

Infertility: A Socio-Anthropological Approach

José Carlos dos Reis Lopes¹, Cidália de Fátima Cabral de Frias^{1*}, Inês dos Santos Raposo², Maria Bonito Furtado², Kathija Marques Choonara²

¹School of Health, University of the Azores, Azores, Portugal. ²Master's Student, Maternal Health and Obstetrics Nursing, Higher School of Health, University of the Azores, Azores, Portugal.

*Corresponding author: Cidália de Fátima Cabral de Frias.

Abstract

Introduction: Infertility, in addition to its medical, psychological and biological implications, is also a social and cultural phenomenon that affects millions of people around the world. The social impact of infertility is related to cultural, psychological, economic and gender issues, and varies according to the social and geographical context. Around one in six people in the world suffers from infertility, which is equivalent to 17.5% of the adult population. Infertility has negative social impacts on the life of the infertile couple, more frequently on the woman.

Objective: To understand the impact of an infertility diagnosis and its social and cultural implications. This article also aims to explore the socio-anthropological view of infertility, analyzing how modern and traditional societies perceive and deal with the issue of infertility.

Methods: Literature review and case study with interview. The EBSCO database aggregator was consulted, with access to five electronic databases: CINAHL, Nursing & Allied Health Collection, Cochrane Plus Collection, MedicLatina and MEDLINE, in the time horizon between 2014 and 2024. Material was also collected from a person's life story. To this end, we conducted an interview with a person diagnosed with Infertility.

Results: Infertility is often associated with social stigma, impacting women more strongly. Historically, it was considered a "divine punishment" and, today, it remains influenced by cultural norms that link motherhood to female identity. Documented cases, such as that of "Maria" (not her real name), highlight emotional and social challenges, including isolation, derogatory comments and frustration, as well as lengthy processes with assisted reproduction treatments and adoption. The Nurse Specialist in Maternal and Obstetric Health (EESMO) has a crucial role in offering emotional support, educating about reproductive health and demystifying prejudices. The results presented here are therefore the result of a search for updated articles and studies on infertility, carried out internationally, as well as a case study with interview.

Conclusion: Infertility is a problem that affects many people, with consequences not only for the couple's intimate life, but also for their social life. Sociocultural norms rooted in society tend to link motherhood to female identity, putting pressure on couples, especially women, to fulfil the expectation of becoming a family with children.

Keywords: infertility; social stigma; support network; woman; couple; nurse specialist in maternal and obstetric health

Introduction

According to the World Health Organization (WHO) (2024), Infertility is "a disease of the male or female reproductive system defined by the failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse." Both men and women can suffer from infertility, however women often end up being seen as the infertile person in the couple. About one in six people in the world suffers from infertility, which equates to 17.5% of the adult population. These data demonstrate the need to increase access to affordable, high-quality fertility care (WHO, 2023).

Infertility has negative social impacts on the life of the infertile couple, more frequently on the woman, who may suffer violence, divorce, social stigma, emotional

stress, depression, anxiety and/or low self-esteem (WHO, 2024). Furthermore, people affected by infertility suffer from financial difficulties, due to the high cost of treatments and mental health problems (UN, 2023). In the vast majority of countries, fertility treatments are paid for by the couples themselves. Access to medically assisted reproduction techniques, such as in vitro fertilization (IVF), according to the WHO, remains underfunded and inaccessible, due to high cost and social stigma (UN, 2023).

It is essential that infertile couples seek medical assistance as soon as possible. Monitoring by specialized professionals can identify the causes of infertility and offer appropriate treatment options, thus increasing the likelihood of the couple realizing their dream of having a child (Araújo, 2024). In this sense and seeking to shed some light on a very

sensitive area that is difficult for laypeople to access, we intend to use this reflective article to promote awareness about infertility, as this condition can have a major emotional and social impact on couples. It is important to stop seeing Infertility as a taboo or a reason for stigma, giving way to a condition that requires support, understanding and access to adequate health care (Araújo, 2024).

Methodology

This study was conducted through a literature review, involving extensive theoretical research using sources such as scientific articles, books, and publications from intergovernmental organisations such as the WHO and the UN. For the research of scientific articles, the EBSCO database aggregator was consulted, with access to five electronic databases: CINAHL, Nursing & Allied Health Collection, Cochrane Plus Collection, MedicLatina and MEDLINE, covering the period between 2014 and 2024. The descriptors used in the searches were essentially infertility, social stigma, support network, women, and couple.

Discussion of Data

Infertility, as a biological and social condition, continues to be a topic shrouded in historical perceptions, stigmas, and emotional complexities that profoundly affect individuals and couples who experience it. A historical analysis of infertility reveals that, over the centuries, the view of this condition has shifted from an immutable fate to a field of possibilities and treatments, especially after investment in medically assisted reproduction techniques (Galhardo, 2012). However, even with advances in reproductive medicine, infertility remains a phenomenon laden with stigma and social expectations that influence the experiences of couples.

Historically, infertility has often been associated with a biological failure of the human species and, in many cultures, considered a moral failing or divine punishment (Herz, 1989). Motherhood, in particular, has been seen as one of the main roles of women, making infertility a social stigma widely linked to femininity (Jansen & Saint Onge, 2015). This stigma is accentuated by cultural norms that idealise women as a mother, contributing to the pressure that infertile women feel regarding their identity and social value. As evidenced by our interviewee, Maria, who was the target of less positive comments from family and friends, such as, '(...) so-and-so has already overtaken

you,' infertility causes a feeling of social discomfort and exclusion, as well as generating feelings of hurt and frustration (Karaca & Unsal, 2015). The stigma associated with infertility is thus reflected not only in individual experience but also in social interactions, exacerbated by a cultural perception that confuses motherhood with female personal fulfilment.

The psychological impact of infertility is amplified by this social pressure and the internalisation of stigma. Goffman (1975) suggests that social stigma creates a dichotomy between the individual's real identity and the virtual identity imposed by society. In the case of infertility, this dichotomy is particularly acute, as infertile women, such as Maria, face constant comparison with those who have achieved motherhood, generating feelings of shame, guilt and incompleteness. The literature also indicates that infertility in women is often associated with greater psychological distress than in men, given the role traditionally imposed on women in reproduction (Cunha, 2012; Galhardo et al., 2011).

The stigma of infertility is also related to socioeconomic and cultural factors. Women with lower purchasing power face additional stigma due to the difficulty of affording the high costs of fertility treatments (McQuillan et al., 2003; Küçükkaya & Kiliç, 2022). This financial stigma can place an emotional burden on infertile couples, as in the case of Maria, who was faced with the decision to resort to adoption, an alternative often seen as a last resort when treatments fail or are not financially viable. This dilemma highlights the complex landscape in which infertility exists: a biological reality, but also one deeply marked by economic limitations, social pressures and internal stigmas.

Furthermore, the literature reveals that social pressure to procreate is rooted in cultural norms that associate happiness and personal fulfilment with motherhood (Menezes, 2007). For Maria, this social pressure, reflected in comments from friends and family, further accentuated her feelings of incompleteness and anxiety about the future. The perception that adult life should follow a 'script' that includes marriage and children makes the process of infertility particularly distressing, especially when the dream of having children does not come true (Félis & Almeida, 2016). The issue of stigma is therefore multifaceted, involving not only the individual experience of infertility, but also interaction with society and cultural expectations.

In response to the emotional and social impact of infertility, the support network, both informal (family and friends) and formal (health professionals), plays a crucial role in the coping process. Maria's experience reveals that the unconditional support of close family members can be fundamental in dealing with the challenges of infertility, providing an emotional foundation during fertility treatments and the adoption process. However, the fragility of informal support networks, especially when couples isolate themselves due to stigma, requires the intervention of specialised health professionals, such as the Specialist Nurse in Maternal and Obstetric Health, who can provide emotional guidance and appropriate support practices (Santos et al., 2020).

The role of the Specialist Nurse in Maternal and Obstetric Health is essential in the context of infertility, as they not only offer technical care in fertility treatment, but also provide emotional support to couples, helping them to cope with the difficulties related to stigma and the psychological impact of infertility. The literature suggests that a holistic and

non-judgmental approach by healthcare professionals is essential to create an environment of trust where couples can express their fears, anxieties, and hopes (Eleutério et al., 2010). As illustrated by Maria, the lack of psychological support in the context of fertility treatments can aggravate the emotional experience, making psychological support intervention an essential component of comprehensive care.

Therefore, infertility should be understood not only as a biological condition but also as a social phenomenon involving deep and complex stigmas. For couples facing this reality, stigma and social pressure can be as challenging as the physical difficulties associated with fertility treatments. In this context, it is essential that healthcare professionals adopt an empathetic and holistic approach, offering emotional, educational, and technical support, and helping couples navigate the complex emotions and decisions that arise during the infertility process.

Below is a summary table comparing perspectives on infertility in different cultures, considering their beliefs, attributed causes and social attitudes.

Table 1: Summary table of infertility in different cultures.

Culture	Consequences	Perception of Infertility Social	Approaches to Resolution
Western (US/Europe)	Personal or medical failure	Stigmatisation, social pressure to have children	Medical treatments, adoption
Arab (Islamic world)	Divine punishment, but also as a medical problem.	Stigmatisation, social pressure to have children Prayer, seeking spiritual help	Acceptance of assisted reproduction treatments with restrictions (e.g., use of husband's sperm)
African (Sub Saharan)	Failure of the woman, curse, witchcraft or ancestral punishment.	Stigmatisation, social exclusion. Blame attributed to the woman even if the problem lies with the man.	Seeking spiritual help, use of traditional medicine. Use of healers and purification rituals.
Indiana (Hindu)* Seeking medical treatment	Infertility is associated with karma or destiny	Stigmatisation, social pressure to have children/male heirs.	Use of traditional practices, Ayurvedic medicine
Chinese (Confucian)	Failure of the woman or cosmic imbalance	Stigmatisation, social pressure to have children. Infertility is seen as an obstacle to the continuity of the lineage or inheritance.	Use of traditional medicine, search for in vitro treatments.
Judaica (Israel)	Question of identity and continuity.	Judaica (Israel) Social pressure to have children.	Medical treatments, adoption, search for spiritual help.
Japão	Viewed as a medical or social stress problem.	Pressure to have children, concern about image, Japanese work culture.	The high cost of living in Japan and the pressure for children to attend elite schools and universities increase the financial difficulty of having children.
Latin-American	Mix of religious beliefs. Woman's fault or divine punishment.	Stigmatisation, social pressure to have children.	Seeking spiritual help, use of traditional medicine (teas, blessings) and medical treatments. Silent stigma.

In many cultures, the blame falls more on women, even when the cause is male. Westernised countries tend to prioritise medical solutions, while traditional societies tend to combine medical treatments with spiritual practices. In collectivist cultures, such as China and India, there is greater pressure to have

children, increasing the stress on infertile couples. In Japan, there is enormous pressure to have children, and the healthcare system does not fully cover the high costs associated with it.

Infertility treatments, such as in vitro fertilisation, artificial insemination or other reproductive

technologies, can be extremely expensive and inaccessible to many people. This highlights economic inequalities, as access to treatment is often limited to more privileged groups.

Conclusion

Infertility is a problem that affects many people, with consequences not only for the couple's intimate life, but also for their social life. Sociocultural norms rooted in society tend to link motherhood to female identity, putting pressure on couples, especially women, to fulfil the expectation of becoming a family with children. When this desire cannot be fulfilled, infertile couples end up experiencing feelings of anxiety, frustration, sadness and, often, shame, caused by the stigma associated with infertility in the society in which they live. All of this ends up influencing the couple's daily social interactions, leading to isolation, which may be imposed by the couple themselves, as well as exclusion by society. In addition to these aspects, the financial dimension is also involved, due to the high costs of available treatments, preventing infertility from being discussed openly.

In this sense, it is crucial to strengthen the support network for these couples, with the intervention of the Specialist Nurse in Maternal and Obstetric Health being extremely relevant, due to their specific skills, such as guidance and education on reproductive health, the provision of individualised care, considering the specific needs of the couple, in order to create an environment of trust and respect, as well as emotional support during the treatment process, providing the necessary care to mitigate the negative impacts of infertility. Thus, by promoting understanding and support for infertility, the Specialist Nurse in Maternal and Obstetric Health can help reduce the stigma associated with this condition, promoting a healthier and more welcoming environment for all affected individuals.

The socio-anthropological view of infertility allows us to understand how different societies and cultures perceive and deal with this situation. By recognising the diversity of perceptions and approaches, we can develop more effective strategies to support people facing infertility.

We present as limitations of the study a topic that needs further exploration and greater awareness, both because of its centrality in various fields of knowledge and because of the social controversy it generates and the impact it has on families.

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