



## Breaking the chain of stigma, shame and blame associated with infertility in some societies

Media Release, 10 May 2026

Assisted reproductive treatments, such as IVF, will not solve the stigma of infertility when families continue to treat the condition as a moral failure.

This is particularly the case in societies where fertility treatments are viewed with suspicion, myths and taboos that generate feelings of shame and guilt among those struggling to conceive.

Stigma associated with IVF and barriers to treatment has come under the spotlight at the 2026 Congress of the Asia Pacific Initiative on Reproduction (ASPIRE) in Beijing.

Pakistani fertility specialist, Professor Yousaf Latif Khan, said infertility in that country affected over 20 per cent of reproductive age married couples, substantially above many general global estimates.

Infertility is defined as the failure to conceive after a year of unprotected intercourse, or the inability to carry pregnancies to a live birth. The causes of infertility are equally shared between male and female partners.

However, Professor Khan said in Pakistan there was disproportionate blame on women when there were conception issues.

“Women bear the brunt of infertility in most social settings, even where the cause may be male, female, combined or unexplained,” he said.

“Childbearing in Pakistan is strongly linked with marital stability, womanhood, family continuity and old age security.

“Delayed conception after marriage may trigger pressure long before the technical clinical threshold is reached.

“Secondary infertility, where a woman is unable to conceive after one previous childbirth, carries unique stigma because families may expect additional children, especially sons.”

Yousaf Latif Khan is Professor of Obstetrics and Gynaecology at the Rashid Latif Medical College in Lahore.

He said Pakistan's infertility challenge was a systems problem while cost, misconceptions and misinformation about fertility treatment often reduce timely access to care.

"A clinically defined condition can become a household-level crisis and a primary site of suffering under certain social expectations," he explained.

"Stigma is a chain of interpretation, blame, isolation and coercion. Interventions must break the chain at multiple points combining improved public awareness, clinical capacity, affordability, legal clarity, counselling and data monitoring into one reproductive health strategy.

"Delayed medical care increases cost, reduces trust and allows misinformation to fill the gap left by formal services. Out-of-pocket IVF costs also create inequity where reproductive hope becomes available primarily to higher-income households.

"Additionally, lack of professional counselling can convert a treatable reproductive issue into marital conflict and family breakdown.

"Pakistan has clinical capability but lacks integrated policy architecture in fertility health care. The main constraint is not absence of IVF knowledge. It is access, trust, governance and social acceptance.

"Importantly, medical treatment alone will not solve stigma if families and societies continue to treat infertility as moral failure."

Around 3,000 specialists in fertility health – including scientists, clinicians, nurses and counsellors – are attending the ASPIRE Congress at the China National Convention Centre in Beijing.

For further information, go to <https://www.aspire2026.com>

## **Interview**

Professor Yousaf Latif Khan is available for interview.

To arrange, please contact Trevor Gill, ASPIRE Congress Media Relations.

Tel: (Australia) 61 418 821948 or email [lighthousepr@adelaide.on.net](mailto:lighthousepr@adelaide.on.net)