

Cultural Understanding of Infertility in the Context of Bangladesh¹

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Abstract

This paper discusses the cultural understanding and socio-cultural definition of infertile people in the context of Bangladesh. The essence of motherhood and significance of child bearing are generally appreciated in the patriarchal society of Bangladesh. On the other hand, infertility and the consequences of infertility lead to the stigmatization of infertile people. However, the said consequences of infertility are more social than biological. Thus, the biomedical definition of infertility has been challenged by the cultural understanding of it. The dissimilar experiences of infertile life between men and women and class situation attribute perceptions that explain the overall condition of infertile people in Bangladesh. The paper explores the resilience and agency to minimize the stigma and grief of infertile men and women.

Keywords: Infertile, Womanhood, Patriarchal society, Class, Culture

1. Introduction

Fertility is the natural aptitude to have offspring. Diversified cultural contexts of human beings see divergent meanings of fertility and infertility as well. Fertility is cherished from the very beginning of marriage. To elaborate, in traditional Bangladeshi culture, brides are welcomed with paddy and grass which not only relates to agrarian production but also signifies reproduction/fertility. Here, having children is not an option but a compulsory duty of married Bangladeshi women. The primary task of the married couples is to beget and rear a child - a moral task in order to pass on the lineage and clan's name.

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The elders wish for the next generation to take care of the parental property, esteem, name and fame through doing of good deeds; and it is believed that if these are done well, they will find peace and happiness (Aziz, Maloney & Sarker, 1981). The traditional cultural practice does not give women space to rethink and assess for themselves whether they want to engage with this obligatory task. The social life of infertile people has, thus, been charged in many ways.

2. Background and Conceptual Framework

The maternal instinct is not innate; rather, learnt through the gender roles of certain societies. The dream to be a mother starts when the girls try to feed, dress, brush and clean their dolls from an early age. However, Oakley (1974) expresses that these social agents attempt to manipulate women's self-esteem and thus considers motherhood as a myth. Oakley (1974) believed that women do not want to be mothers if they are not socialized to become mothers; 'women are socially and culturally conditioned to be mothers' (Oakley 1974:187,199). Firestone (1970) goes further and adds that adults have been socialized to be biological parents, to reproduce in order to immortalized man's name, property, class and ethnic identification; and to rationalize woman's existence in her homebound. Though, Firestone (1970) predicted that with the development of new reproductive technologies, women will no longer want to bear children in pain and travail or rear children endlessly and self-sacrificially, I argue that biological reproduction constitutes the socio-political strength of woman, helping her to negotiate power in family and society, thus woman would consider child bearing pain and sacrifice to bargain her contribution as mother in the context of Bangladesh (Habib, 2020). Most importantly, the way Beauvoir (1953) perceived that reproduction would be under control of woman's choice not a patriarchal learning. Unlike Firestone, Beauvoir understood the positive willingness of motherhood, thus she stated that the relationship between parent and offspring, like between husband and wife, ought to be freely willed. However, Tong (1989) logically stated that from woman's standpoint, bearing a pregnancy could be both power giving and pleasure giving. All the difficulties and pains of pregnancy demolishes after the successful accomplishment of maternal responsibilities. Thus, the life of infertile couple turns miserable in the context of Bangladesh, where the infertile women face the extreme pain and stigma dealing with their social, conjugal and professional life. Besides as the cases of infertility are rising day by day, more social researches will be an urge in order to minimize social and demographic equilibrium and let the voice of the vulnerable infertile people heard. Bangladesh Demographic and Health Survey (BDHS) 2014, the study observes that 12.7 percent married women in

Bangladesh are infertile (Roy, Halder & Singh, 2021), which is alarming in a prenatal society like, Bangladesh.

In the context of Bangladesh, the situation and articulation of 'infertile' people is embedded in the glory of fertile life. This paper puts light on different understandings of infertility periodically. It argues that the conception of infertility changes throughout conjugal life. In bio-medicine, researchers use the term 'sub-infertility' to refer to the condition of those who have a hope to reproduce through medication. And, from a broader aspect infertility can be primary and secondary. When a couple consistently fails to naturally conceive or carry (within two years), they are said to experience primary infertility, whereas, secondary infertility means the inability to conceive or carry a fetus after giving birth/births. In their study, Magdum, Chowdhury, Begum, & Riya (2022) indicate that among infertile Bangladeshi people, 81% suffer from primary infertility, whereas 18.9% suffer from secondary infertility. However, people have their own meanings and perceptions of infertility which correspond with culture and living.

3. Objectives

The aim of the paper is to focus on the cultural construction and experience of infertility. This paper also attempts to unveil the meaning of motherhood, understand the experience of infertility of women and men and explore how class and patriarchy influence their means of understanding infertility and its treatments.

4. Methodology of the Study

The methodology of this paper³ is primarily based on qualitative descriptive research that was conducted in the year 2016-2017 for my PhD dissertation. Interviews were taken of infertile couples who were seeking a biomedical solution to their fertility distress. Out of 23 case studies⁴, 17 were from Dhaka and the rest were from Mymensingh, Comilla, Pabna, Jhalakathi, Gazipur, and Netrokona districts of Bangladesh. Apart from these infertile couples, I also approached different stakeholders dealing with infertility and its bio-medical treatment. The research included case studies, interviews and observation.

The respondents were from different genders and socio-economic backgrounds. Pseudo names of the respondents have been used to explore the case studies in the paper. Data was collected from both clinical and non-clinical settings in urban Dhaka. However, getting access to field work in hospitals and clinics

³ The description and detailed methodology are presented in the author's PhD dissertation.

⁴ All the detailed case studies are presented in the dissertation.

was methodologically challenged as there were a number of restrictions to do research in a clinical setting. For instance, the patients could not express their views for their vulnerable physical and social status, particularly when having to interact with knowledgeable medical associates. Thus, the non-clinical setting helped the research go more smoothly and spontaneously. But, many of the solvent infertile couples visit these specialized medical zones to cure themselves from infertility, so these formal places also helped find respondents. This was helpful since the cultural orientation of Bangladeshi people make them refrain from talking about their unwanted misery of infertility. Moreover, the study was inspired by the methodological position of Inhorn (2003), where she explored the differential experiences of infertility like this one. The analysis and presentation of the data were reflexive. The description of the case studies and interviews depicted the describer's position and is not free from the ideological interventions (Habib, 2020; Sandelowski, 2000). Methodologically, this research followed a reflexive manner, where researchers self-critique their frame of reference, cultural biases, and the ethical issues that emerge in field work (Albert, Gabrielle & Elden, 2010).

5. Cultural Construction and Experience of Infertility

The definition of infertility derives from more cultural than biological. The paper depicts that the culture meaning of fertility and infertility is much individualistic in nature. Here, I am beginning with a case of Zinat (aged 34, Dhaka), a highly educated urban woman explained her own journey of reproduction and understanding of infertility, she has gone through a misdeed of a gynecologist when delivering her first child at the best clinic of Chittagong. Her gynecologist used forceps while delivering, which injured her cervical canal in such a way that hampered her second issue. Zinat's second pregnancy was very close to involuntary abortion. Doctors delivered her son at 7 months of pregnancy; the infant was in the incubator for one and half month. Despite all the uneven occurrences of second issue, Zinat's willingness made her get pregnant for the third time, but it failed with a spontaneous abortion. This time her medical consultant scolds her and suggested not to have further issue. In medical term, it is defined as secondary infertility, which was caused by internal cervical damage.

The bio-medical definition of infertility differs from the cultural definition. The cultural understanding of infertility ignores the concept of primary infertility, secondary infertility, male or female infertility. The aim of the bio-medical typologies of infertility is related with the physical connotation whereas the cultural definition of infertility rarely calls for typology; moreover, it is associated with the existing cultural system. Inhorn (2003) articulated cultural

definition of infertility as shaped and maintained through the existing social practices of reproduction. It is social norms and cultural living that assist and reason the fertility behaviour of certain society. The case of Zinat portrays that, her inability of pursuing another issue depress her and evaporates her dream of having more children. The craving for children appears into women's mind not only for her natural motherly instinct, but also for the wider social expectation to have the ability to give birth.

Apart from secondary infertility, male infertility is another concern, which is much ignored in Bangladeshi cultural context. Though, having offspring is a charge of two; but, any anomaly of having children will be addressed as a womanly weakness and the participation of men would be doomed under accusing women. In the West, infertility is typically treated as a problem in reproductive partnership (Sandelowski & Lacy, 2002). Unlike West, Bangladeshi people generally show less priority on male's reproductive dubiety. So, many women who suffer from infertility visit doctors without husbands and feel 'half' and incomplete in front of the doctor. The embodied inferiority of women defines that the problem of fertility is must be with women's body in Bangladesh context. So, biologically determined male infertility does not appear as the prominent cause of social infertility. Usually, the loss of semen (*dhatu bhanga*) is thought to be leading cause of male infertility the rural people think in Bangladesh (Aziz, Maloney & Sarker, 1981). Moreover, if a male is socially recognized infertile by others he is called '*durbol*' (impotent) which is a threat for his masculinity. Though, the causes of infertility are much socially connected with female.

Inhorn (2003) identified social construction of infertility varies culture to culture. The pro-natal society of Bangladesh stands for more children; people love to see family with a son and a daughter as an ideal; but if a couple have more than two and can manage their being, then this pro-natal patriarchal society admire that. In rural Bangladesh, still there are families with more than three kids, though government emphasis not to have more than two kids and one is preferred best choice. But my study did not find any correlation with having one male child and social infertility in Bangladesh. However, parents having only daughters or only one child of any sex make others bothered and worried. But, couples with only daughter or single baby are not socially blamed or tagged 'infertile'. Though, medically many of the parents with one child are living with secondary infertility, which is kept as a secret to others and most of them do not consult doctors for any assisted technology. Bangladeshi society encourages new couples to have one son and one daughter. In Bangladesh, natural fertile couples admitted that one son is must, but daughters are also essential. According to them son is the capital for living and daughter is for

rearing and caring if needed (Habib, 2020). The infertile patients who were under IVF⁵ treatment wish and pray to have at least one son, but they remain pleased with a healthy issue. However, the woman with normal pregnancy faces more social pressure to deliver a son than an infertile woman in Bangladesh.

Woman's Worth: Meaning of Motherhood and Narratives of Infertility

Infertile women are socially excluded in different ways; thus, they aspire to keep away from social and public gathering, turns individualistic and sensitive. The social context of women's infertile life can be drawn into three phases. At the first phase woman recognize her inability to conceive after mating without contraceptives. It puts her anxious. Each cycle of period turns painful, not only physically but also psychologically, a respondent told while talking about her days of infertility, who was a young doctor herself, named Honufa (aged 34, Jhalakathi). The fear of knowing the infertile condition kept Honufa away from doctors. Thus, bio-medical checkup makes people hopeless and distressed with verified medical documents. Similarly, while comparing urban and rural infertility, Nahar (2010) has explained that women who have interrogated with bio-medical checkup go through hopelessness compare to their counter parts who do not visit doctors. It requires sufficient time to overcome this fear, come out of hopeless condition and start for bio-medical treatment. The case of Honufa can be addressed in this context. But, the experiences of the poor maid, Rupmoti (aged 31, Dhaka) or Hira (aged 28, Mymensing), the rural housewife were dissimilar. They never had pregnancy test by their own. They did not know that pregnancy test can be done at home. Rupmoti did not go through such weeping for negative results of pregnancy. But she cried for her husband who left her behind after accusing her infertile. Thus, the social and cultural capital can put impact on the realization of women's fertility trouble. It is more difficult for the educated working infertile women, which is the case with Honufa and others like her. The availability of home test pregnancy makes these educated women psychologically distressed and impatient. Series of negative pregnancy results cause anxiety, depression and other psychological problems too. Some of the urban women who are housewives stop going parties and social gathering, whereas some engage themselves with small social works where no relatives are involved, where they could find new avenue of hope and happiness. These women are actually afraid of relatives, answering unsolvable questions. They are stigmatized and exclude themselves from the society they belong, after recognizing their infertile status. However, the biological identification of infertility put them under much trauma and make them alien in the context of Bangladesh, where fertility is associated with womanhood (Das & Goffman, 2013; Habib, 2020; Nahar, 2021).

⁵ IVF (In vitro fertilization) is a complex series of treatment for infertility.

At the second stage, women struggle to diagnose the locus of the problem; however, this biological identification exposes the trauma among the wider close kin. Identifying the locus of infertility creates further social interferences like, separation, divorce and remarriage. This turmoil hampers the further medication process. It has observed that many couples diagnosed with male infertility were later interrogated physical obstacle to conceive in both male and female body when IVF started. It happens, because most of them take a long time to settle their decision of IVF and goes through socio-psychological pressure which enables hormones and body mechanism produce low egg quantity. Women who have own problem or husband's inability cannot distinguish the sufferings unless she goes through a serious hard family talk. The social and cultural capital forces her to deal with diagnosed infertility problem. Women who do have urban affiliation usually confess their shortcomings more than women with urban relationship. Socio-cultural affiliation and economic capital interrupt the required treatment.

Thus, at the third stage of experiencing infertility, women completely rely on husband's wish and any of the family's support in different terms. Medication not only requires economic solvency but also the willingness of both of the couple. Doctors appreciate enthusiasm of infertile couple throughout IVF procedure. If infertile couples can afford the biomedical solution of their infertility, then the treatment comes not only with the physical pains, sufferings and side effects of drugs but also with affected social status, feeling of alienation; where social reasoning of treatment needs to be disclosed among a number of relatives in the context of Bangladesh (Habib, 2020).

The infertile women shape their live and living in several ways. The response to undesired infertility varies according to the social, cultural and economic position of the person. The 50 years old female respondent, who adopted a boy 10 years back, recalled her days with no child, where her withdrawn from household task appears as an agency to resist her infertile situation, which forced her husband to for investigation of reproductive inabilities. Actively or passively women hold their position of being infertile with an arrangement of a few close kin or friend who also have common physical inability. It was interesting to notice that most of the infertile women have at least one friend/relative in connection that is also infertile. They communicate and share their experiences of sufferings, struggles and resistance against the broader pro-natal society.

Cultural Expressions of Masculinity and Patriarchy

The patriarchal knowledge of infertility has blamed the women as the primary cause of infertility. Certainly, women are more vulnerable in her barren life. But, men do masquerade their condition and play role. The importance and cherishment of motherhood had undermined the social aspects of fatherhood throughout the world. A very little appreciation is held for the invisible appearance of fathers. Feminists have critically spoken of conflated motherhood and womanhood, but didn't recognize the inevitable role of fathers. In Bangladesh fatherhood is one of the strong elements in the construction of male identity (Ball & Wahedi, 2010). The Bengali folk story of *Aatkure raja* demonstrates the social status of an involuntary childless king. The loss of having an heir is a matter of losing own identity for Bangladeshi male.

Dudgeon & Inhorn (2003) refers infertility as humiliating and emasculating to men. Masculinity could be profoundly affected by infertility. They also stated that infertility is more stigmatizing for men than it is for women. They argue that men can conflate infertility, virility and sexual potency, which can therefore lead to perceived personal inadequacy. Similarly, I have explored that the male counterpart of the infertile couples in Bangladesh address infertility as issue to escape by their own means. Many women talked about their husband's dual or egoistic personality regarding infertility. Yet, economic class or education or job status does not play any role in the experience of men in their infertile life. The physical weakness of man is a matter of dishonor. If any kind of physical disability of men is investigated the male ego hurts and turns either violent or exclude himself from his known social world at the primary phase of diagnosis. The cultural construction of male superiority constrains not only men but also their consanguine family to accept male infertility. Thus, male infertility is more stigmatized than female infertility. Many women try to hide their husband's problem. As a result, these women fail to make their spouses to understand the urge of treatment.

Among the 45% infertility is caused for male factors; about 10percentage can be cured by oral medication. Among the rest 45percentage female infertility, 30 percentage could be solved through surgery and oral medication. Thus, male infertility is leads to the IVF treatments in most cases. More than 50percentage of the infertility couple requires IVF as a solution of their infertile life (Habib, 2020). The infertility experts state that the treatment takes more time as the woman's reproductive age grows. And, in most cases male infertility addressed lately compare to female infertility, which makes the treatment not only complicated and lengthy, but also, female egg production decreases in the decision-making time. Male infertility is kept in disguise, moreover the

overall treatment procedure enables males out of any long-term medication. It is the woman who is supposed to go through hormone therapy and ET (embryo transfer) because; she will be carrying the IVF baby. Husband's problems are buried by wives and others of the family. Most of the infertile males remain silent and less communicative. The status of male infertility makes the husband feel impotent, though impotency and infertility are not alike. The feelings of impotency cause personality disorder, thus many of them turn covert in nature. Many resort to alcohol consumption and become aggressive towards the wife. Some start lying to wives on consulting doctors and taking medicines. The number of males searching for ayurvedic and folk medicine is not less than women.

Yet, the experience of male infertility is distorted when the assisted reproductive technological treatments interfere with the female body in a rigorous way. The female body is the locus of the entire procedure of IVF, except the giving the husband's semen. However, to identify the causes of infertile life, both males and females need to undergo tests. But the males are unlikely to respond positively to medical diagnosis. Among the 23 infertility cases 21 men agreed to undergo semen analysis after doctors suggested them several times. The masculine ego hinders them to accept any bodily insufficiency and they continue to control the female body in their own terms of understanding reproductive failure. Though, they are equally interested to have successors and increase the fame of their 'patriclan'.

Social Strata and Differential Experience of Infertility

Being a developing third world country, the state is still struggling to provide equal opportunity for food, health and education for all. The bread earners are usually the males of the family and older parents depend on their offspring for their living; in most cases, the sons are responsible. Thus, with the hope of having sons, having more children is very common for the poor people of Bangladesh. Even the people presume that many children will give you '*jannat*' in the afterlife. It is believed that the more children people have, the more '*duwa*' they get after death. Thus, an infertile life is crucial for poor people and more crucial for poor women; who are poorer among the poor.

The case of Rupmoti (aged 31, Dhaka) provides the picture of poor infertile women. As an abandoned lady, she went through socio-economic and sexual insecurity. Yet, Rupmoti had courage. to deal with the harsh society, though her mother frequently asks her to be treated by folk-medicines, she refuses. But, Nipa (aged 34, Dhaka), who was an educated woman of urban Dhaka, divorced her husband due to the social pressure of in-laws, for her infertility. Firstly, poor

egg quality hindered her fertility then, doctors advised her to have surrogate mother. The second problem was much more painful for the couple. Soon after, Nipa's in-laws begged to them to get divorced. Nipa agreed, because, she was not willing to adopt surrogacy. Thus, women from a middle social stratum also face the same problem as Rupmoti. An infertile life inflames divorce and forces many women to live a vulnerable, lone life. The middle-class people fear the most to have a divorced infertile daughter back in the family. She and her parents think that her marital and fertility status is hampering the younger sister's matrimonial proposals. But, the story of Lipi (aged 32, Dhaka) has followed a different path way of her conjugality. She is having her second husband with uterus complications and was infertile. Lipi belongs to a middle strata family. Her first marriage didn't work out after the diagnosis of her infertility. Her first husband wanted her to agree his second wife. Lipi's parent didn't want her to do so. Lipi divorced that man as her parents suggested. Within a year, her parents convinced a man to get married to Lipi again by giving him dowry. However, the question remained unsolved about whether, dowry can compensate the desire of motherhood and fatherhood! In fact, it only saves the conjugal life to some extent and secures the daughter's social position of having a husband in the context of middle-class families of Bangladesh (Habib, 2020). The urge of having a child remains the same for Lipi and her present husband. But, neither can they afford the expense of IVF nor is surrogacy practiced in Bangladesh, due to religious prohibitions as they said.

The people from poor and middle social strata suffer the most for their infertility, when compared to the upper strata; educated women are less concerned about being infertile. Women from the upper class are not economically insecure, thus they are more open to depend on IVF, home and abroad. A few upper strata urban women remained infertile and continued conjugal life with their husband, ignoring their in-laws desire to become grandparents (Habib, 2020). The women with poor and middle social strata face more psycho-social problems compared to the upper-class women, like alienation, separation, financial deprivation from husband and in-laws, divorce, pressure of dowry. Thus, the infertile life is feeble, vulnerable and stigmatized for poor and middle-class people of Bangladesh.

6. Conclusion

In Bangladesh, femininity and motherhood are assessed in tandem. Contraception and forced abortion have aided in the timing, frequency, and quantity of children; yet, the prevailing normative discourse of the idealized feminine mother is not challenged and deconstructed as in the West. In the cultural framework of Bangladesh, where motherhood is a prominent

discourse, voluntary childlessness may arise as an unconnected unique condition for individual (Aziz, Maloney&Sarker,1981; Blanchet 1984; Kotalova 1993; Nahar, 2010). The couples, who suffer from any form of reproductive disorder,refrain from being called voluntary childless couples, as it is not an option for them. Nonetheless, Sultana's(2013) work on motherhood challenged the normalization of motherhood and addressed the women who decide and control their reproduction; her work elaborates that with the means of time, their childlessness makes them encounter constraints and cope with unorthodox situations. I argue that, in Bangladesh motherhood is a regulatory ideal as womanhood and their identity is embedded in the notion of motherhood and motherly attitudes; at the same time, the infertile, sterile life challenges women's strength, though infertile women cope with childlessness and show agency; they do not act like victims of the situation. The pro-natal culture of Bangladesh has veiled the unit of family as a safe chamber of infants, which indicates family is fulfilled and best understood with children. Thus, infertility hampers the ideal picture of family in Bangladesh. The socio-cultural and economic demand for childrenhas marginalized and excluded the infertile male and female from their family and professional life. Infertility hinders the natural conjugal life and makes the women socially vulnerable in Bangladesh. Though, both males and females suffer from social exclusion, socio-economic vulnerability, psychological imbalance and disorder in conjugal life as a result of social and biological infertility; they show agency, resilience and resistance through their stigmatized living.

References

- Aziz, KM, Maloney C. &Sarker, PC. (1981). *Beliefs and Fertility in Bangladesh*. Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.
- Ball,J.,&Wahedi, K. (2010).“Exploring Fatherhood in Bangladesh”*International Focus Issue*, pp.336-370, [<http://www.ecdip.org/docs/pdf/366-370.pdf>]
- Bangladesh Demographic and Health Survey (BDHS)(2014). Bangladesh Demographic and Health Survey Report. [<https://www.healthynewbornnetwork.org/hnn-content/uploads/Bangladesh-DHIS-2014.pdf>]
- Beauvoir, S. D.(1953). *The Second Sex*. London:Jonathan Cape.
- Blanchet, T. (1984). *Meanings and rituals of birth in rural Bangladesh. Women pollution and marginality*. Dhaka: University Press Limited.
- Das, V., & Goffman, E. (2013). *Stigma, Contagion, Defect: Issues in the Anthropology of Public Health*. [<http://docshare04.docshare.tips/files/13843/138431942.pdf>].

- Dudgeon & Inhorn, M.C. (2003). "Gender, Masculinity, and Reproduction: Anthropological Perspectives." *International Journal of Men's Health*, Vol. 2, No. 1, 31-56.
- Firestone, S. (1970). *The Dialectic of Sex: The case for feminist revolution*. New York: William Morrow and company.
- Habib, S. (2020). *Beliefs and Attitudes towards Infertility and Assisted Reproductive Technologies in Bangladesh: An Anthropological Study* (Unpublished Doctoral Dissertation). University of Dhaka, Dhaka.
- Inhorn, M.C. (2003). *Local babies, Global Science: Gender, religion, and in Vitro Fertilization in Egypt*. New York: Routledge.
- Kotalova, J. (1993). *Belonging to Others: Cultural Construction of Womanhood in A village in Bangladesh*. Dhaka: University Press Limited.
- Magdum, M., Chowdhury, M., Begum, N. & Riya, S. (2022). "Types of Infertility and Its Risk Factors among Infertile Women: A Prospective Study in Dhaka City". *Journal of Biosciences and Medicines*, 10, 158-168. doi: 10.4236/jbm.2022.104014.
- Nahar, P. (2010). "Misery of Empty Laps: Life of Childless Women in Bangladesh." *Facts, Views and Vision in Obgyn*. [https://www.researchgate.net/publication/355049436_Misery_of_Empty_Laps_Life_of_childless_women_in_Bangladesh]
- Nahar, P. (2021). *Childlessness in Bangladesh: Intersectionality, Sufferings and Resilience*. New York: Routledge.
- Oakley, A. (1974). *The Sociology of Housework*. London: Martin Robertson.
- Roy, Tapan, K., Halder, N., & Singh, Brijesh, P. (2021) "Risk Factors of Infertility in Bangladesh: A Poisson Regression Analysis." *INDIAN JOURNAL OF POPULATION AND DEVELOPMENT*. Volume 1(1), pp 79-86.
- Sandelowski, M. (2000). "Whatever happened to qualitative description?" *Research in Nursing Health*. [[http://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](http://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G).]
- Sandelowski, M & Lacy, S. (2002). The Uses of a "disease": Infertility as Rhetorical Vehicle. In Inhorn and Balen (ed.), *Infertility Around the Globe* (pp3-32). University of California Press.
- Sultana, T. M. (2013). Discourses of motherhood: Negotiation, contradiction and dilemma in childlessness. *Durham Anthropological Journal*, Vol19, pp.11-23.
- Tong, R. (1989). *Feminist Thought: A Comprehensive Introduction*. London: Routledge.