

SOTANG : सोताङ

[Yearly Peer Reviewed Journal]

ISSN: 2676-1440

Year 7, Volume 7, Issue 1, December 2025

Published by Sotang Public Campus

Women's Experiences of Infertility: Self and Socially Constructed Identities

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Article History : Submitted 16 Jan. 2025; Reviewed 13 Feb. 2025; Accepted 25 March 2025

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DOI: <https://doi.org/10.3126/sotang.v7i01.89334>

Abstract

Infertility is a significant issue affecting women's reproductive health and their personal and social identity formation. This paper explores the influence of social constructs on women's experiences of infertility-related identities. Using a phenomenological research design, the study engaged three women who have lived with infertility for over a decade. Data were collected through in-depth interviews and analyzed thematically. The finding indicates that infertility can cause significant emotional strain, including feelings of inadequacy, self-doubt, and social isolation. This paper revealed that there is a strong connection between womanhood and motherhood in Nepali society, with childless women often stigmatized as *Banjhi*, resulting in their marginalization. This paper concludes that infertility significantly affects women's identities, leading to increased emotional distress and isolation due to the disruption of social structures. This conclusion helps to advocate

for societal attitudes towards infertile women, emphasizing that their identity should not be solely determined by their child-bearing capacity.

Keywords: Infertility, women's reproductive health, emotional stress, social identity, lived experience

Introduction

Infertility is a medical or biological condition affecting a woman. Pregnancy is a condition where a woman cannot conceive after one year of unprotected sexual intercourse, or after six months if she is over 35 years old (WHO, 2024). The experience of childbirth is deeply emotional and socially constructed, significantly influencing women's self-identity and their perceived role within society (Tiu, et. al., 2018). In developing countries like Nepal, where womanhood is closely linked to motherhood, the inability to conceive can have significant personal and social implications. For women navigating this experience, infertility is not only a private struggle but also a public identity marked by stigma, silence, and marginalization (Whiteford, & Gonzalez, 1995; Adhikari, et. al., 2021). The World Health Organization (WHO) has estimated that infertility affects millions of people, significantly impacting their families and communities in 2024. Around one in six people of reproductive age worldwide experience infertility in their lifetime, according to an estimate, it was 1 in 5 women between 15 and 49 years old in the United States (Care at Cleveland Clinic, 2023).

Infertility is often defined as, the inability to establish a pregnancy within a specific period of time, usually more than one year, among couples of reproductive ages, who are having sexual intercourse without contraception (Tabong, & Adongo, 2013). Infertility is not only a medical condition affecting the human reproductive system but also a significant social issue that can cause considerable emotional and psychological distress. While health professionals often frame infertility as a medical condition with psychological consequences, this perspective tends to overlook its broader socio-cultural dimensions (Greil, 1991; Becker, 2000). Gillespie (2001) claims that fertility and womanhood are shaped by social constructions, emphasizing the need to understand reproductive choices within a postmodern context. Tiu et al. (2018) explore the profound psychological and social effects of infertility on women, including emotional distress, strained relationships, and diminished self-worth, emphasizing the necessity for comprehensive support systems. Infertility carries profound emotional, relational, and social implications, affecting not only the individuals involved but also their families and communities (Ulrich, & Weatherall, 2000). As noted by Tiu et al. (2018), the emotional burden of infertility frequently causes deep distress for couples and contributes to wider societal tensions, especially in cultures where parenthood is closely linked to social identity and fulfillment.

Infertility has a profound influence on both the psychological and social well-being of women. Its psychological consequences are closely linked to marital life, often leading to a range of emotional challenges such as sadness, anxiety, loneliness, hopelessness, regret, fatigue, grief, and a deep sense of inadequacy in life. Inhorn (2003) examines infertility in non-Western contexts like Egypt, analyzing how global inequalities and cultural beliefs influence the experience and access to new reproductive technologies. Becker's (2000) study explores the intricate interplay of infertility, identity, culture, and emerging reproductive technologies, showing how individuals navigate medical, emotional, and societal aspects of parenthood. The pain and sense of loss that accompany infertility have profound psychological consequences, deeply affecting various aspects of a woman's life—including her behavior, marital and social relationships, as well as her economic and cultural standing (Ismail & Moussa, 2017).

In Nepal, the ability to bear children is widely seen as a defining aspect of womanhood; women who are unable to conceive are often labeled with stigmatizing terms such as (*banjopan*) are consequently denied social, cultural, and economic rights—facing heightened risks of discrimination and violence from both their families and the broader society (WOREC, 2021). Infertile women often face a significant emotional burden, including increased stress, anxiety, and depression, compared to those without fertility issues (Regmi et al., 2024).

In Nepal, the issue of infertility is largely overlooked, with national focus primarily on family planning, birth control, and awareness campaigns. Infertility affects 1 in 8 women, with over 8,000 seeking treatment in maternity hospitals, a number that continues to rise annually (Poudel, 2023). Meantime, 10-15% of married couples are experiencing reproductive complications, according to infertility care specialists, indicating a growing trend in reproductive issues across the country. Indeed, a survey conducted in eight districts of Nepal found that 132 out of 1,784 women of reproductive age—approximately 7%—are affected by infertility (A Reproductive Morbidity Report on Clinic-Based Survey, 2006). It shows that there is a lack of official data on infertility among men and women in Nepal, as the issue remains unaddressed in both the Nepal Demographic and Health Survey and the National Census.

Infertility-related psychological distress requires women to understand their social and family environment, as emotional abuse is a common form of domestic violence (Silwal & Thapa, 2020). In traditional societies like Nepal, infertility is influenced by social pressure, leading to violence, mental stress, discrimination, and property loss among childless couples (Adhikari et al., 2021). Couples desire children for property preservation, generational continuity, and support in old age, but Hindu tradition's belief in children's necessity for post-death activities causes stress in childless couples.

Infertility affects both men and women, yet cultural perceptions in Nepal predominantly place the blame on women, reinforcing deeply rooted gender biases. Despite growing recognition of infertility as a serious concern, it remains a social taboo—often resulting in neglect, emotional abuse, and psychological distress, particularly for women who are unfairly held responsible for the inability to conceive. In my social circles, the incidence of infertility appears to be increasing noticeably. My personal ten years of experience with infertility has offered me a deeper and more empathetic understanding of this complex issue. However, there is a significant gap in existing research regarding how infertile women in Nepal perceive their self-identity and how their identities are shaped by societal expectations. In contrast to this background, this paper explores the lived experiences of infertile women and examines how familial and socio-cultural dynamics influence the construction of infertility-related identity. Finally, this paper seeks to shed light on the realities faced by women struggling with infertility and to encourage more compassionate and informed social attitudes and behaviors toward them.

Materials and Methods

This paper is based on the interpretivist paradigm, which focuses on comprehending human experiences from the viewpoints of those who experience them. It seeks to explore the subjective meanings and social constructions that influence women's experiences of infertility. The interpretivist approach is used to understand the essence of infertility-related identity through contextualized narratives. This paper follows a qualitative phenomenological research design. Phenomenology is a field that investigates the experiences of individuals to understand the essence of a particular phenomenon (Creswell, 2013), such as infertility-related identity. This design enables a profound understanding of participants' narratives, emotions, and interpretations to comprehend how infertility influences their self-concept and is influenced by social expectations.

Participants were selected from a purposive sampling method based on their personal experiences with infertility. Three women who have been experiencing infertility-related issues for over ten years were intentionally selected by using a purposive sampling method. They were chosen on their personal experiences with infertility, such as a classmate and voluntary participant who has experienced 12 years of infertility; a close relative known to the researcher for over 30 years; and a long-time friend and former academic peer who has dealt with infertility for 15 years. The selection criterion was also based on accessibility and existing personal rapport with the researcher, ensuring open and in-depth sharing.

This paper utilized informal, unstructured, in-depth interviews to gather data, ensuring a comfortable and trusting environment for open dialogue. Participants were interviewed up to two times, either in person or via phone/WhatsApp, depending on

availability and convenience. The data collection process involved establishing rapport, conducting informal discussions, and using memory, transcription, and reflective note-taking after conversations, without audio recordings in some cases. This paper outlined objectives in each conversation, but participants were encouraged to freely share their experiences, fostering a sense of openness and new insights.

Thematic analysis, as proposed by Braun and Clarke (2006), was used to analyze the data. This involved a multi-step process, such as transcription of interviews, initial coding, and classification into six categories, resulting in two key themes: infertility-related self-identity and socially constructed infertility-related identity. The analysis focuses on the influence of infertility on personal self and social dimensions like stigma, expectations, and cultural discourse. Thematic analysis allowed for a systematic exploration of shared patterns among participants' narratives, while maintaining sensitivity to the uniqueness of each experience.

Results and Discussions

'Infertility-Related' Identity :

This paper explores the multifaceted ways in which infertility shapes women's identities, both on a personal level and within broader social and cultural frameworks. Infertility is a complex and personal issue that significantly influences an individual's sense of identity and self-perception. In socio-cultural contexts where motherhood is central, the inability to conceive can cause substantial personal distress, social stigma, and identity disruption for many women. In this paper, infertility-related identity refers to how individuals construct and reconstruct their sense of self amidst reproductive challenges, shaped by social interactions, norms, and expectations. This issue interplays between individual experiences, prevailing cultural narratives, and societal expectations, highlighting how women navigate these layered dynamics to make sense of their identities and lived realities.

Emotionally Incomplete: The Inner Turmoil of Childless Women

Infertility significantly impacts a woman's self-perception, often resulting in emotional emptiness and psychological fragmentation. In societies where motherhood is an important aspect of feminine identity, the inability to conceive can lead to a perceived loss of worth and purpose. This theme explores the influence of infertility on women's self-perception, highlighting the internal conflict, incompleteness, and self-doubt that shape their self-perception and external perception. The narratives of the participants reveal that infertility deeply undermines their sense of self-worth, leading to feelings of inferiority, weakness, and emotional vulnerability. Across the testimonies, a common thread emerges: the internalization of infertility as a personal failure and a challenge to their womanhood. The repeated use of words such as "weak," "incomplete," and

“unlucky” illustrates how infertility is not merely perceived as a biological issue, but as an identity crisis rooted in deeply held social and cultural expectations. One participant’s statement—“*Not being able to have children made me feel like I was failing as a woman*”—captures the profound psychological impact of infertility. It reflects how reproductive ability is closely linked to gender identity in patriarchal societies, where motherhood is often equated with womanhood itself. Another participant’s expression—“*I am weaker than other women; I feel incomplete in being a woman*”—suggests that infertility leads to a diminished sense of femininity and a loss of personal value.

Social perceptions further intensify this emotional burden. The statement—“*People look at me with pity because I don’t have kids. It makes me feel even weaker*”. This statement demonstrates how societal reactions reinforce internal feelings of inadequacy. In communities where producing children within the first few years of marriage is the norm, prolonged childlessness becomes a visible marker of ‘deviance,’ leading to shame and marginalization.

These narratives indicate that infertility is not only a private struggle but also a socially constructed identity crisis. Women’s emotional responses to infertility are shaped by cultural norms that define their worth through motherhood, making infertility a deeply stigmatized and isolating experience. Addressing these issues requires both psychological support for affected women and broader societal change that decouples female identity from the sole act of reproduction.

Infertility deeply disrupts women’s emotional well-being and mental health, often leading to heightened levels of anxiety, depression, and psychological distress. The participants’ reflections demonstrate that the emotional toll of infertility extends far beyond the physical inability to conceive; it creates a persistent inner turmoil marked by isolation, fear, and helplessness. Several participants described intense feelings of *loneliness* and a fear of an *uncertain future*, indicating a pervasive sense of instability and loss of control over their lives. One woman expressed, “*I did not feel like answering the phone because I could not handle the concerns and questions of my relatives... I would cry and scream in aloneness remembering such things.*” This quote captures the overwhelming pressure women feel from social expectations and the mental exhaustion of constantly justifying or hiding their infertility. It also reflects the common strategy of social withdrawal, which further deepens emotional isolation. Another participant’s statement—“*I used to cry, scream, and shout alone because of this infertility problem*”—reveals how the suffering is often endured in silence and solitude. The repetition of solitary emotional release emphasizes the lack of support and the internalized stigma associated with infertility. These expressions clearly point to the debilitating psychological impact, where infertility becomes not just a medical issue but a source of emotional breakdown.

Overall, the analysis shows that infertility is closely linked to serious emotional and psychological consequences. It affects women's mental health, leading to symptoms of depression, anxiety, and social avoidance. These findings highlight the urgent need for emotional support systems, counseling services, and awareness that addresses the psychological dimensions of infertility, moving beyond its traditional framing as merely a biological condition.

This paper reveals that infertility is not only causes emotional distress but also meaning affects women's social engagement and relationships. The participants' accounts illustrate how their deeply infertility-related experiences are embedded within social and cultural contexts, where motherhood is a central topic of conversation and celebration. Social and family gatherings, instead of offering comfort, often become painful reminders of childlessness.

A common sentiment among participants was a growing disinterest in attending social and familial events due to the emotional discomfort they cause. One participant shared, *“Even when blessings are given during festivals, they talk about children, and even when they talk about children, I don’t feel like participating.”* This quote highlights how cultural practices and conversations revolving around children and motherhood unintentionally exclude and emotionally wound women dealing with infertility. Such experiences lead to a sense of being pitied (*dayabhaw*), further intensifying their emotional vulnerability. The researcher has her own experience of relatives putting social pressure on her by asking questions related to infertility during family gatherings to celebrate Dashain. This also indicates an increase in disinterest in family and social participation.

Additionally, this paper reveals that childless women tend to avoid social interactions due to invasive and insensitive questions from relatives. Questions like *“Is there any good news?”* or *“What is the latest news about the child?”* become emotionally triggering, making women feel exposed, judged, and misunderstood. One participant clearly stated, *“I don’t like to stay in touch with relatives because I only get questions and advice about having a baby from them.”* This indicates that infertility forces women to withdraw from meaningful social connections, not by choice, but as a protective response to societal pressure and emotional discomfort.

These lived experiences of participants indicate that how their infertility leads to profound social isolation for women, as cultural pressures to become mothers transform everyday social interactions into experiences of pain and exclusion. Continual questioning and unsolicited advice from family and community members create emotional burdens, pushing women away from social connections. This paper emphasizes the urgent need for empathy, awareness, and supportive attitudes to foster inclusion and dignity for women dealing with infertility.

Religious Beliefs and Guilt

This section explores the relationship between religious beliefs and guilt in relation to infertility, highlighting its potential to cause inner conflict and social judgment. Religious beliefs expressively influence the perception and experience of infertility in various societies, including Nepal. Childlessness is often attributed to past sins, *karma*, or divine punishment, leading to a profound sense of guilt and moral failure in women. These beliefs not only exacerbate the emotional burden of infertility but also foster spiritual self-blame and social judgment. Women often feel guilty for being punished by a higher power, leading to feelings of shame, helplessness, and a diminished sense of worth. It shows the role of religious narratives in perpetuating the stigmatization of infertile women, thereby escalating their psychological distress.

The religious beliefs cultivate a profound sense of hope and expectation in childless women, leading them to place deep trust in divine intervention for the blessing of a child. Many believe that God fulfills human desires, and this faith becomes a spiritual coping mechanism in their struggle with infertility. One participant expressed, (*mero kokhama euta santan deu bhagwan bhanera bhakti ra bhakal gardai aadha jiwan bitaye.*) “*I have been praying to God for a long time in my life, saying, ‘God, please give me a child in my womb,’*” reflecting her emotional reliance on prayer. Another shared, “*If you are God, please give me a child,*” revealing the intensity of her faith and longing. Their expressions illustrate how women turn to God with unwavering hope, often seeking spiritual comfort and solutions in their journey through infertility.

Religious superstitions often lead women to internalize blame and view infertility as a result of past-life sins or personal misfortune. Many participants expressed feelings of guilt, believing they were “*unlucky*” or somehow responsible for their childlessness. One woman shared, “*I blame myself for thinking my luck is bad. If you are God, don’t make me look guilty in front of everyone,*” highlighting how such beliefs deepen emotional pain and public shame. Another participant tearfully questioned, “*Is it my fault that I am childless? Why is it only women to blame?*” These sentiments reveal how deeply ingrained religious and cultural narratives can contribute to psychological distress. The belief in *karma* and divine punishment reinforces self-blame and guilt, making infertility not only a physical issue but a moral and spiritual burden. This trend reflects how religious interpretations can shape the identities of childless women, often in harmful ways.

Religious beliefs play a dual and complex role in the lives of childless women, offering both emotional comfort and deepening feelings of guilt. On one hand, faith and spiritual practices provide a temporary sense of peace and mental relief. As one participant shared, “*I feel peace when I pray, and I try to control my mind,*” indicating that religious devotion serves as a coping mechanism amidst emotional distress. Many

women turn to prayer and worship as a source of inner calm during their struggle with infertility. However, this spiritual solace is often accompanied by guilt and self-blame. Another participant expressed, *“When I pray to God, I feel a little peace, but I ask God what sin I am being punished for?”* Such reflections reveal how religious faith simultaneously soothes and burdens, offering hope while also reinforcing the belief that infertility may be a punishment for past misdeeds. All the participants voiced stories of fasting for long times, performing *poojas*, visiting temples, and making vows to have children. They expressed that they had come to the conclusion that their childlessness might be result of some weakness in their previous life and had come to terms with it. This also shows how religious faith and belief play a dual role. Thus, religious belief emerges as both a refuge and a source of psychological conflict, reinforcing the emotional complexity and identity struggles faced by childless women.

These lived experiences explore the complex role of religious beliefs in the lives of childless women, showing how faith can offer them emotional comfort and a sense of peace, yet simultaneously cause feelings of guilt and self-blame. Religious beliefs thus have a dual effect, both supporting and challenging women’s psychological well-being and their sense of identity.

Socially Constructed Identity as an ‘Incapable and Banjhi’

In Nepalese society, infertility is not only a medical issue but also a social stigma that influences women's perception and labeling. Childless women are frequently labeled with derogatory terms like '*Banjhi*', meaning 'infertile', and socially constructed as 'incapable' or incomplete members of their communities. The socially imposed identity marginalizes women, questioning their value, worth, and role within family and society. This paper explores how labels and social judgments contribute to the emotional suffering and exclusion of women experiencing infertility, reinforcing negative stereotypes and limiting their social acceptance.

Infertility significantly shapes the socially constructed identity of women as 'incapable' and '*banjhi*' (infertile), closely linking their worth to their ability to bear children. Many participants shared that society labels women who cannot have children as 'incapable,' reducing their existence solely to their infertility. One participant revealed, *“At family gatherings, I was identified as an incapable woman who could not give them grandchildren. My entire existence was limited to my infertility,”* highlighting how deeply ingrained this perception is. Additionally, women face derogatory nicknames such as '*aputri*' and '*banjhi*.' Another participant recounted, *“My 90-year-old grandmother-in-law said, ‘seeing a banjhi aaimai is inauspicious,’”* reflecting traditional beliefs that childless women bring bad luck. These experiences illustrate that infertility is not just a medical condition but a social stigma, where instead of receiving empathy and support, women are often blamed and marginalized as 'incapable' and '*banjhi*.'

Infertility has made women victims of gender discrimination, as it is commonly assumed that women are solely at fault if a couple remains childless after three to five years of marriage. One participant shared, “*My husband blamed me and accused me of taking away happiness. My mother-in-law also pressured my husband to marry again,*” highlighting how women are often blamed for infertility. Similarly, another participant recounted, “*My mother-in-law says, 'There is nothing wrong with my children; all my daughters have had children. This son could have had children too, but marrying this girl will end our generation,*” reflecting the widespread social belief that childlessness is primarily a woman’s fault. Despite infertility being a shared issue, family and community members frequently place the entire burden on women. Another participant expressed, “*They kept telling me it was my fault and that my husband should find someone else.*” These statements illustrate the gendered perception of infertility as a woman’s problem, exposing cultural biases that reinforce stigma and discrimination. Such biases deepen women’s emotional suffering and social isolation, perpetuating injustice against childless women.

This information indicates how infertility disproportionately subjects women to gender discrimination, with societal and familial attitudes unfairly blaming women for childlessness. Despite infertility being a shared issue between partners, cultural biases stigmatize women as responsible, leading to emotional distress, social isolation, and pressure from family members. This reveals deep-rooted gender inequality embedded in perceptions of infertility.

Conclusion

This paper emphasizes the significant influence of infertility on women’s self-identity and the social meanings associated with it. Infertility meaningfully affects emotional well-being, psychological health, and social relationships, often causing feelings of guilt, incompleteness, and isolation. The social norm that associates womanhood solely with motherhood intensifies challenges, reinforcing gender-biased blame and stigma. Addressing these issues requires a shift in social attitudes that promote empathy, understanding, and support from families and communities. Establishing secure environments for open discussions about infertility can mitigate the occurrence of stigma and foster a culture of acceptance. Public discussions are crucial to challenge discriminatory perceptions and acknowledge women’s identities beyond motherhood. This paper concludes that infertility is a complex medical issue that requires recognition as a social concern, requiring compassion, respect, and equitable treatment.

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