

INFERTILITY: A silent struggle

“Only my closest friends and a few family members knew about my IVF journey. I kept it private to avoid judgment, the whispers calling me ‘defective’ for not conceiving naturally. In India, I saw women in their 50s enduring the same gruelling treatments, all longing to hold a child. People do not understand our pain; they only expect us to have children, as if that’s our sole purpose.”

— Rumana, 35, while reflecting on her recent IVF success.

In Bangladesh, where motherhood is deeply woven into a woman’s identity, infertility is more than just a medical condition — it is a deeply entrenched social stigma. For many women, being unable to conceive means being treated as incomplete, facing emotional abuse, and even experiencing violence.

While scientific advancements have led to Assisted Reproductive Technologies (ARTs) such as In Vitro Fertilization (IVF) and Intrauterine Insemination (IUI), these treatments remain largely inaccessible, expensive, and shrouded in misinformation.

According to a study “Infertility and Assisted Reproduction as Violent Experiences for Women in Bangladesh: Arts-based Intervention to Address GBV (Arts for I-ARTs)” by Dr Papreen Nahar and Farhana Alam, infertile women in Bangladesh often experience a form of social exile, where they are treated as incomplete, inadequate, or even cursed.

The hidden struggles of infertile women

According to Dr Nahar, an expert in global health and infection at the University of Sussex, infertility leads to serious social and emotional consequences for women in Bangladesh.

“Being childless can have severe impacts,



including family violence, social stigma, emotional abuse, and financial difficulties. Infertility is not included in public health policies, and there are few public services to support childless women. As a result, many turn to ARTs, but these procedures often expose them to further harm, including lack of informed consent, painful and intrusive treatments, and even life-threatening risks.”

Research suggests that 15 per cent of Bangladeshi women struggle with infertility, the highest rate in South Asia. The emotional toll is immense, with many women experiencing depression, anxiety, and social isolation. Women who seek medical help often find themselves blamed and judged rather than supported.

At the same time, women endure constant pressure from their families and communities. Many are pushed into traditional healing practices before seeking



medical help, while others are pressured into arranged second marriages for their husbands, worsening their emotional trauma.

The cost of hope: Economic and healthcare barriers

Infertility treatments in Bangladesh remain prohibitively expensive. Dr Farhana Anam, a fertility specialist and the Medical Director of Harvest Infertility, highlights that while ARTs can solve many fertility issues, access remains limited due to financial constraints.

“IVF and IUI treatments are extremely expensive and unaffordable for most families. Many women remain unaware of their options or lack the autonomy to seek help. A major barrier is also the shortage of trained specialists and regulations to ensure quality care.”

The high cost of ARTs exacerbates the inequalities faced by infertile women. Many families exhaust their life savings in pursuit of pregnancy only to be met with failed treatments, financial ruin, and social humiliation.

The role of male infertility: An untold story

Infertility is often framed as a women’s issue in most cases, despite medical evidence showing that male infertility contributes to at least 50 per cent of infertility cases worldwide. However, due to deeply entrenched patriarchal beliefs, male infertility is rarely acknowledged, let alone discussed openly. Women bear the brunt of the blame, while their husbands and male family members escape scrutiny.

According to the study “Infertility and Assisted Reproduction as Violent Experiences for Women in Bangladesh: Arts-based Intervention to Address GBV (Arts for I-ARTs),” infertile women in Bangladesh are often blamed for a couple’s inability to conceive, regardless of medical evidence.

Even when male infertility is confirmed, women are pressured to remain silent to “protect the man’s dignity” and uphold family honour.

The study highlights a critical gap in knowledge about male reproductive health in Bangladesh. Frequently, male infertility is not diagnosed early because men and their families often refuse to accept the possibility that infertility could be due to low sperm count, poor sperm motility, or other reproductive issues.

Dr Sabina Faiz Rashid, Director of the Center of Excellence for Gender, Sexual and Reproductive Health and Rights (CGSRHR) at BRAC University, explains, “We live in a patriarchal society where men are rarely held accountable. Even when male infertility is recognised, families – and often wives – conceal it to protect the man and the family’s honour. As a result, women bear the burden alone, facing social stigma and ridicule.”

This lack of accountability reinforces misconceptions about infertility and further isolates affected women. Men are rarely asked to undergo medical tests, while their wives are subjected to numerous diagnostic procedures and treatments without questioning the possibility that their husbands could be infertile.

Infertility and gender-based violence

A growing body of research, including that of Dr Papreen Nahar and Farhana Alam, argues that infertility-related discrimination should be recognised as a form of gender-based violence (GBV). The justice framework of reproductive health argues that women must have the right to access affordable fertility treatment, mental health care, and protection from stigma and violence.

One promising intervention is the use of art to address infertility-related GBV. Dr Nahar highlights that art can help women heal, advocate for their rights,

and challenge societal norms. “Art-based interventions can be especially powerful in addressing gender-based violence related to infertility. Theatre, documentaries, and storytelling can communicate women’s struggles in ways that traditional advocacy cannot, breaking taboos and fostering empathy.”

Participatory art programmes can provide safe spaces for women to express their pain, reclaim their voices, and inspire collective action against infertility stigma.

Future beyond motherhood

In our society, the expectation of motherhood is deeply ingrained, shaping a woman’s identity from the moment she is married. Infertile women are not only seen as incomplete but also ignored in social circles and subjected to verbal abuse and emotional neglect. This dehumanisation must change.

Dr Rashid emphasises the urgency of redefining womanhood beyond childbirth, stating, “There is a deeply rooted belief that a woman’s primary duty is to give birth. This thinking needs to change. Women are more than their ability to conceive. Society must recognise and celebrate their achievements, intelligence, and contributions beyond motherhood.”

Therefore, it is high time for us to rewrite the narrative on infertility, moving from shame to support, from exclusion to inclusion, and from silence to empowerment.

By Ayman Anika

Photo: Collected

Special thanks to Dr Papreen Nahar (Brighton and Sussex Medical School, University of Sussex), Dr Sabina Faiz Rashid (BRAC James P Grant School of Public Health, BRAC University), and Dr Farhana Anam (Harvest Infertility) for their invaluable insights.