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THE SOCIO-ECONOMIC CHALLENGES OF INFERTILE WOMEN IN LAKSHMIPUR DISTRICT, BANGLADESH

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Abstract

Previous Studies have been carried out in developed and developing countries, including the United Kingdom and the United States, on the relationship between age, socioeconomic status (SES), and infertility. However, its importance in Bangladesh has not been analyzed much. The study investigated the socio-economic challenges faced by infertile women in the Lakshmipur district of Bangladesh, using a mixed-method approach through 30 interviews, 5 focus group discussions (FGD), and a survey of 50 participants. Quantitative results showed that 80% of infertile women reported experiencing financial difficulties, 30% reported being subjected to blame, and 26.67% reported having experienced acts of violence. The qualitative results highlight the complex effects of infertility, including gender inequality, psychological distress, social isolation, and lack of family support. Women expressed concerns about their fear of abandonment or remarriage, economic stress, and the experience of emotional and physical abuse. Gender-based expectations and different levels of support from spouses, families, and communities have significantly impacted these challenges, affecting the adaptation process and mental well-being.

Keywords: Infertile women, Mixed method approach, Financial difficulties, Psychological distress, Bangladesh

Introduction

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If a woman has unprotected sex with her partner for 12 months without conceiving, she is considered infertile (Prasad et al., 2018). Based on this criterion, Griffin et al. (2003) project that one in six women who want to conceive falls into this group, so around 15% of married women globally are infertile. According to Kumar and Singh (2015), over 8–12% of couples worldwide are now experiencing infertility. Infertility rates vary across countries, with percentages ranging from less than 5% to over 30%. Compared to other South Asian countries, the rate of infertility in Bangladesh infertility is nearly 4% according to the World Fertility Survey Report (Papreen et al., 2000). Research indicates that in South Asia, women between the ages of 45 and 49 have around 15% primary and secondary infertility; Bangladesh has the highest rate among these countries. (Obelet, 2011; Dyer & Patel, 2012). According to a study by Shah et al. (2015), Bangladesh boasts a population of 163.05 million with an annual population development rate of 1.37 percent. Moreover, almost 24.51 million people in Bangladesh seek infertility counseling or treatment; about 3 million couples in Bangladesh are now infertile.

In Bangladesh, a society greatly impacted by cultural, psychological, and socioeconomic systems that measure reproduction as a gauge of social status, infertility causes significant psychological suffering for women, who are often seen as outsiders (Habib, 2022; Hasan et al., 2023). Linked to infertility include age, body mass index (BMI), and socioeconomic status (Khatun et al., 2022). Conventional wisdom, including the view that infertility is a misfortune and the need for spiritual healing, further aggravates therapy-seeking behavior (Papreen et al., 2000). The importance of reproduction within the social structure has led to infertility being a major concern for Bangladesh. Because of patriarchal societal rules, remorse is often linked with women (Habib, 2021a). Socioeconomic class differences aggravate this situation as they affect access to treatment and quality of service (Zaman et al., 2020). In old civilizations, such as Bangladesh, infertility has major psychological effects. Women are often forced to have children as society expects married couples to start a family under duress. Papreen et al. (2000) noted the expressions of guilt, psychological abuse, humiliation, and domestic violence.

The shame and prejudice linked to infertility have major social effects. In particular, those involving children and infertile women often leave social activities. This deprivation aggravates the psychological consequences of infertility by lowering social support networks and increasing loneliness, thereby aggravating the

emotions of hopelessness (Hasan et al., 2023). Both socioeconomic and financial factors influence treatment-seeking behavior in Bangladesh. Many couples prioritize religious or spiritual healing, which reflects their cultural values. The lack of suitable medical facilities drives spiritual healing, especially in rural regions (Papreen et al., 2000). One's socioeconomic level generally determines whether or not one adopts therapy as private clinics in Bangladesh, usually provide infertility treatments with somewhat different service quality. Rising costs lead to inequalities in access, as wealthy people receive better services (Hasan et al., 2023).

A demanding life experience, infertility affects several spheres, including personal, occupational, family, social, physical, and even sexual, and connections with partners (Greil et al., 2010; Vioreanu, 2021). Compared to healthy couples, barren couples have greater anxiety and run more risk of mental illness (Simionescu et al., 2021). At the time of diagnosis, the most often occurring emotions were "sadness" and at the time of therapy, "worry" (Boivin et al., 2022). Many studies have shown that couples' emotional and sexual relationships suffer when they are infertile (Luke & Loke, 2019). The bulk of research cited in Kiani et al. (2020) on the decline in marital quality in infertile couples linked to couple anxiety shows this. Freeman et al. According to half of the couples, infertility is one of the most frustrating events of their lives. Mahlstedt and Associates. Another survey revealed that eighty percent of infertile couples described their experience with infertility as either extremely or moderately stressful.

To achieve these objectives, the study will address the following research questions:

- **RQ1:** What are the socio-economic challenges faced by infertile women in Bangladesh?
- **RQ2:** How do socio-cultural and gender dynamics influence the psychological and social experiences of infertile couples in Bangladesh?

Methodology

Study Design and Locale

The study was conducted in Charbaga, Charmahana, and Bamni villages of Raipur Thana in Lakshmipur District, Bangladesh. This study employed a mixed-methods approach. Mixed methods can be described as a research approach where the researcher gathers and analyzes data, combines the results, and concludes by employing both qualitative and quantitative techniques within a single study

(Creswell et al., 2003). Researchers use data collecting and analysis techniques to avail of an excellent grasp of the study topic. This technique allows for a more thorough investigation of the issue by including many views and increasing the validity of the findings (Berk et al., 2007).

Data Collection Methods

Focus groups, structured questionnaires, and semi-structured interviews were conducted to collect data. Semi-structured interviews and focus groups were employed to garner qualitative information concerning stigma, socioeconomic barriers, and gender-based discrimination, ascertained by employing semi-structured interviews and focus group discussions, while surveys were used to quantify the enormity and prevalence of these social issues. Thirty (30) infertile women from a variety of socioeconomic backgrounds in the Lakshmipur District were interviewed, and this was followed by four (4) Focus Group Discussions (FGD), each of which included five (5) participants.

In order to ensure variance, purposive and snowball sampling strategies were implemented to recruit individuals. The interviews were conducted in Bangla in accordance with the study's objectives and were recorded with the participant's consent. A comprehensive survey was administered to 50 participants, including both men and women, to gather data regarding their socioeconomic status, healthcare access, and stigma experiences. The challenges associated with data collection include the inability to sustain interest, the hesitancy of participants to discuss sensitive themes, and the practical impediments to visiting remote locations. These concerns were resolved through rapport-building exercises, intermissions during extended sessions, and interactions with local community leaders.

Data Analysis Method

The management and preservation of data necessitates the use of numerous technologies. The qualitative data was coded and processed using NVivo software, while the survey data was entered into Microsoft Excel and analyzed using SPSS. NVivo thematic analysis uses the NVivo program to identify themes or patterns in qualitative data (Allsop et al., 2022). The interviews were preserved on Google Drive for consolidation and safekeeping. Handwritten notes were scanned and saved in Evernote for easy access. Data security procedures included password protection, frequent backups, and Git version control. Git is a decentralized version control system used in software development to monitor changes to source code

(Ghodke & Chavan, 2024). Participants' privacy was ensured according to recognized ethical data management norms.

Mitigating Research Bias

Using triangulation, data from various sources, including interviews, focus groups, and polls, were combined to substantiate conclusions. The steps taken to mitigate biases included the use of numerous programmers to reduce observer bias, a rigorous search of disconfirming data to reduce confirmation bias, and a guarantee of varied representation to prevent selection bias. The dependability of the research was enhanced by maintaining a reflective notebook throughout the study, which enabled the identification of any potential personal biases that could have influenced the interpretation of the results.

Justification of Methodological Choices

A mixed-methods approach was employed to thoroughly understand the socioeconomic challenges encountered by infertile women. Quantitative data provide a comprehensive framework and validate the prevalence of reported concerns, whereas qualitative data illustrate the intricacies of individual experiences. The phenomenological method was deemed appropriate for appraising personal experiences, such as stigma and socioeconomic barriers since it facilitated an exhaustive discussion of social stigma, gender discrimination, and cultural norms. Thematic analysis was essential for organizing qualitative data that proved difficult to categorize into relevant themes, consistent with the conceptual framework.

Ethical Considerations

Given the sensitive nature of infertility, prioritizing ethical concerns is essential. Before completing the permission form, the participants were provided with detailed information about the research and their participation. All personally identifiable information was eliminated, and pseudonyms were used to maintain anonymity. Individuals experiencing distress were referred to both public and private therapy facilities and were informed of their options for psychological care.

Results and Discussions

This section analyzes socio-economic challenges faced by infertile women in Bangladesh, highlighting key themes: demographic profiles, socio-economic challenges, psychological and social impacts, and gendered experiences.

Socioeconomic Profile of the Respondents

Table 1. Distribution of Respondents by Demographic Characteristics

Category	Women (n = 30)	Men (n = 20)	Total (n = 50)
Age 18+	30	20	50
Education	Educated: 12	Educated: 16	Educated: 28
	Uneducated: 18	Uneducated: 4	Uneducated: 22
Employment	Employed: 9	Employed: 20	Employed: 29
	Unemployed: 21	Unemployed: 0	Unemployed: 21
	Upper class: 3	Upper class: 2	Upper class: 5
	Upper middle class: 3	Upper middle class: 2	Upper middle class: 5
	Lower middle class: 12	Lower middle class: 8	Lower middle class: 20
	Lower class: 12	Lower class: 8	Lower class: 13

Table 1 presents respondents' demographic profiles by gender, education, employment, and economic status. Disparities in education and employment were evident, with fewer women educated (40%) and employed (30%) compared to men (80% educated, 100% employed).

Financial Burden, Stigma, and Violence Among Infertile Women

Table 2. Prevalence of Financial Difficulties, Stigma, and Violence Among Women (n = 30)

Category	Frequency (f)	%p= (30)
Age Group (Years)		
25-33	18	60
34+	12	40
Financial Difficulties During Treatment		
Faced Financial Difficulties	24	80
No Financial Difficulties	06	20
Blame for Infertility		
Blamed by In-Laws	06	20
Blamed by Husband	03	10
Not Blamed	04	13
Experience of Violence		
Physical Violence	02	6.67
Verbal Abuse	06	20

No Violence	04	13.33

Infertility poses socio-economic challenges for women, especially those from lower socio-economic backgrounds. Data shows that 80% faced financial difficulties, 30% experienced blame, and 26.67% reported violence, highlighting significant vulnerabilities.

Blame and Stigmatization

A dominant theme in the interviews was the blame experienced by infertile women, mainly from in-laws and society.

> Rahima (Pseudonym) shared, *"My in-laws blame me, saying it is because of me that we cannot have children. Hearing these words hurts me deeply."* (Personal interview, April 5, 2023)
>
> Similarly, Shamsunahar (Pseudonym) noted, *"All the blame is put on women. No one wants to understand that the problem can also be from the man's side."* (Personal interview, April 6, 2023)

These narratives reveal how women are often held solely responsible for infertility, perpetuating gendered stigmatization.

Financial Burden

Another significant theme was the financial strain of infertility treatments.

> Fatema (Pseudonym) explained, *"It is very difficult to afford the treatment costs. I do not know how long I can continue like this."* (Personal interview, April 6, 2023)
>
> Shahana (Pseudonym) echoed this challenge*: "I had to borrow money for the treatment, but still got no results. Now, I am living with the burden of debt."* (Personal interview, April 7, 2023)

Financial barriers not only limit access to treatment but also compound the emotional burden of infertility.

Emotional Distress and Social Isolation

Infertility leads to profound emotional distress, as expressed by many participants.

> Jannat (Pseudonym) spoke of emotional abuse from her husband: *"My husband told me that if I cannot have children, he will leave me and marry someone else. This fear eats me up every day."* (Personal interview, April 5, 2023)
>
> Ayesha highlighted the social isolation: *"Many people in the neighborhood avoid me because I have no*

children. This has made me feel very lonely." (Personal interview, April 6, 2023)

The constant fear of abandonment and ostracism is a recurring emotional toll faced by these women.

Lack of Familial Support

Many participants also described a lack of support from their families.

> Nazma (Pseudonym) noted, *"I want to continue the treatment, but my family does not want me to. They think it is just a waste of money."* (Personal interview, April 7, 2023)

Fear of Remarriage and Societal Abandonment Among Infertile Women

Table 3. Prevalence of Fear of Remarriage and Societal Abandonment Among Suburban Infertile Women (n=30)

Fear/Abandonment	Frequency (f)	%p= (30)
Fear of Husband's Remarriage	18	60
Fear of Abandonment by Society	05	50
Abandoned by Husband and Society	10	33.3

Fear of remarriage is common among infertile women, with 60% expressing this concern. Additionally, 33.3% reported abandonment by husbands and society, highlighting the social exclusion and vulnerability they face.

Fear of Remarriage and Abandonment

A recurring theme in the interviews was the constant fear of remarriage and abandonment faced by infertile women.

> Shapla (Pseudonym) described her overwhelming anxiety: *"Every day, I feel like my husband might remarry. This thought has taken away all the peace in my life."* (Personal interview April 6, 2023)
>
> Similarly, Joya expressed her distress over pressure from her in-laws: *"My mother-in-law tells my husband every day that he should marry again. This keeps me in constant fear."* (Personal interview, April 7, 2023)

Verbal Threats and Emotional Trauma

Participants also reported the damaging effects of verbal threats, which further compounded their emotional distress.

> Parvin (Pseudonym) shared, *"My husband always says that if I cannot bear children, he will have to marry again. These words have made me mentally weak."* (Personal interview, April 7, 2023)

Such verbal threats contribute to emotional trauma, leaving women feeling powerless and deeply anxious about their future.

Internalized Feelings of Failure

Many women internalized their inability to have children as a personal failure, significantly impacting their self-worth.

> Mina (Pseudonym) expressed this feeling: *"I consider myself a failed wife because I could not provide a child. My husband and his family always make me feel this way."* (Personal interview, April 9, 2023)

This internalized blame amplifies the psychological burden these women face as they struggle with feelings of inadequacy in their marital roles.

Abandonment by Spouses and Society

The theme of abandonment emerged strongly in the interviews, with some participants describing being wholly ostracized by both their spouses and communities.

> Laila (Pseudonym) shared, *"My husband left me because I could not bear children. People in my community have also ostracized me. Now, I am living alone."* (Personal interview, April 8, 2023)
>
> Similarly, Rokeya recounted, *"Because I have no children, my husband left me and married someone else. No one in society stands by me. I feel like I am alone in this world."* (Personal interview, April 9, 2023)

The interviews reveal how infertile women in Bangladesh are subjected to intense fear, emotional trauma, and abandonment, both within their marriages and in their broader social networks. These challenges severely impact their mental well-being and social identity, underscoring the need for greater societal support and understanding.

Role of Socio-Economic Status in Infertility-Related Challenges

Table 4. Socio-Economic Status and Infertility-Related Challenges (n=50)

Socio-Economic Status	Facing Blame and Stigma	Economic Crisis During Treatment	Fear of Abandonment and Remarriage	Incidence of Violence
Lower Class	Yes (12/12)	Yes (12/12)	Yes	Yes (Physical Violence: 2)
Lower Middle Class	Yes (7/12)	Yes (12/12)	Yes	Yes

Upper Middle Class	No (2/3)	Yes (1/3)	No	No
Upper Class	No (2/3)	No (0/3)	No	No

Socio-economic status significantly shapes infertility experiences. Women from lower socio-economic backgrounds face more blame, stigma, and violence, while upper-class women are largely protected. This disparity highlights socio-economic inequalities affecting infertile women.

Financial Hardship and Social Stigma

Women from lower socio-economic backgrounds face a compounded struggle due to both financial hardship and social stigma.

> Nasima, a lower-class respondent, shared her frustration. *"For someone as poor as me, getting treatment is very difficult. Everyone blames me, but no one wants to help."* (Personal interview, April 5, 2023)

Her experience highlights how poverty makes access to infertility treatment nearly impossible, while social blame adds an extra layer of emotional distress.

> Rina (Pseudonym) echoed this sentiment, stating*, "I do not have money for treatment, and everyone looks down on me. No one considers me a human being."* (Personal interview, April 7, 2023)

These statements illustrate the deep-seated discrimination and lack of empathy faced by infertile women in impoverished circumstances, leaving them marginalized and without a voice in society.

Physical Violence Against Infertile Women

The interviews revealed shocking accounts of physical violence experienced by infertile women.

> Salma (Pseudonym) recounted: *"My husband has beaten me because I could not bear children … He says I have ruined all happiness in his life."* (Personal interview April 7, 2023)

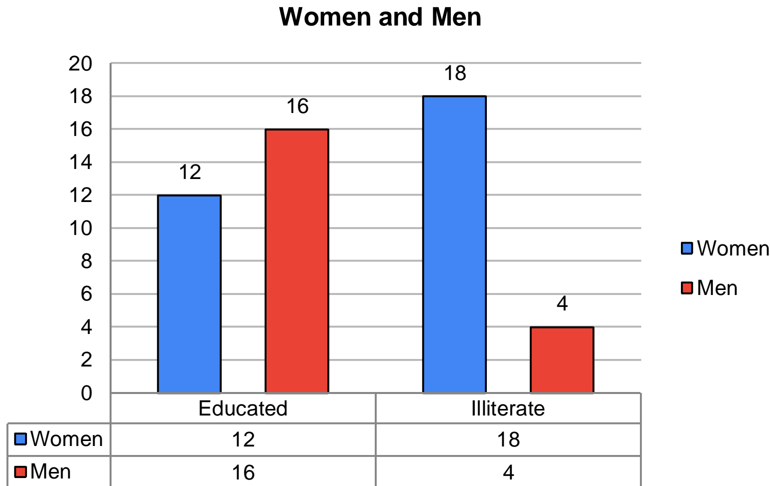
Her story exemplifies how infertility can trigger extreme abuse from spouses, who often blame the woman for their inability to conceive.

> Similarly, Rabeya (Pseudonym) shared her ordeal of facing violence from her in-laws: *"My mother-in-law often hits me and verbally abuses me, saying that I am a curse to the family."* (Personal interview, April 7, 2023)

These statements reflect how deeply ingrained societal attitudes towards infertility can lead to severe physical and verbal abuse, leaving women defenseless within their households.

Gendered Experiences of Infertile Couples

Figure 1. Gender Differences in Educational Attainment and Employment Rates



	Educated	Illiterate
Women	12	18
Men	16	4

Infertility experiences are gendered, with women facing blame, stigmatization, and psychological burden. Men are more likely to be educated and employed, exacerbating women's socio-economic vulnerability and reflecting broader societal inequalities.

Verbal Abuse and Threat of Abandonment

Infertile women often experience verbal abuse from their husbands, which heightens their emotional distress and sense of worthlessness.

> Amina (Pseudonym), one of the respondents, shared: *"My husband always blames me and says I have no value in his life … He wants to leave me because I could not bear children."* (Personal interview, April 9, 2023)

This testimony reveals the persistent emotional abuse and the looming threat of abandonment that many infertile women face, leading to severe psychological consequences.

> Similarly, Taslima (Pseudonym) recounted her painful experience: *"My husband and his family all abuse me mentally … They tell me I am a burden to the family."* (Personal interview, April 9, 2023)

Her story illustrates the toxic environment that many infertile women endure, particularly within their households, where they are devalued and marginalized.

Physical and Verbal Abuse by In-Laws

In-laws often exacerbate the emotional and physical abuse that infertile women face.

> Rupa (Pseudonym) described her situation: *"My mother-in-law often verbally abuses and beats me … She says that I am of no use to the family … I feel very helpless."* (Personal interview, April 7, 2023)

Such abuse compounds the psychological burden and deepens the feelings of worthlessness experienced by these women.

> Fatema (Pseudonym) also shared similar experiences of abuse from her mother-in-law, *"My mother-in-law always belittles me … I feel like my life has no meaning."* (Personal interview, April 7, 2023)

This reflects the pervasive nature of verbal abuse that erodes the mental well-being of infertile women, leaving them feeling unwanted and unworthy.

Physical Abuse from Husbands

Several women reported instances of physical abuse, often at the hands of their husbands.

> Rahima (Pseudonym) shared her ordeal: *"My husband often beats me … He says I am a curse in his life … This abuse has weakened me from within."* (Personal interview, April 7, 2023)

The physical violence not only leaves lasting physical scars but also takes a significant toll on these women's mental health, eroding their sense of self-worth.

> Rahima (Pseudonym) also shared another instance of abuse: *"My husband beats me when he gets angry because I could not provide a child."* (Personal interview, April 7, 2023)

This ongoing cycle of violence reflects how deeply ingrained societal expectations surrounding fertility can manifest in brutal treatment within the household.

Marital Insecurity and Abandonment Fear

Table 5. Gender Differences in Marital Insecurity and Abandonment Fear Among Infertile Couples

Aspect	Women	Men
Marital Insecurity	4 out of 5 women report insecurity	0 out of 5 men report insecurity

Fear of Remarriage	4 out of 5 women fear their husband's remarriage	0 out of 5 men express fear of remarriage
Fear of Abandonment	2 out of 5 women fear abandonment; 1 woman faced abandonment	0 out of 5 men express fear of abandonment
Family Pressure for Children	3 out of 5 women feel pressured	1 out of 5 men feel pressured

Table 5 shows that 80% of women report marital insecurity due to infertility, while none of the men do. Women also fear abandonment or remarriage, reflecting societal pressures and gendered expectations.

Psychological Support and Barriers Faced by Marginalized Infertile Women

In this subsection, findings related to the accessibility of psychological support and barriers experienced by infertile women, particularly those from marginalized backgrounds, are presented.

Access to Psychological Support by Socio-Economic Status

Table 6. Access to Psychological Support by Socio-Economic Status

Socio-Economic Status	Psychological Support Access	Frequency (f)	%p= (50)
High	No	4	8%
High	Yes	4	8%
Low	No	21	42%
Low	Yes	6	12%
Middle	No	9	18%
Middle	Yes	6	12%

Analysis revealed significant disparities in access to psychological support. Participants from lower socio-economic backgrounds were less likely to have access compared to those from middle or high socio-economic backgrounds, indicating a socio-economic divide.

Barriers Faced by Marginalized Groups

Table 7. Barriers Faced by Marginalized Groups

Barrier Type	Frequency (f)	%p= (50)
Financial	16	32%
Cultural	13	26%
Lack of Access	11	22%
None	10	20%

This study identified the primary barriers faced by marginalized groups: financial difficulties (f=16), cultural barriers (f=13), and lack of resources (f=11). Few (f=10) reported no significant barriers, highlighting multi-faceted obstacles in accessing infertility care and support.

Depression Scores Based on Psychological Support Access

Table 8. Depression Scores Based on Access to Psychological Support

Psychological Support Access	Count	Mean	Std Dev	Min	25 %	50 %	75 %	Max
No	34	13.82	6.14	5	9	15.5	18	24
Yes	16	17.50	5.74	8	12	19.5	21.5	24

Depression scores analyzed by access to psychological support (Table 8) showed that those without support had lower scores (mean = 13.82) compared to those with support (mean = 17.50), indicating increased awareness among supported participants.

Coping Strategies and Psychological Resilience

Table 9. Coping Strategies and Psychological Resilience Based on Gender

Coping Strategy	Gender	Mean Psychological Resilience ($\bar{x}$)	Community Support Level
Problem-focused	Male (20)	55.2	Supportive
Emotion-focused	Female (30)	45.8	Indifferent
Avoidance	Female (30)	42.3	Hostile

Table 9 provides an overview of coping strategies by gender. Males adopted problem-focused coping ($\bar{x}$=55.2), while females used emotion-focused ($\bar{x}$=45.8) or avoidance ($\bar{x}$=42.3) strategies, often facing less supportive environments.

Influence of Social and Family Expectations

Family expectations played a significant role in shaping the participants' coping strategies. Those who received positive support from their families often demonstrated resilience and adopted problem-focused coping mechanisms.

For instance, Rahima, a 34-year-old participant, shared: *"I received much support from my in-laws, so I*

> *repeatedly went to the hospital and continued my treatment."* (Personal interview, April 6, 2023)

Her testimony illustrates how family encouragement empowered her to persist with medical treatment despite societal pressures.

In contrast, individuals who faced negative attitudes from their families often experienced emotional distress and resorted to avoidance strategies.

> Shahana, a 30-year-old female, explained: *"My mother-in-law always complains about me, saying I am useless. That is why I no longer want to continue treatment."* (Personal interview, April 5, 2023)

The continuous criticism from her mother-in-law discouraged her from seeking further treatment.

> Parveen, a 32-year-old woman, echoed a similar sentiment: *"Not getting support from my family has made me feel even more isolated."* (Personal interview, April 7, 2023)

The absence of family support led to heightened feelings of isolation and despair.

On the other hand, male participants who felt familial pressure often tried to adopt solution-oriented strategies.

> Kamal, a 40-year-old participant, stated: *"There was much pressure from my family, but I tried to handle it with a problem-focused approach."* (Personal interview, April 5, 2023)

His narrative shows how men, even under pressure, feel compelled to adopt resilience and problem-solving strategies.

Impact of Community Expectations on Coping

Community expectations also played a crucial role in shaping how individuals coped with infertility. Participants who experienced negative community attitudes often adopted avoidance behaviors, withdrawing from medical treatment and social interaction.

> Fatema, a 28-year-old woman, shared: *"People in the neighborhood always have something to say when they see me, which is why I no longer go for treatment."* (Personal interview, April 6, 2023)

The constant judgment from her community discouraged her from continuing her medical care.

> Rubina, a 27-year-old woman, expressed the emotional toll of social stigma: *"My friends laugh at me, saying I am not normal. Hearing such things hurts me a lot."* (Personal interview, April 7, 2023)

This emotional strain highlights how community attitudes can significantly affect mental well-being.

Conversely, some men showed resilience despite negative societal pressures.

> “Karim, a 42-year-old participant, said: “People in society say a lot, but I keep pushing forward on my path.” (Personal interview, April 7, 2023)

His determination to persevere despite external criticism reflects a more problem-focused coping mechanism.

Gendered Coping Mechanisms

Coping mechanisms also varied by gender, with men often feeling compelled to adopt problem-focused strategies due to societal expectations of emotional strength.

> Nazmul, a 36-year-old male, shared: *“My family had big expectations of me, but I tried to solve all the problems.”* (Personal interview, April 5, 2023)

His experience reflects the pressure men face to "fix" problems, even under challenging circumstances.

On the contrary, many women adopted emotion-focused or avoidance coping mechanisms due to both familial and societal pressures.

> Munni, a 29-year-old female, shared, *“People say I am useless, so I am still afraid of seeking treatment.”* (Personal interview, April 6, 2023)

Fear of judgment prevented her from seeking medical care, demonstrating how social stigma can limit access to necessary resources.

The Role of Spousal and Familial Support in Coping

Support from spouses and family members played a critical role in promoting resilience.

> Jashim, a 38-year-old male participant, shared: *“I have not lost hope in the face of problems because my wife always supports me.”* (Personal interview, April 7, 2023)

His wife’s support was a key factor in maintaining his resilience in coping with infertility.

> Similarly, Salim, a 41-year-old male, explained: “*Everyone in my family wants me to get treatment, so I keep going to the hospital every day.”* (Personal interview, April 6, 2023)

This shows how positive family encouragement can lead to proactive coping behaviors and persistence in seeking treatment.

On the other hand, a lack of family support deepened feelings of isolation. For example,

> Julekha, a 31-year-old female, shared: *"I try very hard to stay well, but my mother-in-law puts much pressure on me."* (Personal interview, April 6, 2023)

Persistent familial pressure negatively affected her emotional well-being, leading to distress and decreased coping capacity.

Conclusion

The study assessed the socio-economic status of infertile women in Lakshmipur district. The results of 30 interviews and 50 surveys show that In society, barren women are subjected to various social stigmas and blame. They are subjected to depreciation in the in-laws' house and in the social circle, which leads to loneliness and stress. Men are identified as the cause of infertility, but society blames women. However, there is a clear difference in the experience of infertility between men and women. Women face more blame, violence, and socioeconomic pressures than men.

Positive support from family and society can improve women's mental stability and ability to cope with problems. But, in most cases, women face a negative environment, which makes them depressed. This study supports several suggestions. First, to raise public awareness about infertility and to highlight the equal role of both men and women. Second, public or private initiatives to reduce medical expenses for low-income families. Third, the establishment of mental health services and support groups for infertile women. Fourth, to enforce effective laws against domestic violence and discrimination and to motivate the last families to be sympathetic towards women so that women themselves can contribute to the advancement of society as a part of society.

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