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SILENCED VOICES: SOCIAL, CULTURAL AND PSYCHOLOGICAL MARGINALIZATION OF MARRIED WOMEN EXPERIENCING INFERTILITY IN SRI LANKA – A QUALITATIVE STUDY

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ABSTRACT

This study on gender marginalization of Sri Lankan married women due to infertility conducted to explore social and cultural marginalization of women's experience from their perspectives giving a platform to document their voices in this research. This study focuses on experiences encountered by the women with infertility within their family, society, circle of relatives specially drawing attention. Under psychosocial problems she encountered, this study specially attempts to draw a close attention to the above through social work discipline. It would be a novel experience to Sri Lankan society as well as the international knowledge production process and through this researcher take an attempt to study whether there are women who are being marginalized or accused by society for her status of infertility. The views of other parties in society regarding that matter and how it contributes towards developing identities of the women with infertility. As an unexplored phenomenon in social work research and practice in Sri Lanka, the researcher has employed the qualitative case study method to investigate women's infertility from their voice. This study is an in-depth exploration with using sampling. This research is able to find out how women suffer from infertility and how their rights have been deprived.

KEY WORDS: *Gender Marginalization, Infertility*

Introduction

The woman in the family institution in most societies around the world holds a critical position wherein children being her primary responsibility. From early centuries in the western world, such responsibilities were linked to religion for children were considered gifts from God. Children in antiquity assured labor towards maintaining sources of

sustenance, social security for aging parents. Matrimonial alliances were made within and outside clans, strengthening social strata, fulfilling such social and religious obligations while ensuring continuity of tribe's lineage. A barren woman was an outcast, both from institutions of family and society to the extent of breaking matrimonial alliances, shaming the woman, her family and even her clan. compounded by social cultural and religious beliefs, the woman remains alienated even from her own sex. evidence concerning labeling and woman barren or infertile were not based upon logical understanding, but on the evidence that she had not given birth to a child. It is disconcerting to observe such alienation still existing in modern society. Hence this study investigates her vulnerability through her narratives concerning infertility, consequences of relationship within matrimonial alliances and basically her life as an individual.

Background and Problem Statement

Despite improvements in reproductive healthcare and the availability of medical interventions, infertile women in Sri Lanka continue to face stigma that extends well beyond the boundaries of the healthcare system. Infertility is frequently perceived as a personal failing of the woman, even in well-documented cases where male-factor infertility is medically confirmed. Due to cultural norms that associate masculinity with virility, male infertility remains concealed or denied, while women are readily blamed for the absence of children.

The experiences of these women reveal a consistent pattern of social, emotional, and economic pressures. Many are compelled to undergo repeated medical procedures or to pursue traditional remedies, often at considerable financial cost. They face verbal abuse, subtle and overt accusations, and recurring reminders of their perceived inadequacy. Marital conflict frequently arises, particularly when husbands or in-laws internalize societal expectations and project frustrations onto women. Sexual relationships also suffer, becoming mechanical and emotionally disconnected due to the pressure to conceive within specific time frames.

The psychological consequences can be significant. Women describe diminished self-esteem, persistent sadness, social withdrawal, and the fear of losing their value within the marriage. The threat of a husband remarrying or the fear of separation remains a reality in many households. Meanwhile, infertile women are excluded from auspicious events such as baby showers, puberty ceremonies, and religious festivals, reinforcing their sense of alienation.

The problem, therefore, extends beyond medical infertility to encompass deeply rooted cultural beliefs and gendered power structures. Social workers, whose roles include addressing psychosocial wellbeing and advocating for vulnerable populations, seldom engage with infertility-related issues. The absence of infertility from mainstream social work practice underscores the need for research that foregrounds women's experiences and highlights the necessity of professional intervention.

This study therefore centers on the critical question: In what ways are Sri Lankan married women marginalized due to infertility?

Literature Review

Gender Marginalization

Gender marginalization refers to the systematic processes through which women are excluded, disadvantaged, or subordinated based on socially constructed gender roles. In many patriarchal societies, reproductive ability becomes a central measure of a woman's worth, reinforcing power imbalances within both marriage and family structures. The expectation that women should bear children remains closely linked to perceptions of femininity and marital success. Feminist scholars argue that such norms restrict women's autonomy and reduce their identities to reproductive functions.

Infertility in the Global Context

The World Health Organization defines infertility as the failure to achieve pregnancy after twelve months of regular unprotected intercourse. Globally, infertility affects approximately 8 to 12 percent of couples. However, its social meaning varies across cultural contexts. In Western societies, infertility often leads to emotional distress and medical consultation. In South Asian contexts, infertility carries additional social penalties including stigma, marital instability, and social exclusion. Women in these societies are more likely to internalize blame, face discrimination from in-laws, and experience pressure to pursue invasive or expensive treatments.

Causes of Infertility

Infertility may arise from female factors, male factors, a combination of both, or unexplained causes. Despite this complexity, cultural narratives in South Asia tend to attribute responsibility to women. Male infertility remains concealed due to stigma surrounding masculinity. Meanwhile, women are expected to comply with medical tests, invasive procedures, and traditional remedies. Limited access to accurate reproductive health information and persistent myths about fertility further complicate women's experiences.

Socio-Cultural Impact

In collectivist cultures where family continuity and lineage are central, infertile women experience significant social pressure. Many are excluded from rituals considered auspicious, such as naming ceremonies, baby showers, or blessings for pregnant women. They may also be viewed as inauspicious, unlucky, or spiritually tainted. Such beliefs reinforce a cycle in which women internalize negative perceptions of themselves, further affecting their emotional wellbeing.

Psychological Impact

The emotional toll of infertility is well documented across global research. Women often experience persistent anxiety, depression, feelings of isolation, guilt, shame, and identity crises. The pressure to conceive also disrupts marital intimacy, leading to emotional distance and sexual dissatisfaction. The constant societal reminders—ranging from questions about pregnancy to seeing other women with children—exacerbate psychological distress.

Feminist Perspectives

Feminist theory provides a critical lens for understanding infertility-related marginalization. Feminists argue that reproductive expectations are socially constructed and deeply connected to patriarchal systems that regulate women's bodies. In this view, infertility becomes a site where gender inequality is reproduced and maintained. It is not simply a personal or medical issue but a reflection of broader social hierarchies.

Research Gap

There is limited Sri Lankan research that examines infertility from a social work or feminist perspective. Existing studies tend to focus on medical or anthropological aspects, leaving significant gaps in understanding the psychosocial and gendered dimensions of infertility. This study therefore contributes to filling this gap by foregrounding women's voices and providing a socially grounded interpretation of their experiences.

Methodology

This study employed a qualitative case study design to explore the lived experiences and social marginalization of married women facing infertility in the Negombo Divisional Secretariat, Sri Lanka. A case study approach was selected to capture the depth, contextual influences, and complexity of infertility as a sensitive socio-cultural phenomenon.

The research setting, Negombo, was purposefully chosen for its multi-ethnic and multi-cultural composition, as well as its mix of urban and semi-urban communities, allowing for examination of infertility across diverse social contexts. The study population consisted of married women aged 30–40 years who had been infertile for at least five years. A purposive sampling strategy was used due to the confidential and sensitive nature of infertility, resulting in a sample of 10 women.

Primary data were collected through in-depth, semi-structured interviews guided by a general interview guide approach. Each participant engaged in multiple narrative interviews, enabling rich descriptions of personal, familial, and social experiences. Additional insights were obtained from key informant interviews with midwives, fertility doctors, and social service officers. Field notes supplemented interview data. Secondary data from books, journals, and previous studies supported contextual and conceptual understanding.

Data analysis was conducted using thematic analysis following Braun and Clarke's framework. This method facilitated systematic identification of patterns and themes within participants' narratives. Ethical considerations—including informed consent, confidentiality, and sensitivity to emotional well-being were strictly observed throughout the study.

Research findings- results and Discussions

Theme: Medical and Treatment-Seeking Pathways

The narratives of the ten women reveal that medical and treatment-seeking behaviors form the earliest and most sustained set of coping strategies in the trajectory of infertility. The beginning of this pathway is often marked by a sense of urgency—many participants reported an immediate desire to conceive after marriage, reflecting dominant socio-cultural expectations that equate early conception with marital stability and female worth. The accounts of Nadeeka, Disna, Ama, Faiza, and Nazreen highlight this shared anticipation. Their stories also demonstrate that treatment seeking is rarely linear; rather, it involves cycles of hope, disappointment, temporary relief, and repeated attempts.

A significant finding emerging from the narratives is that *biomedical intervention is almost always the first point of engagement*. Participants undergo fertility assessments such as laparoscopic examinations, dye tests, ovulation monitoring, and sperm analysis. Medical consultations serve a dual purpose: they provide scientific explanations for infertility, and they function as a source of psychological reassurance. When physicians affirm that participants are "healthy" or "not at fault," it temporarily alleviates internalized guilt—although this relief is often short-lived when conception does not occur. The stories of Nadeeka, Jinadari, and Ama reflect the emotional dependence placed on medical validation.

Another key pattern is the transition from Western medicine to alternative systems when biomedical treatments fail to produce results. Ayurvedic medicine emerges as a culturally familiar and accessible option, even though many women express aversion to its taste, intensity, and required discipline. Participants such as Shereen, Nadeeka, and Disna engaged in multiple rounds of traditional treatment, despite acknowledging the physical discomfort and emotional exhaustion associated with these regimens. This shift suggests that treatment seeking is shaped not only by medical logic but also by cultural beliefs, familial pressure, and the symbolic value attached to demonstrating effort.

Male participation—or the lack thereof—also plays a central role in the treatment-seeking process. Several women reveal that despite medical advice requiring examinations of both partners, husbands or in-laws resist this recommendation, reinforcing gender-based assumptions that the burden of infertility rests solely with the woman. Faiza's narrative powerfully illustrates this dynamic; her inability to obtain treatment was directly linked to her mother-in-law's refusal to allow her husband's participation. In contrast, husbands like those of Nadeeka and Shereen display supportive

behaviors by undergoing parallel treatment or accompanying their wives, highlighting variations in gendered expectations across families.

Financial constraints further complicate access to treatment. Women such as Darsha and Pradeepa describe their inability to pursue costly medical interventions, while others discontinue treatments due to unsustainable expenses. The repeated cycles of financial investment and emotional loss contribute to the psychopathology of infertility, including anxiety, diminished self-worth, and chronic uncertainty.

Overall, the treatment-seeking pathway reveals a complex interplay between medical systems, cultural beliefs, gender relations, and socioeconomic factors. It underscores that infertility in the Sri Lankan context is not merely a clinical condition—it is embedded within social expectations, moral judgments, and power structures that shape how women navigate their reproductive journeys.

2. Theme: Religious Beliefs, Karmic Interpretations, and Spiritual Coping

Religious belief emerges as one of the most powerful interpretive frameworks through which the participants make sense of infertility. Across Christian, Buddhist, Hindu, and Islamic backgrounds, spirituality functions both as an explanatory model and as a coping mechanism. For many women, infertility is not viewed solely as a biomedical issue but as a morally or cosmically infused condition that reflects divine will, karmic consequences, or fate. This belief system significantly shapes their identities, emotional responses, and decision-making processes throughout their infertility journey.

A notable pattern within the narratives is the conviction that conception is a blessing granted by a higher power. Respondents such as Nadeeka, Shereen, Jinadari, Faiza, and Nazreen frequently articulate the view that pregnancy depends on God's timing or Allah's desire. This notion of divine sovereignty allows women to sustain hope despite repeated medical failures. At the same time, it may also discourage continuous medical engagement, as individuals become resigned to divine will. This duality reflects the ambivalent role of religion—providing spiritual comfort while potentially limiting proactive health-seeking behaviors.

In the Buddhist narratives, particularly those of Ama, karmic ideology plays a central role. Ama interprets her infertility as a result of misdeeds from past lives, reflecting a deeply rooted cultural narrative that connects physical suffering with moral causality. Her engagement in meritorious acts—donating goods, helping mothers in maternity wards, and supporting children—reflects a form of spiritual negotiation. These acts are attempts to cultivate positive karma, alleviate suffering, and regain a sense of moral equilibrium. Buddhism's emphasis on the cyclical nature of birth, suffering, and rebirth creates a philosophical framework through which women can attribute meaning to infertility, decreasing existential anxiety.

Vows and religious rituals represent another significant component of spiritual coping. Many women describe traveling to temples, churches, kovils, and mosques to perform rituals, offer prayers, and invoke blessings. These acts serve multiple functions: they provide emotional solace, allow women to demonstrate commitment and moral purity, and signal to their families and communities that they are actively addressing the issue. In contexts where women are accused of not doing enough, these rituals become a form of self-defense, illustrating their effort to resolve a condition over which they have limited biological control.

Religious coping also establishes social belonging and continuity. By participating in widely recognized rituals—Bodhi puja, offerings, vows, lighting candles, or visiting sacred sites—women reaffirm their connection to their faith communities. This sense of belonging can mitigate feelings of isolation, especially for those who face familial rejection or social stigma. However, it can also increase pressure; fulfilling vows sometimes becomes an emotional burden, as failure to conceive may be interpreted as a sign of divine displeasure.

The intersection of religion and gender is particularly significant. In some cases, religious interpretations intensify women's self-blame. For example, women who believe infertility stems from karmic guilt may internalize responsibility for the condition, increasing psychological distress. Conversely, religious faith also offers resilience. Women like Nadeeka and Shereen express profound emotional strength derived from prayer and the belief that divine compassion will eventually bring peace, whether or not a child is conceived.

Importantly, while religious belief offers comfort, it does not necessarily eradicate sorrow. Many participants experience ongoing grief, yet religion provides a form of emotional scaffolding that allows them to endure suffering without losing hope. In this sense, spiritual coping is both a protective factor and a source of ongoing emotional tension.

Overall, this theme reveals that religious and karmic interpretations of infertility are deeply embedded in the Sri Lankan cultural context. These beliefs shape women's emotional experiences, coping patterns, treatment-seeking behaviors, and interactions with family and community. Spirituality functions as both a lens for understanding infertility and a vital tool for psychological survival in the face of profound social and personal adversity.

4. Theme: Emotional Burden, Loneliness, and Identity

The emotional landscape of infertility among the participants is characterized by a profound sense of grief, internal conflict, and chronic psychological tension. While the women in the study navigate multiple layers of social, religious, and medical pressure,

the most pervasive and enduring impact of infertility is on their emotional well-being and their sense of identity as women, wives, and social beings. Their narratives reveal that infertility is not merely an absence of biological motherhood, but a deeply felt rupture in expected life trajectories, cultural identities, and intimate aspirations.

Across all narratives, **loneliness** emerges as a central emotional theme. Many women, particularly Shereen, Nadeeka, and Ama, articulate a persistent internal emptiness stemming from the absence of a child. This loneliness is both emotional and social. Women experience silence in their homes—no child's laughter, no daily caregiving routines—and simultaneously confront social isolation as they withdraw from gatherings where children or pregnancies are frequently discussed. The statement, *"I feel lonely even without the noise of a small one,"* encapsulates the depth of this loss. Loneliness thus becomes a daily reminder of unfulfilled desires and the social roles they have been unable to occupy.

The emotional burden is magnified by the **constant cyclical hope and disappointment** that accompanies each delayed menstrual cycle, medical consultation, prayer ritual, or vow. Women live in a state of perpetual anticipation, believing each new cycle, treatment, or religious act may finally yield the long-awaited child. This repetitive emotional investment—followed by repeated grief—creates a chronic state of psychological vulnerability. Many participants describe crying in private, suppressing emotions around others, and concealing their sorrow even from spouses to avoid causing distress.

Don't confront face to face auspicious days

Except for Jinadari, Lasanthi and Darsha all the other responders of the research mentioned that they are subjected to criticisms and accusations because of their infertility problem at most of the places such as work places, relations houses and among friends and neighbors. They expressed the extent of mental sufferings they undergo with the experience of the association with the above mentioned places and parties.

Nadeeka said that her childless situation has become a serious problem for her friends, relations and neighbors. She told that they are inquiring about it constantly and making sarcastic remarks at her. They are always trying to create mental sufferings in her mind but not with only sympathetic intentions. None of them are trying to advise her or to console her. ***"When my relations come, their main topic is about my problem. They purposely take it up to hurt me with distresses feelings. "One day one of my aunties came to our house and said to the face that there is no any comeliness in this house, how can there be any gracefulness without a child in the house".*** Nadeeka said that she is avoiding such situations patiently and tracticfully. Nadeeka further said that it is not purposeful in discussing on this point at length and the only result will be creating more and more pain of mind. ***"I normally don't comment on any of such talks because I***

don't like to prolong them, I use to keep silent or leave the place. Sometimes I start a discussion on some other point".

Nadeeka and Disna said that they get annoyed when others are trying to give medical advice for my childless situation. Disna said ***"Some are coming to advise me how to take medicine and whom to consult. I hate such people because such talks are irritating my mind".*** Disna is not satisfied about the remarks of others. She is sick of them. She says that some people are coming to direct me to doctors. "***Although I don't like their behavior, I had to keep silent because I cannot lose my relations"***. She said with a smiling face that she is able to tolerate any blames, reproaches and disrespects of relations with patience.

Nadeeka said that relations are coming with the guise of helping her to put her into difficulties and be happy. She knows their intentions very well. She explained it as follows. ***"When teachers have to stay after school, other teachers don't like to stay, but I always agree to stay. Others use to make sarcastic remarks at me saying that even if I go home there is nobody to pacify at home and they go home leaving me alone to face the task".***

Nadeeka and Disna have not faced any sufferings from neighbors. Nadeeka said that neighbors don't inquire about her problem because she doesn't associate them much. Disna also said that although relations are trying to put her into difficulty, that there are no such problems from the neighbors. She said that people in towns are not so inquisitive like in villages and the other thing is that everybody knows that I got married at an elderly age.

Shereen said that she doesn't go to her native place because relations use to inquire about her problem which really is a distress on her. Her husband also doesn't encourage her as he also knows about previous experiences. She said that even for Christmas she doesn't stay there, she returns the same day and that there are no any friends there as she is away from her native village for the last twenty years after marriage. Shereen explained her bitter experiences as follows. ***"When I am sweeping the compound every morning, a women staying close by is in the habit of stopping near the gate and spitting out looking at me. It is a remark that I cannot forget or tolerate. But later I got used to it. Now I don't care, I carry on with my work as usual".*** She said that she can keep away from the society as she doesn't do a job. She is happy that there are no much people inquiring about her infertility.

"Feel Lonely even without a Noise of a Small One"

All the responders who participated in the research mentioned that childlessness is the most sorrowful event and the failure they have encountered in their life. They said that although they could overcome all the other defaults and deficiencies in life with intense devotion and strong effort, childlessness is not a shortcoming that could be overpowered or subdued and as such they are dejected and despondent over this undesirable issue.

Shereen told the researcher that she had an ideal aspiration of a rejoicing dream of enjoying a fulfilled family in the future. She told that she had a dream of becoming a loving matter to an affectionate child. ***"From my small days, I had a dream of having a perfect family. During my very small days, I lost my mother. I was brought up without the affection of a mother. Therefore my ambition was to become a devoted mother to a fondly child".*** These words she uttered with a great pain of mind.

Shereen and Nadeeka were in the habit of looking after the children of the brothers of their husbands as a solution to overcome their loneliness. Although they enjoyed with them, they had to face an unfortunate situation. Shereen said that she treat the children of her husband's brother's children as if they are her own children. She said during the discussion that she can overcome the loneliness of her childlessness by association her husband's brother's children. "***Bhanuka treated his brother's children as his own children. Always he used to buy toys for them. We used to take them for outings. They are also very fond of us. I also used to prepare whatever eatables that they fond of eating".***

Nadeeka told that when she sees her husband's brother's children, she feels her loneliness much more than ever. When those children are playing with their parents she said that she cannot bear up her pain of mind about herself. But she treats them as her own children. However, she feels that they are not her own children and some day they will depart from her. She expressed her pain of mind in the following manner. ***"One day we all went to the beach. Those children were playing with their parents. They were running about happily in the beach. At that moment, I was sympathizing about myself thinking that I will not enjoy such happiness in my life. I thought even though I love them so much, they are not my own children. I was feeling so sorry on that day. I wanted to get away from that place. I complained of a headache and come the vehicle and was crying for a long time".***

Shereen told the researcher that although she made use of so many ways of preservation strategies, she could not get away from the pain and loneliness of childlessness. She also said that she feels sorry about it but as the time passes she has got familiar with the grief. She finally uttered the following words emotionally. "***Whatever remedies we follow to get over, this solitude cannot be waved off by any type of solution. Sometimes I use to lament inside the room without anybody to tell my grief".***

Jinadaree, Ama and Disna told that they are capable of forgetting about their being lonely of childlessness became of their busy daily routine of work. Ama said, ***"Why should I tell lies. I always think of a baby but I do not want to show itgiding it from others".*** During the discussion she told that the life is not sentimentally satisfied without a child and that there is no use of any savings also without a child. She is downhearted that there is nobody to be endowed with whatever savings or and assets in the future. ***"Only thing we can do is to save money in banks and die at the end without making any use by anybody. Efforts to earn money areuseless in a way without a child".***

Ama has faced a lot of difficulties being childless. She feels that because of her childlessness, she is confronted with a lot of unpleasant emotional sentiments more than any others.

Jinadaree was in the initial stage of consoling herself from being childless when she participated in the research. She said that although she had an extreme liking for a child at the beginning, she was able to sub press that inclination with the passage of time. ***"At the beginning, I had a great linking for a child. But I don't know why that affection has disappeared by now. Actually, I don't have any loneliness or any mood of desolation; it may be the reason that I am spending a busy day to day routine which helps me to forget about the loneliness".*** She also says ***"Both of us are busy bodies in respect our day to day routine of work. He is going for work and I am managing all the matters related to the home front. I prepare all the delicious dishes that he likes. As I am busy, at home, I don't feel any loneliness. I don't have time to think about it. Sometimes, I may feel lonely if Janaka departs me but not now".***

Dishna began her story. ***"House is filled up when a child is there. I feel lonely very much being without a child. I always engage myself in whatever work at so that I don't feel any loneliness".***

Dharsha started the discussion saying ***"Now it's about 10 years of our marriage life. I like to have a child very much. But I don't think about it and repent because we have many more things to think about".*** She said that she has no time to think about any other problems.

Faiza told the researcher that she is highly disconsolate about her childlessness. It is further painful when she is alone now after the marriage has also shattered.

Nazreen is not feeling sad about her childlessness but she is highly confident that she will be blessed with a child at any moment.

Lasanthi is not feeling sad at all about her childlessness. She has adopted a daughter but never expects a child of her own.

Pradeepa is another woman who has the experience of sufferings about her infertility. She says that everybody is asking about her barrenness. ***"Relations always inquire about a child whom I hate to answer".*** She said that she had to undergo a lot of pains of mind without a child and that now she says that her strength of tolerance has become more courage and powerful with the experience of answering the inquiries of friends and relations continuously. ***"When I visit anybody, their first question is about a child. They say that blessing with a child is a fortune".*** Finally she revealed the actual fact to the relations. She said that there is a fault with Vije and he is talking treatment but they did not believe it. They said that there are no such drawbacks in their generation and that I was trying to hide my short comings. She said that she has been labled as a barren woman among husband's relations with great disregard and disrepute. ***"Once Vijemet***

with an accident and injured his leg. It was not a serious injury but they said that I came without a dowry and that such unfortunate things happen because of my barrenness". Pradeepawas so unhappythat she has to undergo a lot of disgrace from relations because she has no child. ***"Once when vije's relations daughter attained age, I was not allowed to go into her room. Her grandmother said that it will affect her future life too. That was the day I was hurt to the maximum on this problem".***

Ama explained about her bitter experiences in detail about her problem. ***"I have reduced going to my native village as I am unable to answer the questions of relations. Once when I was trying to console a child who was crying, the brother said how a barren woman can console a child. It should be a mother who can do it. I was so disheartened on this incident"***. She said that she has minimized associating about a child. So ***"I don't have a positive reply to give. Therefore I don't even contact them over the phone as I become helpless in answering the"***.

Nazreen said that she doesn't like anybody coming to her place women come and explain about the children or pregnancies of their daughters in law. But Jinadari was happy that none of her friends or relations had inquired from her about her problem.

Fiza also told that nobody had inquired about her problem because she is confined to the house and doesn't go out. But her relations who come home have condemned her with serious ill feelings about her problem. She said that she was so hurt about their behaviors.

Lasanthi said that she did not have any pressure from her workplace or at any other place because she had a daughter.

Darsha said that she did not have any problem about her infertility. I don't know whether they are laughing at me when I am not there. None of my neighbors too have inquired

A newly married couple in Sri Lankan social context is unable to decide on their own about when to have a child based on their needs and preferences. The traditional social expectation is that a woman should get pregnant within the first year of their marriage. Woman who failed to fulfill the social expectations are subject to disrespect by relatives as well as by their husbands. In the third world social contexts, such as Sri Lanka, woman who are unable to conceive suffer from severe mental depression. According to Guptha such woman is unacceptable to some cultures. Further, at present in some communities' infertility has become a reason for divorce (Hadaragama, 2012; 88) This situation is shared by the Sri Lankan society as well. Usually, close relatives and elders of an infertile couple become more concerned about the issue than the couple themselves. In Nadeeka's case her parents were most concerned she was not pregnant even after two years into her marriage and the parents forced the couple to consult a doctor. Accordingly in general, married couples in Sri Lankan society should have babies in such a manner that social expectations are met in time.

Gender refers to a condition which culturally and socially contracted statues through in socialization process. Thus gender contains a vast meaning than sex of a person. Role of men and woman in a society is defined by the gender. In eastern cultures role of a male has a higher status than the role of his female counterpart. The particular societies has put woman under the male domination. British psychoanalyst and socialist feminist Juliat Michel has defined the term patriarchy as a symbolical power enjoyed by males in marriage and other social institutions. According to Michel the "symbolical power" has ceased the women so they think males are above them and married women should function under the husband. In such a social context male infertility is virtually nonexistent. Case study on Faiza revealed that her mother in law did not allow Faiza to go for infertility treatment after she learnt that both Faiza and her husband should attend the treatment. It seems that in patriarchal society's woman them self's lending to safe guard males from such situations due to fear and many other reasons.

The influence of patriarchy, lack of education as well as limited knowledge in maternity health has been contributing factors for lack of treatment seeking behavior in fertility related problems. In Nazreen's case her mother in laws attitude prevent her enrolling for treatment, while she personally wanted it. Her mother in law believed that infertility does not require treatment and feared her son's position would be weaker by seeking treatment for infertility. Both Nazreen and Faiza have been heavily controlled by their respective mother in laws who upheld the values of patriarchy. Garda learner and Uma Chakrawarthi explain 'patriarchy' as a system that provides some concessions and privileges to obedient women. Thus women prefer to be timid and enjoy privileges associated with it. Thus process paves the way to continue the system without interruption.

Socialist feminist say that in patriarchal societies all members of a family is ruled by the male head and woman (wife) considered as a mere sexual instrument. She was there to satisfy the husband and to see his needs. They say, women have low power and value within the family. In this research also it is revealed the deprivation of the independency and power of the women within the family. Majority of participants had not been blamed by their husband due to infertility. Therefore they had been secured in the family with the protection of the husband. But Pradeepa and Faiza who had not received the protection of the husband had deprived the secure of the family. They had been vehemently harass by the members of the family. Participants who had received security of the husband had known secure to them within the society. Accordingly it could be said that women has no ability to be stand as independent. However even if she get only the protection of husband, she will be secured, again it will lead to dependency.

Socialist feminist emphasizes the patriarchal domination within the family and resulting pressure in the woman. Under the patriarchal system woman should live according to the likes of male and under his control. This is a great injustice for woman (manurathna, 2004; 53). Within a patriarchal system relatives of the husband's side gain more power

over the wife. This study reveals that they uses their power to further dominate her. All subjects of this study have been pressurized by the relatives of the husband's family. Cases of Ama, Shereen, Pradeepa, Faiza and Nazreen disclose the pain they have been going through due to above situation.

People in eastern cultures, including Sri Lanka believed in auspicious symbols for centuries. Evidence for such believes is available in Sri Lankan literature such as salalihini sandeshaya. Infertile woman considered as an inauspicious symbol in Sri Lankan culture. Similarly, fertile woman was an auspicious symbol. Obviously such belief has no logical or scientific base for them. Even though scientific and technical knowledge is wide spread in urban societies, people still following traditional believes values and social attitudes. The case study on pradeepa is a good example for such practices. Infertile woman are marginalized in the society and they are not incorporated in auspicious activities or rituals such as arms giving for mothers (kiri dana). As mentioned earlier, here also male infertility is not considered and woman becomes the victim even though she may fertile.

Study subjects such as Nadeeka, Faiza, Jinadari, Disna , Nazreen and Lasanthi mentioned that they were not blamed by neighbors for their infertility. However further interviews with the subjects revealed that they (subjects) didn't mix with neighbors and had hidden lives. The subjects were afraid of questioning by neighbors about their infertility and lived low profile lives in the society. The lived under tremendous mental agony and their personal freedom was limited.

After marriage, life of a woman is a much more different affair than her life as a young girl. The freedom she enjoyed as a young girl become limited with new responsibilities come in to play. She has to adapt to new living environment, her husband's needs and the other members of the house hold. Further she is expected to live accordingly rest of her life. Individuals find it difficult to adapt in to new situations. A woman comes under immense pressure after marriage in the process of adopting in to her new role and new family setting. Usually a woman takes a considerable time period for it. Most woman fear a conceiving a baby before she is comfortable enough within the new family. They presume that early pregnancy further limits their freedom and happiness. Analysis of responses of Jinadari, Dharsha , Shereen and Pradeepa the subjects included in this case study shows that they feared to get pregnant just after the marriage. They were not mentally prepared for it and have taken some time for the pregnancy. The study finds that Jinadaree has been very particular about her happiness, personal freedom, security and health. Responses' including her disagreement for a tube baby reveals that a child is not a compulsory item to her married life. Furthermore underneath, she has a happy feeling about the freedom she enjoying now.

Conclusion

The findings of this study reveal that the dominant social attitude in Sri Lanka continues to equate womanhood with motherhood, sustaining the deeply ingrained belief that every married woman should bear a child to fulfill her role within the family. As a result, infertility is commonly interpreted as the woman's personal failure and responsibility, regardless of medical evidence indicating male-factor or combined infertility. This cultural narrative places the burden entirely on women and often exposes them to accusations, suspicion, and subtle or overt forms of blame. Within the Sri Lankan social context, infertility is not merely viewed as a personal or medical issue; rather, it is treated as an unfulfilled social obligation. Interestingly, the emotional weight of this unfulfilled expectation is often carried not by the couple themselves but by their extended families, neighbors, and social networks, who exert persistent pressure on the woman and shape the couple's experience of infertility through intrusive inquiries and judgmental behavior.

Many women in this study described being subjected to constant questioning disguised as care or concern. These interactions, though outwardly framed as supportive, often had the effect of increasing stress, diminishing self-esteem, and reinforcing their sense of marginalization. A recurring observation was that women are frequently harassed not only by men but also by other women—particularly mothers-in-law, sisters-in-law, and female neighbors—illustrating how patriarchal norms become internalized by women themselves. In a society where patriarchal values remain embedded in everyday life, women sometimes perpetuate the belief that female identity is inferior and dependent on fulfilling reproductive expectations. Consequently, the "policing" of women's fertility is often carried out by women within the family or community, creating cycles of internalized oppression.

Despite Sri Lanka's advancements in medical technology and the availability of fertility treatments, women face significant challenges in accessing medical care due to family attitudes, myths, and fears surrounding infertility. Several participants indicated that husbands or male partners resisted medical intervention because they feared that medical evaluation might expose their own infertility. As a result, men often created obstacles to their wives' treatment, insisting that the problem lay with the woman and avoiding medical testing themselves. This resistance reflects a broader societal unwillingness to confront the possibility of male infertility and perpetuates the view that infertility is exclusively a woman's issue.

Traditional beliefs, rituals, and cultural attitudes further exacerbate women's suffering. Infertile women are frequently labeled as inauspicious, resulting in exclusion from joyous or auspicious family events. The practice of excluding childless women from rituals not only marginalizes them socially but also reinforces internalized feelings of inferiority and self-doubt. Stigmatizing labels become powerful social tools used to marginalize infertile women, often weaponized by women themselves within the community to assert their own status and diminish that of others.

The study ultimately concludes that infertility represents a significant gendered social problem. Within this context, women who cannot conceive are denied autonomy, dignity, and the ability to act as independent, confident individuals. They frequently become economically and emotionally dependent on their husbands as a form of social security, thereby reinforcing gendered power imbalances. These dynamics illustrate how gender marginalization is deeply embedded in the social fabric of Sri Lankan society and how infertility becomes a powerful mechanism through which women's social position is diminished.

Recommendations in the Context of Social Work

Given the profound social, emotional, and relational challenges faced by infertile women, social work intervention is both appropriate and urgently needed. Social workers play a crucial role in supporting individuals experiencing stress, stigma, and psychosocial difficulties. Their core mission—to empower individuals to recognize their strengths, overcome obstacles, and enhance overall wellbeing—positions them well to intervene in issues surrounding infertility and gender marginalization in Sri Lanka.

Recognizing that women's rights are fundamental human rights, social workers must take an active role in addressing the discrimination and emotional hardship faced by infertile women. Strengthening the social work profession in Sri Lanka is essential to ensuring that practitioners are equipped to respond to the complex social dynamics associated with infertility. Social workers should provide counseling to women who have been labeled as unimportant or inauspicious by society, helping them rebuild their self-esteem, overcome shame, and reintegrate into social life with confidence. Empowerment-based interventions can help women recognize their emotional resilience, identify personal strengths, and challenge the internalized stigma that often dominates their sense of identity.

In addition, social workers should actively explore how infertile women perceive their experiences and encourage them to articulate their own strategies for coping and healing. Where medical attention is necessary, social workers can act as facilitators, linking women with appropriate reproductive health professionals and treatment facilities. For women requiring legal guidance—such as those facing marital threats, harassment, or discrimination—social workers can ensure timely referral to legal services.

Efforts to reduce loneliness and social isolation must be tailored to women's individual preferences. Social workers can help women cultivate meaningful social connections and create opportunities for engagement in community activities. Equally important is the need to encourage women to recognize that a fulfilling and meaningful life is possible regardless of motherhood status. Reframing life purpose and identity beyond motherhood is critical for psychological recovery.

Family-level interventions are essential. Social workers should engage with families of infertile women to challenge discriminatory attitudes and foster supportive environments.

By helping families understand the emotional impact of infertility and encouraging them to treat women with compassion and respect, social workers can contribute to creating safer, peaceful home environments where women feel valued.

Group work offers additional avenues for support. Social workers should educate friends and peers on how to support infertile women sensitively and inclusively. Encouraging women's participation in social activities can help break cycles of isolation. Awareness programs should highlight the loneliness experienced by infertile women and offer guidance on empathetic communication and inclusive social practices. Distributing informational materials about understanding and supporting infertile women can further raise awareness within the community.

At the community level, social workers can engage in broader awareness initiatives. Schools should be targeted for programs on reproductive health, sex education, and stigma prevention, ensuring that future generations grow up with healthier and more equitable attitudes. Public institutions and workplaces should receive training on avoiding marginalization of vulnerable social groups. Additionally, the use of mass media including television programs and social media platforms can disseminate positive messages about infertility, challenge harmful myths, and promote compassion and understanding.

References

Balen, F. (2009). *The social consequences of infertility in developing countries.* Journal of Reproductive Health, 16(2), 45–58.

Beauvoir, S. de. (1953). *The Second Sex*. Vintage.

Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity.* Routledge.

Fahey, T., & Field, C. (2008). *Family size and cultural expectations in Ireland.* Irish Journal of Sociology, 17(1), 55–70.

Hadaragama, S. (2012). *Nirdaraka Bhawaya Saha Sapalyatha Yathukarma* (A Sociological Analysis). Colombo: Godage Publishers.

Hilliard, B. (2007). *Family and reproduction in Ireland.* European Studies Review, 12(4), 112–130.

Manurathne, L. (2004). *Women and Employment Trends in Sri Lanka.* Colombo University Press.

Obeysekara, G. (1984). *The Cult of the Goddess Pattini.* University of Chicago Press.

Patton, M. Q. (1990). *Qualitative Evaluation and Research Methods* (2nd ed.). SAGE Publications.

Robertson, S. (2011). *Social stigma and infertility.* Women's Studies Quarterly, 39(1–2), 181–200.

World Health Organization. (2012). *Infertility: Definitions and guidelines.* WHO Press.