

Misery of Empty Laps: Life of childless women in Bangladesh

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Abstract

This research deals with the experience of childless women of Bangladesh, who are marginalised by a culture which idealises motherhood and are excluded from the mainstream discussion on women's health. By presenting the lives of these childless women through my research I hope to bring their hidden suffering to the surface and make their voices heard. The research was conducted with an ethnographic approach with feminist views. The study reveals that rural people view infertility more as a social rather than a health problem, such that not having children determines a woman as stigmatised, insignificant in a patriarchal society like Bangladesh. My study also reveals that these women are suffering alone – socially, psychologically, as well as economically. No public service is available for the rural poor. Predominantly rural women are in the hunt for treatment from various traditional healers, where mystery and miracle plays an important role. Only private sector provides expensive reproductive infertility interventions in the urban areas for the middle class in which success rate and quality of services are not monitored adequately. Both urban and rural women experience bodily harm, negative psychological effects and exploitation as treatment consequences. Neither health authorities nor legal bodies are concerned about the childless women's wellbeing. Yet the women resist this negligence towards them, for in various ways they create a space for themselves to survive in their families and in society. However, compared to the extreme scale of hampering wellbeing the everyday form of resistance among childless women is trivial.

Key words: Infertility, childless, Bangladesh, resilience, consequence, women.

Introduction and Background

This is a summary of my PhD thesis (Nahar, 2007). The study is about childless women in Bangladesh. It describes childless women's suffering and their resilience. Childlessness is the result of a complex interaction of biological and cultural factors and has social and emotional consequences (Greil *et al.*, 1989; Greil, 1997; Inhorn, 1994; Wiersema, 2006; Schmidt, 2009; Van Balen, 2008). In every culture infertility is explained in its own way influenced by different social and cultural values and beliefs, which do not always match with biomedical explanations (Pearce, 1999). For women, it can result in role failure and social stigmatisation within the household and may lead to physical and psychological abuse in some cases life threatening medical interventions (Gerrits *et al.*, 1999; Inhorn, 1996; Van Balen, 2008; Van Balen & Inhorn, 2002). In many Developing countries including Bangladesh in the absence of a

state level welfare system, children are necessary to secure parents' and families' survival and they serve as a valuable power source (Ahmad, 1991; Dyer, 2007; Nahar, 2000; Zulfiquer, 2004). Moreover, 'motherhood' if not only, is the primary culturally available identity for a woman in Asia (Gupta, 2000; Widge, 2001). Fertility control is the main focus of state level health policies in many developing countries (Bergstrom, 1992; Rowe, 1999; Ombelet, 2008). Which is again influenced by different global interest groups (Akhter, 1992; Rowland, 1996; Simon, 1986). No wonder that in Bangladesh, an overpopulated country where fertility control is the main focus of health policy (Akhter, 1992; 1994). As a result infertility never received attention as a public health problem (Nahar, 2007; Rashid, 2007). Consequently solution for infertility problem remain complex in such contexts. The people who are considered undesirable and unacceptable by society fall into the 'process of exclusion' (Reid, 2004). I

argue that in a resource poor, Muslim society like Bangladesh childlessness may be much more than medically defined infertility. Hence, infertility/childlessness in Bangladesh deserves special attention.

Aim of the study

The study intends to give a voice to the childless women and takes women's agency as point of departure, where women are not only the passive victims of body politics, but rather are actively engaged in a process to protect themselves from socio-cultural and political retribution.

Through my research, which to my knowledge is the first of its kind in Bangladesh, I explore aspects of infertility on various levels including the personal and community level, as well as the national and international policy level. On the personal level I explore the embodied experiences of infertile women from both urban and rural settings. On the community level I study the perceptions and attitudes of rural community people about infertility, and on the national and international level I explore the views of national health policy makers, program managers and health care providers, donors, including the international level population discourse.

Methodology

The research was conducted using an ethnographic approach. A critical medical anthropological perspective with a feminist view is the basis of analysis of the study. The term research approach is used here to indicate the epistemological viewpoint about the nature of the enquiry, the kind of knowledge that was discovered and kind of methodological strategies used (Holloway & Todres, 2005). My research is centred on the experience of infertile women in Bangladesh. It has two main centres of attention, one being infertile and the other women. Since infertility is both a health and a cultural issue I take the medical anthropological perspective. However a medical anthropological perspective is not necessarily gender sensitive. Because the sufferings of infertile women are another centre of attention for my study, it is inspired by the feminist perspective as well. The purpose of my research is to make Bangladeshi infertile women's voices heard as their 'sufferings' have never before been captured and have been systematically ignored by the authorities. This has put them in a marginalised position in society. A feminist perspective was therefore called for. Acker (1994) listed some of the core assumptions in the feminist perspective which I follow, "...Feminist research involves an acute state of awareness of the injustice women suffer from because of their sex, The purpose

of this research is to improve women's lives, ...Women's experience in patriarchal society is the starting point for research: the statement 'the personal is political' is valid". Various qualitative research tools have been used for data collection for example life-history, free listing, pile-sorting, severity-ranking, body mapping, focus group discussion and key-informant interview.

Result

Through the exploration of community level socio-cultural constructions of infertility, local definitions and vocabularies of infertility were shown to establish a hierarchy in society where women must bear the burden of childlessness. Gender difference in valuing childlessness is clearly evident here. The study shows that rural community people view infertility more as a social problem than a health problem, such that not having children determines a woman as insignificant or useless and stigmatised. In the rural setting, mystery and miracle played an important role in explaining infertility.

Being childless has a wide range of negative consequences for rural Bangladeshi women, be they personal, psychological, economic or social, with the essence of these consequences being 'suffering'. Rural childless women experience strong stigma as their identity is devalued for not being able to produce children; they are blamed for their childlessness and as a result develop a sense of guilt. They are also socially isolated, and sometimes suffer abandonment by their families. They live a life full of fear and insecurity related to marital disruption. Women also experience increased poverty due to childlessness, as childless women's mobility is more restricted or their husbands are demoralised to earn. Rural infertile women's treatment seeking behaviour follows the logic of indigenous causation, although it is also based on pragmatic reasons. Local healers in the informal sector were found to be the most popular treatment option among the rural childless women. The factors for utilising them included low costs, same gender of the provider, having a shared explanatory model with the healers, easy availability and accessibility of the treatment and the value of rituals in the folk healing system.

The urban childless women, like their rural counterparts, suffer from guilt and feelings of role failure, and experience social isolation, loss of self-esteem and stigma. Insecurity and disruption in their relationships with their husbands were, however, less intense than among rural childless women. The results demonstrate that in the life of affluent, literate urban women there is little room for mystery and miracles surrounding infertility as there is for illiterate, poor

rural women. Unlike their rural counterparts, urban women predominantly seek expensive assisted reproductive technology (ART) treatment which is available only in the formal sector, in private services. Access to biomedicine is, in a way, a disadvantage for the urban women. By doing a diagnostic test which declares their infertile status they confirm their identity as 'deviant', whereas by not having the opportunity for the test, rural women may maintain hope until menopause. However, despite their affiliation to modernity, urban women still believe, like their rural counterparts, that the remedy for childlessness ultimately depends on Allah. As a result, in addition to biomedical treatment, many return or simultaneously pursue various traditional, spiritual or folk treatments. Significantly, both urban and rural women experience bodily harm, negative psychological effects and exploitation as treatment consequences. In case of suffering due to infertility treatment modern biomedical or traditional healing system does not make much difference.

It is, however, important to recognise that regardless of the negative psycho-social consequences, childless women both in rural and urban settings follow various overt or covert strategies to contest their stigmatised identity. They develop various strategies to make themselves acceptable in the family and community. They protect their marriage and prevent abandonment by their husbands and in-laws. I argue that both rural and urban childless women are not just passive sufferers of stigma and social-familial abuse, they are agents who fight against their socially sanctioned identity. They are not agents in the sense that they transform their identity or make big changes in society regarding the establishment of their rights. But if we put this in context it becomes evident that the efforts of the childless women are not only aimed at becoming pregnant but also at protecting their marriage and preventing them from being abandoned by husbands and in-laws. In an extremely patriarchal and hierarchical society like Bangladesh (Islam, 1994), where women's empowerment is far from reality, and where collective women's rights activism is limited, these childless women, by their everyday forms of resistance like independent, pragmatic, succeed in achieving their goal, namely averting abandonment. Instead of being martyrs of the system they manage to create a space in society through their innovative actions. However, resistance of childless women is insignificant compare to their sufferings.

In order to contextualise the lives of infertile women, I have tried to highlight some of the macro level factors affecting infertile women's lives in Bangladesh. The study revealed, approach of public health is still in its traditional form with an emphasis

on morbidity and mortality. The issue of women's 'wellbeing' is excluded from the public health discourse in Bangladesh in many cases. My study also show that infertile women's lives have not been seen, known and identified in the macro level conceptualisation of women's health. Invisibility of infertile women's lives at both micro and macro level discussions on women's health in Bangladesh is observed.

In our studies, it is clearly shown in my study how, in a resource poor country like Bangladesh, health policies are influenced by various ideologies of resource rich countries and powerful international bodies, including funding agencies. I argue that the discussion and concern of 'population control' that was generated in the West, with Western interests, has shaped the reproductive health policies of Bangladesh. As a result, infertile women are systematically ignored in the health policies and programs. I therefore argue that it is not only a matter of resource constraint that prevents the public health sector from addressing the problem of infertility, but also the 'process of exclusion' in the international level discussion about the health of developing countries, which keeps the issue of infertility out of dialogue in health policy and action in Bangladesh.

Case-reports

Two cases are presented, one urban and one a rural childless woman's voice of their treatment seeking pathways. The life histories of these two women are presented more extensively and elaborately in the thesis. Here I have presented them in a condensed form.

Case-report 1

Podma's (an urban middle class childless woman) lonely travel to the destiny of motherhood:

Podma (40) is a lawyer by training now involved with her father-in-law's business. Her husband is a 'rich' businessman in Dhaka and the only son of affluent parents.

After one year of her marriage she was diagnosed with a tubal knot and the doctor gave her a medicine called 'clomid' (clomiphene citrate). After taking the medicine she had severe pain in the abdomen during menstruation, which made her roll on the floor. She changed her doctor and visited two of the best gynaecologists in the country. They also asked her to continue the medicines and have frequent intercourse. They too did not pay much attention to her complaints about the pain. They did some more diagnostic tests but were not sure about her problem. Several years passed. Podma and her husband

became dissatisfied with the doctors. Her severe pain during menstruation continued. Podma's sister (living abroad) then suggested that she should go abroad for treatment, saying, "Bangladeshi doctors will kill you". Only her family and her in-laws knew of this. Podma said,

I never told anyone about my treatment. Only my family and my in-laws knew about this. I did not share this with anyone else. I always used to think, 'how can I tell people that I do not have children?' Moreover, I could not accept the idea that I would not have a child. I used to hide everything from others; I did not want to share the fact that I was incapable of producing a child. I thought I will definitely get a child through treatment some day.

But relatives became suspicious and started making comments. Neighbours would ask, "Hi, why are you not getting a child?" She overheard someone saying, "The years are passing, so and so's wife is not getting pregnant, she must be suffering from something". Some used to give her addresses of different *Hujurs* (religious/spiritual healers) who are said to be able to help women have children through spiritual means.

Podma gradually began to isolate herself from other women; she thought that she was not like them. But she still did not accept her childless identity. She was desperate to have a child.

Podma decided to go to Singapore for treatment; money was not a problem, and her husband was rich and supportive. Her father was also well-off and wanted to bear all the costs of her treatment. So they decided to go to Singapore, not telling people about their treatment plan except for some close relatives. To others she said that they were going abroad for a tour.

Podma went to Singapore and underwent treatment for as long as nine months. The hospital did several tests in different stages. The doctors finally gave her medicine that she was supposed to take four times a day. But after taking the medicines for a few weeks she started having severe bleeding. The doctors then did a Dilation and Curettage (D&C), which meant that the treatment had failed. Podma said, "It was such a distressing experience. During my stay in Singapore for nine months I didn't go shopping for a single day. My husband wanted to take me for outings, the hospital staff also told me to go out, but I didn't. My focus was only to get pregnant. Those nine months were a waste of time. That is when for the first time I started to think about myself as childless".

With a broken heart the two returned to Bangladesh. Podma was upset. She said, "I was very depressed and sad. I felt particularly sad for my

husband and the in-laws. It is because my husband is the only child of his parents. I felt guilty, as it seemed that because of me the family will not have any offspring. Although my in-laws didn't blame me, still I felt guilty. My family also felt guilty about it. That is the reason that my father paid the entire treatment costs, although my father-in-law is richer than my father. The treatment was expensive there; you need to pay in US dollars. Moreover there were costs involved in living and accommodation".

When they returned from Singapore the doctors advised them (over email) to go for a test tube baby. After a year, Podma began to think about the option. Her father encouraged her and said he would again bear the costs. Her husband was also supportive. Podma was desperate to have a baby so she decided to go for it. She returned to Singapore. Another long journey in the quest for a baby had begun.

When I asked Podma to tell me her experience trying for a test tube baby, she took a deep sigh and said, "Oh! What a horrible experience that was. I don't know how I can describe that..." She continued:

[It was] as if it was a terrible game, a lottery. We, a group of twenty women, started this test tube game in the hospital. Every day we had to go through several tests. Every day they took blood; they measured our blood pressure and did many things in our bodies including watching reactions to medicines. And after the test results, every day they used to declare that so and so is not eligible for further treatment. So that person was out of the game. There was always tension, who would be the next to be thrown out. Each day I had to pass with this horrible tension, that I might be dropped out next. After fourteen days only five of us were left who were finally selected for the treatment. This whole process was very tough, painful and miserable. Finally after fifteen days doctors told me that it is time for me. Every day they were checking the ovum, they were checking how big it has become and other things. When the ovum comes in an exact measurement then they do the retreat. The process was very painful, both mentally and physically. Every day one doctor would push the injection then the other would do the scanning. They were scanning the ovum and the scanning was very painful. After fourteen days one is supposed to go for a special procedure. At twelve noon I took one injection, and exactly after twelve hours they took my ovum and the next day the replacement took place. In my case I used to produce many ova. The doctors were very hopeful about me, as I was young compared to other patients, still below thirty-five. Doctors implanted three embryos that grew well and they found heart-beat in three of them. But in between, other complications developed. Normally the medicine dose was the same for every one. But in my case as I produced

too many ova, I did not need that strong dose, and hyper stimulation occurred. After four weeks, there was water all over my body and in the heart as well. One night, seven days after the implantation, I was feeling terribly bad but still I walked to the hospital from my residence, which was nearby. That day I was feeling that I was going to die. I collapsed. The doctors did not feel my pulse any more, the blood pressure was very low. They told me to lie down on the bed and within ten minutes I saw many doctors around me. They were giving me injections and were very tense. Doctors were running everywhere. I was conscious. At that moment when doctors wanted to do the X-ray I said no. Because at that time I knew that I am pregnant and I knew that if at this stage an X-ray is done it can harm the foetus. That night I could not breathe properly. I was alone, in that country they don't allow anyone to stay with the patient in the hospital. They were afraid that anything might happen in the night. In the morning, the heart specialist came and I was taken to the intensive care unit. I stayed there for four days. For two nights I could not sleep for a single moment. After three days I became bit stable. After four days they scanned and found that out of three ova two were growing very well but one had stopped growing.

The doctors decided that Podma should not move from the hospital during the first four months of pregnancy. The pregnancy continued for four months. During this period she stayed continuously in the hospital bed and was not even allowed to change the side she lay on. Both her hands turned blue, due to constant use of saline and injections. After fourteen weeks the doctors found that a clot had developed in the placenta. Then they took her to do the scan. They found the clot was big and the foetus was small. The doctors said to Podma that sometimes it happens that the clot comes out on its own, but that the foetus may or may not come out as well. They told her, "Now it is not in our hands. Sometimes the uterus's mouth opens due to pressure and the foetus might come out. We can't do anything about this". The doctors suggested to her to go back home. Podma said:

Just imagine my mental state at that time. I said to the doctors that after four months of all these sufferings you are saying that now this is not in your hands? The doctors told me that they couldn't do anything now. It's now my fate whether the foetus will stay or come out. Allah will decide if He wants me to be a mother or not. And the foetus came in the sixteenth week. I started feeling tremendous abdominal pain. I still remember, it was 8:30 in the morning that a blood clot came out. And my two children to be came out with that. That was the end of my dream.

Podma undertook the same journey a further two times, but no dream came true for her.

Case-report 2

Fulobala's (a rural poor childless woman) lonely travel to the destiny of motherhood

Fulobala is only forty-two, never went to school and does not have any income of her own. Her husband is a farmer. She got married at the age of twenty. Fulobala never became pregnant. In their early years of marriage her husband threatened that he would remarry if she could not produce a child, but he did not, which Fulobala thinks is due to her mother-in-law who did not allow it. She thinks that her mother-in-law is an exceptional person. Below is the journey Fulobala undertook to have a child:

At first, I took enchanted water (pani pora) from a religious leader (Hujur). I drank pani pora from an Islamic religious leader. He said that after four to five days of menstruation I would conceive. My menstruation continued for several months but I didn't conceive. I paid to many providers whatever money they wanted, from 50 to 300 taka [50 cents to 3 Euros].

I took some herbal medicines from a Fakir (spiritual healer). She gave the medicine periodically. I had to pay her a brass spoon, a chicken and six kilos of rice. It did not work. Then a female Kabiraj (herbalist) came. I gave her an old saree and she gave me medicines and pills for three months. I had to take the medicines at noon (exactly when the sun is in the middle of the sky) standing in the pond water after taking a bath. I went to some other Kabiraj as well with my mother. All of them told me that I had this childlessness due to my menstrual problem.

There is another kind of provider called baidda (gypsy, snake charmer). I trusted one of them; I gave many of my favourite things like a saree that I was wearing, a bangle from my hand, a spoon, a bottle of cooking oil and so on. But they were frauds. The result was zero. Again I took another baidda's medicine. She gave me oil to massage on the stomach and a pill which had a very bitter taste. She said she would come after three months with an enchanted banana, she never showed up. I have taken all sorts of medicines to get rid of joha-juhi (an indigenous ethno-physiological creature) as people suggested, but, finally, I could not give birth. Joha-juhi did not disappear. Afterwards I again had some Kabiraj medicines. At the same time I also had contraceptive pills as a remedy, since the health worker asked me to take them. Then I went to a homeopathic doctor who gave me medicines for two months. Every month I used to pay him 125 taka but that also didn't work.

I went to another Kabiraj who lives far away from our village. The rule to meet the Kabiraj was that I should go to her before sunrise and should be in a wet dress because the medicine had to be taken in a wet dress. I and my husband went to that Kabiraj for seven days before sunrise. My husband just accompanied me. After we reached there the Kabiraj gave me banana and some roots and herbs to eat with the wet dress on. I went there for seven days. Every day I used to eat one banana. First after waking up from sleep I took a bath, then went to the Kabiraj and then took her medicines. My husband didn't have to do anything. After taking the medicines I changed my dress to a dry dress and came back. We have to pass a bazaar and even in the early morning there are men, so I felt embarrassed to cross the bazaar with a wet dress. She asked me to go there after having sex the night before we visited her. The Kabiraj asked us to start her medicines from the first day of menstruation and have sex from the third day of menstruation and we had to continue having sex for the next five days. The total course lasted seven days as menstruation stays for seven days. But I menstruated only for two days. The Kabiraj asked us to have sex during menstruation but we could not do that. We had sex from the third day onwards; I was not menstruating at that time. But I didn't say anything to the Kabiraj. These were matters of shame (*shorom*). I paid her 60 taka. The next month we had to go through the same process. She asked me to come again but I gave up because the herbal medicines she gave were very strong, (*tukkar oshud to kodhin*). I was having problems, dizziness, headache, vomiting, and stomach ache. I felt I was dying. After feeling better after two months I went there again and had the medicines again but this time I felt worse. She gave more roots this time and some medicines we had to buy from the shop, all costing a lot. I finally stopped that treatment.

I was taken to a Fakir by one of my sisters-in-law to check if I am possessed by *algaa batash* (evil air/spirit). He thought I was. He put water in a metal plate and asked me if I saw myself double. I did see two of me, which meant I was possessed by *algaa*. He thought during my young age the *algaa* caught me from the pond and since then I am having menstrual problems. The Fakir treated me afterwards. He did blow on me with magical verses, gave me an amulet and asked me to buy an expensive stone and make a silver ring out of it. I was never able to buy that stone. So I cannot say that I took his treatment. I did not get cured. Actually, in most cases I took half of the treatment because I couldn't complete the course.

I went to many other places as well to have a child, for example to the shrine (*mazar*), where the *jaree* (a kind of group song) songs are performed throughout the night. They throw rice pop (*khoi*) all over the shrine and believe that a childless woman

will conceive if she collects the *khoi* and eats with the intense wish to get pregnant. The belief is that the child is in one of these *khoi*, and a childless woman will find the proper one, if she is pure and loved by God. It was necessary to stay at night to listen to *jaree* songs. I did that but the *khoi* caused a burning sensation throughout my body.

One day a stranger with one leg came to our village and claimed to be a Kabiraj. He advised me to give away two cooking pots to the river in order to get a child. I had to pay him 2 taka, some sugar and bread. I drank river water for seven days. No result. Once a Kabiraj gave me a medicine made of seeds of jute which is the most common pill for the childlessness treatment. After taking the medicines I started vomiting and felt extremely sick. So many medicines entered into my stomach, but 'unkind' (*nidoaya*) Allah has not fulfilled my wish!

This way, I have been trying with different providers for the last nineteen years. It is only in the last two years that I went to a pharmacy shop-keeper. The doctor [shop keeper] over there told me that something happened in my womb for a long time due to taking herbal medicines. The doctor also said that I have a tumour in my stomach. He asked me to do an ultrasound. I couldn't do that due to money constraints. The doctor asked me to use two injections but those two were very expensive medicines. Each 400 taka (4 Euros). Still I bought those two medicines. Unfortunately it did not work.

I took so many things from different providers. I went to all sorts of providers. I wanted to check whether there is at all any fruit (*phol*) in my stomach or not. I finally decided to go to a town [sub-district] specialist doctor. In order to bear the cost I sold the golden bangles that my mother had given to me during my marriage. Everybody said that I will have a baby after having a treatment and test by the town doctor. She tested my abdomen, chest etc. but nothing happened. Moreover, the doctor could not solve the problem of menstrual pain that started again after a few years' interval.

Now I have left everything to Allah. I did my best. I think I should not take any more. These medicines are strong (*kora*). If I take more medicines my body will be destroyed. I already spoiled my body, my stomach. I am praying to Allah and doing *manot* [promise prayer: paying to the shrine in order to fulfil the wish] to have a child. If I am able to bear a child, I will distribute sweets for the children (*batasha*) at the mosque or will arrange a *Khatam* of the Holy *Quran* at the mosque [where an official religious person recites the *Quran* in one sitting and food is distributed afterwards]. Some people said that *Sura Yasin* and *Mobin Quranic* verses help to have a child. I cannot pray Arabic but I asked my neighbour to pray for me. I listen to her recitations so that God would consider me as if I read them.

I console myself and keep silent. People, ask me why I don't have a child. Sometimes I ask Allah why

He does not give me the blessing. Why is the suffering only for me?

The above two cases provide an impression of childless women's journey for their treatment seeking for both in urban and in rural Bangladesh.

Conclusion

In conclusion, this research deals with the experience of a minority population of Bangladesh namely childless women, who are marginalised by a culture which idealises motherhood and places a high value on children, and who are excluded from the mainstream discussion on women's health. My study reveals that these women are suffering alone – privately, socially, psychologically, as well as economically. Neither health authorities nor legal bodies are concerned about their wellbeing, which is greatly threatened. Yet the women do not give up. Although it may seem minor, they resist this negligence towards them, for in various ways they create a space for themselves to survive in their families and in society. However, compare to the extreme scale of hampering wellbeing the everyday form of resistance among childless women is trivial. By presenting the lives of these childless women through my research I hope to bring their hidden suffering to the surface and make their voices heard.

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