Original Article

Social Struggles and Treatment Seeking Behaviors of Infertile Women among Different Classes in the Urban Areas of Bangladesh

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Abstract:

Background: *Infertility is considered a taboo in the society of Bangladesh and is negated in reproductive health programs as well as in the research setting. Yet it is crucial and endemic for social and public health sectors. In Bangladesh, infertile women have to bear the drudgery of dishonor and shame because of their childlessness. The childless women have to shoulder most of the burden of ill-treatment for impotence regardless of who is at fault. Like other social stigmas, this also intersects across class, gender and setting barriers.*

Objective: *The aim of the study is to understand the social struggles, stigmatization and treatment seeking behavior of infertile women of different classes in the urban context of Bangladesh.*

Methodology: *A descriptive qualitative research methodology with in-depth interviews was used to collect data from 20 childless urban women aged between 18 to 45 years. They were urban residents for at least ten years and were aware of their infertile condition for at least one year.*

Results: *The research results showed that childless women, irrespective of their class identities, always live with stigma, accusations and fear of abandonment in their personal lives. It also initiates an arena of violence. Many infertile women face physical and mental abuse due to their childlessness. The treatment seeking behaviors also vary based on financial conditions and the formality of the services among infertile women of different social classes.*

Conclusion*: Infertility is a critical component of reproductive health. When a woman's worth is measured by her reproductive functions, the childless woman faces humiliation and even abandonment. Attitude towards them is changed due to the societal norms and patriarchal social structures. This affects their treatment seeking behaviors as well. A proper understanding of the social condition of infertile women will facilitate the improved quality of women's reproductive health care services.*

Key Words:
Infertility, Social struggles, Stigma, social class, Treatment seeking behavior

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Introduction:

Infertility is considered a serious reproductive health problem. It is the inability of a person to reproduce by natural means. Childlessness is the result of biological and cultural factors and has social and emotional consequences. Infertility is estimated to affect as many as 186 million people worldwide.[1] Approximately 10% of the world's population suffers from infertility.[2] We can often see; women are blamed for a couple not being able to produce a child. Women face a great number of struggles and stigmatization due to being infertile, especially in our country. Infertile women are marginalized by a culture that idealizes motherhood and places a high value on children. However, all these issues are excluded from the mainstream discussion on women's health. The infertile or childless women of Bangladesh experience strong stigma in urban society including isolation, ill-treatment, abuse, etc. As a result of infertility, women suffer from anxiety, frustration, greets dissolution and abandonment.[3] The condition of infertile women in society relating to their gender position and identity indicates their sufferings from an array of social, economic and emotional difficulties. They suffer from guilt, role failure, loss of self-esteem and social isolation which can lead to severe mental health issues.

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Experiences and coping strategies of infertile women differ in different socio-economic cases.

In Bangladesh, the family planning program emphasizes largely on population control. There are around 3-4 million infertile couples and more than a hundred million couples are estimated to be infertile worldwide.[4] In spite of this scenario, the Bangladesh government and other health programs do not pay attention to infertile people and infertile women.[3] There is no major national data available on the prevalence or incidence of infertility in Bangladesh. The United Nations Family Planning Association (UNFPA 1996) described infertility as a blank page in reproductive health programs in Bangladesh. In this situation, research is needed to be conducted so that the people of Bangladesh can be aware. Their struggles and problems need to be seen to bring awareness and relief to overcome this crisis. In this study, the stigmatization and social struggles faced by urban infertile women are addressed in the aspect of the very hierarchically structured society of Bangladesh. The main method was gathering life histories of urban infertile women regardless of their educational or class background.

Methodology:

In this research, qualitative research methodology was being incorporated and an in-depth interview method was used for data collection. This research is mainly based on the in-depth interview of 20 childless women who were urban residents. The women were ranged in age from 18 to 45. The criteria for urban included women who had been living in the city for at least ten years. The women were aware of their infertile condition for at least one year. The stigmatization of childlessness is more or less similar in most urban contexts, the responses and health seeking behavior to it are distinct in different classes. The differences in health seeking behavior were also considered in different class contexts. The poor population in this study were the women who had no tertiary level education, in other words, were not graduated and their family income was lower than 10,000 BDT per month. On the other hand, the rich population in this study were the women who had gotten tertiary level education or graduated and their family income was higher than 10,000 BDT per month.

As women's infertility is a very sensitive issue in our society and our patriarchal culture blame women for not having a child, if the interview was done from house to house it would have been very difficult for the respondents to talk freely in front of family members. The Infertility Unit of Gynecology Department in Shaheed Sohrawardi Medical College, Dhaka and the Infertility Care Research Centre (ICRC) at Mohammadpur were selected for the location of data collection. The significant differences were analyzed through gender analytical frameworks. All participants were asked for their consent to participate and those who agreed were informed of the purpose of the study. Interviews were conducted in privacy with only the person and the researcher present. Confidentiality was ensured and participants' names were recorded along with their permissions.

Results:

The results of this study were categorized into two specific aspects. One is the social struggles infertile women face due to their medical condition and the other is their treatment seeking behavior in order to address infertility.

1. Social Struggles of Infertile Women:

There were three major types of social struggle that urban women of Bangladesh face according to this study, despite their class differences. These are:

1.1 Accusation and Stigmatization of Women by Family and Society:

Respondents of this study think that Bangladeshi society generally blames women for being childless. Childless women are blamed first for any fault in the family. Giving birth is considered the primary role of women, thus not having a child is considered as a woman's fault. Some of the interview respondents said that their in-laws and even their husbands blamed them for not having a child. A respondent said that-

"My mother-in-law calls names and says vulgar things to me. She says to me that as I am infertile (Atkura), my life is worthless. That's why I sometimes feel that I should die."

She said her mother-in-law only blames her for not having a child. She had to face stigma and blames. Her life is thought to be meaningless without motherhood. Along with this, there was taunting of neighbors for being infertile was existent. Most of the respondents had said that they have good relationships with their husband and in-laws, at the same time they had their in-laws and husband create pressure for treatment and to have children. The class dimension played an interesting role in this case. The lower-class poor women and higher-class rich women both group faced the accusation and stigmatization by family and society more or less equally. The rich educated women were not free from this stigmatization which shows a contradictory situation against the general notion that rich educated women are not stigmatized.

1.2 Fear of Abandonment and Remarriage:

One of the personal consequences for childless women, suggested by them, was the constant fear of being abandoned or rejected by their husbands, who would go for a second marriage. The husband's family members and the community people also put pressure on him to marry another wife. Five respondents of this study have been threatened by their husbands or in-laws about abandonment, their husbands were interested in remarrying which created a fear of abandonment among these women. Among these five respondents, two respondents were being abandoned or divorced due to their infertile situation. Their husbands had deserted them. One respondent said that-

"My husband says blaming me that he will give me a divorce and marry again. He even had an affair with another woman. He did all these due to my being childless. My mother-in-law also tells him to remarry."

Her words reflect her helplessness in this case as the whole society considers her inability to bear as her fault and suggests the husband remarry as the solution.

1.3 Tradition of Violence against Infertile Women:

Mainly two types of domestic violence were faced by the respondents; one was verbal abuse and another was physical abuse. Around 40% of women (8 among 20 respondents) of this study had faced some kind of abuse or violence towards them. Among those 40% victims of this study, 75% women faced verbal abuse and 25% women faced physical abuse by their husbands and in-law family. For being infertile, in-law relatives called them bad names like *banja, atkura* (infertile) and *opoya* (bad omen). As a result, they felt anxiety, fear, etc. which left negative impacts on their psychology.

Table-I

Violence against Infertile Women

Verbal Abuse	Percentage	Physical Abuse	Percentage
6	75%	2	25%

According to this study, a maximum number of victim respondents had to face verbal abuse.

One of those respondents said that-

"My husband raised hand on me while arguing about the blaming and when he talked about the divorce. He used mean language to hurt me badly. I felt very bad at that moment."

She not only faced divorce and physical abuse, but she had also become disabled and crippled by mental neurosis issues. Her physical and mental health had been harmed by the violent attitude of her husband. The poor woman was also a sufferer of violence as the experience of violence was found in one of the respondents' words. She said-

"My husband has tortured me physically. Before he abandoned me, he has said very bad and disrespectful words to me."

In this case, it becomes prominent that infertile women of all classes face domestic violence.

1.4 Acceptance of Family:

In spite of having some negative examples, there has been a change of outlook towards infertile women in society. A maximum number of the respondents had said that their husbands and in-laws had supported them in their infertile condition. They had shown sympathy and care towards their health and helped them cope up with the situation. One of the respondents said-

"My husband has said me to have patience and to not lose hope. He also said that if Almighty grants our prayer then we will be blessed with a baby one day. He has supported me in my treatments too."

These cases where despite women being from poor and uneducated families had received support and sympathy from their in-laws have explained the change of outlook in the class dimension. According to the study, the experience of violence was among 40% of the respondents and experience of support was visible among 60% of the respondents.

Table-II

Acceptance Rate of Family

Experience of violence	Percentage	Experience of Support	Percentage
8	40%	12	60%

2. Treatment Seeking Behavior:

As this study included urban respondents from both poor and rich classes, there was evidence of both formal treatment sectors (hospitals, medical clinics) and informal treatment sectors (village doctors, "kabiraj" etc.) in health seeking. Among the respondents of this study, only one woman did not go for any kind of treatment for infertility. She arrived to receive formal treatment for the first time when she was interviewed. The rest of the respondents have tried either formal or informal treatment methods. Among the respondents, six women visited the village doctors or "kabiraj" for their treatment along with formal

medical treatments. The rest of the women only visited the formal medical sectors for their treatment. One of the respondents said-

"I went to the "kabiraj" (fakir) as it requires very low cost. I heard that the kabiraj was very influential. So, my husband decided to take me to him. It was completely his decision. Yet, the "kabiraj" could not help me with anything. Moreover, I fell sick by that treatment."

The respondents were interested in informal methods mostly due to low cost, but the results were not good in any case. On the other hand, the cost of formal medical treatment is relatively expensive. The respondents who had been taking treatment for at least one year had spent money ranged from eight thousand takas to six lakh takas. Most of the respondents had taken the decisions for treatment seeking along with their husbands. There were only five women among the respondents who took their decisions solely by themselves. Two of the respondents were completely dependent on their husbands' decisions. One of them was poor and uneducated and another was rich and educated, so the class dimension was not differing in this aspect.

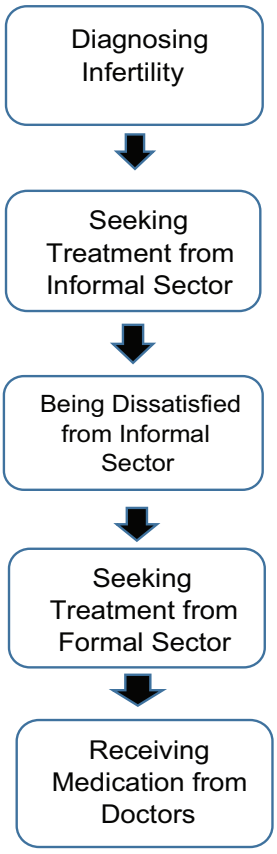

Fig.-1: *Steps of Treatment Seeking Process of Women with Infertility*

Discussion:

The experiences of infertile women regarding their childlessness have various dimensions. This study focused on the gender and class dimensions that affected the lives of infertile women. It is generally found across cultures that infertility generates a stigma against infertile women.[5-8] These blaming women only was relevant to this study as the results of the interview indicated the blaming and stigmatization of infertile women. Fear of abandonment and remarriage was also a significant factor in the struggles of these women. The gender dimension was prominent here as only women face the fear of abandonment. Most of the respondents had the fear of being abandoned due to their childlessness. A very important role was played by class dimension in these cases where the higher class rich educated women had faced abandonment just like poor women. Their higher status did not create a difference in the aspect of abandonment. It is found that although husbands of childless women did not blame, criticize or abandon their wives, women still feared abandonment by their husbands.[9] Reviewing studies from various corners of the world, it has been shown that disrespectful treatment and mal-treatment by husbands and in-law families has caused infertile women to face stress, distress, depression, anxiety and fear. It has deep psychological consequences.[10,11] Ultimately it affects the general wellbeing of a woman. This also resonated with this study as it showed that infertile women have to face domestic violence which leaves a psychological impact on them. The notion of rich educated women not facing violence has been contradicted in this study. Despite being highly educated and rich, women have faced all kinds of violence and maltreatments which have made them physically and mentally vulnerable.

Despite the challenges, most urban infertile women undergo infertility treatment. To bear the costs of treatment, some women spend their savings, while others sell their personal property. Since most of the urban women could afford treatment, they go from one doctor to another and from one therapy to another; from biomedical to religious treatment.[12] The dominant health policy in Bangladesh is to control fertility and as a result, infertility remains neglected as a state problem. Still, as motherhood is highly desired, infertile women seek treatment from their affordability and accessibility. Reproductive technologies are accessible only to a very limited number of affluent people. It was found that the cost of treatment also plays a crucial role in deciding on treatment options, as women are the ones who take the initiative to go for treatment.[13] The class dimension is highly noticeable here as all the infertile women who tried informal methods were poor and

uneducated. The rich, educated women did not tend to visit the informal services. The educational background and the affordability had leaned them towards formal medical methods. The women who visited "kabiraj" or village doctors, all had become dissatisfied with their experiences there. As only women were the subject of treatments and never their husbands, it showed the gender dimension where women are usually the main focus of fertility treatment. The support system in regards to treatment was also an important aspect. Some women in this study were not supported by their families in the aspect of receiving treatments. Their family neglected their treatment as they wished to abandon them. Yet most respondents in this study had a good support system in the aspect of treatment.

Conclusion:

Infertility is a curse for a woman though it is a medically diagnosed problem. In general, childless women live a life with a negative social image in society. This study showed that most of the women had to face accusations, stigmatization, fear of abandonment and violence due to their infertility. When informed of their condition, many women sought treatment from the informal sector. After being dissatisfied, they sought treatment from the formal sector. To ensure treatment for these infertile women, it needs to be part of an integrated reproductive care program including family planning, motherhood care and reproductive health. Existing reproductive health programs should include minimum service provisions in the health sector provided by the government and non-government agency and there should be awareness-raising programs for the general population focusing on the various social, cultural and technical aspects of infertility. These measures along with proper understanding will improve the quality of women's reproductive health care which will lead to better lives for infertile women.

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