

INVOLUNTARY CHILDLESSNESS, STIGMA AND WOMEN'S IDENTITY

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Abstract

This article described how to control reproduction and the development of contraception in some case studies: Indonesia, Yunani dan India. The case studies are utilised to illustrate how normative gender roles in the society create stigmatisation of women in involuntary childlessness. They are also used to elaborate how stigma affects women's construction of identity. The three case studies and other literatures about involuntary childlessness and infertility show how the narrow gendered roles in society affect women negatively.

Keywords : Involuntary Childlessness, Stigma, Women and Identity

Intisari

Artikel ini menjelaskan tentang reproduksi dan penggunaan alat kontrasepsi di beberapa negara sebagai studi kasus. Negara-negara tersebut : Indonesia, Yunani dan India. Situasi di masing-masing negara menunjukkan bahwa bias gender yang ada di masyarakat menyebabkan adanya stigmatisasi dalam pilihan memiliki anak. Mereka juga menggunakan stigmatisasi sebagai akibat adanya konstruksi identitas perempuan. Studi kasus di ketiga negara menunjukkan pilihan memiliki anak dan ketidaksuburan disebabkan oleh minimnya pemahaman gender di masyarakat sebagai akibat cap negative terhadap perempuan.

Kata Kunci : Pilihan memiliki anak, Stigma, Perempuan dan Identitas

Introduction

The possibility to control reproduction and the development of contraception in the 1960s was a tipping point that started the movement of women's reproductive rights¹. The movement aims for women's control over their own bodies. Women's ability to choose and make decision about their reproductive lives started in the United States and many other developed countries. Before that, becoming a mother was the ultimate goal of every woman and the central of their female identities². This ability to choose empowers women and gives them freedom to determine their goals in life and shape their own identities as individuals. Therefore, childlessness in some western countries is seen as lifestyle option and personal statement³.

Despite this empowering concept of choices, in many parts of the world, women's identities are still strongly attached to the concept of motherhood and their values lay on their ability to reproduce⁴. How motherhood is still perceived as women's ultimate goal and primary role creates various stigmas about childless women⁵. Furthermore, women's inability to have children, in the context of this paper it is caused by infertility, is seen as a failure to meet their most important gender role. In many societies it is seen as a big problem with various implications⁶.

Although infertility is a global phenomenon with many implications, according to Balen and Inhorn (2002) the topic of disrupted reproduction is still less discussed compared to the normative reproduction. Moreover, although infertility and involuntary childlessness are experienced by both men and women, social and gender norms create different stigmas for men and women. Therefore, the purpose of this paper is to elicit women's experiences of involuntary

1 Hayden & Hallstein, *Contemplating maternity in an era of choice: explorations into discourses of reproduction*, (Lexington Books, 2010)

2 *Ibid*,

3 F.V. Balen & M.C Inhorn, *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, (California:University of California Press, 2002)

4 Benett, *Infertility, womanhood and motherhood in contemporary Indonesia: understanding gender discrimination in the realm of biomedical fertility care'*, (*Intersections: Gender and Sexuality in Asia and the Pacific*, vol. 1, no. 28, 2012)

5 F.V. Balen & M.C Inhorn, *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, (California:University of California Press, 2002)

6 F.V. Balen & M.C Inhorn, *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, (California: University of California Press, 2002)

childlessness and the stigma around them. Furthermore, it also looks at how the stigma affects women's identity. Although the focus of this paper is women's experiences, some comparison with men's experiences will be discussed to highlight the differences. This paper argues that normative gender roles in pronatalistic societies create stigmatisation of women who experience involuntary childlessness and that the stigma affects women's construction of identity.

Childless can be defined as "without children born to individual or the individual's partner". Childlessness can be subcategorised as voluntary and involuntary. This paper focuses on the issue of involuntary childlessness specifically in the cases caused by infertility. The term infertility can be defined as "failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse"⁷. In some cases, infertility may lead to involuntary childlessness. However, it is important to note that infertility is only one of many causes of involuntary childlessness. As mentioned by Letherby (2002), someone can be involuntary childless when she or he wants to have children but is not in a relationship. Moreover, HIV and other genetic inherited diseases can also prevent someone from having children in order to avoid the possibility of passing on the diseases to their children. Other factors that may cause involuntary childlessness mentioned by Letherby are material or economic factor and death of children. However, studies show that in many cultures infertility is still considered as a taboo topic and in many cases the issue of infertility is treated in a secretive manner⁸. Infertility is more commonly discussed in a medical context and not so much in social context. Therefore, it is important to look at social stigma of involuntary childlessness caused by infertility and how it shapes the identity of women who experience it.

Initially, the paper will elicit different social norms and how these norms create stigma around childlessness. Next, it will explore the relation between the stigma in the societies and women's construction of identities. This paper uses three case studies from different contexts to describe women's experiences with involuntary childlessness and how those experiences affect how they see themselves. Discussion that connects the theoretical background with the examples found in the case studies will be presented and some suggestions for further research will be included in the conclusion.

⁷ WHO, (viewed 20 October, 2014)

⁸ Mumtaz et al, 'Understanding the impact of gendered roles on the experiences of infertility amongst men and women in Punjab', (Reproductive Health, vol. 10, 2013), pp 1-10

Gender Roles, Women's Identity and Stigmatisation of Involuntary childlessness

Gender roles can be defined as "expected attitudes and behaviors, which a society associates with each sex"⁹. These roles are socialised through informal and formal institutions in everyday life, such as family, schools, and work place. Some of the examples of normative gender roles mentioned by Lindsey are women's role to be the keeper of the house and caretaker and men's roles as the protector and provider for the family. She also mentions that gender roles differ from one culture to another and are constantly changing over time. However, the normative gender roles especially in pronatalistic societies still suggest that the ultimate role of a woman is to be a mother and a caretaker.

In consequence, the inability to fulfil the expectations of normative gender will be seen as not normal and will create stigmatisation. As Lorber (2003) mentions in her study, deviations from the expected gender roles will be considered inappropriate and will cause certain kind of punishment from the society. Stigmatisation is one form of punishment given by the society to individuals who fail to fulfil their normative roles. Therefore, despite women's reproductive rights movement that comes from the west, many women primarily in developing countries with strong patriarchal values still view motherhood as their only choice and the primary goal of their lives. Childlessness whether it is voluntary or involuntary, in many parts of the world is seen as a deviant from the norm and receives various stigmas from the society.

Goffman (2009) defines stigma as a discrediting attribute that "reduces someone from a whole and usual person to a tainted, discounted one". He also points out that stigma classified someone as different from others and less than the normal people. Stigma around the issues of involuntary childlessness and infertility will be explored in this paper and the relation with women's identity will be analysed.

Identity refers to "social categories and to the sources of an individual's self-respect or dignity"¹⁰. Hogg and Abrams (1998) define identity as "people's concepts of who they are, of what sort of people they are, and how they relate to others"¹¹. Society provides a set of

⁹ Lindsey and Christy, *Gender roles: A sociological perspective*, (Pearson Prentice Hall, 2011)

¹⁰ F earon, *What is identity (as we now use the word)*, (California: Stanford University, 1999)

¹¹ *Ibid*

identities attached to the normative gender. Moreover, according to Lorber¹², many people in the society "voluntarily go along with their society's prescriptions for those of their gendered status, because the norms and expectations get built into their sense of worth and identity". Therefore motherhood is still considered the central of women's identity. Although in some western country having children is seen as one of the many life options¹³ in many places in the world parenthood is still seen as the most important aspect of someone's identity¹⁴. Infertility, on the other hand, may not be seen as a choice or an expected event in people's life but it is a global phenomenon that is happening worldwide¹⁵. Therefore it is useful to look at how women in involuntary childlessness who are not mothers and will not be mothers construct their identities.

Case Study: Indonesia

In modern Indonesia, motherhood and womanhood are still inseparable. Therefore, when an Indonesian woman fails to become a mother she is considered incomplete¹⁶. Moreover, in Indonesian culture children are responsible to take care of their parents in their old age. Bennett also describes how parenthood for both men and women is seen as the mark of adulthood in Indonesia. However, women's role as mothers is the one that was promoted by the state during the New Order era which lasted for 32 years¹⁷. The government at that time reinforced the normative gender roles for women as wives and mothers through official speeches and state controlled media. Women were also the main target of the national family planning program during that time which further reinforced the idea about reproduction as women's business. As Bennett states in her research, "Indonesian women have been expected not only to become mothers, but to control their maternal desires by limiting their family size to two children for

12 Lorber, 'Night to his day: The social construction of gender', (Yale: Yale University, 2003), p.117

13 Hayden & Hallstein, *Contemplating maternity in an era of choice: explorations into discourses of reproduction*, (Lexington Books, 2010)

14 Earle & Letherby, *Gender, identity and reproduction: Social perspectives*, (Palgrave, 2003)

15 RHO, *Infertility 2004*, (PATH, viewed 20 October, 2004)

16 Bennett, 'Infertility, womanhood and motherhood in contemporary Indonesia: understanding gender discrimination in the realm of biomedical fertility care', (*Intersections: Gender and Sexuality in Asia and the Pacific*, vol. 1, no. 28, 2012)

17 Blackburn, *Women and the state in modern Indonesia*, (Cambridge: Cambridge University Press, 2004)

the good of the nation”.

Reinforced gender roles and expectations create stigma about involuntary childless women in Indonesia. This is shown through the research done by Bennett that focuses on the context of biomedical fertility treatment which reflects the existing stigma in the general Indonesian society. In her study Bennett finds that gender roles create stigmatisation and discrimination toward involuntary childless women as follow:

1. Women are responsible for infertility

Through interviews with Indonesian fertility consultant Bennett finds that the delay marriage is perceived as the reason for the increase number of couples seeking fertility treatment. Moreover, the women are the ones to blame for this reason because modern Indonesian women prioritise education and career before marriage. In the interview a fertility consultant mentioned “women want to be like men but instead end up with nothing when they cannot have children” (Bennett 2012).

2. Childless women are unsuccessful

The interview conducted by Bennett shows the stereotypes about successful women in Indonesia. Women are stigmatised as failure and meaningless when they cannot fulfil their primary role by becoming mothers even though they have good education and career.

3. Women are responsible for fertility treatment failures

The study also finds that when a fertility program fails, the woman is the one responsible biologically. They are blamed for having undisciplined body and unstable emotions which then caused the failure of the treatment.

4. Men are not fully responsible to participate in the fertility treatment

In most cases women are the ones initially seek fertility treatment and undergo the initial assessment. The study finds that men’s participation in the treatment is optional and if they refuse to participate, the clinic will keep giving treatment options for the wives. This further reinforces the perception that women’s are the only ones responsible for reproduction.

Case Study: Egypt

The second case study used in this paper is drawn from the experience of involuntary childless women in Egypt. Inhorn illustrates in her book how motherhood and womanhood are inseparable in

the context of urban poor in Egypt. Motherhood completes a woman socially as an individual and gives her a normal identity as a real woman. Infertility makes that completion impossible and raises questions about the woman's identity. They are seen as failing to conform to identity norms or the norms shared by the society.

Identity norms as defined by Goffman are shared norms in the society about individual's identity or being. Because individuals as part of the society value these norms, the failure to conform to the norms will cause them shame, self-hate, and feelings of incompleteness. Goffman also argues that stigmatised individuals will go through a learning process and experience changes in terms of how they perceive themselves. The experiences of childless women in Egypt who are stigmatised later in their life are more painful because they consider themselves as normal until the issue of infertility rise up and force them to re-identify themselves as not normal. A woman in the research describes how she sees herself as "smaller than all other people" because she cannot have children¹⁸.

According to Inhorn, while fatherhood is seen as an important role for men, in Egyptian urban poor society, this role is more associated with giving children's financial support and teaching them discipline and never associated with pregnancy and childbirth. On the other hand, role of mothering and childbearing are seen as natural and "God-given" for Egyptian women. Therefore paternal instinct is seen as inferior when compared to women's maternal instinct. This normative gender roles make infertility a "woman's problem" and create stronger stigmatisation for women when compared to men.

From the study conducted by Inhorn, the stigmatisations of infertile women by other women who are mothers in the society are listed below:

1. Infertile women are unnatural

The society sees an infertile woman as failing to achieve normalcy as a human being, as a female and as a woman.

2. Infertile women are unproductive

Many people in the society perceive the women's lives as "no use" and wasted as explained by a fertile Egyptian woman in the study "She is like a piece of land not producing plants or a tree not producing fruits. It's for nothing"¹⁹.

¹⁸ Inhorn, *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, (California: University of California Press, 1996)

¹⁹ Inhorn, *Infertility and patriarchy: the cultural politics of gender and family life in Egypt*, (Philadelphia: University of Pennsylvania Press, 1996)

3. Infertile women are not quite females

They are seen as unfeminine and their bodies are seen as ambiguous. Infertility often cause doubts about women's sexual identity as a woman in the study describes how people see infertile couple as men who live together and that are why they do not have children.

4. Infertile women are incomplete as women

The inability to complete what society sees as a normal stage of women's life create stigma of infertile women as incomplete individuals.

Case Study: South India

The third case study presented in this paper focuses more on women's construction of identities in the experience of involuntary childlessness. India has a strong pronatalist value that motherhood is viewed as a mandate for women. This strong cultural value and norm suggest motherhood as the primary identity of adult women. The case study conducted by Reissman aims to analyse the way childless women construct their identity even after fertility treatments have failed. The analysis was conducted through study of personal narrative of three South Indian women who are childless in their age of 40s and 50s.

The first woman interviewed in Reissman's study is a government clerk named Asha who comes from the lower caste in India and receives assistance from the government because of the economic difficulties she's facing. She got married through a marriage broker when she was 38 years old to her husband who is 12 years younger and was unemployed. From the interview Reissman finds that despite the doctor's statement about the blockage in Asha's uterine tubes, Asha thinks the reason for her infertility is her old age and her late marriage. Reissman argues that age is something Asha is not responsible for and by making age the reason for her infertility, it prevents her from blaming on her internal flaw. This shows how Asha as an infertile woman acts as an active agent who defines age and infertility for herself despite the blame she gets from her in laws.

The second woman in Reissman's study comes from a better economic class and caste. Sunita is a 46 years old woman comes from the Brahmin subcaste. She is a professor in a university and holds a Ph.D degree. She got married at the age of 22 by choice to her husband who's a businessman. Sanita and her husband chose to live separately from their big family which is not common in the context of South

Indian culture. Therefore, to make up for the choice they made, Sunita used to come every day after work to her in law's house to do her duty as a daughter in law before she could go back home.

In the interview Sanita talked about her experience of miscarriage that happened two years after she got married. From the analysis on how Sanita described her miscarriage and infertility, Reissman finds that Sanita's family obligations and the work she had to perform as a dutiful daughter in law are viewed as the reasons for her infertility. Similar to Asha, the woman in the previous interview, Sunita's view about the reason of her infertility shows how she sees herself as a complete woman with no medical weaknesses. Moreover, Reissman describes how Sunita constructs her identity as a professional woman, with no medical weaknesses who feels secure and complete without children.

The last woman in Reissman's study about infertility and women's identity in South India called herself as a "lady lawyer". Gita is a 55 years old woman from lower caste of Ezhava. She has a law degree and she got married to a well-educated husband at the age of 35. Gita thinks the reason for her infertility is her late marriage. She described her experience when she rejected so many proposals in her younger age because she chose to be active in politics. However, with her mother's encouragement she decided to finally get married. Three years after she got married, Gita experienced her first miscarriage and tried to seek fertility treatment which advised her to undergo an operation and take bed rest. However, according to Gita, her role as a political leader at that time forced her to ignore the doctor's suggestion which led to her second miscarriage. She also described her husband's anger and how he refused to participate in the fertility treatment when suggested by the doctor. Reissman²⁰ illustrates how Gita constructs and choose her preferred identity as a "perfectly normal woman with no defect" despite her experiences of miscarriage and infertility. As Reissman²¹ states in her study "she locates responsibility in her husband who refused to be examined by a lady doctor and will not allow his sperm to be tested".

20 Reissman, Positioning gender identity in narratives of infertility: South Indian women's lives in context', in Balen, F & Inhorn (eds), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, 2002), p.165

21 *Ibid*, 165

Conclusion

In many societies especially in the pronatalist societies, women's identities are constructed around the concept of motherhood²². The common assumption also suggests that reproductive health is women's business. This notion puts the responsibility of reproduction management solely in women's shoulders and minimise men's share of responsibility²³. Consequently, infertility is often assumed as women's responsibility²⁴. Normative gender roles create stigmatisation of individuals in involuntary childlessness. The stigma toward women is particularly stronger because the strong attachment between motherhood and women's expected role in the society. This notion can be seen from the case studies presented in this paper. In most cases of infertility, women are the ones who first seek health treatment whether it is on their own will or suggested by other people.

This paper uses three case studies from three different cultural contexts, Indonesia, Egypt and India to elicit women's experiences in involuntary childlessness specifically the cases caused by infertility. The three countries have strong pronatalist and patriarchal values where motherhood is seen as a mandate for women. The case studies are utilised to illustrate how normative gender roles in the society create stigmatisation of women in involuntary childlessness. They are also used to elaborate how stigma affects women's construction of identity.

The first case study Bennett²⁵ illustrates the relation between normative gender roles and stigma in the context of biomedical fertility treatment in Indonesia. The normative gender roles that have been reinforced through the political programs, media, and communities create stigmatisation towards involuntary childless women. In this study we can see how gender role reinforce the idea that women are responsible for infertility and it is women's job to make sure the success of the fertility treatment by controlling their emotion and their body. Furthermore, in the context of fertility treatment, women's

22 Reissman, 'Positioning gender identity in narratives of infertility: South Indian women's lives in context', in Balen, F & Inhorn (eds), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*, 2002)

23 Annandale & Clark, 'What is gender?: Feminist theory and the sociology of human reproduction', (*Sociology of Health & Illness*, vol. 18, no. 1, 1996), pp 17-44

24 Earle & Letherby, *Gender, identity and reproduction: Social perspectives*, (Palgrave, 2003)

25 Bennett, 'Infertility, womanhood and motherhood in contemporary Indonesia: understanding gender discrimination in the realm of biomedical fertility care', (*Intersections: Gender and Sexuality in Asia and the Pacific*, vol. 1, no. 28, 2012)

participation is compulsory while men's participation is optional.

The second case study Inhorn²⁶ in Egypt focuses more on the normative Identity shared by the society and the women. It illustrates how society norms contribute and the stigmatisation of someone who is considered deviant from the norm contribute to women's construction of Identity. The stigmatisations by the society affect women's construction of identity because the stigmatised women also value the same norms as ones valued by the society²⁷. On the other hand, the third case study Riessman suggests the alternative of ways women in India choose to construct their identities outside of motherhood. The three women in the case study refuse to view themselves as victims in their experience with infertility and choose their preferred identities.

The three case studies and other literatures about involuntary childlessness and infertility show how the narrow gendered roles in society affect women negatively. Although women's experience with involuntary childlessness varies from one place to another, the notion about reproductive management as solely women's responsibility create a burden for childless women. From the case study we can see how stigmatisation affects women's construction of identity differently. The first two cases show how infertile women feel victimised and stigmatised. In contrast, women's stories in the last case study in India describe women's rejection of the normative roles and how they choose the alternative of identities they prefer outside from motherhood. Therefore, it would be useful for further research to look more into the factors influencing women's ability to choose different identities outside motherhood and why some women can do so and others cannot.

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²⁶ Inhorn, *Infertility and patriarchy : the cultural politics of gender and family life in Egypt*, (Philadelphia: University of Pennsylvania Press, 1996)

²⁷ Erving Goffman, *Stigma: Notes on the management of spoiled identity*, (Simon and Schuster, 2009)

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