

Papreen Nahar

Department of Anthropology

Durham University, UK

Institute of Health and Society

Newcastle University, UK

(E-mail: papreen.nahar@durham.ac.uk; papreen21@yahoo.com;

papreen.nahar@ncl.ac.uk)

Sjaak van der Geest

Department of Sociology and Anthropology

University of Amsterdam

How Women in Bangladesh Confront the Stigma of Childlessness: Agency, Resilience, and Resistance

In a context where motherhood is an integral part of a woman's stereotype, being childless is a devastating experience. We explore how these so-called deviant women manage this situation. The objective of this article is to contribute to the debate regarding infertile women's agency, resilience, and resistance. This article is based on anthropological fieldwork among urban middle-class and rural poor women. Their life histories reveal that childless women in Bangladesh, a pro-natalist, patriarchal society, are not passive victims, but rather actively fight their stigmatization and manage to survive. The childless women follow overt and covert strategies to overcome their stigmatized identity and create space for themselves in various innovative ways. The women do not resist in a coordinated way as a group, but do so individually. Given the collective nature of a society like rural Bangladesh, we believe that the women's individual acts will eventually have collective effects. [childless, infertile, stigma, Bangladesh, agency, resistance, resilience]

Introduction

Bangladesh is an overpopulated country, and the state ideology is to control fertility. As a result, the problem of infertility is neglected in the national political discourse.¹ No national data are available on the incidence or prevalence rate of infertility, but a global review of infertility from the World Fertility Survey estimated that the rate is 4% (Vaessen 1984). Another estimate of overall primary and secondary infertility in South Asia for women at the end of their reproductive lives (ages 45–49 years) suggests an infertility rate of approximately 15% (Farely and Baisey 1998).

MEDICAL ANTHROPOLOGY QUARTERLY, Vol. 28, Issue 3, pp. 381–398, ISSN 0745-5194, online ISSN 1548-1387. © 2014 by the American Anthropological Association. All rights reserved. DOI: 10.1111/maq.12094

Women's social position confirms gender inequality, which is deeply embedded in the Bangladeshi patriarchal social structure (Afsana et al. 2005; Naved and Akhtar 2008). It is worth mentioning that the practice of Islam is relatively supple in Bangladesh, where the state does not impose Islamic doctrine (Amin 1996; Haq 1976). In relation to seeking infertility treatment, Islam *has* an influence on the individual and social level, but it is not part of a state-organized policy (see Nahar N.d.). Local beliefs among rural and urban women for remedying infertility emphasize the ultimate power of "Allah's will" (Nahar 2010; Nahar and Richters 2011). In addition to these, current health policy does not include infertility as a reproductive health issue, which makes biomedical options more inaccessible (Nahar 2012b).

The country's cultural stereotypes motherhood as an integral part of womanhood and being childless as a devastating experience for a woman. A childless woman is considered a failure, and her body a waste. She falls into the category of "deviant." For Bangladeshi women, the consequences of childlessness are social, familial, emotional, economic, and medical (Nahar and Richters 2011). Francis et al. (2003:140) discuss how stereotypes function by simplifying and reducing certain classes of people to a few characteristics by which they are generally identified:

Stereotyping is part of the maintenance of social and symbolic order. It sets up a symbolic frontier between the "normal" and the "deviant," the "normal" and the "pathological," the "acceptable" and the "unacceptable," what "belongs" and what does not or is "other," between "insider" and "outsider." Us and them.

In Bangladesh, childless women are indeed considered deviant, pathological, unacceptable, other, and outsider. We will explore how these deviant women manage this situation. By studying the responses of childless women to stigma, we raise the question of whether they constitute yet another stereotype—passive victims—or whether they actively confront their stigmatized identity. We thus hope to contribute to the discussion of infertile women's agency, resilience, and resistance.

There is a growing body of literature that illustrates how childless, marginalized women position themselves in reference to stigma and blame and become active subjects (e.g., Riessman 2000; Todorova and Kotzeva 2003). They "play with power," as noted by Lock and Kaufert (1998:11). Feminist authors have proposed the concepts of agency, resilience, and resistance of victimized women. Although these terms are often used interchangeably, it is important to point out their specific nuances. It is not our intention to enter into a theoretical debate about these three concepts, a debate that by now is quite complex (Abu-Lughod 1990; Ahearn 2001; Ortner 1995; Scott 1985). Rather, we briefly present our working definitions of these concepts.

By agency, we simply mean people's ability to make choices and act and thus (to some extent) steer their own lives. From the beginning, agency has been positioned against structure, emphasizing that people always have a certain freedom to maneuver even when they are oppressed. Therefore, the concept has been particularly popular in studies that challenge reports of the victimization of vulnerable groups.

Resilience, literally bouncing back, refers to the ability to withstand adversity and not be crushed by it. The implication is that resilience does not really change

people's external situation, but rather it enables them to cope. The question, of course, is where does the ability to rebound originate? Social and symbolic capital and personal strength seem to be the most likely hidden forces, according to anthropological studies such as James Scott's (1985) ethnography and a collection of essays by Niehof and Van der Geest (2008). Niehof (2008), who holds a slightly more dynamic view of resilience, emphasizes internal strength and external forces (e.g., livelihood, economy, and social relations) as the cardinal sources of resilience.

Resistance we take to mean a more active response to adversity and oppression than resilience; it is a counterattack (as cautious and subtle as that may be) to change existing conditions. Both resilience and resistance are forms of agency and apply to the way that childless women react to stigmatization and social exclusion. Ahearn (2001:115), referring to resistance, speaks of "oppositional agency," a term that clearly also fits resilience. The ethnographic section of this essay will demonstrate how closely these concepts are intertwined. In the concluding discussion, we turn to the following question: To what extent do these concepts shed light on the highly paradoxical social strategies of childless Bangladeshi women and—in reverse—how do these local strategies help refine the (over) use of these popular concepts?

Methodology

This article is part of a broader anthropological study focusing on women's experiences of childlessness in Bangladesh (Nahar 2007). Although various qualitative research methods have been used, this article is mainly based on the life histories of 20 childless women, including some who are rural, illiterate, and poor and some who are urban, educated, and middle class. The women range in age from 17 to 62. We defined rural women as those who had been rooted for generations in a single rural area. The criteria for urban included women who had been living in the city for at least two generations. None of the women in our study moved between the two settings. To complement the individual life histories, community perceptions were gathered through participatory rapid appraisal. In addition, two group discussions (each with 10 childless women) were held at the end of the field research in the rural area. Due to time constraints and practical difficulties, no group discussions were conducted with the middle-class childless women living in the urban area. The research lasted one year, from 2003 to 2004. We received ethical clearance from Monash University, Melbourne, Australia.²

Data collection and analysis were an on-going and almost simultaneous process. As the research progressed, new issues emerged that had not been included in the initial plan. The analysis organized patterns in the data, resulting in categories and descriptive units with suggested relationships. The process of analysis allowed us to identify cultural constructions of infertility and core gender values and norms. Furthermore, we tried to relate the women's narratives to theoretical debates and discussions on resistance, resilience, and agency. This approach helped us locate alternative constructions of the culturally assigned definition of womanhood.

We will first sketch the consequences of childlessness that women in Bangladesh face. Then we present what our respondents reported they actually do in response to their situation and relate their contributions to discussions of agency, resilience,

and resistance. Although the stigmatization of childlessness is more or less similar in rural and urban contexts, the responses to it are distinct.

The Stigma of Childlessness

It was noon on a hot summer day when I (first author) talked to 25-year-old Lilaboti in her rural homestead. She had been married since she was 15, but had never been pregnant. It was my third visit to her home. Lilaboti was fanning her husband's very old grandmother. I sat next to the old lady who held my hand and started asking about medicine for Lilaboti. She thought I would be able to bring something for her from the town or from the nearest hospital. She said:

Lilaboti needs to be treated; otherwise my grandson will leave her and go for a second wife. Lilaboti is such a good girl. She always fetches me water from the pond, it is impossible for me to take a bath these days without someone's help.

My daughter-in-law is busy with her children. It is Lilaboti who also washes my clothes. I wish she had at least one son. . . . I have heard that you talked to her about her childlessness. But can you not bring her medicine instead of just talking? She tried all the medicines from the village. If you do something for her, I will pray to God for you. I know what a burning (*ki jalar jibon*) life she has! Her life is full of sighs. Like the old song, do you know this song? "Allah, if a fish can have thousands of baby fish, oh graceful God (!) why can I not have just one?" (*Ekti matro macher pache lokhkho lokhkho pona, amare dite putuli ke koriche mana, doroder Allhare, machere dao amare kano na?*). The life of a fish is better than her life.³

Before discussing how childless women confront their stigmatized position, we need to give a brief description of the consequences of childlessness. The study revealed the psychological, economic, and social consequences of childlessness. The childless women, both urban and rural, expressed that they always live with a sense of insecurity, feeling that their husbands may abandon them at any time and marry a new wife. In rural areas, it is common for the husband of a childless woman to remarry. Although cases of remarriage were not found in the urban area, childless women in urban areas also mentioned their constant worry of being abandoned by their husbands. Exploring male infertility was beyond the scope of this study. However, some rural women talked about this issue spontaneously. They mentioned that, although rare, sometimes a husband was proved to be infertile after several marriages or was reported to be impotent. In such cases, a wife had more room to renegotiate her status. Some women left their infertile husband, but most preferred to continue the marriage and cover up the husband's inability to produce a child. They did this for various reasons. Wifehood gives more prestige to women than abandonment or divorce and only marriage provides material security. Finally, women may stay with their infertile husband out of love (Nahar and Richters 2011).

In general, both rural and urban childless women live a life with a negative image in society. Rural women, however, face more social pressure, blame, and accusations than their urban counterparts. Rural women are referred to with stigmatizing terms,

are taunted by in-laws, and sometimes are even deprived of food. They are accused of having done misdeeds that caused their childlessness. The economic consequences of childlessness are also grave. Rural childless women are not allowed to work outside the home since they are considered less trustworthy. Moreover, a husband's second marriage reinforces family poverty (see Nahar 2012a). The case below illustrates the suffering of childless rural women:

Modhumala is a 17-year-old rural woman, who married at the age of 13. She has never been pregnant. Recently she was divorced from her husband, a rickshaw-puller from the adjacent village. During her marriage, Modhumala's father had to give 5000 Taka to her husband as dowry. The marriage started well, but after just one year (at the age of 14) her in-laws started asking why she was not pregnant, and as time passed, the intensity and frequency of the inquiries increased. After two years, when she had still not become pregnant, her in-laws started abusing and taunting her. Her husband also started misbehaving and beating her for minor disputes.

After some time, her husband stopped rickshaw-pulling and sold his small piece of farm land. He told Modhumala, "What is the use of keeping all this property as I have no child at home? Who would enjoy the property?" Gradually her in-laws pushed her husband into getting rid of her, telling him to kick her out of the house. Meanwhile, some of her neighbors who had married after her became pregnant. As her in-laws compared Modhumala with these neighbors, the torture was reinforced. Her husband refused to give her clothes and other necessities. At a certain point, it became unbearable for Mudhumala to continue living in her husband's house. Finally, after four years of marriage she was abandoned by her in-laws and husband. She was divorced and had to return to her parents' house.

In a patriarchal society like Bangladesh, a woman who is poor and childless remains at the bottom of the social hierarchy. While for rural childless women stigmatization is public, urban middle-class and educated childless women experience more hidden stigmatization. Remarriage by the husbands of urban childless women is not common; nevertheless, there is familial pressure on husbands to take a second wife and produce offspring. As a result, some urban childless women also feel insecure and fear being abandoned by their husbands, even though such cases are rare. The social environment of the educated middle class strongly discourages divorce and particularly polygamy. Although they are not as vulnerable as their rural counterparts, all urban childless women said they believed that their condition went against the social norm. They suffered a loss of privacy, social isolation, and low self-esteem.

The data revealed that the intensity of the emotional impact of mandatory motherhood is the same for urban and rural women. Both felt that they were victims of "cultural punishment" for not being able to produce children. The intensity of the punishment and suffering was relatively less for urban women who had opportunities to develop other identities through professional work. More so than marital disruption, infertility treatments (and their uncertain success) seemed to be the greatest source of insecurity among the urban women. Jomuna (aged 35, pregnant once,

married at the age of 25), and urban respondent explains how she had to contend with the public norm of producing children:

In our society people love to talk about childless women. Let me tell you one thing, when my older sister comes to visit us, I never go to the roof to dry the clothes of my sister's baby. People around (neighbors) may think that these are clothes of my own baby. The next day someone on the road may ask, "So when did you give birth to a baby? How is your baby now? What is his/her name?" and so on. I am always very careful when I carry a newborn baby; I avoid public places, so that nobody can ask a question about the baby.

For both rural and urban married women, motherhood is the most desirable status. There is hardly a place for a non-mother in Bangladeshi society. Children are central to the social world; if there are no children, nothing can compensate for their absence in a woman's life (Nahar and Richters 2011). However, instead of being passive recipients of social stigma, both rural and urban childless women actively respond to their predicament; although the nature of their responses differs.⁴ All the women show agency, resilience, and resistance to endure and change their despised status of childlessness in a variety of ways. The following sections present childless women's responses to stigma, starting with the rural poor and continuing with urban middle-class women.

Responses of Rural Poor Childless Women

Rural women have few (if any) opportunities to develop an alternative identity to being a mother and wife. As a result, they must fight and respond to stigmatization within the framework of marriage and family. Below we provide some examples of how they do this.

Initiating Treatment

Initiating treatment for infertility is a great challenge for rural poor women, who must overcome several obstacles. In most cases, the women must seek and follow treatment secretly. However, since their mobility is confined, it is difficult for them even to get in touch with healers, thus they must be inventive in finding ways to contact them. Moreover, as the husband and in-laws are poor and hostile toward the woman's childlessness, they are unwilling to bear the costs for treatment. Under such circumstances, women must initiate treatment themselves and find ways to overcome the obstacles. For infertile urban women, the situation is quite different. Once they have been diagnosed, their husbands become involved in their search for treatment and remain so until the moment they both lose hope and stop.

Treatment choices for childlessness in rural villages are limited; the only available options are herbal and spiritual therapists. Folk healers who specialize in treating childlessness are few in number and may live in distant villages. Rural childless women use female beggars and hawkers to communicate with these distant healers. The beggars and hawkers travel between various villages and supply the women with medicines provided by the healers. In other cases, a childless woman might

use the relatives of their husband's brother's wife who come to visit their sister or daughter (usually from a distant village). In this way, rural women keep their treatment secret and can circumvent their restricted mobility.

No one wants to bear the costs of the treatment, and rural childless women have to find ways to raise money. In Bangladesh, rural women have no access to household money, but they usually are responsible for food. The women in the research used their role in food management to raise treatment funds. Since they cook and distribute food among family members, they are able to save some food and sell it to beggars, hawkers, or neighboring children. Sometimes, the rural women can buy medicine with food instead of cash; beggars carry the food to the treatment providers and bring back the medicine supplied in recompense. The beggars do this secretly as a voluntary service. Some women save a bit of rice, a few eggs, or maybe some fruit out of their share and eat less to sell the food for money. They can also make a small kitchen garden for vegetables or raise one or two chickens to sell for money for treatment. They pretend that they are in business to manage the cost of their chewing leaf habits (betel leaves and nuts [*pan-shupari*]). Meghoboti (aged 21, never pregnant, married at the age of 16, a rural respondent) saved enough money to buy a goat, which she kept secretly with her mother. Her mother sold the milk from the goat and collected money for Meghoboti's treatment. This is how these women manage their treatment in a highly unfriendly family situation of in-laws.

Preventing Abandonment

As we have seen, one of the main fears among rural women is that their husbands—often under pressure from the family—will opt for a second marriage and subsequently abandon them. We observed several incidences of second marriage by husbands of rural childless women. The rural women see the severity of the consequences of a husband's second marriage in varying degrees. The modality of living with a co-wife is relatively less severe. A more painful consequence would be de facto abandonment due to the husband's second marriage, and the most severe would be abandonment with divorce. However, rural childless women have various strategies to prevent their husband's second marriage.

Like some urban women, rural women may begin infertility treatment to prevent a husband's remarriage. Although they start their treatment secretly, at a certain stage, they need to reveal it to their husband. As mentioned earlier, rural women mainly take traditional herbal and spiritual treatments for infertility. One advantage of traditional healers is that they never give a final answer regarding the diagnosis or prognosis of the condition, unlike biomedical doctors (Nahar 2010). The women they consult may change the mode of therapy and remain hopeful, and as long as there is hope, it is difficult for a husband to claim grounds for remarriage and abandon his wife.

Another strategy of rural childless women to prevent abandonment is the "tolerance" of abuse. This increased level of tolerance is not simply an act of acceptance of oppression; the women are not passive victims. Rather, we would argue that they use tolerance for a certain period as a pragmatic survival strategy. They may practice tolerance to stay in their husbands' homes because they know that there is no place to go if their husbands abandon them. Even sympathetic parents cannot bear

the burden of taking their daughters back, mainly because of poverty and the social stigma involved. Divorce and abandonment are the most stigmatized conditions for a childless woman.

The women explained that if they have a place to live and food once a day, it is worth their while to remain silent in the face of their in-laws' hostility. Their silence is a strategy based on practical common sense; years of tolerating familial abuse gives them lifelong marital security. But there is a limit to what one can tolerate (*shoiijo shoktir shima ase*). If they sense that their silence is not going to help them be accepted and the family remains hostile, they will confront the family openly; in most cases, this results in abandonment.

Increased Socializing

Interestingly, however, rural women may also do the opposite and leave their "hiding place." Due to the communal nature of village life, it is almost impossible to live an isolated life. As a result, rural women try to capitalize on their social networks and practice friendliness to the people around them. They become more public and social and do social work whenever they have the opportunity to do so. For example, they help elderly people, postpartum mothers, and sick people by cooking, fetching water, washing clothes, and helping with harvesting. Sometimes they weave mats (*katha shelai*) for other people or do various household chores for those in need.

In rural communities, infertility/childlessness determines a woman's social identity. We recorded 18 distinct terms for childlessness, such as *poramukhi* (literally "burnt face," meaning: having a face that burns/spoils others' good fortune), *olokkhki* (poor/miserable), and *phol daina* (not producing fruit) (Nahar 2007:86–88). All the terms have negative connotations and are generally used for women. The richness of this vocabulary underlines the local perceptions of childlessness presented here. It should be pointed out, however, that people do not address a childless person with these terms directly unless they are quarreling (*jhogra*); then they use the terms as insults. Although quarrels are an everyday phenomenon in village life, childless women try to avoid them. Instead, they try to cultivate an image of a well-mannered woman and behave as if they are newlyweds and vulnerable brides to make themselves more acceptable to others. Thus, they create alliances with neighbors and relatives.

To create social space, rural childless women do extra work; they take charge of cooking and cleaning and take care of elderly relatives and neighbors (who are often kin of their in-laws). By doing extra work, they become indispensable to the community. Rural childless women are usually not allowed by their community to attend social events, since they are treated as bearers of evil. If the women join a ceremony, they are verbally abused (see Nahar and Richters 2011). Nonetheless, these women are sometimes secretly invited to social events because they are willing to do extra work that is needed. At one wedding ceremony, a childless woman (aged 31, never pregnant, married twice at the age of 13 and 24) who was not officially invited was asked by the head of the household to come and help in the kitchen at night where others would not notice her presence. This was definitely not an honor for her, but it demonstrated that she had made others aware of her usefulness.

By offering to do extra work and behaving in an exemplary manner, rural childless women try to maintain good relations with extended in-laws and neighbors while creating a social space for themselves. In some cases, husbands or in-laws cannot just abandon their childless wives because of the collective social pressure from the wife's allies (see the case of Lilaboti presented earlier). The women's helpfulness and good manners act as protective attributes, to which their allies refer when disputes arise between the woman and her husband or in-laws. These childless women's exemplary behavior can be seen as an over-conformity to traditional gender roles. Indeed, the women explained this behavior as a strategy to continue their married lives. Thus, in contrast to urban women, by increased socializing rural childless women secure their existence within the family. Moreover, their actions are also attempts at redefining their role in their community and improving their self-esteem.

Responses of Urban Middle-Class Childless Women

All 11 urban childless women reported stigmatization by their families and society at large. However, none of them passively accepted her tarnished identity. Overtly or covertly and in various ways, they fought against the stigmatized image of childlessness.

Avoiding Social Gatherings

In contrast to the rural childless women's reactions to social exclusion, a number of urban childless women avoid social gatherings. They reported that they rarely attended family and other social gatherings so they could avoid people's curiosity about their childlessness. Unlike the rural community, where social interaction is engrained in the structure of life and is more or less inevitable, urban life is more individualized. As a result, frequent social and family gatherings and parties are the main ways that people in urban settings meet and share concerns. Moreover, these gatherings also serve other purposes in middle-class life including networking for business, jobs, or other opportunities. Social life is quite restricted to the family; therefore, the kin network is the main force that keeps the family together.

Middle-class people maintain family relations by inviting one another to events. As women usually do not have many friends after marriage and are not generally associated with clubs or social groups, an outing means mainly visiting relatives. Thus, refusing to attend these social gatherings is a significant decision that places childless women in a state of almost total isolation. Despite knowing the importance and benefit of attending these meetings, some childless women deliberately avoid them to eliminate the stress. Avoiding social gatherings provides relief from the psychological pressure of being questioned about their childlessness. They may not enjoy being lonely, but they have found that it is better to watch television, read a book, or go to the shopping mall on their own rather than face the question "When are you going to have a child?". Shindhu (aged 40, never pregnant, married at the age of 26, an urban respondent) said:

Nowadays I avoid all the relatives. I avoid people who have children. I also avoid children, because I think children's company makes me sad. I hate to talk about childlessness and treatment. Where there is a possibility of facing the question about my pregnancy or childlessness, I avoid that place. I know it is natural for people to ask about one's health, job, or children as well. But I feel embarrassed and sad, also uneasy when someone asks me questions regarding children. In fact, I stopped going anywhere.

The Ongoing Search for Therapy

One common response to childlessness is that instead of simply accepting the condition as fate, the women constantly search for treatment. High-tech fertility treatment facilities are only available in urban areas, and even then there are a number of major obstacles to gaining access to these assisted reproductive technologies treatments. First, they are costly; second, they can have serious side effects; and third, success rates are low.⁵ Finally, there is a strong popular notion that artificial insemination is not allowed by Islam (Nahar N.d.).

Despite the challenges, most of our urban respondents had undergone infertility treatment. To bear the costs of treatment, some women spent their savings, while others sold their personal property. They endured all the painful side effects of the treatment and ignored Islam's directives. Normoda (aged 35, never pregnant, married at the age of 18, an urban respondent) said:

I knew the chance of getting pregnant was very low and the treatment is costly. But still I gave it a try. I had to spend all my savings. I didn't believe that God had given me this fate. God also advises us to take action for any problem.

Since most of the urban women could afford treatment, they went from one doctor to another and from one therapy to another—from biomedical to religious treatment. The practice of staying busy with treatments was also a strategy to prevent the remarriage of their husbands. Rumors and discussions about husbands' second marriages are common among urban childless women, although urban women's educational status, social class, and their parental support are likely to stop a husband from remarrying. These women may continue treatment for years (in some cases up to 10 years), for it is expected that while a wife is undergoing a treatment her husband must wait for the result. When she finally stops treatment after several years, it will probably be too late for the husband to consider a second marriage. Furthermore, by that time the parents-in-law may be dead or dependent on the daughter-in-law for care. Thus, the childless daughter-in-law will have gained a modicum power in the family just by having been part of it for so long. This is the same power she would probably have had within the first few years of marriage, had she had a child. The relatively secure position of the childless woman after spending so many years in the family makes it impossible for a husband to remarry and abandon his wife on the grounds of childlessness alone.

As mentioned earlier, urban participants did not rely exclusively on biomedical treatment but also visited spiritual healers, clearly for strategic reasons. Faith healers

or other traditional practitioners are not urban women's usual choice for treating illnesses, but they do visit them for infertility treatment. As we have seen, the general assumption is that biomedical treatment will produce the desired result. So, after having an ultimately negative result from biomedical treatment, husbands or in-laws might take steps to arrange for a second marriage. Spiritual healers do not usually draw final negative conclusions and continue trying various methods indefinitely (Nahar 2010). The urban woman's persistence in trying a variety of treatments gives the impression to those around her that she is not lying down in despair but is instead taking action to combat her childlessness. Through this active role she resists negative actions by her in-laws or husband.

Developing Alternatives

Another way for urban women to fight the stigma of childlessness was to develop an alternative identity by focusing on other achievements or by taking a job. For example, Tista (aged 62, never pregnant, an urban respondent) has taken deliberate steps to develop an alternative identity. After several years of marriage, Tista had still not become pregnant and as normally happens, people around her concluded that she was responsible. Although it was difficult to have infertility tests in her time, more than 30 years ago she managed to have both her husband and herself tested. The test revealed that she was not infertile and that her childlessness was due to her husband. Later, Tista kept busy with a number of social activities. In her own words:

I took care of eight children at different times just like they were my own kids. However, I never asked them to call me "mother." In my view, only biological mothers deserve that name. I stay in a town, so relatives from my or my husband's villages used to send their children to me when they got admitted to schools in town. I provided them with a place in my house and took responsibility for them. My house became like a hostel where children found a warm atmosphere. I also bear their expenses within my limited ability. I set up a family library. I used to buy books every month. I myself started developing the habit of reading books. I read books from every discipline, from medicine to religion. I diverted my mind to books instead of always thinking about my childlessness. I think if a woman can occupy herself in the world of books, no worries can touch her. In addition to that I do embroidery and I have a nursery where I take care of plants, I even run a small business with products of the nursery. Now at this age, I love my life. I do not consider myself any less than other women because I do not have children. I never allow anyone to insult me regarding my childlessness.

Podma (discussed above) said that she was desperate to have a child in the first years of her marriage, but as soon as it was confirmed that there was no hope for her to have children, she decided to develop an identity that was different than being a mother. In her words:

For many years I never thought about my career; my only focus was to have a baby. I tried all available forms of treatment in the country but doctors confirmed that there was hardly any chance for me to become pregnant. My sister living in Canada suggested that I go to Canada for treatment, but I refused. I thought it was enough that I had spent eight years in pursuit of a child. Eight years of my life had gone. I should do something else. I should not spend the rest of my life finding ways to get pregnant. I started to look for a job and within a short time I got one with a non-government organization. I started to enjoy the work. I accepted my life as it was. After so many years, I was so busy with my work that was the first time I forgot about my childlessness.

Meghna, (aged 41, twice pregnant, married at the age of 25, an urban respondent) lost two of her children over a short time due to a genetic disease, and her close kin advised her not to become pregnant again. While Meghna was describing the feeling of losing two children in a row, she said:

Initially I believed that I would be able to bear all the sorrows of my life, I would be able to tolerate everything on my own. I thought, "I don't need anyone's help." But actually, I became a sort of stone, devoid of any feelings. I know now that I was not normal at that time. During that period no one asked me anything about my child or about my feelings. They tended to avoid this topic. No one came to share my pain. I also didn't go to anyone to share my feelings. This was my character; I cannot share my very personal feelings with others. I was never very close to my mother and didn't share my thoughts or feelings with her. I was definitely lonely at that time. Sometimes I was angry deep inside. Thought "Why me?" But I know there was nobody to blame. I couldn't blame God, as I am not a believer.

Later, she recovered from her depression and decided to pursue an advanced degree. She went to the United States to get a master's degree, got a government job upon her return, and became engaged in her profession. She said:

In the end I am also optimistic. When I went to the USA for graduate studies; I studied the disease of my sons. I gathered a lot of information. Now I have more explanations for the disease and there is no anger inside me. Going to the USA at that point in my life helped me a lot. Then I got involved in the job, which keeps me busy and has helped me forget my sorrows. My profession became much more important than any other thing. My life is freer now; I can set my plans the way I want.

Shurma (aged 38, never pregnant, married at the age of 18, an urban respondent) also struggled with her childless identity for some years, but at a certain point decided to shift her mind from childlessness to development work. She became actively involved in an NGO and found satisfaction in her new job. She said:

Initially I felt insulted by the fact that I was not able to be a mother. Now I don't feel that way. Now I am fine. I may not have a child, but I am not sick either. I am cheerful. I feel, why shouldn't I enjoy my life? Other people in this society get upset about my cheerfulness. They say, "You don't look like a childless woman." I have accepted that I am not having a baby. Once I was not an independent type of person. But when I became a loner, I ceased depending on others. At that moment I decided, "I need to do something!" And I joined this development organization. Now I feel there are so many things in life other than having a baby.

In her earlier days of marriage, Kabery (aged 37, once pregnant, married at the age of 25, an urban respondent) used to remain silent when her in-laws and neighbors asked why she didn't have a baby. She felt embarrassed and was shy to talk about her childlessness, but over the years and through various experiences she became confident and empowered herself. Kabery says:

Now if people ask, "Why don't you have a child?" I sharply answer them. I just say to them, "What can I do about it, should I make a baby with clay and show you?" There was a time when I could not say anything when somebody asked me about children, I just remained silent and sad and came home and cried. Now I feel that I am strong enough to face this question and find a way so that people will not ask me about it anymore. People want to see me sad about the fact that I do not have a child, but I deliberately express that it does not matter to me anymore.

Discussion and Conclusion: Understanding Agency, Resilience, and Resistance

We have presented the responses of both rural and urban childless women to the social stigma they face and will now reflect on those in the light of theoretical discussions in anthropology. Even though the women suffer profoundly from this ostracism (Nahar and Richters 2011), they are not defeated; rather, they succeed in going on with their lives. They show agency, resistance, and resilience, building on their inner strength and social inventiveness.

Returning to the brief presentation of these three concepts in the introduction, we conclude that in our study certain responses could be characterized as resilience and others as resistance. In most cases, the women's strategies⁶ can be considered as resistance since they are actually aimed at changing their situation or averting future misfortune. None of these women took her situation for granted; each actively reacted against it. One could speak of "everyday resistance," but not in James Scott's (1985) sense when he coined the term in his celebrated study of poor peasants in Malaysia.

Scott argued that open resistance to their exploiters would be counterproductive for the peasants and cause them to lose what little they had.⁷ The only effective method of resistance would, therefore, be a hidden form: "Most forms of this struggle stop well short of outright and collective defiance. Here I have in mind the ordinary weapons of relatively powerless groups: foot dragging, dissimulation,

desertion, false compliance, pilfering, feigned ignorance, slander, arson, sabotage, and so on” (1985:xvi).

So far, the childless women in our study act in a similar way as they find themselves in a comparable situation. They, too (particularly the poor rural women), cannot afford direct and open confrontation with the patriarchal norms of their society. Most of their actions are secret and obtrusive, as we have seen. But there is also a significant difference between Scott’s peasants and these childless women. Continuing his discussion on hidden resistance, Scott presents his famous metaphor to describe the effectiveness of these “weapons of the weak”:

Everyday forms of resistance make no headlines. But just as millions of anthozoan polyps create, willy-nilly, a coral reef, so do the multiple acts of peasant subordination and evasion create political and economic barrier reefs of their own. It is largely in this fashion that the peasantry makes its political presence felt. And whenever, to pursue the simile, the ship of state runs aground on such reefs, attention is usually directed to the shipwreck itself and not to the vast aggregation of petty acts that made it possible. [1985:xvii]

The imagery of the coral reef and the wrecked ship suggests a long-term effect of the culmination of countless tiny acts of resistance. But, in the remainder of his ethnography, Scott (1985) describes mainly the peasants’ hidden guerrilla struggles over values and reputation. Attempts to actually diminish or end their oppression, however small, are not reported. The peasants, who are the losers in the political and economic domain, declare themselves the moral winners. They may be poor and hungry, but at least they are decent and respectable. With jokes, stories, gossip, and sabotage, the subalterns present themselves as superior to their exploiters and salvage their dignity. Their moral victory enables them to survive their humiliation and oppression. But their lives remain largely the same.

According to Scott: “The goal, after all, of the great bulk of peasant resistance is not directly to overthrow or transform a system of domination but rather to survive—today, this week, this season—within it” (1985:301). We would rather call this “resilience” (a term that does not appear in Scott’s book), rooted in moral strength and group solidarity. The peasants’ everyday resistance is, in fact, in Scott’s own words, “grudging compliance” with a system that they morally and symbolically reject. In this way, they are able to retain their self-esteem and endure their suppression.

In a study more similar to ours, Catherine Riessman (2000) explored the resistance practices among childless women in south India. While Riessman defines resistance as “transformative actions,” she mainly describes moral and symbolic statements and taking stands that enable the women to uphold their self-esteem and reject stigmatization. She does not show what these women *do* to change their situation except for speaking up in private settings. Of course, resilience and resistance slide into one another, as Riessman notes (p. 131), and both may be necessary to negotiate everyday life. We also do not deny that speaking is a way of doing, to paraphrase J. L. Austin (1962). Unfortunately, Riessman does not describe concrete strategies that the women use to change their situation.

In contrast, our study describes in detail how childless women undertake ingenious actions with the explicit intention of change. Poor village women without children seek treatment that may not give them a child but does postpone (and possibly prevent altogether) their abandonment by their husband and/or his second marriage that would de facto marginalize them further. At the same time, they actively invest in building and extending their social networks. By doing so, the women increase their social capital, which they may need to avert exclusion and divorce. The cases we presented show the women's ingenuity and minute secret planning required in their circumstances of limited mobility and strict control by in-laws.

The situation is less oppressive for childless middle-class women in the city. They are less likely to be abandoned by their husbands, but they do face ongoing stigmatization from people in their environment. These women also access medical treatment, both to cure their infertility and as a ploy to reverse their position. As long as the treatment continues, they are signaling to their environment that they are potentially fertile and thus ward off the ultimate stamp of barrenness. These women's greatest advantage over rural women is that they have far more alternatives in life to help them escape from the (for them unattainable) ideal and stereotypical mother role. By devoting their lives to business, education, social work, or other pursuits, they create a new space where they can prosper and disregard their childlessness.

But there are also forms of agency that resemble resilience and ways to manage and endure stigma. For rural women, this is mainly tolerating the abuse and exclusion. By not protesting or reacting, they avoid an escalation of negative treatment. Tolerance, which Scott would call "outward deference," is a conscious strategy that may not change their daily life, but does enable childless women to cope with suffering. For middle-class women in the city, avoidance of social gatherings is the most common strategy to reduce their confrontation with stigma and enhance their social position.

There is a growing anthropological literature on childlessness internationally. What does our study add to this literature? Some publications have been addressed in the preceding paragraphs where we pointed out that the agency of these Bangladeshi women not only restores their self-image in the face of stigmatization, it also creates real opportunities for improved living, however small the margins may be.

A collection of essays on aging without children edited by Kreager and Schröder-Butterfill (2004) is another example of the present interest in childlessness. The essays focus on the practical consequences of childlessness for older people: poverty, insecurity, and lack of intergenerational care and support. Little attention is given to stigmatization and social exclusion as a consequence of childlessness.

The contribution of our study to the literature occurs on several levels in terms of gender, medicalization, and theory. We present what is an intolerable situation for women in Bangladesh and discuss the ways women face up to it. Here, infertility appears to always be the fault of the woman. The issue of medicalization of infertility is another issue that we discuss, describing differences in medical resource availability between rural and urban settings. Finally, we proposed and discussed various concepts that encapsulate the underlying meaning of what women manage

to do in response to a situation of extreme injustice and stigma firmly embedded in the local culture.

The life stories of these Bangladeshi childless women show how, as individuals, they try to resist an “on-going process” through “altered performances” (Weeks 1998). The women are not resisting in a coordinated way as a group, but individually. Every individual employs distinct forms of resistance for pragmatic reasons. One childless woman’s survival becomes an example for others in the same community; one’s action is a model for others. In this way, individual survival establishes a common collective pattern of action, which we consider resistance. Although this individual resistance does not create an overt social change, childless women do create a social space and prevent various social sanctions against them using these forms of resistance. Given the collective nature of a society like rural Bangladesh, we believe that the women’s individual acts will eventually have collective effects, precisely because they are acts of transformative agency. However, realistically, even with their resistance, the women still remain heavily burdened with stigmatized identities and cultural blame.

Notes

1. Researchers may have the same doubt about the use of studying infertility in an overpopulated country. During her fieldwork on childlessness in Southern India, Catherine Riessman (2000:115) wrote: “Traveling on crowded trains, I even began to question my topic: ‘India has too many people.’ I wrote in field notes, ‘Why am I studying infertility?’”

2. About the complications of ethical clearance by a Western university for research in a country like Bangladesh, see Zaman and Nahar (2011).

3. This old lady is an example of an infertile woman’s ally. Lilaboti had created her space in her in-laws’ family so the neighboring grandmother is requesting me (the first author) to solve Lilaboti’s problem. The neighboring grandmother is already worried about Lilaboti’s future and takes the initiative to protect Lilaboti’s marriage in her own way.

4. A discussion on resistance among childless women in Bangladesh must not overlook the options of child adoption and fostering. It should suffice here to say that adoption is a rare strategy to combat the stigma of childlessness in Bangladesh, both in rural and in urban areas. The reasons why it is not popular is the complexity of the Islamic law (the matter of inheritance of property), the emphasis on blood-bond kinship, cultural beliefs regarding adoption (e.g., it commonly believed that children available for adoption are generally illegitimate or that God is against adoption) and some practical reasons (e.g., poverty). Fostering, which is not an established practice in present-day Bangladesh, also would not solve the problem of childlessness, because it does not fulfil the desire for “real” (biological) offspring of the husband and the other in-laws.

5. Marcia Inhorn’s (1994) shocking account of Egyptian women’s “quest for conception” shows the often inefficient and harmful effects of a wide variety of biomedical treatments.

6. De Certeau (1984) makes a distinction between strategy (conscious planning) and tactic (a more spontaneous ad hoc reaction). See also Scheper-Hughes (1992:471–472), Koster (2003:25–26), and Van den Borne (2005:3). Most responses of childless women in our study can be regarded as strategies in De Certeau’s definition.

7. Lock and Kaufert (1998:13) say: “Under conditions of extreme violence, open resistance becomes effectively impossible except for those willing to become martyrs.”

References Cited

- Abu-Lughod, L.
1990 The Romance of Resistance: Tracing Transformations of Power through Bedouin Women. *American Ethnologist* 17:41–55.
- Afsana, K., S. F. Rashid, and W. Thurston
2005 The State of Women's Domestic Violence Health Policy Communities in Bangladesh. Dhaka, Bangladesh: BRAC.
- Ahearn, L. M.
2001 Language and Agency. *Annual Review of Anthropology* 30:109–137.
- Amin, N. S.
1996 *The World of Muslim Women in Colonial Bengal 1876–1939*. Leiden, The Netherlands: Brill.
- Austin, J. L.
1962 *How to Do Things with Words*. Cambridge, MA: Harvard University Press.
- De Certeau, M.
1984 *The Practice of Everyday Life*. Berkeley: University of California Press.
- Farely, T. M. M., and E. M. Baisey
1998 The Prevalence of an Etiology of Infertility. Proceedings, African Population Conference, November 28, 1988, Dakar, Senegal.
- Francis, A. C., W. Waring, P. Stavropolous, and J. Kirby
2003 *Gender Studies: Terms and Debates*. Hampshire, UK: Palgrave Macmillan.
- Haq, M. E.
1976 *History of Sufism in Bengal*. Dhaka: The Asiatic Society of Bangladesh. Dhaka: The Asiatic Society of Bangladesh.
- Inhorn, M.
1994 *Quest for Conception: Gender, Infertility, and Egyptian Medical Traditions*. Philadelphia: University of Pennsylvania Press.
- Koster, W.
2003 *Secret Strategies: Women and Abortion in Yoruba Society, Nigeria*. Amsterdam: Aksant.
- Kreager, P., and E. Schröder-Butterfill, eds.
2004 *Ageing without Children: European and Asian Perspectives*. Oxford: Berghahn Books.
- Lock, M., and P. A. Kaufert
1998 *Pragmatic Women and Body Politics*. Cambridge: Cambridge University Press.
- Nahar, P.
2007 *Childless in Bangladesh : Suffering and Resilience among Rural and Urban Women*. Ph.D. dissertation, Faculty of Social and Behavioral Sciences, University of Amsterdam.
2010 Health Seeking Behavior of Childless Women in Bangladesh: An Ethnographic Exploration. *Special Issue Social Science and Medicine* 71:1780–1787.
2012a Link between Infertility and Poverty: Evidence from Bangladesh. *Human Fertility* 15:18–26.
2012b “Invisible Women in Bangladesh”: Stakeholders’ Views on Infertility Services. Facts, Views & Vision in Issues in Obstetrics, Gynecology and Reproductive Health 4:149–156.
- N.d. *Childlessness in Bangladesh: Women’s Experiences of Access to Biomedical Services for Infertility*. Forthcoming in *Accessing Assisted Reproductive Technologies: Issues of Culture and Diversity* (working title), eds. R. Simpson and K. Hamshire. Oxford: Berghahn.

- Nahar, P., and A. Richters
2011 Suffering of Childless Women in Bangladesh: The Intersection of Social Identities of Gender and Class. *Anthropology and Medicine* 18:327–338.
- Naved, R. T., and N. Akhtar
2008 Spousal Violence against Women and Suicidal Ideation in Bangladesh. *Women's Health Issues* 18:442–452.s
- Niehof, A.
2008 Introduction: Dimensions of Resilience in a Context of Health-related Adversity. *Medische Antropologie* 20:217–226.
- Niehof, A., and S. van der Geest, eds.
2008 Resilience and Health-related Adversity. Special Issue *Medische Antropologie* 20:217–311.
- Ortner, S. B.
1995 Resistance and the Problem of Ethnographic Refusal. *Comparative Studies in Society and History* 37:173–193.
- Riessman, C. K.
2000 Stigma and Everyday Resistance Practices: Childless Women in South India. *Gender and Society* 14:111–135.
- Scheper-Hughes, N.
1992 *Death without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press.
- Scott, J. C.
1985 *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Heaven: Yale University Press.
- Todorova, I. L. G., and T. Kotzeva
2003 Social Discourse, Women's Resistive Voices: Facing Involuntary Childlessness in Bulgaria. *Women's Studies International Forum* 26:139–151.
- Vaessen, M.
1984 *Childlessness and Infecundity*. WFS Comparative Studies, Series 31. Voorburg, The Netherlands: Cross National Summaries.
- Van den Borne, F.
2005 *Trying to Survive in Times of Poverty and AIDS: Women and Multiple Partner Sex in Malawi*. Amsterdam: Het Spinhuis.
- Weeks, K.
1998 *Constituting Feminist Subjects*. Ithaca: Cornell University Press.
- Zaman, S., and P. Nahar
2011 Searching for a Lost Cow: Ethical Dilemmas of Doing Medical Anthropological Research in Bangladesh. *Medische Antropologie* 23:153–163.