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The Social Stigma of Infertility Causes & Consequences

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Abstract

Infertility is worldwide burning phenomena that not only affects people physically & emotionally but it also has deep social implications in an underdeveloped country like Pakistan where majority of the population is living in rural areas having low level of awareness regarding various issues pertaining to health with a high level of infertility almost 22%. It approximately affects 48 million couples and almost 186 million individuals globally. The present study discovers the social stigma of infertility, investigating its causes & consequences by multidisciplinary lens. The social stigma stems from the societal, cultural and religious expectations of proliferation which leads to discrimination & marginalization against infertile couples. This societal stigma manifests in many ways such as strained relationships, psychological distress and minimize social standing which affect females in patriarchal societies. The article also highpoints the role of family dynamics, media & community in alleviating stigma. The study in hand was conducted to explore the psycho-social problems faced by infertile couples in rural areas of Punjab Pakistan. The target population was the infertile couples from rural areas of Faisalabad, Nankana Sahib, Lahore and Jhang who were getting treatment at various health centers for primary or secondary infertility. A sample of 200 respondents (50 from each district purposively) was chosen through multistage sampling technique. Data was collected by using interview schedule. The research study reveals the several psycho social impacts of the infertility such as stress, depression, tensions, frustration and anxiety, poor mental health, divorce, domestic violence, loss of prestige and dissatisfaction in relationship. This study also emphasizes the urgent need for awareness, policy formulation and support systems to minimize the stigma of infertility and empathetic societal outlook.

Keywords

The Social Stigma, Infertility, Pakistan, Punjab, Psycho Social.

Introduction

The inability to conceive a child after one year of unprotected intercourse is an important reproductive health issue affecting millions across the globe. The infertility affects approximately 15% of couples globally (WHO, 2020) and is regarded as a medical condition. Its social dimensions are equally profound. The cultural expectations and social norms place significant stress on

parenthood, bearing children, identity and for societal worth. Resultantly, the infertility leads towards social stigma, discrimination and various psycho-social problems (Inhorn & Patrizio, 2015). There are two types of infertility. First one is primary infertility which refers to a couple who never achieved pregnancy and the second one is secondary infertility when a couple didn't achieve pregnancy after lost one pregnancy (Warner L, 2015). The cause of infertility when found in female partner is referred as female infertility or "female factor" infertility. It is a common problem as every 10 females out of 100 females deal with this problem. Age factor has great influence in the female fertile ability as the chances of infertility increase with the growing age of the women (Clevel and Clinic, 2022). In many developed countries, the changing cultural norms directly support women into voluntary childlessness and create different policies to control the voluntary childlessness (Okpan and Otega, 2021). Various studies reported male factor as responsible for the infertility evaluated through semen analysis and dysfunction of ejaculation. Apart from this, some biological and physical health conditions like disease such as diabetes, autoimmune disease and cystic fibrosis found responsible. Other causes including unhealthy activity such as consumption of alcohol and smoking, consumption of steroids, too much use recreational drugs and hormonal disturbances with age lead to infertility among males (Durairajanayagam. D, 2018).

The social, cultural beliefs and gendered expectations often lead to social stigma in many societies where women are disproportionately held responsible for childbearing whether the cause of infertility lies with the male or both partners. This biasness perpetuates stereotypes, subject the women to blame, shame and isolation. Moreover, infertility encounters traditional structures of family, create important emotional and relational strain on couples (Donkor & Sandall, 2007). A study was conducted in Zhejiang Province, China and its results concluded that the infertile females faced lower self-esteem, deprived of social support and a high level of distress as a result of this social stigma (Liu et al., 2021). The social and psychological impact of infertility stigma are deeply rooted in the society especially in rural areas and its results are far-reaching such as depression, anxiety, stress and a sense of inadequacy. According to a study, those people who face stigma experience increased emotional stress and distress and search for meanings in their life (Fekkes et al., 2022). The narratives of the society unreasonably frame infertility as female issue in spite of the fact that male infertility contributes to almost half of all infertility cases. The main reason behind this perception is a lack of awareness and social support for infertile men leaving many to face isolation and unaddressed psychological tension and distress. There is a need of various exertions to normalize conversations around male infertility to dismantle these misperceptions and misconceptions to reduce stigma (Pop Sugar, 2022). The parenthood is considered as a marker of social status and fulfillment in many regions and those people who are unable to conceive experience exclusion and isolation from social and cultural events. This marginalization erodes their sense of community belonging and has profound impact on their mental health (Wikipedia, 2023). The economic factors also exacerbate this social stigma as in many lower income countries, the treatment of infertility remains unreachable because of high costs. The studies also indicate that in high-income countries, the economic stress contributes to feelings of inadequacy and societal pressure to conceive (Mascarenhas et al., 2021). The social stigma of infertility is not confined to females or developing countries. In 2018, a study was conducted in USA which revealed that almost 63% females and 50% males facing infertility stated the feelings of embarrassment and fear of judgment from their peers (Greil et al., 2018) which reflects how deep-rooted societal expectations about parenthood are. The social stigma of infertility also leads to weakened mental health consequences. The CDC (Centers for Disease Control and Prevention) explores that those people who are facing infertility, have ominously high risk of developing stress, tension, anxiety and depression and females being 1.5 times more likely than males to face these kind of issues

(CDC, 2021). The perception of infertility has been further shaped by the social media. There are some online platforms which foster the support for communities but some forums also reinforce social pressure by idealizing the ideal of a "perfect family." According to a 2022 study, the excessive exposure to the content related to pregnancy on social media increased the feelings of exclusion, isolation and stress among those individuals who are struggling with infertility (Allen et al., 2022). The childlessness has recently emerged as a major factor directly or indirectly affecting the birth rate of the population and leads to low birth rate significantly impacting the population in many developed countries (Roland, 2007). Many Studies stated that the reasons for infertility differ in many geographical areas (Boivin et al 2007). A researcher had a contrary opinion in which he states that some people consider having children is more important for them in their future life and infertility is a major problem for them (Rybin and Morgan, 2018). As per global statistics, the infertility varies from 12-15% of couples in developed societies among those people who experienced primary and secondary infertility. It varies according to ethnic groups and on different basis such as age, community, class, cast and group (Elhssein, Ahmed & Adamu, 2019).

Multiple studies explored that spiritual powers & social norms within the family contribute to the infertility (Tabong & Adongo, 2013). The Sociological & Anthropological point of view also states that childless couples suffer from stigmatization and experience social pressure and the marital instability also takes part in this condition (WHO, 2015, Jegede & Fayemiwo, 2010). In various studies, almost 40% of infertility cases are due to a combination of both male and female factor whereas cause of the infertility still remained undefined among 15% of the cases (Liehr T, Al-Rikabi AB. 2018). The ratio of infertility in Pakistan is 21.9%. In which almost about 4% of them have primary infertility but some 18% of them of the total case have secondary infertility (Ali S, et al). Addressing infertility-related stigma requires a multifaceted approach. Public health interventions, education, and policy reforms are pivotal to supporting affected individuals. Recognizing infertility as a public health issue can help foster awareness, reduce stigma, and ensure equitable access to care and support systems. Such efforts are crucial in dismantling deeply ingrained societal biases and promoting a more inclusive and empathetic outlook (UCLA Center for the Study of Women, 2020). This societal stigma has deep impact on infertile individuals and in spite of advancements in medical fields, the social and emotional burdens of infertility remain unaddressed. This study examines the causes & consequences of social stigma of infertility, flaking light on its prevalent effects and exploring ways to minimize stigma through cultural sensitivity, media, education and policy reforms.

Rationale of Study

Infertility is a worldwide burning issue which affects majority of the people. The rate of infertility is higher in under developed countries and Pakistan is also one of them where infertility is prevailing due to lack of awareness about the causes and factors behind the infertility. It has profound impacts on the life of infertile couples and the stigma also leads to stress, tension and anxiety for childless couples. Many researches and investigations were conducted to find out the factors and causes of the infertility but there is still need to find out how infertility affects the life of individuals in psychological and social perspectives. The main objective of the study was to investigate the impact of infertility on the social life of infertile couples and how the stigma of infertility leads to various problems.

Objectives

- To know about the socio-economic characteristics of respondents
- To find out main factors leading towards infertility

To explore various psycho social problems and effects of infertility-stigma on the life of infertile couples

Review of Literature

Tabong & Adongo (2013) stated that infertility is misunderstood and stigmatized because of cultural beliefs as in traditional societies, fertility is seen as a key part of a person's identity, especially for women for example, in Ghana the infertile females are often called "incomplete" and experience discrimination and being excluded from family events and lose their inheritance rights. The infertility is considered as punishment for past misdeeds which makes the emotional burden even harder to bear in South Asia (Unisa, 2015). The menace of infertility affects male and female equally but woman faces more blame and judgment for infertility as many societies consider infertility as a "Female's Problem" and although male factors also hold responsible in half of the infertility cases. A Nigerian study explored that males are rarely held responsible and blamed for infertility while females experience social exclusion, social isolation, rejection and even divorce (Araoye, 2003) and this unjust blame makes it difficult for a female to cope and it emphasizes the need to educate the people about the shared responsibility for infertility. Emotional disturbance and the pain reasoned by infertility stigma is very common. Research shows that infertile couples often feel depressed, worried, anxious and lose self-confidence. Cousineau and Domar (2007) explored that the infertile people also avoid social events and feel isolated because of their social stigma and these emotional impacts are worse in cultures where having children is considered as a major part of a person's identity.

Infertility also creates financial stress because the treatments like IVF are very expensive. People in low-income countries cannot afford them. Moreover, women who are not financially independent and depend on their husbands are especially vulnerable if their marriage suffers because of infertility in some areas (Sundby, 2002).

The role of media is also significant in this regard as the way it portrays infertility affects how society views it. The popular media channels show The Success Stories of the people overcoming infertility with medical help but it does not show the challenges such as financial and emotional struggles (Baldwin et al., 2021). The social media has also become a forum where infertile people can share their experiences and find support helping reduce stigma (McQuillan et al., 2020). Various research studies suggest that there is a need to create awareness and educate people to deal with the stigma of infertility. Hollos et al. (2009) explored that involvement of religious leaders in discussions about infertility can be helpful for the communities. There is also need a comprehensive public health campaigns that address male infertility and educate people about the shared responsibility of fertility problems can also reduce blame on women (Inhorn & Patrizio, 2015).

Methodology

The present study was conducted to explore the impact of social stigma of infertility and its psycho-social problems faced by infertile couples in rural areas of Punjab Pakistan. The infertile couples from rural areas of Faisalabad, Nankana Sahib, Lahore and Jhang who were getting treatment at various health centers for primary or secondary infertility were the target population of the study. A sample of 200 respondents (50 from each district purposively) was selected by using multistage sampling technique. A well structure interview schedule was designed to collect data from the infertile couples. Questions were formulated in English but were asked in Urdu. The collected data were analyzed by using Statistical Package for Social Sciences (SPSS). The descriptive and inferential statistics was applied with the help of SPSS.

$$X^2 = \sum \frac{(O-E)^2}{E} O = \text{Observed value/frequency}$$

E = Expected Value/frequency

Σ = Total sum

Results & Discussion

Socio-economic characteristics of the respondents

Table1: Socio-economic Characteristics of Respondents

Variables	Description	Frequency	Percentage
Age of the respondents	21-25	18	9.0
	26-35	84	42.0
	36-40	58	29.0
	41-45	30	15.0
	46 & Above	10	5.0
Education of respondent	Literate	4	2.0
	Illiterate	30	15.0
	Primary to Middle	20	10.0
	Matric	58	29.0
	Intermediate	52	26.0
	Graduation	34	17.0
Gender	Post Graduation	2	1.0
	Male	44	22.0
Duration of Marriage	Female	156	78.0
	Less than 1 Year	14	7.0
	1-5 Years	80	40.0
	6-10 Years	86	43.0
Type of Family	More than 11 Years	20	10.0
	Nuclear	50	25.0
Income of Family	Joint	150	75.0
	10000-20000	12	6.0
	21000-30000	46	23.0
	31000-40000	108	54.0
	More than 41	34	17.0
Occupation of the respondent	Govt. Employee	18	9.0
	Private Employee	114	57.0
	Own Business	46	23.0
	Agricultural	22	11.0
Residential Area:	Urban	90	45.0
	Rural	110	55.0
Reason of Infertility	Male	12	6.0
	Female	46	23.0
	Both	64	32.0
	Not Diagnosed	78	39.0
Kind of Infertility	Primary	142	71.0
	Secondary	58	29.0

Table # 1 shows the socio-economic and demographic characteristics of the respondents. According to this table, 42% respondents were in the age group of 26-35 years. Age is one of the major factors determining fertility among couples. Majority of the respondents had the education level of Matric. In the present study, almost 78% respondents were females. Almost 43% of the respondents, duration of the marriage were 6-10 years. Present study stated that majority of the respondents almost 78% belonged to the joint families and 54% respondents were having 31000-40000 monthly family income. Almost 57% respondents were private employees. 55% respondents of the total population belonged to rural areas for their residency. Present study showed that majority of the respondents almost 39% were said that the reasons of their infertility were not diagnosed and 71% respondents were falling in the primary kind of infertility.

Table 2: Response of respondents regarding causes of infertility (Multiple response)

Multiple response	Selected response		Not selected response	
	F	%	F	%
Late Marriage	12	2.4%	188	94.0
Age	22	4.5%	178	89.0
Contraception use	44	8.9%	156	78.0
Smoking	48	9.7%	152	76.0
Use of drugs	36	7.3%	164	82.0
Pelvic Pain	16	3.2%	184	92.0
Abnormal Menses	60	12.1%	140	70.0
Black magic	14	2.8%	186	93.0
Obesity	74	15.0%	126	63.0
Psychological distress	46	9.3%	154	77.0
STDs	36	7.3%	164	82.0
Low Weight	34	6.9%	166	83.0
STIs	8	1.6%	192	96.0
Others	44	8.9%	156	78.0
Total Selected response	494	100.0%		
Total respondents	200	100.0%		
Average response	2.47			

Table # 2 demonstrates multiple responses of the respondents regarding the causes of infertility. This table depicts about 14 causes of the infertility, where respondents have to select more than one option. Regarding multiple response, there were fourteen causes given to the respondents in which late Marriage, Age, Contraception use, Smoking, Use of drugs, Pelvic Pain, Abnormal Menses, Black magic, Obesity, Psychological distress, STDs, Low Weight, STIs & Others were included. Present research shows that 2.4% respondents were agree that late marriage was the cause of their

infertility and 4.5% respondents stated that age was the reason behind their infertility. With the modernization of the world, knowledge about the family methods was spread almost in entire world. The present study stated that 8.9 % respondents were agreeing that the high use of the contraception method was the reason behind their infertility. Proper body health also has a great effect on the ability of the fertility of the individual. The study shows that 9.7% respondents were agree that smoking was also a cause of the infertility and not only just smoking, the study also shows that 7.3% respondents were agree on the use of any kind of drug was the cause of infertility. 3.2% respondents were agreed on the Pelvic Pain and 12.1% respondents were agreed on the Abnormal Menses as causes of infertility. 2.8% respondents were agreed on the Black magic were the reason behind their infertility. Majority of the respondents almost 15% agreed that Obesity was the cause of infertility. 9.3% respondents were agreed that Psychological distress was the cause of infertility. 7.3% respondents agreed that STDs and also Low Weight were the main causes of infertility. Research shows that 8.9% respondents stated that there were some other causes behind their infertility.

Table3: Response of the respondents regarding following statements

Variables	Description	Frequency	Percentage
Who is to be blamed for infertility	Male	4	2.0
	Female	32	16.0
	Both	62	31.0
	No one	102	51.0
Any treatment	Yes	128	64.0
	No	72	36.0
If yes, then who puts the pressure to undertake treatment?	By Husband	106	53.0
	Family		
	By Wife Family	26	13.0
	By Husband	58	29.0
Does infertility cause any kind of domestic violence	By Wife	10	5.0
	Physical	2	1.0
	Verbal	144	72.0
Do you feel embarrassed when asked something about kids	Both	54	27.0
	Yes	158	79.0
	No	42	21.0
Do your fertility problems cause feelings of jealousy and resentment	Yes	138	69.0
	No	62	31.0
Do you feel uncomfortable attending social situations like holidays and celebrations because of your fertility problems	Yes	160	80.0
	No	140	20.0

Table 3 shows that almost 64% respondents got treatment and 53% respondents stated that they were getting pressure from her in-laws to undertake the treatment. While 72% respondents were agreed about the statement “infertility is the cause of verbal domestic violence”. It was also notable that 79% respondents were feeling embarrassing for someone asking about kids, whereas 69% respondents were agreed about infertility was a cause of jealousy and 80% of the total populations were feeling uncomfortable to attend the celebrations and other social events due to their infertility.

Table 4: Response of the respondents regarding following statements (N=100)

	Statement	Agree		Disagree		No Opinion	
		F	%	F	%	F	%
1	Late marriage is the main cause of infertility	160	80.0	28	14.0	12	6.0
2	Early age of marriage influence the rate of fertility	150	75.0	38	19.0	12	6.0
3	Family planning methods increase chances of infertility	118	59.0	72	36.0	10	5.0
4	Having Industrial occupation as the cause of infertility	112	56.0	76	38.0	12	6.0
5	Family genes are the main factor behind the infertility	156	78.0	32	16.0	12	6.0
6	Modernization is the main factor behind the infertility	156	78.0	32	16.0	12	6.0
7	Lack of proper diet is the main factor behind the infertility	166	83.0	24	12.0	10	5.0
8	High use of contraception methods lead to infertility	162	81.0	26	13.0	12	6.0
9	Infertility as reason of divorce	168	84.0	26	13.0	6	3.0
10	Infertility as reason of another marriage	158	79.0	30	15.0	12	6.0
11	Females are blamed or responsible for infertility	164	82.0	28	14.0	8	4.0
12	Infertility hampers the relationship with family members	162	81.0	26	13.0	12	6.0
13	Infertile couples are treated with contempt and dishonor	158	79.0	30	15.0	12	6.0
14	Infertility leads to social exclusion	158	79.0	34	17.0	8	4.0
15	Infertile women are insulted by their husbands and in-laws	170	85.0	24	12.0	6	3.0
16	Infertile couples face stress, depression and tensions	166	83.0	130	15.0	4	2.0
17	Infertile couples feel stigmatized themselves	170	85.0	18	9.0	12	6.0
18	Infertile couples face frustration and anxiety	174	87.0	16	8.0	10	5.0
19	Infertile couples feel social pressure to have children	170	85.0	18	9.0	12	6.0
20	Being infertile, do you feel any threat of loss of prestige	172	86.0	14	7.0	14	7.0

Table 4 describes the responses of the respondents regarding different statements. Late marriage was a cause of infertility as this statement got tremendous attention of respondents i.e. 80% were agreed that late marriage was the main cause of infertility and 75% respondents showed their concern about statement “early age of marriage influence the rate of fertility”. Family planning methods increased the chances of infertility because majority of the respondents e.g. 59% agreed with this statement. Another important statement about Industrial occupations that affect the health

of individuals i.e. 56% respondents were agreeing with this statements. Family genes were also the main factor behind the infertility so the respondents were agreed as 78% about this statement. 78% respondents agreed regarding modernization as a factor of infertility. In modernized world people have changed their attitude in food patterns so the healthy body depends on the diet and individuals have in his daily routine life, lack of proper diet is the main factor behind the infertility because 83% respondents were agreed with this statement. Higher uses of contraception methods lead to infertility e.g. 81% respondents were agreeing with that statement. 84% respondents also consented the “divorce is also another crucial factor it further lead to another marriage did by separated couples e.g. 79% respondents regarding this statement. Data also postulated that infertility is main deficiency on women side therefore; infertility distorted the relationship between married couples who have no children as 82% respondents were agreed. Dishonoring of both infertile couples is another issue about infertility in which majority of the respondents 79% were agreed and social exclusion assessed second important factor of dishonoring because 79% were agree. Due to this infertile woman were blamed and insulted from their husbands e.g. 85% considered this statement is true and this leads to sever mental health issues like depression, anxiety and tension, 83% agreed, it further prolonged and stigmatized to both of infertile couples i.e. 85% respondents reacted positively about this statement

Females were blamed or held responsible for infertility as 82% respondents agreed with that statement. Infertility hampers the relationship with family members 81% respondents were agreed with that statement. Infertile couples are treated with contempt and dishonor 79% respondents agree with that statement. Infertility leads to social exclusion 79% respondents agrees with that statement. Infertile women are insulted by their husbands and in-laws 85% respondents agree with that statement. Infertile couples face stress, depression and tensions 83%, frustration and anxiety 87% respondents agree with that statement. Social pressure due to different factors have become also another picture of infertility and its relationship with society as 85% respondents were agreed and it leads loss of prestige i.e. 86% were also agreed regarding the statement.

H1: Higher the rate of infertility, higher will be the rate of divorce

Relationship between infertility and divorce through the Chi-square test

Chi-Square Tests	Value	DF	Sig. (2-sided)	Frequency
Pearson Chi-Square	71.632 ^a	4	.000	200
Likelihood Ratio	35.760	4	.000	
N of Valid Cases	100			200

Relationship between infertility and divorce through the Gamma tests:

Gamma test	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal Gamma	.886	.061	3.558	.000
N of Valid Cases	200			

Null Hypothesis: H₀: There is no significance association between variables.

Alternative Hypothesis: H₁: There is significance association between variables.

Table shows the Relationship between infertility and divorce through the Chi-square test and Gamma test. Chi-Square test Pearson value 71.632^a and degree of freedom is 4 and sig value is .000 so it means the value of P<0.05. When test these statistics in the Gamma test then table shows that ordinal gamma value is .886 and Approx. Significance is .000. That’s why null hypothesis is not accepted. According to this hypothesis infertility affects the relationship between the couples that would lead to divorce. The chance of divorce increases due to infertility among couples.

H2: Late marriages cause infertility

Relationship between infertility and late marriage through the Chi-square test

Chi-Square Tests	Value	DF	Sig. (2-sided)	Frequency
Pearson Chi-Square	128.026 ^a	4	.000	200
Likelihood Ratio	84.788	4	.000	
N of Valid Cases	100			200

Relationship between infertility and marriage through the Gamma tests:

Gamma test	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal Gamma	.974	.026	5.728	.000
N of Valid Cases	200			

Null Hypothesis: H₀: There is no significance association between variables.

Alternative Hypothesis: H₁: There is significance association between variables.

Table shows the Relationship between infertility and late marriage through the Chi-square test and Gamma test. Chi-Square test Pearson value 128.026^a and degree of freedom is 4 and sig value is .000 so it means the value of $P < 0.05$. When test these statistics in the Gamma test then table shows that ordinal gamma value is .974 and Approx. Significance is .000. That's why null hypothesis is not accepted. Present study stated that the rate of infertility increased due to high late marriage and age factor. Age at the time of marriage have great impact on the fertile ability of the individuals.

H3: Higher the use of family planning methods, higher will be the rate of infertility

Relationship between infertility and family planning through the Chi-square test

Chi-Square Tests	Value	DF	Sig. (2-sided)	Frequency
Pearson Chi-Square	16.791 ^a	2	.000	200
Likelihood Ratio	17.123	2	.000	
N of Valid Cases	100			200

Relationship between infertility and family planning through the Gamma tests:

Gamma test	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal Gamma	-.573	.141	-3.014	.003
N of Valid Cases	200			

Null Hypothesis: H₀: There is no significance association between variables.

Alternative Hypothesis: H₁: There is significance association between variables.

Table shows the Relationship between infertility and family planning through the Chi-square test and Gamma test. Chi-Square test Pearson value 16.791^a and degree of freedom is 2 and sig value is .000 so its means the value of $P < 0.05$. When test these statistics in the Gamma test then table shows that ordinal gamma value is -.573 and Approx. Significance is .000. That's why null hypothesis is not accepted. According to this hypothesis infertility was increased due to high use of family planning methods. Study stated that's the highly use of contraception methods lead to infertility. Contraception methods were weakened the ability of fertile of the couples.

H4: Higher the rate of modernization, higher will be the rate of infertility

Relationship between infertility and modernization through the Chi-square test

Chi-Square Tests	Value	DF	Sig. (2-sided)	Frequency
Pearson Chi-Square	44.868 ^a	4	.000	200
Likelihood Ratio	24.745	4	.000	
N of Valid Cases	100			200

Relationship between infertility and modernization through the Gamma tests:

Gamma test	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Ordinal by Ordinal Gamma	.631	.142	2.984	.003
N of Valid Cases	200			

Null Hypothesis: H₀: There is no significance association between variables.

Alternative Hypothesis: H₁: There is significance association between variables.

Table shows the Relationship between infertility and modernizations through the Chi-square test and Gamma test. Chi-Square test Pearson value 44.868^a and degree of freedom is 4 and sig value is .000 so its means the value of $P < 0.05$. When test these statistics in the Gamma test then table shows that ordinal gamma value is .631 and Approx. Significance is .000. That's why null hypothesis is not accepted. Research study stated that's modernizations leads to the infertility. With the world modernization and highly use of technological gadget and tools such as cell phone, laptops and tablet etc. tech tools released some radiation which is not healthy for human genes. Normally all people carries their mobile phone in their pockets which is so close to male genes. There is highly chance for getting effects from the radiations.

Summary & Conclusion

The research study was conducted to explore the psycho social problems faced by infertile couples in rural Punjab. The target pupation was affected by the primary or secondary infertility. Sample of 200 respondents was chosen by purposive sampling technique. Data was collected by using interview schedule. In present study the majority of the respondents almost 42% were in the 26-35 age group. Almost 29% were educated at the level of Matric. 78% were females and 43% respondents were falling in 6-10 year categories regarding the duration of the marriage. 78% respondents belong to the joint families and 54% respondents were having 31000-40000 family income. After getting the Scio-economic characteristic of the respondents, the study also provided several statements to explore the psycho-social problems faced by infertile couples. The study concluded that the social stigma of infertility has a profound impact on childless couples and the main causes of their infertility were late Marriage, Age, Contraception use, Smoking, Use of drugs, Pelvic Pain, Abnormal Menses, Black magic, Obesity, Psychological distress, STDs, Low Weight and STIs. All these factor affect the ability of the couples. Infertility also leads to divorce, domestic violence and loss of prestige, tension, frustration, social pressure and lack of attending social events due to their social stigma.

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