Beyond Childlessness: Men's Experiences of Infertility Stigma in Malaysia

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BACKGROUND, OBJECTIVE AND METHODS

BACKGROUND

Male infertility remains an under-recognised reproductive health issue. In Malaysia, infertility is often socially and clinically framed around women, potentially obscuring men's psychological, social and healthcare experiences. Understanding male infertility stigma is important for developing more inclusive and couple-centred fertility services.

OBJECTIVE

To explore how men with male-factor infertility experience stigma and how it shapes their self-perception, masculinity, social relationships and healthcare encounters.

METHODS

Nine men with diagnosed male-factor infertility receiving fertility-related care in Klang Valley were interviewed. In-depth interviews explored infertility, relationships, masculinity, social interactions and fertility care. Data were analysed using interpretative phenomenological analysis (IPA).

KEY FINDINGS: PARTICIPANT CHARACTERISTICS

Number of participants
9 men

Mean age (range)
37.9 years
(29–48)

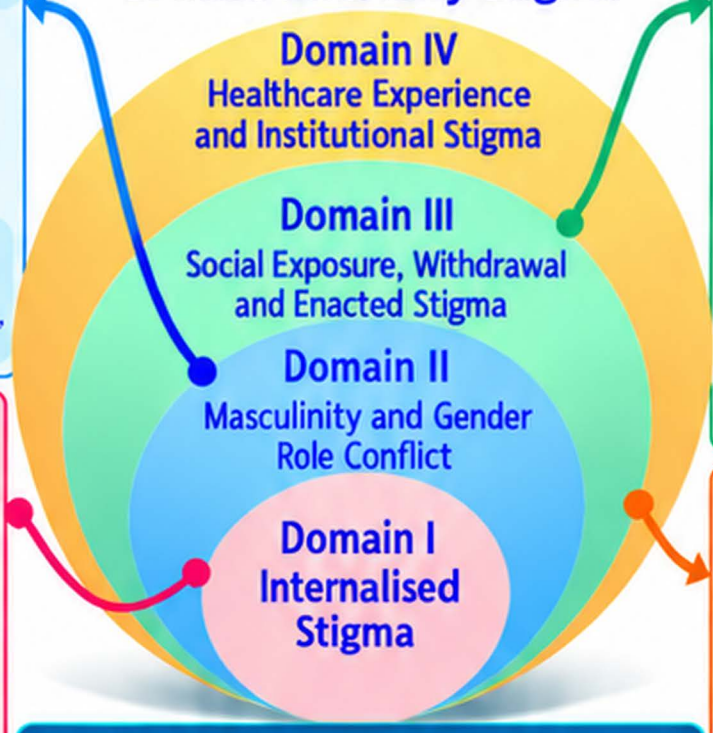
Ethnicity
Malay 5
Indian 2
Chinese 2

Educational background
Diverse backgrounds

Mean duration of marriage
7.0 years
(2–12)

Fertility treatment
All had IVF; 5 had IUI

Four Interconnected Domains of Male Infertility Stigma



DOMAIN II – MASCULINITY AND GENDER ROLE CONFLICT

Infertility challenged expectations of virility, masculine completeness, emotional strength and sexual competence. Men also described pressure to remain strong and suppress vulnerability.

> *"Infertility really makes you feel... as if it 'de-male' you... as if you are not man enough, being less of a man."*

DOMAIN I – INTERNALISED STIGMA

Infertility was sometimes internalised as personal inadequacy, self-blame, spousal guilt and anxiety about lineage and legacy.

> *"For myself, I saw myself as a loser. Such a big loser. I felt like I was not able to provide offspring."*

Some men also questioned whether their lifestyle or work had contributed to infertility and felt guilty about the burden placed on their wives.

DOMAIN III – SOCIAL EXPOSURE, WITHDRAWAL AND ENACTED STIGMA

Questions about children, family gatherings and peer comparison made infertility socially visible and contributed to discomfort, distancing and, for some men, avoidance.

> *"I feel the difference and the distance between us is getting further and further."*

Avoidance was not universal, but some men withdrew from situations where questions about children were anticipated.

DOMAIN IV – HEALTHCARE EXPERIENCE AND INSTITUTIONAL STIGMA

Fertility care was often perceived as female-centred, with men receiving less attention, counselling and male-focused support. Privacy and dignity during fertility procedures were also concerns.

> *"I think it was more focused on women... actually, the root cause was men... but it felt more like something secondary."*

Male infertility stigma extends from self-perception to social and healthcare contexts.

DISCUSSION

- International studies similarly show that male infertility can reduce self-worth, challenge masculine identiity, encourage emotional suppression, and contribute to social withdrawal (1,2).
- Intrusive social questioning and marginalisation within female-centred fertility services have also been reported elsewhere (3,4).
- This study adds a Malaysian perspective by highlighting family and festive gatherings, lineage (*keturunan*), fertility-related labelling, and dignity during fertility procedures.

PUBLIC HEALTH IMPLICATIONS

- Reframe infertility as a shared reproductive health concern.
- Strengthen male-sensitive counselling and support.
- Promote couple-centred fertility care.
- Challenge stigma linking fertility with masculine worth.
- Improve privacy and dignity within fertility services.

CONCLUSION

Male infertility stigma extends beyond psychological distress. It is shaped by self-perception, masculine expectations, social relationships and healthcare practices. More male-sensitive, couple-centred and dignified fertility care may improve men's inclusion and engagement in reproductive health services.

REFERENCES

1. Abdurizadeh M, Wanaki Z, Mohammadi E, Mahtabfam S. *J Adv Nurs.* 2024;80(5):2018-2026.
2. Hanna E, Cough B. *Sociol Health Illn.* 2020;42(3):465-480.
3. Dierick S, Ombe KO, Clarke E, Coesys S, Pauzy A, Balen J. *PLOS ONE.* 2021;6([11):e0260084.
4. Stevenson EL. McElroy KR, Modey E, Bailey DE. *Health Psychol Open.* 2019;6(2).