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How to cite this publication
Please cite the final published version:


Publication metadata

Title: ‘They think of a family only in their thirties’: gendered subfertility and emergent intimate modernities in India

Author(s): Gauri Pathak

Journal: Journal of the Royal Anthropological Institute

DOI/Link: 10.1111/1467-9655.13131

Document version: Accepted manuscript (post-print)

This is the peer reviewed version of the following article: Pathak, G. (2019), ‘They think of a family only in their thirties’: gendered subfertility and emergent intimate modernities in India. J R Anthropol Inst, 25: 778-792., which has been published in final form at https://doi.org/10.1111/1467-9655.13131. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Use of Self-Archived Versions.

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‘They Think of A Family Only in Their 30s’:
Gendered Subfertility and Emergent Intimate Modernities in India

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Abstract: Recent anthropological scholarship on marriage in South Asia has chronicled a shift toward companionate marriage, with ideals of companionate conjugality becoming central to middle-class self-representations. However, the role of childbearing and fertility within these marriages, as emerging life projects related to new family ideals, has not received much attention, even as literature on India has recorded extensive family concern with fertility. In this paper, I focus on the endocrine disorder polycystic ovary syndrome (PCOS)—one of the leading causes of female infertility worldwide—to examine emerging conceptions of fertility and intimate modernities among the urban middle class in India. I argue that a comparatively limited concern with fertility forms a part of this class’s self-representations and practices of distinction. Such attitudes to fertility, enabled by new orientations toward medical risk and ideals of companionate marriage, also function as markers of the emerging ‘modern’ subjectivity of this class.
In India, marriage and parenthood have been critically important to a sense of selfhood and for membership to a social unit. For women, marriage and motherhood are imperatives, with motherhood seen as a natural progression from marriage (e.g., Mehta and Kapadia 2008, Riessman 2000). Men are also expected to marry and have children, although the burden of responsibility for both falls disproportionately on women. Voluntary childlessness is exceedingly rare, and research with married women who had chosen to be childless found that they struggled with self-definition (Riessman 2000). Fertility, conjugality, and gendered identity have thus been inextricably linked, with (social) reproduction crucial to matrimony.

Theorists of modernity (Giddens 1992, 1999, Beck and Beck-Gernsheim 1995, Beck, Giddens, and Lash 1994) have argued that several changes in the realm of the intimate accompany late modernity. Of particular relevance to the domain of marriage and the family, Giddens (1992) has theorized a turn toward sexuality freed from imperatives of reproduction, egalitarian heterosexual relationships that fuse love and sexuality, and increased reflexivity, through which decisions are less a matter of course and more a matter of deliberation. These dominant models of intimacy and modernity have been extensively critiqued for being ethnocentric and empirically naïve, and studies have provided corrective ethnographic insight into the heterogeneous—rather than homogenous and universalized—intimate modernities, or changes in “the intimate dimensions” (Donner and Santos 2016:1126), involving marriage, sexuality, and family life, that accompany modernity and take shape across various social and cultural contexts (e.g., Ahearn 2001, Donner 2002, Donner and Santos 2016, Friedman 2006, Hirsch and Wardlow 2006, Jamieson 1999, Mody 2002, Osella 2012, Osella and Osella 2006, Yan 2010). Within such studies, recent scholarship on marriage in India has chronicled a shift toward companionate marriage.
Even though arranged endogamous marriage continues to be the norm, ideals of companionate conjugality have become central to middle-class self-representations (Donner 2016). Emergent forms of companionate marriage (whether termed ‘love’, ‘arranged,’ ‘arranged-love marriage,’ etc.), allow for conjugal intimacy, although within the bounds of parental consent and a reaffirmation of familial obligations (Donner 2002, 2016, Fuller and Narasimhan 2008, Gilbertson 2014, Palriwala and Kaur 2014). Within such anthropological studies, the focus has been on dimensions of love and marriage, and the role of childbearing and fertility within these marriages, as emerging life projects related to new family ideals, has not received much attention. In particular, not much attention has been paid to child desire—“the perceived importance of having children” (Inhorn and Balen 2002:8)—as related to the turn toward companionate conjugality. In this paper, I focus on the endocrine disorder, polycystic ovary syndrome (PCOS), to examine such emerging conceptions of fertility and their relationship to intimate modernities among the middle class.

Using data from ethnographic fieldwork in Mumbai, India, I demonstrate that women from this class openly talk of their PCOS its effects on fertility and show a limited concern with the possibility of childlessness prior to marriage. Such a limited concern with fertility is pragmatically managed through a negotiation of expectations regarding childbearing and conjugality with potential spouses. Nonetheless, subfertility does become a cause of distress as these women actively try to conceive. Overall, I argue that a limited concern with fertility forms part of the self-representations of this class. Although these representations suggest a decoupling of reproduction from conjugality, the realities of women’s reproductive aspirations are more complex, and they demonstrate a reconfiguration of intimacy toward more individual choice and conjugal companionship
without the complete eradication of normative structures of the family unit. Instead, such
self-representations show continuities with older discourses regarding the respectable,
educated, and small middle-class family as opposed to what is represented as the unruly,
uncivilized, and large lower-class family, and they are enabled by the rise of companionate
marriage ideals as well as access to new reproductive technologies within this class.

PCOS has been largely ignored in the social scientific literature (Kitzinger and
Willmott 2002 being a notable exception), but as an increasingly common condition among
the urban middle classes in India (Pathak and Nichter 2015), it presents a unique lens on
issues related to fertility. PCOS has no known cure, and besides being the leading cause of
female infertility, it is also associated with irregular or absent menstruation, cystic acne,
overweight, and increased diabetes risk (Boomsma et al. 2008). Both genetic and lifestyle
factors play a role in developing the condition, and there is an increasing recognition of the
association between PCOS, middle-class lifestyles, and subfertility (Inhorn 2015, Pathak
and Nichter 2015). Although there are no clear epidemiological studies of PCOS in India,
preliminary estimates suggest that around one in four (25 per cent) urban middle-class
women have the condition, which is much higher than the global prevalence of 4–11 per
cent (Wijeyaratne et al. 2013).

In the context of India, my fieldwork revealed that medical practitioners involved in
the diagnosis and management of PCOS invariably stress its links to subfertility. At the
same time, they inform their patients of the potential represented by medical technology to
overcome fertility-related issues. As such, women with a diagnosis of PCOS are made
aware of their subfertility as well as the fact that subfertility need not equate with
childlessness. Although PCOS reduces women’s fertility potential and may result in
infertility, most women with the condition go on to conceive (with or without medical help). Thus, the uncertainty surrounding PCOS and fertility potential opens up a space for investigations of negotiations involving fertility as related to expectations of married life.

This paper is based on ethnographic fieldwork conducted in Mumbai, India’s commercial capital, from 2012 to 2017. Mumbai often functions as a subject for a modern cosmopolitan imagery of India (Appadurai 2000, Mazzarella 2003) and the last two decades have witnessed a new visibility for the urban middle class, portrayed in public discourse as the face of the nation and as a globally mobile, cosmopolitan-yet-Indian class (Fernandes 2000a, McGuire 2011, Radhakrishnan 2011). My focus was on those with a comfortable middle-class lifestyle within the city, who are depicted as an aspirational ideal in the national imaginary. Scholars of contemporary India treat middle classness—a notoriously difficult category to pin down—as a performative socioeconomic grouping rather than an economic bracket (e.g., Deshpande 2003, Donner and de Neve 2011, Fernandes 2006, Mazzarella 2005). Nevertheless, Fernandes and Heller (2006) have outlined three major segments of this class: those with professional educational credentials, a petite bourgeoisie made of merchants and shopkeepers that attempts to emulate the professionals, and an educated segment in lower ranking, non-professional jobs. My focus was on the professional middle class and the petite bourgeoisie, which was reflected in lifestyles that involved residence in formal housing, comfort with English, knowledge of global popular culture, engagement with and economic access to new practices of consumption, and at least an undergraduate English-language education with potential for white-collar employment.
The data presented here are based on in-depth and narrative interviews, informal conversations, and social interactions with and observations of a core group of 30 women with PCOS between the ages of 21 and 50 (10 never married, 10 ever married without children, 10 married with children). Women diagnosed with PCOS aged 21 and above from the middle class in Mumbai were recruited through social circles and through referrals from within social networks. This enabled triangulation of data from interviews with data from observation and participant–observation. It also enabled observation of the degree to which PCOS is hidden or discussed in popular discourse and the body-related practices of core interlocutors. This was supplemented by interviews with ten husbands whose wives have PCOS, interviews with key informants, interviews with men and women without PCOS who were aware of the condition, and participant–observation in the urban middle class in Mumbai. Interviews and conversations were primarily conducted in English, although they did involve significant code switching between English, Hindi, and sometimes Marathi.1

“'It Doesn’t Really Bother You’”

For my interlocutors with PCOS, subfertility was not a concern prior to marriage. Not only did they consistently state that they had not experienced or felt any stigma as a result of their PCOS, but they also spoke of openly discussing their condition, even in mixed company. For example, Vidya, a gregarious 29-year-old marketing manager, asserted that “she had no reservations” talking to people, men or women, about her PCOS. She then recounted having to rush to the doctor’s from work because she started bleeding heavily. She had to explain the situation, and PCOS, to her boss—a man. Similarly, when I mentioned the condition as something that women from their social networks and class would rather keep hidden, my interlocutors were surprised at the possibility. The fact that PCOS was seen to be extremely common among this class also helped. My observations
in Mumbai corroborated their remarks; I saw middle-class women openly and easily speaking about PCOS, even in the presence of male friends, colleagues, boyfriends, or husbands.

Moreover, interlocutors were more focused on pursuing their educational or career aspirations than worrying about future fertility. Vidya commented:

I haven’t even thought about it [subfertility] or gone there. It’s not even high on my priorities right now. I’ve not even wondered about it; don’t have questions about it….Actually, I’ve always in my life wanted to adopt, so if this is it, if this is what it will take, I’ll be very happy!

Similarly, Priyanka, a 32-year old engineer, observed about the possibility of infertility, ‘When you’re 18 and 19, it doesn’t really bother you.’ She was diagnosed as a teenager, but her doctor didn’t talk about the effects of PCOS other than in terms of fertility. Priyanka recalled,

If that is the only thing that can probably go wrong, meaning me not being able to have a baby, that’s okay. But if it does affect my overall health in many different ways, then maybe I would have continued with medication. If the baby was the only question mark, I said I could still live with it….When I heard that the only thing was I couldn’t conceive,

I was very happy.

Shabina, an advertising executive, also told me that she wasn’t very concerned about her PCOS or the chances of subfertility. ‘I don’t take fukat ka [unnecessary] stress,’ she told me. It wasn’t that Shabina did not want children, but rather that her fertility potential did not much preoccupy her at 23. These attitudes were in direct contrast to my observations of women from the lower socioeconomic strata diagnosed with PCOS. During fieldwork at government hospitals (which offer subsidized healthcare and are frequented by the lower
socioeconomic strata), I would be approached by distraught mothers worried about their teenage daughters’ fertility upon hearing of the PCOS diagnosis. The mothers’ anxieties seemed to amplify daughters’ concerns, and they would ask me at length about solutions for their subfertility and strategies to handle it.

Besides limited concern with fertility potential, disclosure about PCOS and related subfertility was also common among my interlocutors—they had all informed their boyfriends or prospective husbands (those diagnosed prior to getting married) once the relationship started getting serious. Neha, a 32-year old who worked at an investment bank, voiced a common sentiment:

Now, there is more openness between men and women. You should be open about it. It shows the person’s maturity; you’ll know that you are marrying the right person.

Neha had been married before but the marriage fell apart as a result of her husband’s infidelity. A few years later, she became engaged to a man whom her friends set her up with—she considered it an arranged match. She explained that in such an arranged context, the dynamics were different from those of her earlier relationship—a love marriage—where there had been more familiarity and comfort. As a result, she had made it a point to talk to her prospective husband about her PCOS and how it might affect their married life:

Before I arrived at a decision, when we were heading toward it [marriage] getting confirmed, I told him that I had irregular menses, that I would not be able to conceive without help. He told me ‘I am marrying you for companionship. If we don’t have children, that is fine with me; how I look at you won’t change.’

Her prospective husband shared her limited concern with her subfertility and saw the purpose of marriage as companionship rather than child rearing.
Sucheta, a 32-year old who had worked as an accountant, had been equally explicit with matrimonial prospects. She had PCOS, and she was 29 when she started meeting prospective spouses. She wanted to wait for a couple of years into marriage before trying to conceive, which would place her in her early 30s when she tried to get pregnant. She was very aware of how her age might compound PCOS-related fertility issues, and she asked the prospective grooms she met whether they were okay with her subfertility and the possibility that she might not be able to conceive. ‘This should not be the reason that can create a rift between us,’ she recalled telling them. She had also brought up the possibility of adoption as a last resort. Most of the men she met, she told me, had said they would not mind.

For some women, disclosure went beyond informing just the prospective spouse. Around a year into dating, Priyanka told her boyfriend, an only child (and his parents’ only source of grandchildren), to inform his parents about her PCOS before they got married: ‘It was important for me that we start off with everything in the open’. Her then-boyfriend did as she bade, although she never found out from him how his parents reacted. More often, though, women felt that there was no need to inform family members. As Neha stated, ‘The decision is between him and me. There is no need for them to be told.’

Anthropological literature on gender and fertility in India has stressed how motherhood has been an imperative for women. Women are constantly scrutinized to ascertain their fertility potential and for signs of pregnancy throughout their reproductive lives (Inhorn and Bharadwaj 2007). A couple’s childlessness has typically been blamed on the woman, and childless women, considered inauspicious, have faced issues of social
isolation, ill-treatment from in-laws, and marital abandonment (Desai et al. 1992, Jeffery and Jeffery 1989, Jejeebhoy 1998, Jindal and Gupta 1989, Mehta and Kapadia 2008, Mulgaonkar 2001, Riessman 2000). Even elite class status does not offer protection from the stigma of infertility (Inhorn and Bharadwaj 2007). In general, then, fertility has been crucial to conceptions of marriage, and the family unit—and its reproduction—was privileged above conjugal intimacy. However, not only were my interlocutors relatively unconcerned about their subfertility, but they were also openly discussing the possibility of conception problems and childlessness with prospective spouses. Moreover, the men that they were in relationships with were also expressing such relative unconcern with fertility and child rearing and emphasised companionship instead. Thus, the narratives and experiences of my interlocutors were in direct contrast to this chronicled focus on fertility and fertility potential. In order to explain this shift, it is necessary turn to new companionate marriage ideals, access to reproductive technologies, and middle-class distinction projects linked to fertility.

**The Rise of Companionate Marriage in Post-liberalization India**

In India, under the arranged marriage and joint-family system, the conjugal relationship was subordinate to the larger joint family. Conjugal intimacy was not just deemed secondary to the interests of the joint family but was also often actively discouraged. Susan Wadley noted, ‘The authority of the parents-in-law is key, because if a woman seeks favouritism through her husband, the unity of the family is threatened’ (1994:16). Women recognized the disruptive potential of the conjugal bond, talking of sex as a weapon to be used to influence husbands (Jacobson 1982, Raheja and Gold 1994). Although romantic love was widely celebrated in Bollywood and in a rich tradition of romantic literature and folklore, in public discourse, ‘love’ was seen as clouding one’s
judgement, compromising objectivity, and antithetical to the long-term success of a marriage (Mody 2002, Pinto 2011, Sharangpani 2010). Love marriages were unions premised upon an unruly, passionate emotion that paid little heed to family responsibilities or community concerns.

This began to change after 1991, when India saw the beginning of reforms aimed at shifting the economy away from state control and bringing increased exposure to processes of globalization. These reforms, marking the period known as economic liberalization (or liberalization), have resulted in fast-paced economic growth, the rise of new middle classes, and rapid sociocultural change. With economic liberalization and the advent of satellite television, new consumer choices and access to global media messages (first through satellite television and then the internet) opened up a whole host of imaginary worlds. Representations and advertising in the post-liberalization media focused on the social and lifestyle aspirations of the urban middle classes (Gillespie and Cheesman 2002). At the same time, there was a move away from the earlier development-centric political discourse to one focused on a consumption-led path to national prosperity, with an idealized middle class (as a global-yet-Indian class) prominent as the face of the nation (Fernandes 2000a, Rajagopal 2001). This middle class was portrayed as the aspirational standard, negotiating India’s relationship with the world through its consumer cosmopolitanism (Fernandes 2000b, Mazzarella 2003).

The conjugal couple was eroticized in the new media messages to draw a correspondence between sexual desire and the desire for consumer products. In her study of television and commodity erotics Purnima Mankekar observed, ‘In contrast to earlier television shows, the programs of the 1990s displayed an unprecedented fascination with
intimate relationships—particularly marital, pre-marital, and extramarital relationships—and contained new and varied representations of eros (explicit as well as implicit)’ (Mankekar 2004:418–419). The ‘new’ middle-class woman portrayed in the media was a consuming subject, expressing both sexual and consumer agency, and her sexual desire was domesticated by connecting it to conjugal intimacy (see, for example, John 1998). The idealization of conjugal intimacy was, however, tied to a class-based identity project—for example, William Mazzarella (2003) has highlighted that contraceptives were framed as representing aesthetic sexual experience and pleasure for the educated middle classes but fertility control for ‘others.’ Conjugal intimacy became an ideal that was crucial to middle-class self-representations, and new formations such as the matrimonial website aided these representations by further complicating notions of love or arranged marriage.

Henrike Donner (2002) has pointed out that in contemporary India, the terms ‘love’ or ‘arranged’ marriage can encompass a confusing variety of practices, and there need not be clear differences between the two types of matches. For example, a match in which candidates are introduced by parents can still involve a period of courtship bearing similarity to dating, whereas individuals who have been dating usually ask for their parents’ approval prior to getting married. Among the middle classes, even within the domain of so-called arranged marriages, there has been a turn toward a more companionate form of matrimony that takes into account individual consent and involves more private communication between the bride and bridegroom (Gilbertson 2014, Fuller and Narasimhan 2008, Sharangpani 2010). Even though the binary of love or arranged marriage has been extensively critiqued for assigning individual agency only to love marriages, failing to recognize overlaps and nuances, and ignoring how these categories are constantly produced and negotiated through familial performances and narratives (e.g., Donner 2002,
Mody 2002, Uberoi 2008), both terms are used ubiquitously in India. My interactions in Mumbai suggest that the process through which introductions occur usually determines what term is used. That is, my interlocutors would term a union resulting from a matrimonial website an arranged match, even in cases where the prospective bride and groom were the ones to make their own profiles and initiate contact. On the other hand, unions in which the couple had been dating and sought parental approval prior to formalizing the match were termed love marriages. Terms such as ‘semi-arranged’ were also used, such as in cases where individuals were approached by members of the same community with a view to courtship and marriage contingent upon parental approval. Regardless, middle-class self-representations rely less on idealizing either love or arranged marriage and more on notions of choice and companionship as related to these unions.

The experiences of my interlocutors also reveal an expectation of companionate marriages with ‘supportive’ husbands (see Pathak 2018 for more on supportive masculinities). All my married interlocutors—whether they defined their marriages as love or arranged—turned to their husbands with their concerns about PCOS and fertility. Married women were usually accompanied to the gynaecologist by their husbands (as opposed to their mothers, sisters-in-law, or mothers-in-law), even when they were living with in-laws, and husbands were important in allaying their anxieties and fears and providing emotional support. This was in contrast to women from an earlier generation, for whom a lack of support was the norm (e.g., Liddle and Joshi 1989). Unmarried women’s narratives reflected similar expectations regarding companionate marriage. Women who were in relationships had spoken to their boyfriends about their PCOS, and interlocutors who were single, such as Vidya, indicated that men who were unable to engage in honest communication or live with their PCOS were not the right partners.
Furthermore, couples showed a reluctance to sacrifice conjugal intimacy in pursuit of children. For example, Sucheta spoke of her husband’s irritation about having rote sex to conceive:

He’s the type of person that he’s clear that ‘I don’t want to have a sexual relationship [just] because we want to have a kid’. That really irritates him.

Similarly, Niyati, married for three years, told me that she had been resisting pressure from gynaecologists to have children early to avoid fertility issues. Her gynaecologist had advised her to get pregnant immediately after getting married, at age 25. He had recommended that Niyati and her husband have sex on particular days of her menstrual cycle when the likelihood of conception was highest. When I spoke to her, she and her husband were still not prepared for children. They didn’t want to be rushed into pregnancy because of health pressures. ‘If it has to happen, it’ll happen’, she stated; ‘as of now—we’ve reached a decision where we’ll see when we’re prepared about it and we’ll do whatever we can at that point of time’. Niyati and her husband realized that the longer they waited, the higher the difficulty in conceiving, but even when faced with the possibility of not having children, they still opted to focus on the conjugal aspects of their marriage until they felt ready to be parents.

Subfertility, Pragmatism, and Companionate Marriage

In spite of this shift toward companionate marriage, when couples started actively trying to conceive, PCOS-related subfertility became a focus—more so for women than men—highlighting the centrality of childbearing to normative feminine biographies. A couple of years into married life, Sucheta started trying to conceive. In spite of her
When it actually falls on you, you take some time to get out of it. It may happen, that chance. Till today I was only thinking that it could happen, and it was actually happening. There was a phase of almost a month when I was very depressed because I was only thinking about this. I would think about ‘Oh shit! I will have to go for IVF’—and a hundred things would come into my mind.

The experience of Sunita, a 43-year-old scientist, mirrored Sucheta’s and echoed many themes from my other interlocutors—delaying childbearing, subfertility not being a focus of attention until trying to conceive, the discovery of a deep-seated desire to have a child, and the stark depression that followed every menstrual period signalling the lack of conception. Interlocutor narratives and experiences also pointed to the fact that concerns about childlessness are linked to life stage. Fertility may not be a real concern for women of this class until they start trying to conceive; however, at that point, the possibility of childlessness becomes less abstract and much more of a source of anxiety. Renuka, a 39-year-old doctor, recounted feeling inadequate as a wife as a result of her inability to have a child and thinking ‘suppose my husband gets fed up, what is this, I am not able to give a baby’. Although her husband assuaged her fears, her narrative reflects ambivalence regarding conceptions of conjugality, childbearing, and womanhood. When faced with the possibility of childlessness, she questioned her femininity and began to doubt the strength of her marriage.

Nevertheless, all my interlocutors—even those who were trying to conceive or were in the process of going through fertility treatments—reflected a new sense of priorities when it came to marriage. As Neha put it, ‘Priorities have changed. I would rather have a
stable relationship than kids. Kids will be a bonus.’ Some married interlocutors also
exhibited ambivalence toward or a rejection of parenthood. For example, one stated, ‘I’m
not sure I need kids in my life’, whereas two married interlocutors (aged 30 and 34) were
open about their decision to be voluntarily childless. In India, where motherhood has been
a mandate for women, the fact that women were openly treating childbearing as a decision
is noteworthy, but as mentioned, attitudes to childbearing varied according to life stage.
Although the narratives of these middle-class individuals suggested comfort with childless
marriages, the realities were more complicated, and the experience of subfertility brought
to the fore dissonance in notions of womanhood and conjugality even as interlocutors
embraced new family ideals.

My interlocutors’ disclosure about PCOS must therefore be considered in relation to
new ideals of companionate conjugality, normative gendered biographies, and marriage
practices in India. Conventional practices of arranged marriage favour the management of
expectations between prospective spouses (and, usually, their families)—will the woman
work after marriage, the household responsibilities that will fall upon her, divorces within
the family, reasons for broken engagements or divorces, smoking/drinking habits,
vegetarian or non-vegetarian preferences, and so on (for example, see Lukose 2009:125–
128). Marriages have a higher chance of succeeding when expectations match; this is
especially true for women, who face heavier social consequences for failed marriages. Such
pragmatism toward marriage carries through in companionate marriages. Laura Ahearn
(2001) has pointed out that in contemporary South Asia, love and prospects for life success
are linked in determining a suitable candidate for a love marriage. Similarly, Caroline
Osella (2012) has argued that although contemporary expectations of family life, love, and
marriage represent a break with pre-liberalization India, there are important continuities
with older pragmatic–economic forms. These forms link, implicitly or explicitly, pragmatic concerns and economic well being with a happy family life. Concerns about the practical aspects of long-term marital stability, such as discussing expectations regarding individual and family responsibilities, careers, finances, and future plans were real considerations for my interlocutors as they contemplated and entered marriages, whether these were termed love, semi-arranged, or arranged. Discussing their PCOS, its symptoms, and possible consequences was a way for middle-class women to pragmatically manage expectations related to marital life. These negotiations, while demonstrating women’s expectations of companionate marriage, were also attentive to family concerns and aspirations. They were crucial to both the mitigation of the social consequences of their PCOS and the companionate nature of their marriages; they helped stabilize women’s individual matrimonial choices into acceptable social choices and vice versa.

**Fertility and Middle-Class Distinction Projects**

To a large extent, my interlocutor’s lack of concern regarding subfertility can be attributed to the enabling potential of new reproductive technologies. Since liberalization, India has seen the growth of profit-driven neoliberal healthcare thanks to economic policies allowing for easier importation of medical technology and bank loans (Nichter and Van Sickle 2002). This has included a boom in clinics offering in-vitro fertilization, surrogacy services, and sperm donation centres (Inhorn and Bharadwaj 2007). The possibilities represented by these technologies were implicated in allowing middle-class women with PCOS to put off motherhood until they felt ready, even in the face of their subfertility. As educated, urban, middle-class individuals, my interlocutors had the economic and sociocultural capital to access reproductive technologies, and they could afford to be proactive about seeking biomedical care. Such health-care seeking behaviours may not be
usual among women from other socioeconomic strata, whose PCOS itineraries are likely to be very different.

Four of my interlocutors with children had sought help from ovulation inducers and fertility treatments. Biomedical reproductive technologies represented freedom from cycles of doubt, waiting, and the prolonging of conception. For other interlocutors, it was not so much the reality of these technologies—with their failure rates, high costs, high risks, and bodily surveillance—but the possibilities that they represented which were experienced as empowering. Such thinking points to a move to a new secular reasoning of risk, characteristic of late modernity and ‘risk society’ (Beck 1992, Giddens 1990), wherein the consequences of PCOS are thought of in terms of probabilities, rather than in terms of forces outside the realm of human negotiation. For educated women from the urban middle class with PCOS, the future was being imagined in medicalised terms. They spoke of reproductive options as a spectrum, with adoption usually being the last stage, and these options contributed to allowing women to imagine lives for themselves that were not immediately focused on childbirth. They granted women a sense of control over their circumstances and allowed them to create more career- or individual-centred identities for themselves. In this, they aided a decoupling of womanhood from motherhood for this class, and they represent emerging subjectivities oriented to risk.

Nonetheless, I found that limited concern with fertility was also part of middle-class self-representations. Asha Abeyesekere (2016) observed that in urban middle-class Sri Lanka, an investment in the idea of exercising choice regarding whom to marry—rather than in notions of love—marked the contrast between representations of the ‘traditional’ past and the ‘modern’ present. Similarly, my conversations in Mumbai revealed that the
idea of exercising choice with regard to whether and when to have children—rather than realities of voluntary childlessness—marked middle-class self-representations. People suggested that attitudes to childbearing were changing among the middle class with the turn to companionate marriage. Shefali, aged 38, who adopted a child after being unable to conceive, observed,

> Everybody is changing; the generation is changing. Even mothers-in-law are working. There is no pressure—marriages are late. Marriage is happening at 28/29. They think of a family only in their 30s. Purvi, barech question marks asayche [Earlier, there would be a lot of question marks if a woman could not conceive]. Last ten years there have been a lot of changes.

Similarly, a 31-year old male interlocutor remarked that when it came to marriages, ‘these days kids is not the only thing’ and a 38-year old homemaker commented that “a child is the ultimate”—that mindset is changing’.

However, interlocutors were careful to distinguish between the attitudes of members of their own class and those of others. For example, 26-year-old Prashant gave me the example of a married couple that he knew. The couple were facing fertility issues, but they were both highly educated professionals, and they faced no familial pressure to conceive. In fact, Prashant commented, the husband’s family ‘were okay with the woman having some problem’. This experience, he pointed out, was not typical outside the educated middle class, and he spoke of how among Gujaratis or Marwaris, which are communities dominated by business rather than highly educated professional families, ‘a girl can get rejected’ from matrimonial consideration or married life because of fertility issues.
Interlocutors thus felt that reactions to PCOS-linked subfertility would depend upon individual families and communities and that it was more likely to be an issue in the villages or small towns, among very conservative communities, and in cases where women did not have higher educational qualifications. My interlocutors were all comfortably middle class, and through their remarks, they marked themselves as progressive and differentiated themselves from the past, rural populations, conservative communities, and the lesser educated. Their statements demonstrate representations of members of their own class as separating fertility from conjugality; while childbearing was still important, it was not the main purpose of marriage.

These attitudes, while reflecting middle-class women’s new prerogatives of not having to deal with fertility issues until they actively wish to have children, simultaneously draw from entrenched discourses regarding family planning and the progressive, respectable middle-class family as opposed to what is represented as the unruly, socially undesirable lower-class unit. Although India is the world’s second-most populous country, population control has been a focus for the Indian government almost immediately since the country’s independence in 1947. Family planning policies have typically targeted the poor, with the imagery that ‘it is the responsible middle-class mother, who by practising birth control, proved herself to be educated, and by extension capable to bring up the right kind of young citizen’ (Donner 2006:372). In these discourses, the poor have been associated with a higher number of children, symbolizing their backwardness, illiteracy, and lack of modernity. As noted before, the post-liberalization idealization of sexual desire within conjugality was also tied to this class project, with the framing of contraceptives as aesthetic sexual experience for the middle classes but fertility control for the poor. Thus, fertility has always been tied to a middle-class identity project.
**Conclusion: Class Identity, Fertility, and Intimate Modernities**

In the decades since economic liberalization in India, the domain of marriage has seen major social changes. Most studies on changing expectations regarding love, marriage, and family life in India have tended to focus on dimensions of love and companionate marriage, and the relationship of fertility and childbearing to ‘modern selves’ and intimate modernities has received little ethnographic attention. Moreover, social scientific literature on fertility and family projects in India, even post-liberalization India, has been dominated by studies of childlessness, infertility, and stigma (e.g., Bharadwaj 2003, Inhorn and Bharadwaj 2007, Jeffrey and Jeffrey 1989, Mehta and Kapadia 2008, Mulgaonkar 2001, Riessman 2000).

My middle-class interlocutors, however, exhibited a very different relation to fertility potential than that chronicled by the extant literature. Rather than being concerned with fertility potential even prior to marriage, my interlocutors could put off thinking about fertility and childbearing until they were ready to have children. While overall, the age of marriage in India is still quite low, there has been a trend toward later marriages among the middle class, as women get more educated or work for a few years before getting married (e.g., Radhakrishnan 2011). Rapid sociocultural and material change in India has also led to a destabilizing of older gendered norms and practices in India. Global media messages have resulted in access to new imaginaries and horizons of possibility, disrupting earlier congealed understandings of gender. The automatic linking of womanhood with motherhood is being questioned as a new focus on individual identity emerges among the middle class.
Against this backdrop, the urban middle class has defined itself through the education and relative empowerment of women (Ganguly Scrase 2003, Radhakrishnan 2009). Women are expected to embody the modern, and this has opened up more room for the emergence of new gender configurations. Women from this class have increased opportunities to make choices and build identities, such as professional ones, that were previously inaccessible. My interlocutors, even the ones who were not working outside the home at the time of fieldwork, did not see themselves or their roles solely defined by motherhood or the private realm of the household; rather, they defined themselves through their education or professional credentials. Thus, for my interlocutors, their cultural capital as educated women from the urban middle class took the emphasis off the domestic sphere and the realm of reproduction in a manner that is unusual for women of another generation or class. The display of a particular classed habitus granted them an increased range of life choices, pointing to the entanglements between gender, class, and nation. Later marriages also make subfertility more common—and therefore less of a source of stigma—in this class. Meanwhile, new companionate marriage ideals among the urban middle class prioritize conjugal intimacy and place companionship, rather than biological and social reproduction, at the center of the institution of marriage, helping to make fertility potential less of a concern. Interlocutors could therefore speak of childbearing as a choice rather than a given, marking a shift in configurations of fertility and conjugality and signaling emerging intimate modernities.

However, representations of childbearing as a choice are complicated by the realities of the distress caused by possibilities of childlessness. The focus on individual choice and identity, does not completely overthrow broader normative structures related to family life and the family unit. When women actively start trying to conceive, fertility becomes a
focus of attention and brings to the fore dissonance in entrenched and emerging notions of womanhood as it relates to motherhood. Meanwhile, conjugal relationships seek to balance both individual and social desires through the negotiation of expectations with partners prior to marriage. Companionate marriages in this class involve attention to pragmatic concerns, including possibilities of subfertility, which are seen to be key to marital stability and happiness. In the context of fertility issues and childlessness in India, which have tended to be highly distressing, the ability to pragmatically negotiate expectations with partners is critical to subfertile women’s resilience and to making fertility less of an immediate concern.

These changes in intimate relationships are also supported by new technologies. Educated couples of the middle class possess the requisite cultural and economic capital to access reproductive technologies and services. The possibilities represented by medical technology allow women to put off concerns about motherhood until later in their lives; the biomedicalisation of fertility is thus experienced as liberating. New secular reasonings of risk within this class also allow for the fertility consequences of PCOS to be thought of in terms of probabilities rather than in terms of forces outside of human negotiation, enabling the rise of new attitudes toward fertility and of subjectivities based on orientation to risk.

The middle class in India has always drawn upon fertility and childbearing—in the form of smaller family sizes—as markers of distinction to distance itself from the lower classes, depicted as uncivilized, illiterate, and regressive with their high number of children (Béteille 1992, Donner 2006, Srinivas 1994). Among the middle class in post-liberalization India, not just a limited number of children but also the treatment of
childbearing as a choice has come to dominate middle-class self-representations. The urban middle class relies on discourses about choice in when and whether to have a child as a marker of its modernity and as distinguishing it from the lower classes. Nevertheless, the realities are more complex than portrayed through these representations, and subfertility can be a source of distress for women, albeit not until they actively wish to have children. It is, then, not so much a complete decoupling of conjugality from fertility, but rather representations of these two as being separate domains of intimate married life that contributes to middle-class projects of distinction.

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i The Institutional Review Board of the University of Arizona approved the research; all interlocutor names are pseudonyms.

ii It could be argued that the enhanced reproductive options of women of this class came at the expense of the reproductive labour of poorer women, but none of my interlocutors mentioned surrogacy, even though they mentioned adoption. It remains to be seen how many would be open to the reality—as opposed to the possibility—of adoption (see also Bharadwaj 2003).
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