



The Socio-Cultural Implications of Infertility: Gendered Discrimination and Female Identity of Infertile Women in Faridpur District, Bangladesh

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Abstract: Motherhood has a direct connection to a woman's social status and identity. Although infertility is a medical condition that affects both men and women, it is commonly seen as a woman's problem in Bangladesh. This study investigates the socio-cultural implications of infertility on women, specifically the gendered discrimination and identity of infertile women. This study followed Rosaldo and Ortner's concept of public vs private and nature vs culture, and Stuart Hall's concept of identity. Infertile women are frequently perceived as 'Opoya' (unlucky) or 'Olukkhune' (cursed). They are often victims of gendered discrimination and marginalization within their families and communities and are subjected to physical as well as symbolic violence, including sociocultural pressure, oppression, social stigma, verbal abuse, and exclusion from cultural events. In many cases, childless women lose support from their husbands and families, making it difficult to earn a living. The identities of infertile women are shaped by social stigma. In this case, women carry the identity of 'Baja' (barren), and 'Atkuire' (useless). Moreover, even when the man is infertile, the blame is usually placed on the woman, forcing her to carry the identity of pseudo-infertility. However, some infertile women still try to construct their own identity by asserting their agency through working, adopting children, or leaving their abusive husbands. This qualitative study used snowball sampling and conducted 21 in-depth interviews (IDIs) and 3 key informant interviews (KIIs) to collect data.

Keywords: Infertility, Identity, Societal perceptions, Social stigma, Agency, Bangladesh.

1 Introduction

Infertility is a disease characterized by the failure to achieve a clinical pregnancy after 12 months of regular, unprotected sexual intercourse or due to an impairment of an individual's ability to reproduce either as an individual or with his/her partner [1]. Infertility is the incapacity to conceive, carry, or give birth naturally [2]. Women who can conceive but have recurrent miscarriages are also considered infertile [3]. Infertility is further classified as primary or secondary [2]. Studies regarding infertility primarily

examine medical causes of female infertility, identifying PCOS¹ as the most significant factor, along with tubal blockage, PID², endometriosis, semen quality, abdominal obesity, long-term use of contraceptive pills, induced abortion, and environmental factors [4], [5], [6]. Over 186 million people, approximately 8–12% of couples worldwide in their reproductive years suffer from infertility; most of these individuals live in developing countries [2]. A World Health Organization report states that infertility affects over 10% of women, and the estimated rate of infertility in South Asia is 5% [7], [8]. According to the World Infertility Survey, in Bangladesh, 4% of couples are infertile, with 15% of women reaching the end of their reproductive life between the ages of 45 and 49, which is a significant concern for a large portion of the population [9], [6].

In many non-Western cultures, motherhood is viewed as a glorified role for women, considered almost mandatory, and women are often held responsible for infertility [8], [7]. In many societies, children are seen as the family's light and are important to the family's survival and heritage [6]. The concern goes beyond the married couple and is often worsened by the neighborhood. Inability to give birth is viewed as a woman's fault because childbirth is seen as her primary role in society [10]. Infertility is a socio-cultural issue that affects couple relationships, women's identities, and positions in society. Motherhood is often regarded as the central social identity for women. Failure to meet these societal expectations of being "normal," can lead to feelings of inadequacy and a consequent identity crisis [11]. A woman who is childless fears shame and perhaps abandonment when her value is determined by her ability to bear children [10]. Infertility stigma and social constraints have a significant impact on women's quality of life, marital adjustment, and sexual function among couples [7], [12]. In most cases, society places the blame for infertility on women, and women themselves often internalize this blame [6]. Women's infertility is often linked to supernatural causes, like evil spirits that disrupt menstruation [6]. The emotional suffering is far more evident in infertile women than in males because men are rarely blamed, while women are attributed to spirits and rely on traditional healers and face shame and marginalization [13], [6].

Most studies have primarily examined the medical causes of female infertility while overlooking the interconnection between the societal perceptions and women's lived experiences. Although some research has addressed the issue of economic deprivation, it has not explored the underlying social mechanisms through which social exclusion amplifies deprivation and gender discrimination. In addition, fewer studies have examined how women's identity is shaped by infertility and how women reshape their identities through work or asserting agency. This aspect is absent from existing studies.

This research work is related to the concept of Michelle Zimbalist Rosaldo and Sherry B. Ortner's 'Public vs. Private' and 'Nature vs. Culture' [14]. Women are closer to nature, whereas men to culture. Societal perception has shaped the responsibility of women in such a way that they are expected to do only household work and not engage

¹ Polycystic ovary syndrome (PCOS) is a common hormonal disorder among women of reproductive age, characterized by irregular menstrual cycles, elevated androgen levels, and polycystic ovaries. It is a leading cause of infertility.

² Pelvic inflammatory disease (PID) is an infection of the female reproductive organs, often caused by sexually transmitted bacteria, which can lead to chronic pelvic pain and infertility if left untreated.

in work outside the home [14]. Women's power and independence are controlled by limiting women's work to childbearing, breastfeeding, and housekeeping. This study also adopts Stuart Hall's concept of 'Identity.' He says identity is never single or unified and not static but an ongoing process that is in transformation. Identity is built through representation and specific linguistic strategies in historical, institutional, and discourse-based specific situations [15].

This paper explores the connection between the lived experiences of infertile women and societal perceptions, gender-based discrimination, and socio-economic challenges, with a focus on how infertility shapes women's identities in society. The study aims to examine how society and women perceive and interpret infertility, to understand the sociocultural, psychological, and economic challenges infertile women face, and to explore how women's identities are shaped by infertility and how they utilize agency within these sociocultural constraints.

2. Methodology

This qualitative study consisted of a total sample of 21 in-depth interviews (IDIs) with infertile women and 3 key informant interviews (KIIs). The snowball sampling method was used in this study. In this approach, a respondent introduces another respondent, generally a friend, relative, or acquaintance. This sampling method is used when it is difficult to determine the members of a given sample [16]. For instance, in this study, a female informant who was infertile provided the information about another infertile woman whom she knew. The use of snowball sampling was an efficient method to reach these elusive individuals; we acknowledge its limitations. Since respondents are more likely to identify individuals within their own social networks, this method may introduce bias in the selection process. Additionally, it may affect sample inclusiveness, which could impact the generality of the findings. Among the 24 informants, 6 were illiterate, 4 had primary education, 9 had secondary education, and 5 had completed higher education. Women aged between 20 and 75 years who were married and had been diagnosed with infertility for at least three years, were included in this study. Additionally, three KIIs were conducted in this study, one with a doctor (gynecologist) and two with (infertile) community members. While most reproductive studies focus on women up to age 49 [17], this study includes women up to age 75 were included to understand the long-term, life-course experiences of childlessness and enduring impact of infertility. Women who have never been diagnosed with a clinical pregnancy and meet the criteria for unable to bear child are considered the primary infertile female. On the contrary, a woman who has previously been diagnosed with a clinical pregnancy but is unable to conceive again are considered secondary infertile [1]. "Husband infertile" indicates a male-factor cause of infertility, which may occur in either primary or secondary contexts. Among the twenty-four (24) participants, nine had primary infertility and nine had secondary infertility. In six cases, infertility was linked to the husbands rather than the women.

With informed consent for voluntary participation, IDIs were conducted. Interviews were conducted privately in the participants' homes, in a one-on-one setting with only

the participant and researcher present. To ensure privacy and confidentiality, pseudonyms were used in the study instead of real names. This study was conducted in the Faridpur district of Bangladesh. Specifically, Boro-Madhobpur in Kotwali Thana, Alipur in Faridpur Sadar Thana, and Bonomalidia, Arpara, Gaburdia, Bamundi, Mesordia, and Molladangi in Madhukhali Thana. During data collection and processing, filtering, reduction, and modification were carefully analyzed to ensure the accuracy and ethical standards of the information. Terms such as “hijle, (third gender)” “barren (baja),” and “cursed,” are reported exactly as expressed by participants. The researchers acknowledge that their own perspectives may influence interpretation and have tried to represent participants’ words accurately. All interviews were audio-recorded with participants’ consent and transcribed verbatim in Bangla to preserve the authenticity of respondents’ expressions. Transcripts were translated into English by the authors. To ensure accuracy and consistency of meaning, the transcribed data, key terms, and illustrative quotes were shared with one infertile participant and another infertile woman who was not a participant. They agreed that these data and codes represented infertile women’s real experiences. For this study, twenty-one in-depth interviews and three key informant interviews were conducted. The mean age of the women was 44.5 years. The socio-demographic characteristics of the participants are shown in Table 1.

Table 1. Socio-demographic Characteristics of Respondents (n = 24)

Variable	Categories	Frequency (n=24)	Percentage (%)
Age (years)	20–29	3	12.5
	30–39	7	29.2
	40–49	5	20.8
	50–59	5	20.8
	60+	4	16.7
	Total		24
Infertility Type	Primary infertility	9	37.5
	Secondary infertility	9	37.5
	Husband Infertile	6	25.0
	Total	24	100.0
Education	Illiterate	6	25.0
	Primary	4	16.7
	Secondary	9	37.5
	Higher secondary	1	4.2
	Higher education	4	16.7
	Total	24	100.0
Child Adoption	Adopted	5	20.8
	Not adopted	19	79.2
	Total	24	100.0

Variable	Categories	Frequency (n=24)	Percentage (%)
Religion	Islam	23	95.8
	Sanatan	1	4.2
	Total	24	100.0
Method	In-depth Interview (IDI)	21	87.5
	Key Informant Interview (KII)	3	12.5
	Total	24	100.0

(Source: Field research, 2025)

After the data collection, data were categorized and organized based on its nature. An inductive thematic analysis was used for data analysis. Two authors independently read the transcripts several times to gain familiarity with the data and to identify initial categories of meaning. Open coding was applied to label meaningful segments of text; codes, sub-categories, categories, and themes were developed directly from the data without using pre-set categories. After initial coding, the authors compared their codes, resolved discrepancies, and organized them into four broader themes. These themes were further refined through discussion among all authors until agreement was reached.

2 Result

2.1 'I think we belong to the third gender (*Hijle*): Impacts of Societal Perception on Infertile Women

Various kinds of traditional explanations shape societal perspectives about infertility. Some respondents said people linked infertility to fate and spiritual causes, saying that childless women are victims of jinn assaults, which either harm the unborn child or disrupt their pregnancy. They are considered "*Opoya*" (unlucky) and "*Olukkhune*" (cursed).

Informant Suraiya (32) shared, "*Ekdin basa theke ber hoichi kisu kenakata korti, ekjon er jomir samner rasta diye jaitechilam, jomir malik amake dekhe shunaye shunaye bole, aatkuire amar jomir upor ki kore. O ki jauaar jonni ar kono rasta khuije pailona. O hoilo mukh pura, o amar jomir upor diye geliu ojatra*" (One day, I went out for shopping. While walking past someone else's land, the landowner saw me and said loudly, 'What is this barren woman doing on my land? Couldn't she find another way to go?') When a woman is incapable of having children, she is exposed to various forms of violence (sometimes verbal, symbolic, or physical), disrespect, and neglect within the family and society. Respondent Jamila Khatun (35) stated, "*Eke to shontan na howar chinta tar upor shashuri barir aam gache jhatar diye bari dito ar amare shonaye shonaye boילו, "Ei gache aam dhorbi kembay, gach hoilo baja.*" (On top of the stress of not being able to have children, my mother-in-law would insult me occasionally. She would hit the mango tree in the yard with a broomstick and loudly say things like, "How

can this tree bear fruit? It's a barren (*baja*) tree," making sure I could hear her every word.)

Because of existing societal perception, infertile women are seen as abnormal, unlucky, unwanted, and outsiders. In some cases, infertility was linked to the man, yet women were still held solely responsible and faced repeated abuse. Respondents described ex-periences of exclusion and demeaning treatment due to childlessness. Informants have reported that their marital relationships have been affected by infertility. Many reported physical assaults committed by their husbands because of their infertility.

Rina (54) stated, "*Bondhatter khetre purusher shomadhan hoilo arekta biye kora ar mohilader jonni shomadhan hoilo baper bari pathay dewa.*" (For men, the solution to infertility is to marry another woman. However, for women, the remedy is to send them to their parental home.)

Women expressed feelings of self-blame and societal humiliation associated with in-fertility. Some do not consider themselves women because of infertility, blaming them-selves for repeated failed attempts to conceive. Monira Khatun (38) stated, "*Amar mone hoy amra hijle doler lok. Tadero bacca hoyna. Ekhon tader sathe amader ar parthokko ki!*" (I think we belong to the third gender (*Hijle*). They don't have children either. What difference is left between them and us?)

2.2 Gendered Discrimination & Exclusion of Women from Society: Socio-economic Burden of the "Infertile" Tag

Gender roles are socially determined, and they are the root cause of gender inequalities. Gender inequality is a form of social discrimination. Many respondents have encountered gender-based discrimination from their family, neighbors, community, and society. Informant Rina (45) said, "*Keu purush manushre dosh dibar chayna, shomajer manush koy purush manushir oisob hoy na. O hoilo mittha kotha koitese.*" (No one accuses men. Rather, people in society make comments such as, 'Those can't happen to men.' She is lying about being infertile.)

Several respondents reported that infertility led to social isolation and a loss of respect, leaving them silenced, demeaned, and compelled to accept an inferior status. They were the first and only ones pressed to seek medical care or traditional healing, regardless of whether the problem was hers or her husband's. Key informants stated that many community members attribute childlessness to spiritual misfortune. A local health worker explained that because of such beliefs, family members often blame the wife for infertility, accuse her of doing mischief, or curse her as '*Opoya*' (unlucky). Another key informant, Dr. Bilkis (a gynecologist) pointed out that men rarely undergo infertility testing due to fear of social disgrace. In-laws, neighbors, and even traditional healers blamed only women for infertility. Men often avoid proper diagnostic procedures and pressure their wives to seek treatment, thereby placing the burden of fertility issues solely on women. Dr. Bilkis (32), who is also an infertile woman, stated, "*Somossa jodi husband er o hoy, family member ra bar bar narir jonno oshudh nite ashe.*" (Even when infertility is due to the husband, family members still keep asking for medicine for the woman.)

Gender-based violence against women often manifests itself through physical abuse, coercive control, and social isolation. Some of them reported experiencing severe violence and abuse from their spouses. Beatings with household items, food deprivation, and forced labor were common. This violence is often normalized within the family settings. Informant Dinat Islam (30) said, “*Saradin pore office kore ami bashay firtei she amar bhul dhora shuru korto. She amake marto, or hate ami jharur bari, jutar bari khaichi. Shoshur shashuri o ei shob support dito. Tara amar phone lukaiye rakhto, jate ami kauke ei shob na janate pari.*” (After a long day at work, I’d come home, and he’d immediately start looking for problems. He had beaten me with a broom and shoes. Even my in-laws expressed their support for him. They would hide my phone so that I could not disclose the violence to anyone.) Some respondents reported economic hardship and loss of support after infertility. They believe that if they had children, they wouldn’t have had to face such harsh realities. In this study, some respondents asserted that their participation in society is limited. They are labeled as “*cursed*” and are prohibited from attending cultural and religious rituals, forcing them to retreat from social gatherings. Besides these, many women face financial denial from their spouses or abandonment after their husbands remarry.

Respondent Sabrina (65) said, “*Age manshir onushthan bari kam koire diye hate kichu patam, kintu johon theike manush jainlo je ami baja tohon theike tara koua shuru koirlo, ore diye o chuyati hobi ken, ore holud kutar te duri rakhish*” (Earlier, I used to do some work at people’s ceremonies and make some money, but when people found out that I am barren (*Baja*), they started saying, Why is she here? Keep her away from the bridal shower ceremony.)

2.3 Infertility-induced Identity: Known as ‘*Baja*’

In shaping a woman’s social identity, fertility plays a crucial role. The absence of children negatively impacts a woman’s social position and identity. Infertility reshapes their social identity, reducing them from persons with names to being known just as ‘*Baja*’ (barren), ‘*Bondha*’ (infertile), ‘*Atkuire*’ (useless), or an ‘incomplete woman.’ Akashi (26) stated, “*Somajer manush amagere atkuire bole, bondha bole. Pith piche manush koto kotha koy, baja’ dake. Kane ashe kintu uttor ki dibo? Amar kachhe to eishob kothar uttor nai.*” (People in society call us ‘*Atkuire*’ (useless) and ‘*Bondha*’ (infertile). Behind our backs, they say so many things and label us as ‘*Baja*’ (barren). I hear it, but what can I say in response? I have no answer to these words.)

Informant Riya Biswas (45) said, “*Biyer por notun notun shobai amare notun bou boilito. Tara koito oi bari notun bou aise cholo deikhe ashi. Tohon khub bhalo laigto. Koydin gelo jophon bachcha ar hoy na tohon shobai kowa shuru koirlo je oi bari ‘baja’ ache oidik jaishna. Age amare manush chinto notun bou hisebe ar ehon chene ‘baja’ hisebe. Dekhen apni aisen amar kache, shobai kintu amare khuije dise emne je oi bari ekjon ‘baja’ ache. Amar naam kintu tara bole nai. Somaje amra porichito eivabei. Ash-pash er manus shobai bole ami ‘baja’.*” (After marriage, everyone called me the new bride. They would say, ‘A new bride has arrived at that house; let’s go meet her.’ It felt really nice then. When I couldn’t bear children, everyone started saying that the woman in that house is ‘*Baja*’ (barren); avoid her. Earlier, they knew me as the ‘new bride.’

now they know me as the ‘infertile one,’ as ‘*Baja*’. Look, you have come to me knowing that there is a ‘*Baja*’ in this area. They say, ‘there is a ‘*Baja*’ (barren) live in that house.’ They don’t even mention my name. This is how we are known in society. Everyone around here calls me ‘*Baja*’.)

According to the respondents, male infertility is considered socially unacceptable since it indicates lack of masculinity. For this reason, a considerable number of men conceal their diagnosis. Some participants stated that in cases where infertility was linked to husbands, wives often concealed it to protect their husbands’ honor. They mention that even when the truth comes out, society often does not believe it. In such cases, women have to adopt the identity of pseudo-infertility, where the woman is labeled as infertile by society even though she is not herself infertile.

Pinky (50) said, “*Amar shami biyer por bohu bochhor tar somossar kotha amader kaich theke lukaichilo. Shei shomoy amare shobai onek kotha shunaito. Tobuo amar shami tar shomoshyar kotha shikar korenai. Ekdin o amare or shomoshyar kotha shob khule koisilo, kintu erporo ami kaure kichu koinai. Tar somman jate noshito na hoy, ei jonni tar dosh ta ami amar oporei nisi.*” (My husband hid his problem (infertility) from us for a long time after marriage. At that time, I heard a lot of things. Still, he didn’t speak up. Then one day, my husband revealed his problem to me. Even then, I didn’t let others know. To protect his dignity in society, I took the blame upon myself.)

2.4 Constructing the Identity of Womanhood: Infertility and Women’s Agency

Despite being infertile, many women choose to become mothers through adoption. They believe that while they may never be free from the barrier of infertility, adoption has allowed them to take the taste of motherhood. Adoption grants women a sense of new identity and emotional fulfillment, though difficulties and criticism from others do not disappear.

Monira Khatun (38) said, “*Ami amar ja’er kaich te dottok nisi. Aehon amar shami amar upor ektu kom rag. Ei bacchadare pailtesi. Or mukhi ma dak shunli oi kosto ektu bhuile thakti pari. Ektu holio nijire ma mone hoy.*” (I adopted a child from my sister-in-law. Now my husband is getting less angry with me. Now, I am raising this child. When I hear the child call me ‘mother,’ I can momentarily forget the pain. Even if just a little, I feel like a mother.)

Society expects women to bear children and holds them responsible if they are unable to conceive. However, instead of being passive recipients of social stigma, women sometimes actively responded to the taunts and abuse that target infertile women.

Riya Biswas (45) shared, “*Shoijjo korti korti moni re, ehon ar shoijjo hoy na. Ami ehon keu kichu bolte ashli, tar uttar diye dei. Ami ekta baccha dottok nisi. Tare onek koshto kore boro kortesi. Kintu ei baccha reu ashe-pasher manshi koy, ‘Tui kar pete hoisis, tor ma re giya jigabi.’ Ehon ami eigulon reu uttor diye dei.*” (I used to tolerate it but can’t anymore. Now, I speak up. I adopted a child and am raising him with great difficulty. But people around here tease him, ‘Go and ask your mother. Whose womb did you come from?’ Now, I no longer stay silent and respond to them directly.)

Some respondents in this study demonstrated agency by taking independent initiatives such as taking loans, paying for IVF themselves, and enduring painful treatments alone. When violence persisted, many women chose separation or divorce and relocated to live independently. Many defended women's rights to a life beyond motherhood, highlighting economic independence and personal dignity.

Informant Dinat Islam (30) stated, "*Shomajer chokhe meyera holo bostu. Bacca poyda korar machine. Kintu amar kache mone hoy manush hishebe amaro shundorvabe bachar odhikar ase. Shomajer set kore dewa narittwo ar matrittwoi amar ekmatro porichoy na. Ami ekhon alada thaki, ar ami ni jei take divorce diyechi.*" (In the eyes of society, women are objects; baby-making machines. But to me, as a human being, I also have the right to live a beautiful life. The identity of womanhood and motherhood imposed by society is not my only identity. I have divorced my husband and now live separately.)

3 Discussion

The idea of fertility and infertility is heavily influenced by people's understanding of their own bodies' internal functions, as well as the conception and delivery processes [18]. Infertility is a physical condition, capable of manifesting in both males & females. Infertility in Bangladesh is attributed to women and contributes to social injustice and discrimination [6], [19], [20]. In cultures where motherhood is idealized, women are frequently blamed when a couple is unable to produce a child, and she experiences significant stigmatization and hardships because of infertility [10]. Michelle Zimbalist Rosaldo and Sherry B. Ortner's 'Public vs. Private' and 'Nature vs. Culture' discuss how societal perceptions construct gender roles, placing women closer to nature and limiting them to household work and childbirth [14]. This study shows that the act of childbirth by women is perceived as a valuable and honorable contribution to society. On the contrary, infertile women are considered women of misfortune and misery by society. People in society believe women's infertility is linked to evil spirits or supernatural phenomena. Infertility can serve as a fundamental cause of violence [21] (including stigma and domestic physical violence), marital instability, and social isolation. These infertile women are victimized by various forms of violence (symbolic and physical) that are inflicted by their husbands, families, and society. Labeling infertile women as "*Atkuire*" (useless) or "*Olukkhume*" (cursed) reinforces social stigma, compelling them to internalize blame and accept a lower social status. Thus, infertile women often attribute their condition to fate, perceive it through a supernatural perspective, and blame themselves.

In Bangladesh, infertile women are frequently stigmatized as "*Bondha*" (infertile), which shows that they are not similar to other women. On the contrary, society does not attribute such a title to infertile men. Community members generally hold negative attitudes towards infertile women [6]. These women are subjected to gender-based discrimination from their communities. Society generally prohibits infertile women from attending social events, as they are perceived as carriers of evil. As a consequence, infertile women tend to avoid social events and ceremonies [21], [11], [22]. Cultural events such as '*Holud kuta*' (bridal shower ceremony) and '*Sadher onusthan*' (baby shower ceremony) are not attended by women who are battling infertility. Women who rely on such events or informal work for their livelihood are often deprived of this vital source of income due to infertility. In this study, the respondents expressed that they have constant feelings of instability in their lives. Some of the respondents' husbands pursued remarriage as a quick solution, leaving their infertile wives unsupported, isolated, and humiliated. As a result, many of them are made to feel unwelcome in their marital homes, with several facing threats of being sent back to their parental families. Many infertile women return to their parental homes and try to get by doing small jobs or running a small business [23]. Infertile women are first affected by their low economic position and then subjected to gender-based discrimination [8]. Whereas this study indicates that infertile women face gender-based

discrimination and are simulta-neously affected economically by social isolation.

Stuart Hall argues that identity is formed through representation and particular linguis-tic strategies that work within specific historical, institutional, and discourse-based sit-uations [15]. He argues that identity is “not essentialist, but strategic and positional.” When a woman fails to fulfill the expectation of motherhood, her identity becomes that of an “infertile” woman. They are commonly identified with derogatory labels such as “*Bondha*” (infertile), ‘*Baja*’ (barren) or ‘*Atkuire*’ (useless). In many cases, women adopt the label of “infertile” themselves, despite being biologically fertile, in order to protect their husband’s social standing and honor. As a result, women are frequently compelled to adopt a pseudonymous identity as “the infertile one.” This reflects Hall’s notion that identity is formed through a process where society imposes labels, and in-dividuals may accept. Infertile women remain socially invisible [6]. Infertility causes severe damage to women’s social identity and often results in an identity crisis [24]. Whereas this study shows that the identity of infertile women is not always invisible or silent. Rather, society constructs them as ‘infertile,’ identifying them as ‘*Baja*’ (barren) or ‘*Atkuire*’ (useless), imposes an ‘infertile identity’ upon them. In addition, some in-fertile women try to assert their agency to adapt in the society. Some women choose to divorce their abusive spouses or pursue employment to create their own identity. This supports Hall’s idea that identity is always in transformation, never unified nor static but an ongoing process. Despite the fact that society may not acknowledge them as mothers, many of them try to create the identity of symbolic motherhood as a form of agency by adopting children. This type of identity formation has been referred to as “self-created identity” [25].

4 Recommendations

Women who are unable to conceive and face marital oppression need financial independence. Enhancing economic empowerment through employment and financial support can help infertile women regain confidence and independence. Promoting social awareness in schools and communities through various media platforms with the involvement of religious and community leaders can help reduce stigma and misconceptions about infertility. These awareness programs should focus on promoting that infertility is a medical condition, not a result of spiritual causes, and it can happen to both men and women, women are not solely to blame. Finally, promoting the scope of alter-native parenting options, such as adoption, can help women build respected family lives and social identities.

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