

Issues and Agendas of Infertility Studies in Bangladesh

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Abstract: *In Bangladesh, people and its culture immensely focus on the importance of fertility and reproduction. Motherhood thus became a purified identity in both cultural and mystical ways. As a result, any factor hindering fertility is considered deviant and ignored in all aspects. Hence, our studies mainly triggered the notion, significances and hinders to maternal and child health, birth practices, fertility and reproduction etc. Therefore, the socio-economic and psychological strains of infertile people remain insignificant in our studies. In addition, infertility has been considered a neglected and stigmatized issue due to our overpopulation and socio-cultural perceptions of it. Though the number of infertile people is increasing in Bangladesh still there is a dearth of research on the social aspects and consequences of infertility in the country. Infertility has been considered as a stigmatized, gendered, psycho-social turmoil and sensitive agenda to explore, where the stakeholders consciously ignore the biological and psycho-social solutions to it and exploit the infertile. This piece of paper focuses on the nature of studies conducted on infertility issues in Bangladesh, which emphasize the significance of infertility studies in anthropology and other branches of social sciences. This study also categorizes the issues, perspectives and agenda of infertility studies here in Bangladesh. In doing so, the paper also outlines the future scopes and corridors for infertility studies in Bangladesh.*

Keywords: *fertility, infertility, gender, stigma, culture, health, anthropological studies*

Introduction

The social significance of fertility and reproduction in Bangladesh demonstrates the burdens of infertile people. The sociocultural attitudes and beliefs support fertility and normalize conception as god's will, and any impediment to fertility is regarded as disastrous (Maloney, Aziz & Profulla 1980; Blanchet, 1984; Islam, 1985; Rashid, 2007). However, the challenges associated with spontaneous pregnancy are a hidden, unaddressed agenda that should not be made public, in the cultural context of Bangladesh. Due to these socio-cultural challenges, infertility is one of the most neglected issues to be discussed or addressed. Consequently, the infertile people here in Bangladesh go through a different journey with voids, stigma, and an uneven path throughout their lives without psychosocial support. In the late 1970s and early 80s, some social researchers conducted research on health issues in rural Bangladesh with special attention to maternal health and birth practices (Ellickson, 1972; Maloney, Aziz, & Profulla, 1980; Blanchet, 1984; Islam, 1985). However,

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issues like abortions, sterility, sub-infertile life and reproductive failure remain behind the shadow of fertility concerns, maternal health, and the overall medical systems of rural Bangladesh. As a south Asian developing country, Bangladesh is working hard to achieve sustainable development goals like controlling its birth rate, reducing child mortality, and improving its maternal health, where the human right to fertility and childbirth has remained socio-politically ignored and culturally stigmatized. In consequence, the researches confined with a minimum attention to the infertile people, though the problems and suffering of infertility is not lesser than any other health sufferings that targets gender inequality and adverse effects of patriarchy here in Bangladesh.

So, birth practices, fertility, and maternal health concerns have been the mainstream research concepts in Bangladesh since 1980; yet, situations like infertility have always been whispered covertly and remained a peripheral topic in the discourse of reproductive health agendas. This paper emphasizes those outskirts and focuses on infertility research undertaken in Bangladesh in recent years.

Methodology

This qualitative research is based on secondary sources, where a systematic investigation has been carried out. The paper evaluated and categorized the prime trends in the research related to infertility in Bangladesh. Most of the qualitative anthropological studies on maternal health and infertility have been taken seriously. Moreover, the research tried to understand the current knowledge and compare the between the Western and other South Asian countries experience of infertility. As studying infertility as a social agenda is still a growing issue, the researcher has selected research books, peer-reviewed articles, and online sources on maternal health, reproductive health, and motherhood from the context of Bangladesh published within the last forty years. As the purpose of the study is to focus and categorize the issues and agendas of infertility studies in Bangladesh, the reorientation of secondary sources and discussion would encourage and engage the other researchers on the issues alike. The following part of the article has been divided into four sections, which have played vital roles in discussing the infertility situation in Bangladesh. However, as an overpopulated, developing country with limited resources, we still lack research on infertility, which contributes to the further stigmatization and suffering of the infertile and hinders the overall development of the country. The ensuing part of this paper will discuss the ideas and concerns the researchers have been paying attention to in trying to understand the infertility situation in a third-world, developing, overpopulated, patriarchal, South Asian, Muslim country.

Social identification of infertility

The western biomedical definitions of infertility lack the conception and identification of developing country's women's perception of being infertile (Gerrits, 1997). The society and culture of Bangladesh affect the understanding

of infertility in varied ways. As a stigmatized chamber in reproductive health issues, infertility was always deemed a doomed agenda to explore in the context of an overpopulated third-world country, Bangladesh. However, this situation is quite familiar to other south Asian countries. Like Bangladesh, India, Pakistan, Sri Lanka, Vietnam, and many other countries in South Asia, they struggle with their social expectations of having more children, especially sons. Infertility in South Asian communities is extremely observable and is not considered merely a couple-centered concern. Among the South Asian communities' childless couples, especially the women are subjected to social scrutiny (Culley et al., 2004). Here, the concept of infertility is defined socially rather than biologically. Many studies showed that infertility is detected and scrutinized as the socio-cultural identification to it. Any difficulty to conceive and carry a child to deliver or failing to reproduce a son is regarded as childless infertile category in countries like Bangladesh (Islam, 1985; Begum, 2015). Thus, the social recognition of infertility has improved the overall scenario of infertility studies in developing countries like Bangladesh. Moreover, the significance of having children enhanced and triggered the infertility studies too.

Children are considered assets in crisis during old age; thus, having more children and sons are expected to secure the well-being of aging parents. As a result, people who are pro-natal actively encourage married couples to reproduce. Any glitch with pregnancy is considered as infertile phase by the family members and society of the couples. Thus, in experience the reasoning of childless is more often detected by the society nor the couple or doctor (Begum, 2015). Thus, the causes of ill health and the types of treatment people believe in and seek are culturally variable (Helman, 2000). Accordingly, alternative understandings of infertility exist in many societies, and it may be seen as a punishment from God for wrongdoing in this or a previous life, the result of bad luck, evil spirits, or a curse (Blanchet, 1984; Islam, 1985; Nahar et al., 2000; Begum, 2015; Balen & Inhorn, 2002). Thus, the causes and social recognition of infertility depend on the cultural understanding of fertility in a certain community.

However, in rural Bangladesh, the folk healers do not suggest any clinical examination to identify infertile bodies. Some studies show that local people recognize types of infertility such as *banja* and *utlura* and compare infertility with the sterility of women's reproductive bodies. Moreover, the preference for having a male child encompasses the idea of infertility with the concept of *utkura*, where the women reproduce only daughters or one child (Islam, 1985). Additionally, researchers observed that the son is the indicator of fertility and the life of a man is made permanent through the agency of his son, which makes the son a very important requirement according to the South Asian belief systems practiced (Bharadwaj, 2003). Like other south Asian communities, the social recognition of infertility is more visible in the context of Bangladesh. Thus, the meaning and definition of infertility are culturally constructed and cannot be judged by the

demographic data or clinical identification in Bangladesh. As a matter of fact, the social expectations and scrutiny have obviously increased the stigma among the community, and thus the fear and stress of infertile couples have never met a solution.

Infertility and its sufferings

Most of the social research on infertility is connected with its sociocultural sufferings around the world (Balen & Inhorn, 2002; Bharadraj, 2003; Inhorn, 2003; Ireland, 1993; Morell, 1994; Nahar, 2012b; Rowland, 1992; Ussher, 1989; Ulrich & Weatherall, 2000). Many of the studies show that the stigmatization of infertility provokes other social factors to deal with the overall scenario of infertile people, which involves socio-psychological and economic suffering. As mentioned earlier, there is still a dearth of research on infertility studies in Bangladesh, but most studies focus on the traumatic socio-psychological and economic sufferings of the infertile couple, especially the infertile women. Both physicians and social scientists have observed the sufferings of the infertile women here in Bangladesh. As a patriarchal community with a predominating Muslim population, the suffering of women with involuntary childlessness is devastating (Nahar et al., 2000; Habib, 2020). However, the picture of their counterpart is hidden by the egoistic nature of men, as observed. Therefore, the sufferings are not lesser for the men who face infertility in Bangladesh, and here, the infertile people as a couple or individual struggle with their psychosocial situation by their own means (Habib, 2020).

Conversely, both rural and urban infertile people of Bangladesh undergo the same trauma and neglect. However, the educational background, social position, and way of life in certain cultures offer people the opportunity to confront their experience with infertility differently (Nahar, 2007; Nahar & Annekmiak, 2011). The majority of infertile people is stigmatized and struggle secretly with their reproductive failures, but the constant social scrutiny weakens their self-esteem, so they exclude themselves from social gatherings. Marital disruption, divorce, and second marriages desiring a natural pregnancy are common social impacts of infertile life. In her study, Nahar (2007) stated that the social-economic consequences of infertility exhibit emotional stress among infertile women. They have investigated and found that the urban childless respondents did not experience marital violence like their rural counterparts, but they had a fear of abandonment. She also explained that men are not at all socially blamed for infertility; sometimes infertility in men was attributed to psychosexual and physiological disorders. However, women pay the greatest burden due to infertile though the men also go through social stigmatization and forced to remarriage to normalize family. In Bangladeshi society childless marriage holds a dead relation and cannot be successful as a family. Except for a few studies (Unisa, 1999), most of the studies around the world provide evidence of marital disruption. Similarly, Lutfun, Jeronen and Van's (1997) study shows that here the rural childless women not only fear the social abandonment but also distress of getting divorced easily in

the context of Bangladesh, where Muslim law and society uphold the position and rights of a husband to divorce wife more easily (Nahar, 2007). Apart from the social sufferings discussed above, a few studies have also found out the economic travails and psychological traumas of infertility in Bangladesh. Childlessness among rural and urban couples brings poverty. The social stigmatization of infertility restricts the women to go out and earn (Nahar, 2007; Habib, 2020). In Bangladesh where children are considered as assets and good source of income for poor parents, many poor infertile couples lack their scope of earning by all means. Besides, there is no social welfare system infertile people go through tremendous financial crisis during old age. The economic impact of infertility in rural Bangladesh is devastating. Infertile rural poor are discouraged to have micro-credit by NGOs. Moreover, the long-term spiritual, folk, or biomedical treatments of infertility offered financially cost them a lot. Nahar (2012b) investigated material and non-material poverty due to infertility among the rural infertile people in Bangladesh, as the infertile women experience a lack of mothering that devalues them in society. A rigorous study on infertile women's mental health exhibits that anxiety, dissatisfaction, and depression are more strongly found among the infertile women compared to the fertile women of Bangladesh. It also represents that the anxieties due to physical irregularities for not having a pregnancy within expected time even prolong the physiological problems of infertility among the infertile couple (Saha, Saifuddin, Zaman & Nisha 2015).

In brief, Bangladeshi infertile people are coping life with strong stigma, feelings of guilt, role failure, loss of self-esteem, marital abandonment, social isolation and privation, where women are thrown as vulnerable victims. Yet, class and social exposure to the broader world may affect their experiences, coping strategies, and agency (Nahar, 2012b; Habib, 2020). Both rural and urban infertile people experience psychosocial and economic crises to deal with their infertility, though they accomplish their journeys with the hope of overcoming their psychosocial sufferings.

Womanhood with infertility

Infertility studies around the world exhibit infertility as a feminine issue to be addressed as the cultural orientation to the causes of infertility has been explained for years. However, the medical identification of infertility does not depend only on the female reproductive body; thus, the patriarchal context of the culture has let the society identify women with infertility and accuse them without any biomedical inspection. In Bangladesh, women are expected to be mothers, and motherhood is viewed as normative. Thus, the cultural expectation to reproduce children is a natural and inevitable part of women's lives, and childlessness is deviant. In fact, studies have observed that motherhood is believed to provide identity and status for western women, too (Rowland, 1992; Morell, 1994; Ussher, 1989; Ulrich & Weatherall, 2000; Ireland, 1993).

Infertility studies in Bangladesh showed that women are not only accused of childless marriage but also blame themselves, as if infertility is a fault and an inadequacy of the feminine body. Thus, typically, they tolerate indecencies from their husbands or in-laws and blame themselves constantly. Moreover, patriarchal society usually does not let go of this subordination, and perpetually impugning infertile women does not reach an end (Blanchet, 1984; Islam, 1985; Kotalova, 1993; Nahar, 2007; Habib, 2020). In most cases, as Nahar (2007), Kotalova (1993), and Blanchet (1984) have explained, motherhood is the only option for Bangladeshi women, though Sultana (2013) holds a different position for urban Bangladeshi women. In her study, Sultana explores the fact that urban childless women in Bangladesh have an eagerness to be mothers and experience motherhood, but they do not act like victims of their infertile status; rather, these women express their motherly love and care by other means. According to Sultana, these practices of motherly love and care are produced through performativity, reiteration, and citation of the existing norms of motherhood. She also states that childless women can negotiate with their childless timespan and hold themselves not as victims of the situation but as individuals who build up agency by their own means. However, most of the studies in developing countries show that fertility is so central to women's identities that people with fertility problems may resist labeling themselves infertile (Barden-O'Fallon, 2005).

Here, patriarchy shapes the overall conception, understanding, and treatment of infertility. Thus, in Bangladesh, remarriage of the male is considered a treatment, and causes of infertility are given to women (Nahar et al., 2000). Like Egyptian women, many Bangladeshi women also take the burden of infertility upon themselves, though they know the cause is with their husbands (Inhorn, 2003; Habib, 2020). It has been observed that, though both men and women experience infertility with stigma, they respond to their situation differently. Bangladeshi men are not less stigmatized, and they also play a covert role in their experience of infertility. As a result, many times the wives feel ignored by this covert response of their husbands to experiencing infertility (Habib, 2020). Thus, womanhood with infertility suffers in a further catastrophic way in patriarchal Bangladesh.

Infertile people as marginal victims

Bangladesh as a pro-natal community seems to not deal with infertility treatment as an imperative because the country is still fighting to improve the wellbeing of maternal and fetal health, which is also common for other South Asian cultures that are strong pro-natalists (Culley et al., 2004). Moreover, the overpopulation of the country with limited resources has tumbled downed the socio-cultural consequences of infertility effectively. Thus, the infertile people are being addressed as marginal victims, but they continue to suffer their miserable lives with limited hope.

As mentioned earlier, infertility is established as a social suffering in Bangladesh, and accordingly, it has a social solution. The victims of infertility are suffering

physically, emotionally, and financially. As the state policy does not accommodate the expensive biomedical solution of infertility with subsidy, these infertile people, especially the women feel helpless and out of water (Patel, Sharma, Kumar & Binu, 2018; Nahar et al., 2000; Habib, 2020). The broader picture of our reproductive health services shows negligence towards infertility treatment. However, the victims of infertility seek folk treatments and religious advice from elderly and indigenous experts (Maloney, 1980; Islam, 1985; Begum, 2015). Apart from folk treatments, biomedical solutions are also available in urban Bangladesh. Many infertile people seek biomedical consultation (Sultana, 2013; Habib, 2010), but only a few could afford the expenses, and when it requires lengthy course of treatments, it turns difficult for many both psycho-socially and financially (Habib, 2020). However, Culley and others (2004) have a different view about the infertility treatment in Bangladeshi Muslims. They stated “While as we shall see, most communities felt that people would seek medical help for infertility, there was also a degree of suspicion about infertility treatment, especially in the Bangladeshi Muslim Community (Culley et al., 2004:18-19)” On the other hand, studies have shown that infertile women in Bangladesh are largely ignored by not only their family members and society but also the policy makers, who do not acknowledge the rising concerns of infertility and treat the infertile as if they are invisible (Nahar, 2012a). Similarly, Patel and others (2018) have clearly mentioned how infertile men and women in developing countries face low social security and family acceptance. They also mentioned that subfertile individuals were socially perceived as deprived, blemished, incomplete, and sexually incompetent. The situation for infertile men and women in societies like Bangladesh is socially harsh. The cultural glorification of motherhood and fertility has revealed the trauma of unwanted childlessness. As a result, many of these people suffer as victims of their fate. However, Sultana (2013) has displayed that not all women do not end up as victim of their infertile state, as they show agency evidently with innovative ways, such as with motherly gesture and technology. But, still the technological solution of infertile people cannot be an affordable choice for the majority of the developing countries, like Bangladesh.

Conclusion

As infertility is socially defined and its consequences are predominantly socio-cultural in Bangladesh, social researchers essentially approach this issue with greater empathy. The study of Bangladesh Demographic and Health Survey (BDHS) observes that 12.7 percent married women in Bangladesh are infertile (Roy, Halder & Singh, 2021), which is alarming in a pronatal society like, Bangladesh. The country’s current fertility rate is 1.954 births per woman in 2022, a 1.26% decrease from 2021 (Macrotrends, 2022). Several researchers (Nahar, 2012a; Sultana, 2013; Siddiqua et al., 2019; Habib, 2020) have warned that the cases of infertility are rising in Bangladesh, so more research is required to unfold the untold stories of the people struggling with infertility. In brief, the paper firstly, discussed how infertility

was defined in the studies from the cultural context of Bangladesh. Secondly, an elaborated discussion on the multi-faced sufferings of infertility as disclosed by the researchers has been summarized. The last part of the paper indicated how infertility studies in Bangladesh are connected with womanhood within patriarchy. Finally, the paper observes how the infertile couples are represented as the victims and thrown to the gaze to explore the corridors to a solution that fit them. The studies on infertility have drawn attention to gendered infertility and the suffering and stigma of infertility among the people of Bangladesh. Still, many sensitive issues concerning fatherhood, the social consequences of male infertility, and the methods of infertility treatments are burning questions for future research. The social researchers need to be more responsive on the social aspects of reproductive health to encourage the policy makers, so that the state could work more on health rights of the infertile people and social awareness towards infertility rise.

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