

# Motherhood Prioritized over Career for Women undergoing Assisted Reproductive Technology (ART)

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## Abstract

*The recent advancement in reproductive technology has provided newer opportunities to conceive naturally through Assisted Reproductive Technology (ART), which entails financial and emotional costs as well as complications. The choice to opt for ART involves complex processes which not only involve the couple but also their families, social structure and cultural norms. In many cultures including India, having one's biological child is given prime importance due to the social, religious and cultural norms associated with the notion of motherhood and parenthood. In such a scenario, giving birth to a progeny becomes the obvious next stage post marriage for a woman.*

*The social aspect of complete womanhood being achieved by birthing a child takes precedence in the married woman's life at the expense of her career and productivity. This study tries to understand how the pursuance of a professional career gets affected while opting for ART, role of spousal support and family support in pursuance of a professional career while pursuing ART and how fertility choices of women affect their contribution to the labour market as they prioritize reproductive labour over career.*

**Keywords:** Assisted Reproductive Technology, Career, Reproductive Labour, IVF, Infertility.

## Introduction

The recent advances in reproductive technology has provided newer opportunities to people who were previously not able to conceive naturally. There are a number of processes like IUI (Intra-Uterine Insemination) and IVF (In-Vitro Fertilization) that offer a solution to couples who are facing fertility challenges. All these methods, collectively known as Assisted Reproductive Technology (ART), entail financial and emotional costs as well as complications. The choice to opt for ART involves complex processes which not only involve the couple but also their families, social structure and cultural norms. It challenges the traditional concept of childrearing and family system and thus, problematizes the cultural connotations associated with the process of childbirth.

Over the years, women have engaged actively in diverse economic activities, yet there are many impediments that hinder women from contributing to the economic development at par with men. Unequal power relations

based on gender are further reinforced by social and cultural norms and this relegates women to the margin in all spheres. This inequality stems from the distinctions based on biological, historical and cultural constructs. This is further supported by the traditional viewpoints about masculinity and femininity as well as the conventional division of labour solely based on biological attributes with respect to domestic chores and the labour market<sup>12</sup>.

Many scholars have linked illiteracy and sexual division of labour, especially in the developing countries, with high fertility among women which ties them to the duties of child rearing and domestic work<sup>9</sup>. Thus, the role of a woman becomes reduced to the unremunerated labour at home and bearing children is considered the main prerogative of a woman.

Many studies have found that in the labour market, women having children usually earn lesser than women with no children<sup>2,17</sup>. Identifying the complex labour market effects of having a child or additional children through ART proves to be difficult as the general perception is that children hinder the career of women. In cases, where a woman is unable to conceive, she is stigmatized and forced to opt for various treatments. Often the decisions regarding opting for ART is taken after failed attempts at conceiving naturally which tends to place the woman in an age group where she is an earning member and is contributing to the workforce.

In South Asian countries, like India, having one's biological child is given prime importance due to the social, religious and cultural norms associated with the notion of motherhood and parenthood. In such a scenario, giving birth to a progeny is the obvious next stage post marriage for a woman. The social aspect of complete womanhood being achieved by birthing a child takes precedence in the married woman's life at the expense of her career and productivity. Career usually takes the backseat and when they start thinking of resuming work, they tend to compromise and earn less due to a number of reasons like break in professional career, family interventions, lesser working hours and change in priority as attention shifts to motherhood and so on.

## Review of Literature

Women's labour force choices have significantly been impacted by the advances made in reproductive technology although decisions pertaining to career are still sometimes guided by biological considerations. The advancement of genetic technology and the policies guiding it have contributed to revolutionizing maternal healthcare as far as IVF is concerned. However, one of the main challenges

faced by ART is that it is not usually covered under the public health schemes due to State of Art technology and the accompanying expenses<sup>14</sup>. This poses a challenge in the availability and accessibility of these services to working women in terms of infrastructure as well as economic contexts.

This form of differential access is referred to as 'stratified reproduction'<sup>8</sup>, an unequal play of power through which some women are encouraged as well as empowered to plan motherhood while the other reproductive labour is not valued adequately. The primarily private ART industry is characterized by market-driven strategies, market rhetoric and the demand-supply equation, along with taking advantage of the predominant patriarchal set up of the society.

The biological and medical aspects related to ART are often emphasized upon while the commerce and economic aspects do not form a part of the main discourse. According to Kroeger and Mattina<sup>10</sup>, costs of interruption to a woman's professional career are reduced significantly if she has advanced further into a career by delaying having children as by this time she has established herself professionally. The experience she has gathered over this period of time helps her retain her value to the employer and thus secure her professional worth. The expansion of time period in the career of a woman before taking a break for childbearing actually increases the return of the investment in professional degree courses and occupational choices.

The importance of availability of ART has been studied from various viewpoints with respect to the use of infertility treatments<sup>3</sup>, fertility issues in older women<sup>5</sup>, timing of marriage<sup>1</sup> and so on. However, the relationship between ART and the career choices of women has not been explored in depth.

A number of studies<sup>7,16</sup> have already established that mothers are more likely to take time out of labour force in comparison to other women to care for their offspring and hence, will acquire lesser human capital than other women. This is further problematized for the women who cannot conceive naturally and have to opt for Assisted Reproductive Technology (ART) which is a long-term process, with failure being a part of the treatment and involves stringent time-bound commitments as well as restrictions. Moreover, the success of ART is not predictable and the careers of the women vary according to their attempts at it. This mostly results in adverse impact on the professional career of the women. Motherhood through ART is a decision that is influenced by other variables such as spousal support, family support, psychological and social issues.

Another pathway which can potentially influence women's career choices, is IVF mandates amidst the growing awareness regarding it. The social norms that encourage career- family balance through delayed childbirth reinforce

the importance of IVF and encourage first births in educated, older women<sup>15</sup>. The visible shift in first-birth patterns for the career-driven educated women influences the expectations towards IVF and child birth, making it more acceptable to delay birth amongst the younger women who will, in turn, invest in building a career.

According to Miller<sup>13</sup>, it may be assumed that women may have at least one maternity break, leading to a career interruption that would last a fixed period of time. This interruption is often associated with no wages and, upon returning to work, women's wages are comparatively lower than what they earned before the maternity break. Miller<sup>13</sup> has referred to this gap in wages as a 'motherhood penalty'. Moreover, while taking motherhood and IVF into consideration, it is rather common to focus on healthy babies and overlook pain, failure, miscarriage and congenital disability<sup>4</sup> which impacts the body of the mother and her subsequent return to her career.

Based on the literature review the following objectives were explored:

- To understand the relationship between the career of a woman and her choice of opting for ART that entails psychological morbidity and biological stress.
- To understand how the pursuance of a professional career gets affected while opting for ART.
- To delve into the role of spousal support and family support in pursuance of a professional career while pursuing ART.

## Material and Methods

The research design is fundamentally exploratory as it sought to record the individual experiences and draw conclusions based on a close analysis of the responses. The mode of collection for primary data entailed in-depth interviews. This involved an exhaustive study of the demographic characteristics and details of the respondents who experienced negative affection for the purpose of profiling them.

**Pilot Study:** The pilot study formed the base for this research. It was conducted on 15 women who visited a premium infertility clinic in Kolkata.

**First Phase:** An in-depth interview was conducted as a part of exploratory research in the clinic with these 15 women initially to explore the possibility of a professional career while pursuing ART. The aim of the interview was to understand the impact of negative affect due to childlessness in one's professional career while pursuing ART and also to understand the role of spouse and family in the same.

Certain themes emerged from this initial interview. These themes were then checked for commonality in the existing body of literature. These themes served as constructs for the second phase of data collection. The themes common to the

interview and literature were used to design the final questionnaire. The pilot survey pointed out that for the pursuance of professional career, spousal support and family support emerged to be important factors along with negative affect specifically due to childlessness while opting for ART.

Furthermore, the women in the pilot survey were also asked to identify the items that constituted these themes. These items were the ones that had an effect on their lives. This led to social influence against childlessness having 16 items namely, looked down upon, considered evil, cannot participate in holy rituals, cannot participate in wedding rituals, must have done something wrong in past life, presence brings bad luck, embarrassment to be childless, childlessness is symbolic of weakness, unnatural to be childless post wedding, absence of progeny results in the family name being extinct, childlessness is considered a physical shortcoming, being childless means being incomplete, womanhood is complete with motherhood, a man is not a man if he is infertile, childlessness is a social stigma, childless couples are outcast by society. It was found that social influence against childlessness was the major cause for negative affect.

Negative Affect was measured with a total of 10 items comprising of the emotions which a childless woman goes through namely, Scared, Afraid, Upset, Distressed, Jittery, Nervous, Ashamed, Guilty, Irritable and Hostile. For this purpose, PANAS Scale (1988) was used. Family support meant support from in-laws, own parents, sibling (s), relatives from spouse's side, relatives from parents' side. Spousal support was symbolic from spouse support to pursue professional career, spouse readily agreed to avail ART services, spouse started looking for information about success rate, spouse found out the estimated cost, spouse started talking to people for information on ART experts and clinics, easy to talk with spouse, discussion (argument) with spouse.

Decision to pursue professional career while seeking ART was answered in affirmation or refutation i.e. in yes or no. Based on the findings of this pilot study, the survey instrument was designed.

**Second Phase:** The questionnaire survey method was used for data collection. The design of the questionnaire was such, so as to elicit opinion of the respondents on the statements based on the items of the various constructs in the model. Standardized questionnaire has been used for the constructs with a little modification to suit the current study. The pilot study that was conducted on a sample of 15 individuals in order to test for ambiguity and the respondents' understanding of the questionnaire led to the required modification in the questionnaire. On the basis of the responses, the questionnaire was modified. Opinions were sought on a 5-point Likert scale where 5 indicated —completely agree and 1 indicated —completely disagree.

There were 22 statements in total.

**Data Collection:** The study aimed at women seeking assisted reproduction in the presence of childlessness in the city of Kolkata, India. A total of 70 women were approached in the clinic through the psychologist/ counselor of the clinic but 14 refused to talk. 35 women in the sample were visiting the clinic for the purpose of procedures that were part of the treatment and 21 women had visited the clinic in the past for consultation with the infertility expert but had never undergone any treatment procedure. These 21 women were contacted for the current study again through the clinic but they never started the treatment. Thus, the sample size was 35.

The questionnaires were collected immediately after they were filled in. Efforts were put in to make them understand the purpose of the research and assure them that the data so provided will be used only for academic research. No questionnaire was discarded due to incomplete information. Thus, with the unconditional assistance of various associates at the clinic, data was collected comfortably from the women who were under a certain procedure while at the clinic.

The instrument was divided into four parts: In part A, the women were asked about their demographic profile like age, education, occupation, income level, family type and marital status. Part B consisted of information on the type of childlessness and type of infertility, the woman was inflicted with. When the decision to not procreate is taken by self, it is called voluntary childlessness. When for natural causes a woman cannot procreate, it is a situation of involuntary childlessness. Infertility is defined as not being able to bear children after a year of sexual intimacy without any contraceptives. If there are no children at all and the woman is unable to become pregnant, then it is called primary infertility and if she already has given birth to at least one child and is unable to conceive the second child, she is said to be suffering from secondary infertility.

In part C, women were asked about their emotions when they came to know about their childlessness and how it impacted their professional careers. Emotion is defined as a strong feeling deriving from one's circumstances, mood, or relationships with others. Emotion here has been negative. Hence, we call it negative affection. Part D consisted of all the moderating variables like negative affect, spousal and family support. A five-point Likert scale was designed to gauge the responses in part D. The scales ranged from completely agree to completely disagree. For the purpose of this study, family support is defined as strength and increased emotional attachment between the family and the woman. Spousal support means husband supporting the wife for the pursuit of treatment irrespective of whether the family is supportive or unsupportive.

To check the validity of the instrument, initially a study was conducted on 15 participants. Validity tests were

administered to test the validity and usability of the instrument based on the responses. Cronbach alpha<sup>6</sup>, KMO's measure of adequacy and Bartlett's test of sphericity were carried out. Cronbach alpha was estimated to measure the internal consistency reliability of the instrument. Kaiser-Meyer-Olkin test was conducted to evaluate the homogeneity of variables and Bartlett's test of sphericity was administered to check for the correlation between the chosen variables. The instrument was found to be reliable. The Bartlett's test showed significant results for both the parts and therefore, the instrument was accepted for further study. Based on the meritorious outcome of the validity, the instrument was chosen for collection of data.

## Results and Discussion

**Sample Profile:** This study was conducted in one of the most premium infertility clinics of Kolkata, West Bengal. It is being considered premium because of its modern infrastructure and renowned doctors. The reason to visit this clinic was to get commonality in the sample. Women who came here, were all from financially well-to-do families and the minimum education level was graduation. It is located at a well-connected place in Kolkata. Thus, the selection was purposive.

The treatment required frequent clinic visits, tests and rest periods, disrupting women's work schedules. The sample included various professionals such as managers, teachers,

IT experts and designers. Many faced the dilemma of leaving full-time jobs, though some continued part-time work, like tutoring or managing a boutique. Most chose to focus on ART rather than their careers. All participants, aged 25 to 36 and followers of Hinduism, were married after 24 and had used family planning methods such as condoms and oral contraceptives. They typically sought infertility treatment after one to two years of trying to conceive and were all dealing with primary infertility while holding full-time jobs.

**Negative Affect from Childlessness Scale:** This study explores the impact of negative affect in continuing a professional career in case of choosing ART. To measure negative affect, the PANAS Scale developed by Watson et al<sup>18</sup> which had been used. This scale consists of a number of words that describe different feelings and emotions. The PANAS scale or positive and negative affect schedule (PANAS) is a self-report questionnaire. The list is split up into two segments or mood scales. One scale measures a person's positive emotion and the other scale measures the negative. Each segment has ten terms which can be rated on a scale of 1 to 5 to indicate the extent to which the respondent agrees that this applies to her.

Since this study undertook childlessness as involuntary, emotions arising because of childlessness were only negative. So, on the PANAS scale, only the negative affects were measured.

**Table 1**  
**Cronbach alpha of the instrument**

Construct	Cronbach Alpha
Social Influence against Childlessness (SIAC)	0.929
Spousal Support to pursue professional career while seeking ART	0.802
Family Support to pursue professional career while seeking ART	0.940
Negative Affect due to childlessness	0.72

Source: Author's calculation

**Table 2**  
**Demographic Profile of the Respondents**

<b>Sex</b>	<b>Female</b>	<b>100%</b>
Age	25 to 36 years	100%
Education	Graduate and above	100%
Occupation	Quit Job	100%
Location	From Kolkata	91.44%
	Not from Kolkata but from West Bengal	2.85%
	From Outside West Bengal	5.71%
Marital Status	Married	100%
Family Type	Joint	71.42%
	Nuclear	28.58%
Religion	Hindu	100%
Type of Childlessness	Involuntary	100%
Type of Infertility	Primary Infertility	100%
Assisted Reproductive Technology Undertaken	Primary Infertility	97.14%
	Secondary Infertility	2.86%

Source: Author's calculation



For measuring negative affect, a total of 10 items were used. The reliability statistic Cronbach's Alpha coefficient of the 10 items was 0.720 i.e. greater than 0.7, suggesting that the items have relatively high internal consistency.

All women verbalized intense emotions about their involuntary childlessness. In addition, a large number of women experienced negative social impact including stigmatization, unstable marriage and even abuse. These findings show that infertility can have a serious impact on both the psychological and social well-being as well as their careers in the developing world.

A logistic regression was performed to ascertain the effects of negative affect on the likelihood that participant would go for ART while continuing a professional career. The model correctly classified 57.1% of cases. The odds of going for ART while continuing a professional career (—1 category) increase by 1.001 times for 1 unit increase in negative affect. Increasing values of negative affect while pursuing a professional career, were associated with an increased likelihood of going for ART.

The Wald test ("Wald" column) determines the statistical significance of each independent variable. The Sig column provides the statistical significance of the test. From these results, it is seen that negative affect due to childlessness while continuing a professional career in pursuit of ART,  $p=0.984$  has not added significantly to the model/prediction. Wald value is used to test the null hypothesis. Negative affect therefore does not facilitate the pursuance of ART. But its presence cannot be ignored as is evident from literature and primary data. Therefore, it is concluded that there are other moderating variables that lead to the pursuance of ART. The null hypothesis is therefore rejected.

**H<sub>1</sub>:** Childlessness leads to negative affect in continuing a professional career in case of choosing ART.

**H'<sub>1</sub>:** H'<sub>1</sub> is not rejected, i.e., childlessness does not lead to negative affect in continuing a professional career in case of choosing ART.

Hosmer and Lemeshow test showed p value of 0.716 ( $>0.05$ ). Therefore, the model is good fit. Table is based on the model and includes the explanatory variables. The model is correctly classifying the outcome for 57.1% of the cases.

**Table 3**  
**Means and standard deviations for question items.**

Item Statistics			
Items	Mean	Std. Deviation	N
Scared	1.20	0.759	35
Afraid	1.20	0.759	35
Upset	5.00	0.000	35
Distressed	4.37	0.910	35
Jittery	3.17	0.954	35
Nervous	2.74	1.221	35
Ashamed	1.83	1.224	35
Guilty	1.37	0.877	35
Irritable	4.29	0.750	35
Hostile	3.31	0.993	35

Source: Author's calculation

**Table 4**  
**Contribution of each independent variable to the model and its statistical significance**

		B	S.E.	Wald	Df	Sig.	Exp(B)
Step 1 <sup>a</sup>	Negative Affect	0.001	0.072	0.000	1	0.984	1.001
	Constant	0.246	2.073	0.014	1	0.906	1.279

a. Variable(s) entered on step 1: Negative Affect.

Source: Author's calculation

**Table 5**  
**Classification Table**

		Observed	Predicted		
			ART Undertaken		Percentage Correct
Step 1	ART Undertaken	0	0	15	.0
		1	0	20	100.0
	Overall Percentage				57.1

a. The cut value is 0.500

Source: Author's calculation

The literature showed evidence of the presence of negative affect due to childlessness. Data analysis shows that it is not due to the presence of negative affect due to childlessness while pursuing a professional career that a woman decides to undergo ART. This could be because there are other propelling factors. It is also possible that when a woman came to know of her childlessness in the past, she might have felt some negativity but not to a greater extent. The magnitude of negative affect might have occurred due to other variables acting upon the woman because of the presence of childlessness, for example, social influence, family pressure, workplace environment etc. In such a situation, it becomes difficult for the respondent to segregate the bases of negative affect.

A generally low emotional state for any reason other than childlessness is also attributed to the absence of a child. Negative affect does not lead to the pursuance of ART in the hope of birthing a biological baby. There are other variables that propel a woman's decision to avail assisted reproduction. As per literature in the presence of negative affect while in a professional career, a childless woman looks for alternatives to birthing a biological progeny of her own. The absence of a child brings much social disgrace to the childless woman. There happens to be immense pressure on her from the social circuit to bear her biological child. But these have not surfaced from the data analysis of our sample tested on the working model. This indicates that there is more to the pursuance of assisted reproduction. The other variables in the working model probably have a bigger role to play in pursuance of ART while in a professional career.

**Spousal Support to pursue professional career while seeking ART Scale:** By 'spousal support to pursue professional career while seeking ART', we mean, husband's support to his wife and couples' support to each other towards the woman's professional career in the pursuit of treatment. Reliability statistics table provides the actual value for Cronbach's alpha measured for 'Spousal Support

to pursue professional career while seeking ART' with 7 items.

The reliability statistics (Cronbach's alpha) is 0.802 i.e. greater than 0.7 for 'Spousal Support to pursue professional career while seeking ART' which indicates a high level of internal consistency for our scale with this specific sample.

The following hypothesis was tested:

**H<sub>1</sub>:** Spousal support has a moderating effect in the pursuance of ART.

**H'<sub>1</sub>:** Spousal support does not have a moderating effect in the pursuance of ART.

For measuring "Spousal support to pursue professional career while seeking ART", a total of 7 items were used. The reliability statistic Cronbach's Alpha coefficient of the 7 items was 0.802, suggesting that the items have relatively high internal consistency. Table helps to understand how much variation in the dependent variable i.e. decision to seek assisted reproduction technology (ART) can be explained by the model.

This table contains the values of Cox and Snell R<sup>2</sup> and Nagelkerke R<sup>2</sup>. Both of these are methods for calculating the explained variation. Cox and Snell R<sup>2</sup> and Nagelkerke R<sup>2</sup> values are also called pseudo R<sup>2</sup> values (and will have lower values than in multiple regression). Moreover, these values are attained in the same way, but more caution is used in these. Therefore, based on our model, the explained variation in the dependent variable ranges from 44.2% to 59.4%, it is also dependent on whether we refer to the Cox and Snell R<sup>2</sup> or Nagelkerke R<sup>2</sup> methods respectively. Nagelkerke R<sup>2</sup> is a modified Cox and Snell R<sup>2</sup>. As Cox and Snell R<sup>2</sup> cannot achieve a value of 1, it is preferred to refer the Nagelkerke R<sup>2</sup> value. The "Variables in the Equation" table show the contribution of each independent variable to the model and its statistical significance.

**Table 6**  
**Model Summary**

Step	-2 Log likelihood	Cox and Snell R Square	Nagelkerke R Square
1	27.359 <sup>a</sup>	0.442	0.594
a. Estimation terminated at iteration number 7 because parameter estimates changed by less than .001.			

Source: Author's calculation

**Table 7**  
**Variables in the Equation**

	B	S.E.	Wald	Df	Sig.	Exp(B)
Step 1 <sup>a</sup>						
Spouse Support to pursue professional career while seeking ART	.373	.139	7.159	1	.007	1.452
Constant	-12.144	4.738	6.569	1	.010	.000
a. Variable(s) entered on step 1: Spouse Support to pursue professional career while seeking ART.						

Source: Author's calculation

A logistic regression was performed to ascertain the effects of “Spouse Support to pursue professional career while seeking ART” on the likelihood that participant will go for ART. The model explained 59.4% (Nagelkerke  $R^2$ ) of the variance in going for ART and correctly classified 80.0% of cases. The odds of going for ART (-1 category) increased by 1.452 times for 1 unit increase in ‘Spouse Support to pursue professional career while seeking ART’. Increasing values of “Spouse Support to pursue professional career while seeking ART” were associated with an increased likelihood of going for ART.

From these results, it is seen that ‘Spousal support to pursue professional career while seeking ART’,  $p=0.007$  has added significantly to the model/prediction. Wald value is used to test the null hypothesis. ‘Spousal support to pursue professional career while seeking ART’ therefore facilitates the pursuance of ART.

The Hosmer-Lemeshow statistics indicates a poor fit if the significance value is less than 0.05. Large values of chi square (with small p-value  $<0.05$ ) indicate poor fit and small chi-square values (with larger p-value, closer to 1) indicate a good logistic regression model fit. The results show the model is fit. The following null hypothesis was not rejected:

**H<sub>2</sub>:** “Spousal Support to pursue professional career while seeking ART” has a moderating effect in the pursuance of ART

The model is correctly classifying the outcome for 80 % of the cases. All women shared intense emotions about their involuntary childlessness. It makes sense to discover spousal support to be a necessity in pursuing a professional career by the woman in the pursuit of ART services because childbirth is a joint decision. Support from the main stakeholder i.e. the spouse goes a long way in making the decision to pursue ART, a lot hassle free, while carrying on with a professional career. Spousal support in essence would mean support of both the spouses to each other in coping with the stress of infertility and the nuances of assisted reproduction while continuing to grow in a professional career.

**Family Support to pursue professional career while seeking ART Scale:** For measuring “Family Support to pursue professional career while seeking ART”, a total of 5 items were used. The items were: support from in- laws, support from own parents, support from siblings, support from relatives from spouse’s side and support from relatives from parent’s side.

The following hypotheses were tested:

**H<sub>2</sub>:** “Family support to pursue professional career while seeking ART” has a moderating effect in the pursuance of ART.

**H’<sub>2</sub>:** “Family support to pursue professional career while seeking ART” does not have a moderating effect in the pursuance of ART.

**Table 8**  
**Hosmer and Lemeshow Test**

Step	Chi-square	Df	Sig.
1	6.860	6	0.334

Source: Author’s calculation

**Table 9**  
**Classification Table**

	Observed		Predicted		
			ART Undertaken		Percentage Correct
			0	1	
Step 1	ART Undertaken	0	11	4	73.3
		1	3	17	85.0
	Overall Percentage				80.0

a. The cut value is 0.500

Source: Author’s calculation

**Table 10**  
**Family Support to pursue professional career while seeking ART**

Item Statistics			
	Mean	Std. Deviation	N
In-Laws	3.63	2.211	35
Own Parents	5.26	2.201	35
Sibling (s)	5.14	2.116	35
Relatives from spouse's side	3.17	1.886	35
Relatives from parents' side	3.83	1.978	35

Source: Author’s calculation

The reliability statistics Cronbach's Alpha coefficient of the 5 items was 0.940, suggesting that the items have relatively high internal consistency.

Based on our model, the explained variation in the dependent variable ranges from 10.9% to 14.6%, it is also dependent on whether we refer to the Cox and Snell  $R^2$  or Nagelkerke  $R^2$  methods respectively. A logistic regression was performed to ascertain the effects of "Family Support to pursue professional career while seeking ART" on the likelihood that participant will go for ART. The model explained 14.60% (Nagelkerke  $R^2$ ) of the variance in going for ART and correctly classified 65.7% of cases. The odds of going for ART (1 category) increase by 0.922 times for 1 unit increase in "Family Support to pursue professional career while seeking ART". Increasing values of "Family Support to pursue professional career while seeking ART" was associated with an increased likelihood of going for ART.

Family support in ART facilitates the decision to pursue ART as per the Wald test. Family support to pursue professional career while seeking ART rightly serves as a moderating factor in the pursuance of ART. It takes the childless woman closer to the decision of pursuing assisted reproduction. "Family support to pursue professional career while seeking ART" is directionally significant here with  $p=0.062$  and  $B=-0.081$ . The negative  $B$  implies directionally

significant family support underlying the fact that there is support from some other quarter that over-rules family support in seeking ART while pursuing a professional career. This support could be spousal support. It makes sense to discover spousal support over-ruling family support because childbirth is a joint decision.

Hosmer and Lemeshow Test showed  $p=0.496$  suggesting good fit to the model. The results show the model is fit. Table is based on the model that includes the explanatory variables. The model is correctly classifying the outcome for 65.7% of the cases.

Every child carries the family name. Therefore, it makes sense when the family takes interest in child birth in the family. When a woman in the family finds hurdles in conceiving and has a professional career in hand and if the family support exists, it becomes easier for her to seek assisted reproduction. Family support coupled with a professional career gives much psychological support in coping with the disappointment.

Also, the various procedures of ART require rest and care for the woman undertaking assisted reproduction. Family support and professional career are of immense help under such circumstances.

**Table 11**  
**Model Summary**

Step	-2 Log likelihood	Cox and Snell R Square	Nagelkerke R Square
1	43.779 <sup>a</sup>	0.109	0.146
a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.			

Source: Author's Calculation

**Table 12**  
**Variables in the Equation**

		B	S.E.	Wald	Df	Sig.	Exp(B)
Step 1 <sup>a</sup>	Family Support to pursue professional career while seeking ART	-0.081	0.043	3.471	1	0.062	0.922
	Constant	2.038	1.039	3.850	1	0.050	7.676
a. Variable(s) entered on step 1: Family Support to pursue professional career while seeking ART.							

Source: Author's calculation

**Table 13**  
**Classification Table**

Classification Table					
	Observed		Predicted		
			ART Undertaken		Percentage Correct
			0	1	
Step 1	ART Undertaken	0	9	6	60.0
		1	6	14	70.0
	Overall Percentage				65.7
a. The cut value is 0.500					

Source: Author's calculation



“Family support to pursue professional career while seeking ART” is a mechanism of coping strategy to deal with the stress of infertility and the overall assisted reproduction procedure.

Women struggled with infertility and often made joint decisions with their partners to pursue ART. Many prioritized motherhood over their careers, sometimes relocating for treatment due to factors like privacy or cost. Often, they left their jobs due to inadequate spousal or family support. The emotional and physical toll of ART were accepted as voluntary choice for reproductive labor, with the burden of parenthood primarily falling on women due to their biological role.

## Conclusion

This study explores how women's fertility choices impact their labor market participation, as they often prioritize reproductive labor over their careers despite investing in professional degrees and building careers. It examines if ART affects women's careers and whether family and spouse attitudes influence their career pursuits. Women generally find it hard to accept childlessness and prefer biological children over adoption. In countries lacking adequate maternity benefits and job protection, balancing ART with career and childcare is challenging.

Societal norms and personal choices further complicate this. Fertility issues significantly impact careers when opting for ART, though family support can ease the decision to pursue both a career and assisted reproduction. Support from family is crucial as it helps women to manage the stress of childlessness and continue their careers, though some may still choose to leave their careers prematurely to focus on motherhood.

## Acknowledgement

We are very grateful for support from the infertility clinic and the women undergoing treatment there (both the parties prefer anonymity). We thank them very much.

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(Received 31<sup>st</sup> July 2024, accepted 10<sup>th</sup> September 2024)

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