

## **Infertility as a social construct**

When something is described as a 'social construct,' it means that its understanding and significance are shaped by society rather than being determined solely by biology or nature. According to medical sociologists, health and illness are influenced by the cultural and social environment. As a result, ideas about what is considered 'normal' or 'abnormal,' how health problems are defined, and the ways people respond to them are shaped by social beliefs and values.

Infertility is a good example of this. Medically, it is usually defined as not being able to get pregnant after a year of trying without contraception. But this definition does not include everyone. Same-sex couples, single people, or transgender individuals may be physically able to have children, but face other barriers, like laws, social norms, or medical rules, that prevent them from doing so. This is called 'social' or 'situational' infertility. Further, the commonly used definition, twelve months of trying without pregnancy, is itself a social construct. No medical diagnosis is needed to speak of fertility problems. This shows how our understanding of health can be limited by social beliefs and values.

The idea that infertility is socially constructed becomes clear in several ways. First, people only define themselves as infertile and seek treatment if they personally value and embrace parenthood as a desired social role. This experience is heavily shaped by strong societal pressures known as pronatalism, which emphasizes the necessity of having children. However, some people, such as those who have undergone cancer treatment resulting in infertility, may still identify as infertile, regardless of whether they intended to have children. Secondly, infertility is primarily determined by the absence of a desired state (a child), instead of often the presence of pathological symptoms. Third, while the medical approach usually sees health problems as something that affects individuals, infertility is often experienced as a shared issue between partners, regardless of who has the physical cause. Thus, when someone defines themselves as infertile, it is not just a conversation between them and their health care provider(s). This experience touches also discussions within the couple, and sometimes even with family, friends, or others in their social network. Lastly, infertility makes it clear that treatment is not the only path forward. Some people choose to live childfree by choice, while others explore adoption, foster care, or even new relationships.

## **Male infertility as a social construct**

The way infertility is constructed can differ depending on gender. For men, infertility is strongly influenced by societal and gendered ideas about masculinity, virility, and the social importance of fatherhood. Importantly, class, ethnicity and religion, or the intersection of these, can have a prominent influence on this.

In many societies, men are often presented as naturally fertile, strong, and free from reproductive problems, also referred to as reproductive masculinity. In this view, being able to have children is seen as an important part of being a "real man". Therefore, when a man is diagnosed with infertility, it can feel like a personal failure rather than a medical issue.

This experience can lead to intense emotions such as guilt, shame, and a sense of inadequacy. Some men describe feeling “less of a man” or even “half a man”. These feelings are made worse by the common but incorrect belief that infertility is linked to sexual dysfunction, such as impotence. This connection, called the fertility–virility linkage, adds to the stigma and makes it even harder for men to talk about their reproductive challenges. In cultures with strong pronatalist values, men may face even greater stigma. The pressure to fulfill traditional roles of fatherhood can lead to feelings of shame, isolation, and emotional distress.

Yet, despite these challenges, male infertility is still commonly regarded as a problem that primarily concerns women. This stereotype contributes to male infertility being a hidden and highly stigmatized issue. This invisibility is reinforced in healthcare settings, where fertility care often focuses mainly on women. Clinics are frequently described as female-centered, and even when the medical issue lies with the man, which is up to 50% of all infertility cases, doctors may still direct treatment toward the female body. This can leave men feeling ignored, powerless, and guilty about their partner undergoing medical procedures. Such practices reflect and reinforce social ideas about reproduction and gender.

Together, the impact of male infertility is not just about the diagnosis itself. Much of the challenges come from societal beliefs and values. Understanding male infertility as a social issue, not just a medical one, can help reduce stigma, improve support, and promote more inclusive reproductive healthcare.

### **Future directions**

One of the key messages shared during the congress came from Randi Sylvest: “We need to prioritize research on male experiences.” Building on this, future research should continue to explore infertility as a socially constructed phenomenon, with particular attention to men's lived experiences across diverse cultural and social contexts. This includes examining how societal expectations around masculinity, virility, and fatherhood shape men's emotional responses to infertility, such as feelings of shame, stigma, and identity loss. Moreover, research should investigate how infertility care can become more inclusive and responsive to male patients, challenging the female-centered norms that currently dominate reproductive health services.

As a health sociologist, I aim to make these blind spots visible through my research on the experience of medicalized male infertility, and to help bridge the gap between medicine and sociology. This complementary lens can enrich future discussions on reproductive health.

### **Literature**

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