



DENYING AND PRESERVING SELF : A COMPARATIVE STUDY OF SELF-CONCEPT AND ADJUSTMENT AMONG INVOLUNTARY CHILDLESS FEMALES AND FEMALES WITH CHILDREN

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ABSTRACT

This study focused on female's experience with involuntary childlessness and its effect on their self-concept. As motherhood is the most important aspect of a woman, so her inability to conceive makes her the first and foremost victim of childlessness. Childlessness is looked at with cultural and social perspectives, and the childless woman becomes victim of such perspective. It creates problem of self-realization, self-actualization, self-respect. Particularly for woman, it is very harmful. Due to lack of motherhood, her self-concept is affected badly. She may experience depression, frustration and helplessness. Further she may suffer from a feeling of incompleteness. This study encompassed 160 females (80 childless females and 80 females with children). They were examined by using Self-Concept checklist cum rating scale and Personal Adjustment inventory. The effect of childlessness (independent variable) was seen on the self-concept and personal adjustment (dependent variable) of the females. There was significant difference between childless females and females with children in case of self-concept and personal adjustment. Results indicated that childless females have low self-concept and poor personal adjustment as compared to females with children. The correlation of self-concept with Personal adjustment was positive and significant.

KEYWORDS: *Involuntary childlessness, motherhood, self-concept, personal adjustment*

INTRODUCTION :

A child is an essential part of life. Child shapes cultural and social identity of a female. The creation of a child is viewed as a joint project that completes a relationship. Child demonstrates the physical and psychological adequacy of couple. Being producers of next generations, provides identifiable social function and opportunities to pass on name, knowledge, and values. Child expands the social network, retrieve the discoveries of childhood provides unconditional love to couple, Child also provides core life meaning, social support, social integration, as well as instrumental and social assistance in later life. In our Pronatalism society, "biological parenthood and family life are considered normal, desirable and necessary for a successful transition to adulthood" (Parry, 2005). Motherhood is associated with strong social and cultural narratives, which determines its correct form and its sensible incorporation into one's life and childlessness to the disruption of the mother child bond. Motherhood is discursively constituted as the primary role, a natural instinct or drive, an innate part of the healthy development and a life goal, is seen as a supreme achievement and is the way for a woman to enhance the status within the family and community. It is the sense of self that develops in the daughter as a result of the relationship with the mother that accounts for the tenacity for self-definition and the psychological need to maintain aspects of the traditional role that commits her to mothering. It is hard for a woman to avoid taking on an maternal image, when it is

constituted so strongly and benevolently as part of a women's identity, providing status in the family and community, and valorized as women's most important role. Without motherhood a women's life is treated as incomplete. In every culture and society it is regarded as an essential part of life. The criterion of a happy family is centered on a child who is smiling, playing and dancing. In case a woman fails to fulfil her dream of becoming mother, she is afraid of the blame of infertility to be imposed upon her, feels her life to be a curse and experiences greater degrees of disruption, distress, stigmatization, alienation, decreased self-esteem, guilt, disempowerment and abuse. Consequently, childless women are seen to deploy a discourse of social loss, their expression of loss centered on the institution of marriage and the family, thus revealing the foundation of accepted procreation. Negative discourses surrounding involuntary childlessness such as barren and sterile permeate, instill a sense of deficiency while conveying a sense of emptiness and inadequacy. Furthermore, children are often viewed as proof of adulthood, and without them women are considered to be childlike. In order to remove and wipe out the stigma of childlessness, childless women accept blame, struggle with anxiety, guilt and shame, take on much of the responsibility, endure exploitation, and engage in risk behaviors in an attempt to have a child and follow every advice and go from door to door and place to place.

Yearning for children and the heart break of barrenness have been a part of life since the beginning of mankind. Chronicled throughout history on religious accounts, myth, legends, art and literature, whether driven by biological drive, social necessity or psychological longing, the persuade of a child has compelled woman to seek a variety of remedy, sometimes even in extreme measures. Women's fears about not having a child are centered primarily on them not feeling complete as a woman and not having a child to look after them in their old age and fear of being called barren or not having fulfilled their purpose as a woman, not giving husband a child and will have no one to take care of them (Pottinger, 2006). Frail childless adults without children have less social support and a less robust network for independent living compared to old people with children (Johnson, 2006)

Childlessness is perceived as the major crisis in one's life. This is especially true in India where child rearing is traditionally essential to women social and cultural identity. To have a child to continue the inheritance and to see their own generations after generations prospering is the common feeling of Indian people.

Involuntary childlessness has been attributed to an act of god, punishment for sin of the past and the result of witchcraft, the existing negative attitude and belief about childlessness contribute to a woman's sense of despair, distress and morbidity. It is the major life crisis and causes depression, stress, social isolation and sexual dysfunction. Involuntary childlessness is a significant source of emotional trauma for several women, with infertility rates being about 15 percent globally and above 30 percent in some developing countries (Pottinger, 2006; Watkins, 2004). It is a global phenomenon that can come as a devastating blow to the individual(s) concerned. Estimates that incidences of infertility will increase to 7.7 million couples by the year 2025 shows that this is a significant social problem (Margaret Mailet, 2002). An increasing body of social science and biomedical evidence suggests that nearly 40-50 percent of infertility is attributed to problems suffered by men. Freya, (2007) findings indicate that the underlying cause of infertility may be a male factor (40 percent) or a combination (20 percent) of problems. Irrespective of these statistics women still bear the brunt of the blame for infertility problems and are defined as deviant, and the social consequences of exploitation and disempowerment that a woman is subjected to if she does not bear a child, are reflective of social prejudices against her. As a result, women may face guilt, anxiety, and exposure to sometimes dangerous medical interventions, social ostracism, abuse, stigma, and the threat of divorce or abandonment and experience a more difficult adjustment to childlessness than their partners, due to the society's emphasis on the role of women as mothers. Childlessness can represent a major threat to well-being, can have implications for the social sphere and can be experienced as a stigmatizing condition. The strong cultural expectations to procreate and inability to carry out this social role can cause isolation and a sense of failure for childless women. The sexual relationship of both males and females is negatively affected by the experience of infertility, which may have permanent deleterious effects on the

marital relationships. A couple's sexual relationship at times profoundly affected by the issues of infertility is closely linked to an individual's self-esteem which in turn damages individual's self-concept. Women who are distressed by their childlessness often take on an identity of themselves as barren or infertile, pushing aside other important identities such as friend, spouse or partner, or family member. The result is social separation and disconnections from others as these identities become unimportant, while the identity as infertile becomes central (Herman,1993). Women in particular suffer the deleterious consequences of childlessness, the inability to perform their roles as child bearers and rearers and the common misconception that infertility is always the shortcoming of the female, is observed to take a huge toll on the women in terms of loss of self-esteem, grief and feeling of failure (Sundby, 1998). From a women's childlessness the social relations including family, friends and the marital dyad, may suffer negative impacts and may create social conditions of isolation. There is social role conflict and social tension that disturbs their marital life(Borse, 1998). Childless women, especially in communities in which people are well known to each other and in which social life is the center of most human interactions, the reactions of in-laws, and especially the mother in-law, also make childlessness difficult to bear and also leads to marital instability (Balen& Bos,2009). As a result of the social pressure from their relatives, in-laws, friends and even colleagues at work various gender differences in the emotional reactions to infertility are found, this states that women are more distressed by infertility whether they or their spouse caused the reproductive impairment and report significantly higher amounts of personal, marital and social distress as compared to men and show reactions of anxiousness, sadness, anger, guilt, powerlessness, sense of failure, frustration and depression (Hasim et al.,2012). The effects of childlessness are not restricted to sexual or reproductive areas of life, but its impact burdens several psychosocial areas of human existence. Impairments have been reported regarding distinct aspects, such as psychopathology, relationship abilities and marital life. The experience of not being capable of conceiving a biological child has been consistently associated with decreased levels of mental health, vitality, emotional behavior, psychological, environmental, physical and social functioning. In addition, childless women seem to demonstrate stronger and more extensive quality of life impairment, compared to their partners (Theofilou,2012)

This study may expand social awareness by examining the effects of childlessness on the woman's self-concept and adjustment. Further-more this research is a humble attempt to provide voice to these women.

OBJECTIVES

- ✘ To find the self-concept of the childless females and females with children.
- ✘ To study the personal adjustment of the childless females and females with children.

HYPOTHESIS

- ✘ There will be no significant difference in the self-concept of the childless females and females with children.
- ✘ There will be no significant difference in the personal adjustment of childless females and females with children.

Variables in the study

Predictor Variables

Involuntary childless females
Females with Children

Criterion Variable

Self- concept and personal adjustment are the criterion variables.

Control Variables

Age, years of marriage, education.

Selection of Sample

All the Infertile childless females and females with children presenting for treatment in the outpatient department of Gynecology, Infertility and Pediatrics respectively of the government SMGS hospital, who gave the consent to participate in the study were taken as the sample of the study. It was decided to have equal number of females in experimental group as well as in control group and as such there were 80 females in both groups. The sample was taken from Jammu region. The total sample consisted of 160 females. The year of marriage of the females was between 2-15 years.

Tools used for this study

General information form developed by the researcher.

Self- Concept Checklist cum Rating Scale developed by R. K. Saraswat (2004)

Personal Adjustment Inventory developed by C. G. Deshpande (1988)

Statistical Analysis

The obtained data was analyzed using non-parametric statistical technique. Data processing and analysis were done, hypotheses were tested by using SPSS 16.0. (The Statistical Package for Social Sciences). The step wise procedure was used due to the exploratory nature of the study.

RESULTS:

Table No1: showing Mann-Whitney Test And Mean Rank of self-concept For infertile Females And Females With Children.

Self-concept Dimensions		Group	N	Mean Rank	Sum of Ranks	Mann-whitney u statistics(x^2)
Power	ICLF	1	80	61.73	4938.50	1698.500 Asymp. Sig. .000 S(P<.01)
	FWC	2	80	99.27	7941.50	
Social	ICLF	1	80	62.17	4973.50	1733.500 Asymp. Sig. .000 S(P<.01)
	FWC	2	80	98.83	7906.50	
Ability	ICLF	1	80	62.28	4982.00	1742.000 Asymp. Sig. .000 S (P<.01)
	FWC	2	80	98.72	7898.00	
Physical	ICLF	1	80	64.29	5143.50	1903.500 Asymp. Sig. .000 S (P<.01)
	FWC	2	80	96.71	7736.50	
Psychological	ICLF	1	80	65.41	5233.00	1993.000 Asymp. Sig.

	FWC	2	80	95.59	7647.00	.000 S (P<.01)
Total self- concept	ICLF	1	80	60.75	4860.00	1620.000
	FWC	2	80	100.25	8020.00	Asymp. Sig. .000 S (P<.01)

Significant difference exists between Involuntary Childless Females and Females with children in case of various dimensions of self-concept and overall self-concept. The mean Rank score of 99.27, 98.83, 98.72, 96.71, 95.59 and 100.25 of Females with Children is higher than the mean Rank score 61.73, 62.17, 62.28, 64.29, 65.41, 60.75 of Involuntary Childless females for power, social, ability, physical, psychological and total self-concept respectively. This shows that the Self - Concept is found better in females with Children than the involuntary childless females. The Mann-Whitney U value is also significant with respect to self-concept, Woman is the first and foremost victim of childlessness and for her inability to Conceive, because motherhood is most important aspect of a woman. A childless woman is subject to bad treatment by family, society, relatives and neighbors. She is blamed for her sterility. Childlessness is looked at with cultural and social perspectives, and the childless woman, becomes victim of such perspective, due to lack of support and social ostracism infertile woman starts comparing herself with the women with children and develops an inferiority complex and perceives her life situation as adverse. Due to all these her self-concept is affected adversely. The findings of the present recent study regarding self-concept are supported by Lukse M. P. (1985), Hirsch et.al. (1989), Andrews F.M. et. al. (1993), Neuton C. R. et. al. (1999), Sayeed Unisa (1999), Lee T. Y., Sun G. H. (2000), Cwikel J., et. Al (2004). Childlessness creates problem of self-realization, self-actualization, self-respect. Particularly woman it is very harmful. Due to lack of motherhood her self-concept is affected adversely. She may experience depression, frustration and helplessness. Further she may suffer from a feeling of incompleteness. Our findings confirm the various research studies such as Elizabeth (1972), Rapoport and others (1977), Cain M. (1986), Busfield (1987), Reddy (1992), Borse (1995), Jejeebhoy S. (1998), Unisa S. (1999), Mulgaonkar (2001), Rasal and Darekar (2005). Significant difference is found among females of childless couples and couples with children with regard to power, social, ability, physical, psychological dimension of the self-concept and total self-concept. Females with children showed better power, social, ability, physical, psychological self-concept than involuntary childless females.

Table No 2: Showing Mann - Whitney U test and mean rank for involuntary childless females and females with children for Personal Adjustment.

	Group	N	Mean Rank	Sum of Ranks
ICLF	1	80	114.58	9166.00
FWC	2	80	46.42	3714.00
	Total	160		
Mann-whitney u statistics()	474.000	S (P<.01)		
Asymp. Sig.	.000			

The involuntary childless females show poor personal adjustment than females with children. Significant difference exists between involuntary childless females and females with children in case of personal Adjustment. The mean rank score (46.42) of Females with children is higher than the mean Rank score (114.58) of childless Females. This means that the personal adjustment is found better in Females with Children than the childless Females. The Mann-Whitney U value is also significant with respect to Personal Adjustment.

CONCLUSIONS

Findings of the study indicated that childlessness has a negative impact on the lives of the females. The main areas in which this negativity was felt included the emotional domain, leading to self-blame, stigma and eventually feelings of not being complete brought negative feelings in their self-concept, which ultimately creates the problems of adjustment at personal levels. The present study was an attempt to compare the self-concept and personal adjustment among involuntary childless females and females with children. It may help the clinical psychologist and psychiatrists especially the ones' working in the field of infertility to search for new therapeutic interventions to deal with issues of childlessness among the females and in the total family system. It may provide better avenues to enhance the quality of life of the childless females. Understanding of the implications of the experience of childlessness may guide social workers, program directors and policy makers in making decisions to best serve the psychosocial needs of the childless couples. Clear understanding of the potential risk factors to problems with childlessness will allow social workers on both the micro and macro level to focus resources on addressing these problem areas. Consequently, as more individuals and couples turn to mental health professionals for help, the females may need support and understanding of the issues involved. It may help to develop intervention strategies to address the ill effects of childlessness on females. To help females to deal with the crises of involuntary childlessness, we need to offer educational and supportive programs for females, couples and the families designed to delineate some of the typical or common reactions to infertility.

In conclusion, this study is among the initial attempts to examine the impact that childlessness has on females. The research may be far from conclusive. Yet it may point out many of the difficulties that future researchers interested in the study of childlessness will encounter.

Further-more this research is a humble attempt to provide voice to these females.

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