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Social and Cultural Dimensions of Infertility in Rural Areas of Punjab: A Sociological Perspective

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Abstract:
In South Asian societies especially in Pakistan, infertility is a deep-rooted socio-cultural challenge and is closely associated to marital stability, gender roles and the honor of a family. The present research study explores social and cultural dimensions of infertility in rural areas of Punjab, Pakistan with a special focus on social stigma, social exclusion and the community perception. This research provides a Sociological understanding of how infertile couples face social pressure, emotional strain and limited help within the traditional rural settings through the lens of the Social stigma theory, Gender role theory, Family systems theory and Symbolic Interactionism theory.
By employing a quantitative research design, a multistage sampling technique was used to gather data from a sample of 457 respondents across four districts of Central Punjab i.e. Lahore, Faisalabad, Jhang and Nankana Sahib. A well-structured interview schedule was designed. Data were analyzed by using Statistical Package for Social Sciences (SPSS) through inferential and descriptive statistics. The findings of the study illustrate that infertility is not simply perceived as medical condition but also as a social and cultural concern. The high mean scores discovered that infertile couples frequently experience social stigma, the pressure from family and social exclusion from the community events with females bearing disproportionate blame. The traditional and religious beliefs often highlight these attitudes encouraging reliance on non-medical intervention. Moreover, the economic burden arose as a critical factor as the cost of the treatment limited access to healthcare and intensified the psychological distress as well. The infertile couples also reported challenges regarding their spousal relationships with nearly half acknowledging negative impacts on their marital satisfaction. This study concludes that infertility is deeply entrenched in the socio-cultural frameworks that perpetuate social stigma and gendered expectations in rural areas of Punjab ultimately determining the lived experiences of infertile couples. There is a dire need to addressing these issues through the integrated policy measures like public awareness campaigns, inclusion of the education about infertility in community health programs, affordable medical treatments and socio-psychological counseling.

Keywords: Infertility; Social and Cultural Challenge; Gender Roles; Social Stigma; Rural Punjab; Sociological Perspective; Social Exclusion

Introduction:

Affecting approximately 17.5% adults across the globe, the infertility is recognized as global health and social concern during reproductive years (World Health Organization [WHO], 2023). Medically it is demarcated as an inability to conceive clinical pregnancy after 12 months of regular, unprotected sexual intercourse (Muhammad & Begum, 2019). It is classified as primary infertility which means when a pregnancy has never happened and secondary infertility which means that when pregnancy was once achieved but is no longer possible (Agarwal et al., 2021). Although it is considered as biomedical disorder, it carries deep psycho-social and cultural implications that extend beyond medical domain (Mascarenhas et al., 2012).

Prevalence of infertility varies worldwide as in Asia, it is estimated that 15–20% married couples experience infertility (WHO, 2023). The rate of infertility in Pakistan is estimated between 21% and 35% (Khan et al., 2022). Despite all this, infertility remains poorly addressed issue because of cultural taboos, limited medical infrastructures and high costs of treatments (Farooq & Shah, 2021). Moreover, more than 55 million males and 110 million females as highlighted by Global data, affected in 2021, corresponding to nearly 3.7% females and 1.8% of men worldwide (Sun et al., 2023). The infertility is considered not merely as biological issue but as social failure, deeply rooted in patriarchal traditions, the structures of kinship and gendered expectations. Females experience disproportionate blame with childlessness often linked to social stigma, domestic violence and threats of divorce (Tabong & Adongo, 2013; Farooq & Shah, 2021). The research shows that in rural areas of Punjab, Pakistan, almost 78% of infertile females have reported shame and embarrassment (Naz & Gul, 2020) while many women experience social exclusion from socio-religious events because of the beliefs associating infertility with divine punishments, curse and evil eye (Qamar & Shaikh, 2021). Despite medical evidence of the half of male infertility cases, the socio-cultural norms continue to locate responsibility primarily with females (WHO, 2023).

Economic burden further complicates this issue as Assisted Reproductive Technologies (ARTs) such as IVF and IUI remain excessively expensive for lower and middle-income couples in rural areas of Pakistan, with IVF cycle costing Rs. 400,000–600,000 ($2,500–$3,500) well beyond the means of most rural community (Naz & Gul, 2020). The inadequate support from government and under-resourced healthcare systems force couples to rely on private clinics in urban centers increasing both financial and emotional stress (Inhorn & Patrizio, 2015; Qamar & Shaikh, 2021). So, many couples turn to traditional healers and spiritual remedies delaying biomedical interventions (Malik et al., 2022). The infertility must therefore be understood not merely a medical challenge but also as a social and cultural phenomenon in rural Punjab. The religious beliefs, the patriarchal norms, the economic restrictions and lack of access to reproductive healthcare intersect to formulate the lived realities of infertile couples. Social stigma and social exclusion associated with infertility diminish the social identity and marital stability of women while also reinforcing existing gender inequalities (Jeffery & Jeffery, 1996; Riessman, 2000). The present research employs a sociological perspective to find out how social and cultural norms, gendered expectations and the attitudes of community influence the experiences of infertile couples in rural areas of Punjab.

Drawing on multiple sociological perspectives, this study explains infertility as both a personal and social phenomenon in rural Punjab. The Functionalist perspective by Parsons sights infertility as disruption of the reproductive role of the family by creating dysfunction and triggering corrective mechanisms like remarriage and reliance on traditional practices to restore stability (Lindholm, 2013; Dasgupta & Sharma, 2016). Symbolic perspective of Goffman stresses how infertility becomes a stigmatized identity constructed through everyday interactions where females are labeled as barren and excluded while men conceal infertility to protect masculinity (Chowdhury, 2017; Nasir & Fatima, 2022). The feminists point out gendered burden of infertility how patriarchal norms equate womanhood with motherhood, blame women in spite of medical causes and highlight inequalities through social stigma, domestic instability and neglect of infertility in healthcare policies (Butler, 1990; Crenshaw, 1989; Niaz, 2006; Afzal, 2019). The constructivism explains how cultural beliefs

and traditions construct meanings of infertility by associating it to the fate, divine will or supernatural forces (Berger & Luckmann, 1966).

Objectives:

- To inspect socio-cultural norms and gendered expectations that form societal attitudes toward infertile couples in rural areas.
- To evaluate the social stigma, social exclusion and emotional challenges faced by infertile couples within family and community.
- To measure the role of traditional and socio-religious practices in influencing how infertility is understood and managed in rural areas.

Review of Literature:

Being an increasingly recognized global health and social issue, the impacts of infertility are extending far beyond biomedical explanations into social, cultural and psychological domain. In Pakistan, it is closely linked to social identity, marital success and family continuity which make it a condition that is heavily stigmatized and socially constructed as a deviation from normative expectations (Goffman, 1963). Studies in Punjab illustrate that females bear the blame for childlessness regardless of medical evidence and are labeled as barren, gossiped, face marital instability and divorce or polygamy (Mumtaz, Shahid, & Levay, 2013). Males remain underreported and frequently concealed to preserve masculine honor with females undergoing repeated medical test and invasive treatment (Iqbal & Saeed, 2020).

Literature reveals that socio-cultural and religious beliefs play a key role in constructing responses to infertility. Infertility is interpreted as divine punishment, fate or curse, pushing couple toward traditional healers, amulets and shrines before seeking biomedical interventions (Qureshi & Shaikh, 2007). These kind of practices not only delay treatment but also highlight misconception and sustain the pressure of community on couples particularly women to demonstrate patience and compliance with the cultural rituals and these beliefs are rooted in patriarchal family structures especially the joint family system where in-laws exert pressure to conceive thereby intensifying the emotional distress and social exclusion of the couples.

Infertility has psychological impacts which are also well documented with research highlighting high levels of anxiety, depression and marital dissatisfaction among infertile couples in rural areas of Punjab (Shahbaz & Malik, 2022). Females report feelings of shame, isolation and diminished self-worth illustrating how social stigma becomes internalized as part of personal identity aligns with the symbolic interactionism perspective which argue that repeated labeling and social interactions create spoiled identity that infertile couples struggle to resist or redefine (Goffman, 1963). Apart from this, the functionalist approach suggests that infertility disrupts family's reproductive role and social cohesion explaining why community employs corrective mechanisms such as remarriage or traditional healing practices to restore perceived balance (Ritzer, 2011).

The literature accentuates that infertility cannot be understood only as a biological condition but must be analyzed within its wider social and cultural context in rural areas of Punjab. Persistence of social stigma, relying on traditional remedies, gendered blame and limited healthcare responses all demonstrate multifaceted nature of the problem.

Methodology:

The present research was conducted in Central Punjab, Pakistan. Four districts (Lahore, Faisalabad, Jhang and Nankana Sahib) were selected purposively to represent rural cultural diversity and varying socio-economic conditions. Target population of the study was infertile couples residing in rural areas of these districts. Multistage sampling technique was applied to certify representativeness. Firstly, Central Punjab was chosen. Secondly, four districts were selected purposively. Thirdly, union

councils and villages were identified in consultation with Lady Health Workers and Rural Health Centers. The infertile couples were recruited through household listings and community informants. 457 respondents i.e. 115 from Lahore, 114 from Faisalabad, 114 from Jhang and 114 from Nankana Sahib were finalized. The sample size was determined using Yamane's formula (1967) and adjusted for field feasibility. The data were gathered using questionnaire covering the demographics, social stigma, family pressure, psychological stress and coping mechanisms. The ethical considerations were strictly observed. The data were analyzed using SPSS applying descriptive statistics, chi-square, t-tests and ANOVA to examine associations between socio-demographic characteristics and experiences of infertility.

Results & Discussion:

Table # 1 Socio-Economic and Demographic attributes of respondents

Age	Frequency	Percentage
20–30	83	18.2%
31–40	186	40.7%
41–50	148	32.4%
51–60	33	7.2%
61 and Above	7	1.5%
Type of Family		
Joint	194	42.4%
Nuclear	78	17.1%
Extended	185	40.5%
Education Status		
No Education	132	28.9%
Primary	113	24.7%
Middle	98	21.4%
Matric	51	11.2%
Intermediate	32	7.0%
Graduation	23	5.0%
M. Phil / Ph. D	8	1.8%
Occupation		
Agriculture	216	47.3%
Laborers	142	31.1%
Government Employee	34	7.4%
Private Job	25	5.5%
Entrepreneur	5	1.1%
No Occupation	35	7.7%
Income		
Less than 20,000	144	31.5%
20,001 - 40,000	128	28.0%
40,001 - 60,000	89	19.5%
60,001 - 80,000	53	11.6%
Above 80,000	43	9.4%

The socio- cultural and demographic attributes of infertile couples in rural areas of Punjab illustrate how the cultural and structural factors formulate their experience of infertility. Large majority of the respondents were aged 31–40 years 40.7% which is a period socially regarded as most critical for childbearing that intensifies family and community pressure when couples remain childless. Dominance of joint family 42.4% and extended family 40.5% highlights how traditional kinship

system reinforces collective expectations of reproduction often increasing social stigma for the infertile couples. The educational attainments were generally low with (28.9%) respondents having no education and only (5%) reaching graduation which reflects limited awareness and restricted access to reliable infertility treatments. Majority of the respondents was engaged in agriculture 47.3% or labor work 31.1% and half 59.5% earned less than Rs. 40,000 monthly highlighting financial barriers that frequently push couples toward traditional and religious remedies instead of seeking medical care. These patterns underscore how poverty, low education and traditional family structures intersect with cultural norms to deepen social and emotional burden of infertility in rural areas of Punjab, Pakistan.

Table # 2: Association of Gender and Marital Duration with Social & Cultural Dimensions of Infertility in Rural areas of Punjab

Variables	Groups	Mean Scores	S. Deviation		N
Gender	Male	3.45	0.62		228
	Female	3.78	0.58		229
Marriage Duration	1-5 years	3.72	0.66		98
	6-10 years	3.88	0.64		122
	11-15 years	4.07	0.60		109
	16-20 years	4.20	0.55		76
	21 years	4.28	0.51		52
Source of Variation	**Sum of Squares**	**df**	**MS**	**F**	**p-value**
Between Groups	12.961	4	3.240	8.223	0.000
Within Groups	178.287	452	0.394		
Total	**191.248**	**456**			

Result of the above table highlights two critical sociological dimensions of the infertility in rural areas of Punjab. Firstly, the **gender plays a critical and decisive role in formulating social challenges:** infertile females M = 3.78 report significantly higher level of social stigma, gossips and exclusion as compared to males M = 3.45. This highlights the patriarchal socio-cultural norms where fertility is associated with a woman's social worth while males are often shielded or even encouraged to marry again. Secondly, **duration of marriage without children increases social difficulties.** Those couples who are married for over 20 years reported the highest social burden M = 4.28 which shows that prolonged childlessness erodes societal tolerance and leads towards escalating family pressure, the labeling and social exclusion from the community life. Moreover, these findings highlight that gender and the duration of marriage are two most important determinants of social challenges experienced by infertile couples in rural areas of Punjab. Gender differences align with the Gender role theory proposed by Bem which stresses how socially constructed gender expectations dictate roles and responsibilities. In rural context, females are expected to prove their femininity through motherhood and failure results in heightened social stigma, gossip and social exclusion explaining why infertile females reported significantly higher social challenges than males who are protected from blame and even supported in seeking second marriage to preserve lineage. Impact of marital duration reverberates with Interactionism which illustrates how meanings are assigned and reinforced through repeated social interaction. The couples who remain infertile are increasingly labeled as incomplete or cursed and these stigmatizing interactions accumulate leading towards the greater emotional isolation and community exclusion. So, the longer a couple remains infertile, the heavier their social burden becomes. These results highlight that infertility is not only a medical issue but a social cultural and social construct reinforced by patriarchal expectations and symbolic interpretation of childlessness. The gendered blames and prolonged marital duration magnifies the social stigma demonstrating how cultural norms, family pressure and community practices intersect to sustain social challenges for the infertile couples.

Table # 3: Association between Education and Family Pressure

Education Level	Frequency (n_i)	Mean Score	Standard Deviation
Never attended school	132	4.28	0.74
Primary	113	4.12	0.78
Middle	98	3.92	0.80
Matric	51	3.65	0.85
Intermediate	32	3.48	0.91
Graduation	23	3.25	0.96
M. Phil / Ph.D.	8	3.05	1.02
Total	457	–	–

ANOVA Results. Use of Spiritual/Religious Interventions by Education Level

Source of Variation	Sum of Squares	Df	MS	F	p-value
Between Groups	16.527	6	2.755	5.274	0.000
Within Groups	235.334	450	0.523		
Total	**251.861**	**456**			

Findings above data point out problematic dimension of infertility in rural areas of Punjab. The education level appears to significantly formulate the extent of family pressure faced by infertile couples. Those respondents who were without schooling reported the highest level of family pressure whereas those couples who had higher education levels especially graduates and postgraduates experienced comparatively less pressure. This gradient reflects how limited education restricts awareness, the critical thinking and the social confidence leaving infertile couples more exposed to cultural expectations and coercive demands of kinship networks. Statistically significant ANOVA results $F = 5.274$, $p < 0.001$ confirm that burden of infertility is not equally distributed but intensified among less educated couples who lack the social and intellectual resources to negotiate stigma and this reinforces the cycle of marginalization as education not merely empowers individuals economically but also offers a shield against oppressive family norms.

Conclusion:

This research demonstrates that infertility is not only a biomedical issue but a deeply-rooted socio-cultural phenomenon framed by cultural norms, gender roles and family structures. Analysis of the study highlighted that females consistently experience greater social challenges as compared to males illustrating entrenched patriarchal expectations that equate womanhood with motherhood. The infertile females are subjected to gossips, social exclusion and marital instability while males are escaped from blame or offered alternatives such as remarriages. Findings further demonstrate that duration of marriage amplifies social challenges as longer couples remain childless, the more intensely they face social stigma, emotional isolation and community exclusion affirming that infertility is experienced as a cumulative social burden rather than a one-time event. Socio-demographic patterns highlight this narrative as most participants belonged to joint and extended family where collective kinship expectations magnify reproductive pressure. Resultantly, many couples rely on traditional or spiritual intervention which sustains cultural practices but often delays effective healthcare. The findings emphasize an urgent need to reframe infertility within public health and social policy in rural areas of Punjab, Pakistan and awareness programs must challenge the gendered blame put on females while psychosocial support should be prioritized for couples who face the heaviest societal stigma. Moreover, assimilating infertility into reproductive health policies can ensure that emotional, socio-cultural and medical dimension are addressed collectively.

Recommendations:

- There is a dire need to design programs for community awareness to challenge the myths and social stigma surrounding infertility.
- The equal responsibility should be promoted by educating families that infertility can affect both males and females.
- The accessible and affordable infertility healthcare services should be provided in rural and backward areas of Punjab.
- Training should be given to the healthcare workers in counseling to support the emotional well-being of the infertile couples.
- The infertility care should be incorporated into the national reproductive health and family planning policies.
- The reliance on traditional healers should be reduced by offering evidence-based medical guidance to the infertile couples.
- Social support groups should be formulated for infertile couples to share their experiences and coping strategies.
- The educational programs should be introduced that emphasize gender equality and reduce blame on women.
- The religious and community leaders should be encouraged to foster empathy and discourage discrimination.
- Further research on psycho-social & cultural dimensions of infertility should be conducted.

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