

Holly Donahue Singh

Intentions, Desires, and Compulsions? Ethnographic Perspectives on Infertility from India

Extended abstract

Description of topic

This paper will engage the perspectives of women for whom infertility problems complicate their ability to translate intentions into families and desires for children into children they desire and value (Zelizer 1985). I will draw on ethnographic fieldwork conducted in Lucknow, Uttar Pradesh, India, over 16 months between 2005 and 2007, as well as from north Indian popular culture. Lucknow is the capital of Uttar Pradesh, the most populous state in India. With nearly 200 million people¹, Uttar Pradesh alone would be the fifth largest country in the world by population.² I will demonstrate how, in the context of infertility in northern India, fertility intentions extend into the realms of desire and compulsion and beyond individuals and couples to encompass extended families, including children, neighbors, and, at times, religious and political leaders.

My work situates the concept of child desire within the contours of north Indian kinship ideals, family relations, and practical kinship. My analysis of *aulad*, or "children as progeny," a strongly biological ideal that emphasizes paternity, during fieldwork, anchors my discussion of local desires for children. I argue that these desires are demonstrated most clearly by people who feel their lack, whether they identify as childless, sonless, or otherwise having incomplete families. These expressions of absence, inflected by socio-economic status and religious

¹ http://www.censusindia.gov.in/2011-prov-results/data_files/up/Census2011Data%20Sheet-UP.pdf. Accessed 10 June 2013.

² "UP to Trigger Explosion: State's Population May Rise to 28 Crore by 2028." 15 June 2013. *Times of India*, Lucknow edition.

background, reflect larger cultural values and shape the efforts that people take to overcome them. For example, they encourage people seeking children to favor approaches such as assisted reproductive technologies rather than legal adoption. Women most often take the blame for these absences, and the disconnect among aspirations, expectations, and realities impel many to put themselves on the line, perhaps to subvert these values, while quietly approximating them.

Theoretical focus

The paper will begin with theoretical and cross-cultural perspectives on fertility intentions and child desire under conditions of primary and secondary infertility. I will highlight theoretical and ethnographic work by sociologists (Bell 2014; Bharadwaj 2003, 2008) and medical anthropologists (Inhorn 2006, 2003, 1994; Gerrits 2002; Kahn 2002, 2000; van Balen and Inhorn 2002) to focus attention on contextual variations in the contours of intentions, causes, and consequences of infertility.

The "value of children," as reported from India, has been discussed in terms of values such as continuing a family line (patrilineal, *vansh* or *khaandaan*), conducting funerary rituals and providing old age support. The importance of children has also been assessed in terms of emotional values such as preventing loneliness or having someone to love and towards whom to devote one's energies (Mishra et al. 2005; Sen and Drèze 1999: 172-5; Das Gupta 1995; Vlassoff 1990). The question of what value children might hold for people who did not have them, but wanted to have them, has not figured prominently in analyses that focus on high fertility.

The idea of child desire (*bacche ki chah*) has two main parts, the contours of which both bear consideration as being culturally particular ideas. The desire to have a child or children depends upon specific understandings of the value of children, the characteristics of children, and the relationship between children and the families who raise them. In India, "desire" has often been constructed both as a force that keeps the world in motion, and as a possible source of destruction. In north India, the idea of *nazar* (or *kudrishti*), "the gaze" or "evil eye," structures much talk about the dangerous nature of the desires harbored by people; desire can "stick" to the person receiving the gaze leading to illness or accidents, and must be removed through ritual and/or guarded against by the use of talismans or other protective devices (Spiro 2005; Choudhry 1997; Nichter 1981; Maloney 1976).

When examining the desire for a child in India, it is also important to think about the question of agency: Who desires a child? How do they communicate those desires? And whose desires take priority? From cross-cultural perspective, possibilities include, among others, the state, the ancestors, human bodies, people of all sexual orientations, and people standing in various kin relationships to potential parents. Focusing on the desires of individuals, or of a married woman and/or her partner(s) is not enough to understand most of lived experience in north India. In order to grasp the extent of women's autonomy (Bloom et al. 2001; Jejeebhoy and Sathar 2001; Das Gupta 1995), the roles played by the extended family, especially the mother-in-law, must also be taken into consideration (Saavala 1999; Jeffery and Jeffery 1996; Freed and Freed 1989).

In Uttar Pradesh, and particularly among the residents of Lucknow city with whom I conducted research, the desire for a child encompasses the desire to initiate a whole series of

relationships, not only mother and father, but also maternal and paternal grandmother, maternal and paternal grandfather, aunt (mother's sister, father's sister, father's brother's wife, mother's brother's wife), uncle (father's elder brother, father's younger brother, mother's brother, father's sister's husband, mother's sister's husband), and other relationships delineated by Hindi- and Urdu- language kinship systems. These specific relationships come with intricate and specific expectations about obligations for residence, gift exchange, ritual roles, and affection.

The desired child is a culturally specific concept, rather than a category that can be taken as universal. Much scholarly work and government policy in India has been directed towards studying and attempting to intervene in the phenomenon of son preference. Research has documented son preference as one reason why families might continue to have children beyond their desired ideal family size. Such studies have attempted to explain the neglect, abandonment, killing of female children, and selective abortion of female fetuses as rooted in a preference for sons, which varies to some extent by religious background and dowry practices of particular caste and religious groups (Patel 2007 provides a good introduction and specific case studies). Apart from biological relation—which most people take as a given unless difficulties arise—the sex of the child is the most frequently mentioned object of desire, with most people wishing for at least one son, and then, perhaps, a daughter. Other desired traits in children may refer to skin color, weight, health status, the amount of hair, etc. Women in my study did not universally accept the idea that any child would serve to fulfill their reproductive intentions. While some women adopted a "beggars can't be choosers" position, others voiced more nuanced wishes for children, which their strategies for pursuing children also supported.

In the context of India, a handful of scholarly publications, recent journalistic and fictional accounts serve as primary reference points for approaches to interpreting infertility and the meanings of children. Notable among scholarly perspectives are the work of Aditya Bharadwaj (2003, 2008), Anjali Widge (2005, 2001), Veena Mulgaonkar (2001), and Sayeed Unisa (1999), whose disciplinary orientations vary from anthropology to medicine to demography.

Data and Research Methods

The full paper relies on data gathered through interviews, observation, and informal interactions over 16 months of ethnographic research in Lucknow, India. I conducted semi-structured interviews with over 50 women suffering from infertility in government infertility clinics and outside of clinical spaces, through the assistance of several local non-governmental organizations. In addition, I observed the work of more than 15 doctors specializing in gynecology and women's health, as well as the work of other medical staff members, with whom I conducted structured interviews and more informal interactions during clinic hours. Interviews were conducted in Hindi and Urdu language common to Uttar Pradesh, and occasionally in English, according to the preferences of participants. I also draw on material collected from newspapers, research produced by the Government of India, and Urdu literature.

Expected findings

Evidence from the north Indian context on infertility suggests that the notion of family planning requires expansion to more fully include the fertility intentions of people for whom children have come "too late," or have been "too few." The consequences of unfulfilled child desire, or unrealized fertility intentions, can include financial strain, familial and social stigma,

and health impacts that need further explication. Taking into account the current context of provision of assisted reproductive technologies, adoption, and other means of addressing infertility in India, perceived lack of control and access, combined with stigma associated with the absence of socially valued children, demonstrates the potential gaps between fertility intentions and fertility progression.

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