

Special Article

The Socio-Cultural Dimension of Infertility and Stigmatization

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Abstract

Infertility is a complex and multidimensional condition that can negatively affect individuals' and couples' social lives, psychological well-being, marital relationships, sexual life, future plans, self-esteem, and overall quality of life. This condition creates both physical and emotional crises in individuals' lives, often leading to negative repercussions in their social circles as well. In many cultures around the world, having and raising children grants individuals psychological and social respect and privilege. However, the inability to have children causes individuals to question their status within society and can lead them to feel incomplete. In societies where having children and forming a family is highly valued, individuals facing reproductive challenges often encounter social stigmatization. This stigmatization can affect not only individuals' positions in society but also their relationships with those around them. Individuals diagnosed with infertility are often forced to question their societal roles and identities, while the stress they experience can have devastating effects on their marital relationships and personal quality of life. During this process, both women and men may face social stigmatization in different ways; women often experience more blame and exclusion, while men may feel pressure due to traditional perceptions of masculinity. The aim of this review is to explain the socio-cultural effects of infertility and the stigma caused by infertility. Additionally, the importance of psychosocial support for individuals and couples in coping with infertility is highlighted. This study is expected to contribute to a better understanding of the multifaceted effects of infertility on individuals and strengthen support mechanisms during this process, helping both individuals and societies to address this issue in a healthier way.

Keywords: Infertility, culture, stigma

Introduction

The World Health Organization (WHO) defines infertility as a reproductive system disorder characterized by the inability to conceive despite engaging in regular, unprotected sexual intercourse at least twice a week over a one-year period (WHO, 2018). Infertility can adversely affect the social lives, psychological well-being, marital relationships, sexual life, future plans, self-esteem, and overall quality of life of

individuals and couples (Rooney & Domar, 2018; Kirca & Pasinlioglu, 2019; Nik Hazlina et al., 2022; Jing et al., 2022; Xie et al., 2023).

Infertility and its treatment adversely impact couples' psychological well-being, social lives, marital relationships, sexual lives, future planning, body image, self-esteem, and overall quality of life (Kocak & Buyukkayaci Duman, 2016; Tufan et al., 2020). Couples coping with the inability to have children often experience common feelings of

frustration and a sense of incompleteness in their parental roles within society, leading to psychosocial challenges (Nasim et al., 2019; Yucesoy et al., 2021). Couples facing infertility frequently encounter feelings of anger, guilt, denial, and isolation (Nasim et al., 2019; Yokota et al., 2022). In addition to these emotions, women, in particular, tend to experience profound inner feelings of inadequacy, loss of control, and a psychological sense of deficiency related to their inability to conceive (Yucesoy et al., 2021). Clinical levels of depression and anxiety are also commonly observed in women diagnosed with infertility (Nasim et al., 2019; Yokota et al., 2022).

Sociocultural Dimension of Infertility

Culture guides individuals in recognizing the illnesses they encounter and in determining their coping strategies. Furthermore, individuals experience these illnesses within the framework of their cultural perceptions (Bayraktar, 2018). Although infertility is not classified as a life-threatening disease, it is perceived as a significant health concern impacting individuals across all cultures and societies (Asci & Kizilkaya Beji, 2012; Kurt & Arslan, 2019; Yucesoy et al., 2021).

In many cultures, having children is viewed as a natural outcome of marriage and sexual union. Couples who are unable to conceive are often subjected to various stigmatizing remarks, such as being labeled "barren soil," "empty vessel," "parasite," or "defective" (Kirca & Sis Celik, 2021; Topdemir Kocyigit, 2012). Consequently, they may internalize these labels, perceiving themselves as worthless, unproductive, or inadequate (Bayraktar, 2018; Galundiai, 2016; Okantey et al., 2021). Such societal pressures create significant stress for couples, intensifying their anxieties about procreation (Bayraktar, 2018; Monga et al., 2004).

Historically, and still today, women's roles within families and societies have often been evaluated in terms of fertility and child-rearing. Consequently, fulfilling the maternal role is frequently viewed as essential for a woman's social value and status alongside her partner (Kocak & Buyukkayaci Duman, 2016). Given that the responsibility of fertility

is typically placed on women, even in cases where infertility is attributed to male factors, societal attitudes and biases lead to heightened pressure on women (Capik et al., 2019).

The diagnosis and treatment of infertility encompass a long and challenging process, during which women frequently encounter psychiatric issues such as hopelessness, loneliness, anxiety, depression, and other mood disorders. The addition of societal attitudes and prejudices to these psychological challenges often results in stigmatization for women (Capik et al., 2019; Kocak & Buyukkayaci Duman, 2016).

Infertility and Stigmatization

Reproduction and the continuation of one's lineage are among the most fundamental instincts for humans (Caglar & Satilmis, 2019). In many cultures worldwide, having and raising children grants individuals a sense of psychological and social respect and privilege (Bradow, 2011; Kaplan, 2018). These cultural expectations result in considerable stress for individuals diagnosed with infertility (Bradow, 2011). In societies where having children and forming a family are highly valued, those facing reproductive challenges often experience social stigmatization (Tasci et al., 2008). Stigmatization during the infertility process can have profoundly unsettling effects on individuals, particularly women, who may experience alienation, isolation, and negative social attitudes as they navigate these challenges (Kaya & Oskay, 2020; Kucuk & Koruk, 2022). These experiences can adversely impact the self-perception of stigmatized individuals (Gonzalez, 2000).

Definition of Stigmatization

The concept of stigma initially emerged in the field of sociology and quickly expanded into medicine, health sciences, psychology, social psychology, and organizational behavior (Bos et al., 2013). Etymologically, the term "stigma" originated from Greek, meaning "mark" or "wound." The most widely recognized definition of stigma was proposed by Goffman in 1963, who described it as a "deeply discrediting attribute." According to this definition, stigmatization reduces the

stigmatized individual from a complete and ordinary person to one seen as flawed and diminished in value (Goffman, 1963).

Infertility creates a stigmatizing effect by fostering a negative self-perception in affected individuals. This effect is intensified by derogatory remarks, lack of empathy, and harsh behaviors, which can lead to the exclusion and isolation of infertile individuals-especially women-from society (Gonzalez, 2000). Understanding the variation in stigmatization across different contexts is aided by the conceptualization of its six sub-dimensions (Turner & Brown, 2010).

Concealability: Indicates the extent to which the characteristic leading to stigmatization is visible or hidden.

Course: Shows how reversible or alterable the characteristic that leads to stigmatization is.

Disruptiveness Level: Reflects whether the characteristic causes disruption in interpersonal interactions and the degree of this disruption.

Aesthetics: Indicates the extent of negative changes in appearance and the level of these changes.

Origin: Refers to the manner in which the characteristic emerged.

Risk: Reflects whether the characteristic incites fear or poses a perceived threat to others.

History and Functions of Stigmatization

The ancient Greeks were the first to use the concept of stigma to categorize individuals considered deviant or undesirable within society, such as slaves and criminals. These individuals were marked on their bodies and subjected to lifelong discrimination (Goffman, 1963). Later, interest in and definitions of stigmatization evolved significantly with Goffman's work, which helped shape the conceptual framework of stigma (Link & Phelan, 2010).

With the emergence of epidemics, infectious diseases, and mental illnesses, the concept of stigmatization began to extend into the medical field. Individuals affected by these conditions started to face stigmatization, as

such diseases were often perceived as inherently negative or morally tainted. Consequently, those afflicted were separated from the healthy population, condemned, and marginalized (Avcil et al., 2016; Clair, 2018; Ozmen & Erdem, 2018). In its earliest forms, stigmatization involved physical markings on individuals' bodies. Today, this type of marking has been largely replaced by social isolation, quick judgment, and negative attitudes and behaviors towards those deemed "different" (Ozmen & Erdem, 2018; Atilla Demir, 2021).

Conceptual Framework of Stigmatization

The conceptual framework of stigmatization includes Labeling Theory, Attribution Theories, Social Identity Theory, and Social Representation Theory.

Labeling Theory: Founded by Lemert (1972), this theory posits that once labels are assigned to an individual or group, they become symbolic. These symbols often overshadow the individual's previous roles or identities (e.g., father, mother, spouse, sibling) (Atilla Demir, 2021). Rejection and labeling lead to negative and derogatory labels, which eventually affect individuals' self-perceptions (Ozmen & Erdem, 2018; Atilla Demir, 2021).

Attribution Theory: This theory explains how individuals assign meaning to others' behaviors by considering internal and external factors (Ozmen & Erdem, 2018; Akcay et al., 2020).

Social Identity Theory: This theory suggests that individuals adopt favorable social attributes, internalizing those aligned with societal approval, while facing exclusion in cases deemed socially undesirable. This process is characterized by ethnocentric attributions (Vaughan & Hogg, 2013; Ozmen & Erdem, 2018; Akcay et al., 2020).

Social Representation Theory: Developed by Moscovici, this theory defines social representation as the construction and transmission of cultural knowledge, forming a shared understanding within society (Ozmen & Erdem, 2018). The symbols and codes associated with social representations vary by culture (Cetin & Asil, 2018). In the face of unexpected or complex situations, social

representations help simplify the unknown by making it more familiar, leading to a collective understanding (Vaughan & Hogg, 2013).

Types of Stigma

Goffman (1963) classified stigma into three types. These are perceived stigmatization, internalized stigmatization, social stigmatization.

Perceived Stigmatization: Refers to feelings such as shame, fear, and the need to conceal that arise when an individual senses they are being stigmatized (Brohan et al., 2010).

Internalized Stigmatization: Describes when individuals adopt society's negative perceptions of themselves, leading to feelings of worthlessness, social withdrawal, and reluctance to engage (Kus Saillard, 2010; Ozaslan Caliskan & Akca, 2017).

Social Stigmatization: Encompasses attitudes of social and psychological discrimination, often by family and close relations, directed at the stigmatized individual (Ozmen & Erdem, 2018).

Causes of Stigmatization

The cultural structure in which an individual exists, along with customs, religious beliefs, and prejudices, are factors that contribute to the emergence of stigmatization (Kadioglu & Sahin, 2015). The causes of stigmatization arising from these factors can be classified into three categories: psychogenic reasons, social/cultural reasons, and technological reasons (Ozmen & Erdem, 2018).

Psychogenic Reasons: At the core of psychogenic reasons is an inner sense of satisfaction that an individual may feel when confronted with negative situations they do not personally experience. Individuals who are aware of the negativity and emotions associated with such situations may begin to see themselves as superior to those facing the adverse conditions. As a result, they may belittle and demean the other individual, leading the stigmatized person to face a loss of self-confidence and self-esteem (Bilge & Cam, 2010; Ozmen & Erdem, 2018; Demirbas, 2021).

Social/Cultural Reasons: Many individuals in society are categorized based on the labels they receive, which creates a divide between "us" and "them." This classification can lead to alienation and exclusion, prompting individuals to isolate themselves from society (Ozmen & Erdem, 2018).

Technological Reasons: Situations and negative attitudes arising from technological influences can rapidly spread through media, leading to stigmatization. In this context, judgmental attitudes can further facilitate the proliferation of stigma (Kadioglu & Hotun Sahin, 2015; Ozmen & Erdem, 2018).

Consequences of Stigmatization: The consequences of stigmatization can be examined in four groups: individual consequences, consequences for employees, societal consequences, and consequences for family and surroundings (Ozmen & Erdem, 2018).

Individual Consequences:

When an individual is medically stigmatized:

- They may cease seeking treatment or lose faith in the effectiveness of medical interventions.
- They might isolate themselves from social support, feeling compelled to hide their condition.
- This self-perception can lead to feelings of inferiority and hatred, resulting in psychological issues such as depression and anxiety (Van den Broeck et al., 2010; Ozmen & Erdem, 2018).

Consequences for Employees:

Stigmatization can also affect an individual's work life:

- The individual may experience exclusion, isolation, or bullying (mobbing).
- Upon revelation of their condition, they might become the subject of gossip and face unethical treatment.
- Negative interactions and behaviors from others may lead individuals to quit their jobs, resulting in unemployment (Kadioglu & Hotun Sahin, 2015; Ozmen & Erdem, 2018).

Societal Consequences: Individuals who are stigmatized may be marginalized by society and regarded as inadequate, which can deprive them of certain rights and benefits (Ozmen & Erdem, 2018).

Consequences for Family and Surroundings: Stigmatization not only affects the individual but can also alter the perspectives of their family and close associates. Family members of the stigmatized person may face exclusion and insults due to the stigma associated with their relative (Ozmen & Erdem, 2018; Ergin et al., 2018).

The Impact of Stigmatization on Women Diagnosed with Infertility

Stigmatization is characterized by the alienation and isolation of individuals facing infertility, leading to feelings of humiliation, harassment, misunderstanding, and the development of a negative self-image (Sternke & Abrahamson, 2015). Infertility can arise from male or female factors, but societal norms and gender inequalities typically place more blame on women in this context (Dierickx et al., 2018). As women endure societal scrutiny regarding infertility, they are often stigmatized as childless individuals, while infertility in men tends to be viewed as a condition that should be concealed (Sari & Erciyes, 2021).

The concept of hegemonic masculinity emerges when comparing genders. This ideal masculinity reflects culturally valued traits that are considered dominant and can change over time and across cultures (Sylvest et al., 2018). Men diagnosed with infertility may be seen as negative examples in relation to this ideal. Consequently, while men are typically viewed as fertile, infertility is often perceived as a female issue, placing the burden of responsibility on women. As a result, women face increased blame and stigmatization (Dierickx et al., 2018; Hanna & Gough, 2020).

Stigmatization manifests differently across cultures. In traditional societies, including Turkish culture, women facing infertility are often blamed and compared to barren trees, leading to societal pressure (Kocyigit, 2012). In Southern Nigeria, childbearing is equated

with womanhood, and childless women are disrespected and referred to in derogatory terms by their husbands and mothers-in-law (Hollos et al., 2008). In Arab cultures, motherhood is viewed as the essence of femininity, leading to violence and abandonment for infertile women by their husbands (Al-Homaidan, 2011). In Gambia, infertile women are labeled as witches who "eat their own children" (Dierickx et al., 2018).

With the diagnosis of infertility, women are increasingly seen as flawed by society, leading to social stigmatization as their perceived ability to bear children diminishes (Ozturk et al., 2021). A study by Anokye et al. (2017) indicated that 56% of 125 infertile couples experienced social exclusion due to stigma. In another study focusing on primary infertile women, a high level of stigmatization and social pressure was reported (Karaca & Unsal, 2015).

Women diagnosed with infertility face unexpected role losses and a stigmatization process characterized by rigid and prolonged treatments, which can lead to feelings of inadequacy, helplessness, and hopelessness (Kaya & Oskay, 2020). Women harboring these meanings and unable to fulfill their reproductive instincts are subjected to significant stress. Research indicates that women diagnosed with infertility have high stress levels, with the desire to become parents being one of the most stressful factors (Caglar & Satilmis, 2019; Karaca & Unsal, 2015; Margan et al., 2022; Teklemicheal et al., 2022).

Although infertility affects both genders, studies show that women experience higher levels of stigmatization, anxiety, and depression (Kamboj et al., 2023; Kaya & Oskay, 2020; Ozturk et al., 2021; Wang et al., 2023; Yilmaz & Kavak, 2019). More than half of women diagnosed with infertility report experiencing stigma, which negatively impacts their quality of life (Jing et al., 2020). The combination of psychological issues such as anxiety and depression, along with stigma during treatment, leads to a further decline in their quality of life (Daibes et al., 2018; Jing et al., 2020). A qualitative study found that the stigma faced by women with infertility

significantly affected their treatment adherence, resulting in prolonged treatment durations and poor quality of life during the process (Dierickx et al., 2018).

Conclusion: Infertility can adversely affect the social lives, psychological well-being, marital relationships, sexual life, future plans, self-esteem, and overall quality of life of individuals and couples. Infertility and the treatment process is a crisis situation that affects individuals in sociocultural and psychosocial aspects. These characteristics of infertility need to be known and individuals should be helped to use effective coping methods. Individuals need to be supported to effectively cope with the characteristics of the society they live in.

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