നോ?