Infertility as a Life Course Disruption Among Filipino Women

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Abstract

In pronatalist societies, parenthood is promoted, leaving women with difficulties in conceiving to face significant psychosocial challenges. Despite the strong pronatalist norms in Philippine society, Filipino women with infertility remain an understudied topic. In this article, I focus on how the societal privileging of biological motherhood, strengthened by religious and child-centered values in the Philippines, shapes the experience of infertility. Drawing from the accounts of six married Filipino women with infertility, I conducted a reflexive thematic analysis underpinned by a social constructionist lens. The analysis highlights how framing motherhood as an integral part of the normative life course creates a sense of disruption for women with infertility. I also focused on how motherhood-centered expectations are reinforced in everyday social interactions, and how these shape the range of options viewed as permissible in navigating infertility. Medical interventions were primarily sought by the participants, as these align with the societally prescribed goal of achieving biological motherhood. Meanwhile, they also demonstrated reframing internalized meanings to create alternative definitions of what constitutes a family. I conclude by recommending strategies for affirming and culturally-grounded care within medical and mental health settings, and advocating to broaden sociocultural discourses surrounding normative life development.

Keywords: childlessness, motherhood, pronatalism, qualitative, thematic analysis

Infertility is defined as the inability to conceive after 12 months of regular unprotected sexual intercourse (American Society for Reproductive Medicine, 2020). Infertility can be primary or secondary. Individuals with primary infertility are those without children, while individuals with secondary infertility had successful pregnancies before but are currently having difficulties in conceiving (Vander Borght & Wyns, 2018). The cause of infertility can be male-specific, female-specific, or both. Male-specific causes include obstructions of the reproductive tract and low quantity or quality of semen. Meanwhile, female-specific infertility is commonly caused by structural abnormalities in the fallopian tube and uterus, and disorders of the ovaries and endocrine system (Anwar & Anwar, 2016). Aside from these, around 25% of infertile couples have unexplained infertility, which means that the cause is unidentifiable (European Society of Human Reproduction and Embryology, 2017). Various treatment options are available to address infertility, such as taking medications to induce ovulation, surgeries to fix structural abnormalities in the reproductive system, and assisted reproductive technologies (ART) like in-vitro fertilization (IVF) (Keye, 2006).

While medical conditions such as infertility have biological causes, their experience is still shaped by socio-cultural factors. What it means to be childless, whether by choice or because of biological limitations, is molded by broader societal and cultural norms. Greil et al. (2011) argued that the social construction of illnesses is even more apparent in the case of infertility due to its several characteristics. First, it is not signaled by the presence of a pathological state but rather by the absence of a desired state. Individuals with biological conditions associated with infertility (e.g., PCOS) who do not view parenthood as a desirable role may not view themselves as infertile. Second, various options outside of medical treatments are available to individuals with infertility, including adoption and childfree living. However, there is a privileging of biological parenthood in society, which leads to the marginalization and stigmatization of those who do not meet this norm (Bell, 2019; Budgeon, 2016; Gillespie, 2003; Riggs & Bartholomaeus, 2018). Hence, even though adoption and childfree living are possibilities that exist for infertile individuals, their decisions are often influenced by what is

considered the culturally endorsed choice. Currently, infertility is heavily viewed through medical discourses, where it is seen as an individual problem requiring medical solutions. However, the medicalization of infertility excludes the issue that stems from the societal expectation placed on individuals to pursue biological parenthood (Letherby, 2002).

Pronatalism and the Normative Life Course

Meanings surrounding infertility are shaped by the crucial role parenthood plays in what is considered the normative life course. The life course perspective pays particular interest to how human development is organized in a series of roles and experiences (called trajectories) and how the broader socio-cultural context influences these (Elder et al., 2006; Peterson & Place, 2019). Individuals have the agency to choose the roles they deem valuable and the timing of their lives. Still, these choices are bounded by the opportunities available to them in a given society (Elder et al., 2006). For most cultures, parenthood is a crucial part of the normative life course. This belief is shaped by pronatalism which promotes reproduction and justifies it as essential to the well-being of an individual, family, and society (Bhambhani & Inbanathan, 2020). Through pronatalism, individuals learn to view parenthood as an expected part of adult life trajectories (Peterson & Place, 2019; Riggs & Bartholomaeus, 2018).

Moreover, pronatalist societies position the desire to have a child as natural and innate (Purewal & Van Den Akker, 2007; Riggs & Bartholomaeus, 2018). Adults' reasoning behind their motivation to have children is framed as something that does not require an explanation; it is "just what you do" (Riggs & Bartholomaeus, 2018). In contrast, choosing to be childfree requires active decision-making. Couples who decided not to have children had to reflect and assess whether pronatalist norms align with their personal goals (Bhambhani & Inbanathan, 2020). Moreover, framing parenthood as emanating from an innate biological drive reinforces the prevailing preference for biological children over adoption due to the common genetic link between parents and offspring (Purewal & Van Den Akker, 2007).

Cultural Nuances on Pronatalist Norms

Since context shapes life course expectations, cultural nuances exist in how parenthood–and failing to meet this role–is experienced and perceived. Childlessness is generally more positively viewed in industrial societies than in developing societies (Greil et al., 2011). Industrial societies tend to have individualistic cultures where personal goals are given more importance than the collective. Therefore, individuals from these cultures are less likely to be pressured by the social expectations of reproduction (Hynie & Burns, 2006). Becoming a parent is considered a personal choice, making voluntary childlessness more common (Umberson et al., 2010).

In contrast, existing studies in collectivist cultures, such as in East and Southeast Asia, tend to focus on the role of familial harmony in the experience of infertility. Studies in China and Hong Kong described how perceptions of having a child are molded by the importance of continuing the family bloodline. Childbearing is seen as a duty to provide a descendant to the family; hence, the inability to do so can lead to strained familial relationships (Tiu et al., 2018; Yao et al., 2018). In Vietnam, having a child is given importance due to the sense of security it provides. Children are seen as a source of financial and emotional support, especially when the parents grow old and need someone to provide caretaking and companionship (Wiersema et al., 2006).

Pronatalism in the Philippines

The Philippines upholds strong pronatalist values (Alcantara, 1994). At the same time, Filipino families are characterized as child-centered (Morillo et al., 2013), which together, highlights the emphasis placed on reproduction. Children are considered an integral part of the familial structure and are highly valued and cherished in the Filipino family (Abalos, 2023). Parents are expected to care for their children, even at the expense of their own well-being (Miralao, 1997; Morillo et al., 2013). Because reciprocal obligations within the family are valued, children are also expected to give back and help their family (Alampay, 2014; Miralao, 1997). Hence, the high importance placed on having children also stems from the economic benefit they provide,

especially when the lack of socialized institutional support for the elderly in the Philippines is considered (Alcantara, 1994). Moreover, there is a cultural norm to have at least two children in the family because of the belief that it is unhealthy for a child to grow up alone without siblings (Costello & Casterline, 2009). This may be the driving force behind the country's fertility remaining above the replacement rate despite the steady fertility decline (Costello & Casterline, 2009).

The strong importance placed on parenthood can also be seen in how reproduction is emphasized in married relationships (Alcantara, 1994), where it is assumed that those who get married want to have children (Abalos, 2023). This view is shaped by the doctrines of Roman Catholicism, the dominant religion in the country, which comprises 78.8% of the population (Philippine Statistics Authority, 2023b). The Catholic Church promotes pronatalism through its belief that sexual intercourse should only happen for reproductive purposes (De La Croix & Delavallade, 2018). In particular, the Catholic Bishops' Conference of the Philippines (CBCP) described procreation as the essence of marriage because it symbolizes the unity between husband and wife (CBCP, 2018). They also framed childbearing as a gift from God, which should be celebrated and welcomed even if the couple has apprehensions about having a big family (CBCP, 2018).

Within the couple, it is the women who receive greater pressure from society due to the motherhood mandate, which is the pressure women receive to become mothers, and its subsequent impact on how their worth is evaluated in society (Russo, 1976). This mandate is reflected in a local quantitative study which found that Filipino women endorsed the belief that motherhood is essential for women to be fulfilled (Morillo et al., 2013). However, this endorsement varies, as women with higher educational attainment were found less likely to support it (Morillo et al., 2013). The pressure to conceive is also strengthened by how household decision-making power is only given to women once they have a child (Alcantara, 1994). Early socialization also shapes the critical importance given to childbearing in adult life. Young Filipino girls are socialized to view motherhood as a desirable role through play where they are

encouraged to enact mother-baby roles, and through household training where they are trained to be mother substitutes by being tasked to care for their younger siblings (Liwag et al., 1998). These examples highlight how cultural norms facilitate internalizing the caregiving role for young Filipino girls.

Given the cultural emphasis on procreation in the Philippines, childlessness is often met with stigma. People assume that there is something wrong with the couple's marriage if it does not lead to childbearing (Costello & Casterline, 2009). Childless couples also receive pitying looks from other people (Tan et al., 2001) and are considered unlucky (Abalos, 2023).

Infertility in the Philippines

The Demographic and Health Survey (DHS) showed that there is a rising trend of primary infertility among Filipino women aged 20 to 49 from 2% in 1998 to 3.6% in 2017 (Riese, 2021). This rate is the highest found in a study comparing infertility trends in 16 countries in Asia and Africa, where other countries showed a decreasing trend (Riese, 2021). Despite this, infertility remains a neglected reproductive health issue in developing countries where overpopulation is given more priority (Ombelet, 2011). This neglect is evident in the Philippines where there is currently no law that regulates service provision to infertile individuals. This lack of regulation creates vulnerabilities to discriminatory practices such those emanating from the religious views of practitioners who can refuse care on the basis of what they consider to be "pro-life" and "pro-marriage" (Biana, 2025).

Studies exploring the experience of infertility in the Philippines are also limited. One study discussed the perceived causes, health-seeking practices, and psychosocial effects of infertility among Filipino women (Relon, 2018). Another local study explored the challenges and coping of women at different points of their infertility journey, from trying to conceive naturally, to seeking medical diagnosis, to undergoing treatments (Taguibao & Bance, 2022). Both emphasized the distressing nature of infertility as it resulted in demotivation, anxiety, social withdrawal, and feelings of uncertainty (Relon, 2018; Taguibao & Bance, 2022). These studies also highlighted the stigma received

by women with infertility, and the different coping strategies they use (Relon, 2018; Taguibao & Bance, 2022). Since existing studies primarily focused on individual experiences, there is currently a critical gap in understanding how culturally shared pronatalist values in Philippine society create and maintain the marginalized experience of women with infertility.

Present study

This study aims to answer the following research questions: What does it mean to experience infertility in a pronatalist Filipino culture? How are infertility-related meanings socially produced and maintained? How do infertility-related meanings shape women's responses to infertility? This study is part of a broader Master's thesis that focused on other themes including infertility's impact on the sense of womanhood and sense of purpose, experiences of seeking medical treatments, grappling with religious faith, and cultivating personal and relational growth. These themes were excluded in this study to maintain a specific thematic focus and provide an in-depth analysis of infertility as a life course disruption.

A study on infertility focusing on socio-cultural influences is unexplored in the Philippine context since existing studies emphasized individual-level challenges and coping (Relon, 2018; Taguibao & Bance, 2022). Moreover, due to the hegemony of Western, individualist research in psychology (Arnett, 2008), studying infertility in a collectivist Filipino culture contributes to psychological research from underrepresented contexts. Creating psychological knowledge that aligns with Filipino cultural realities is especially important in developing culturally-informed mental health interventions, social policies, and public discourses about infertility.

Methodology

Research Paradigm

Existing studies tend to medicalize infertility or frame it primarily in terms of psychological distress (Burns & Covington, 2006). By anchoring this study on the paradigm of social

constructionism, a more contextualized exploration of infertility was undertaken. Social constructionism views meanings not as inherent but as produced through social processes within cultural and historical contexts. Meanings are created and reinforced by engaging with other people, leading to shared understanding of the world (Burr, 2015; Gergen, 2023). Through this lens, I viewed meanings about infertility and motherhood as constructed and maintained through social processes, not as inherently possessed by individuals. This was essential in exploring how cultural norms and values, and religious influences shape the experiences of infertile women. Social constructionism also seeks to challenge the taken-for-granted ways by which we understand the world (Burr, 2015), which, in this study, includes the view that motherhood plays a crucial role in the normative life course. Understanding how meanings are created and maintained through social processes can offer possibilities for creating alternative discourses and social change.

Participants and Recruitment

The data were derived from the interviews of childless cisgender Filipino women who reported to have been trying to conceive for at least 12 months. Being childless was included to meet the criterion of having primary infertility (i.e., individuals without children experiencing infertility). The duration of at least 12 months was based on the common definition of infertility in medical literature (e.g., American Society for Reproductive Medicine, 2020). To qualify for the study, the women had to be 25 to 44 years old, excluding the age at the beginning (i.e., 15–19 years old) and the end (i.e., 45–9 years old) of women's reproductive period (Mascarenhas et al., 2012) while taking into account the usual age of first-time mothers in the Philippines which was reported to be 23.6 years old (Philippine Statistics Authority, 2023a). Moreover, I purposively sought representations of at least two women below and above the age of 35 since this was the typical medical cut-off for what is considered "advanced maternal age," giving rise to more pressure in conceiving before the age of 35 (Balasch, 2010; Glick et al., 2021). In seeking out potential participants, I sought the help of OB-GYNs and administrators of online groups for individuals with infertility or medical conditions associated with infertility (e.g., PCOS).

They were requested to disseminate the recruitment materials to their network. Due to the topic's sensitivity, I emphasized my aim of creating a non-judgmental space in all the recruitment communications.

I interviewed six women, based on the recommended sample size of Braun & Clarke (2013) for small qualitative projects which use interviews as data collection method for experience and construction-type research questions to balance the aim of identifying patterns while still focusing on the richness of individual experiences. The six participants were all 32 to 38 years old, married, identified as heterosexual, and were residing in the Greater Manila Area (GMA). Five were employed, while one was a business owner. Based on their reported household income, all belonged to lower-middle to rich households, as categorized by the Philippine Institute for Development Studies (PIDS) (Albert et al., 2020). All identified as part of a Christian religious institution, with five Roman Catholics and one Born Again Christian. They have been trying to conceive from two to 11 years. All have consulted with medical specialists and were either undergoing treatment or taking a break from it during the study. The causes of their infertility included PCOS, adenomyosis, endometriosis, hydrosalpinx, and reproductive-immunological disorders. Two had unexplained infertility. A summary of the participants' characteristics can be found in Table 1.

Table 1
Participant Characteristics

Pseudonym	Age	General Location	Occupation	Religion	Socio-economic Class	Years trying to conceive
Evelyn	37	Metro Manila	Business owner	Roman Catholic	Rich	8
Rosa	36	Cavite	Employed	Roman Catholic	Upper middle	2
Marian	32	Bulacan	Employed	Roman Catholic	Lower middle	5
Paula	38	Metro Manila	Employed	Roman Catholic	Upper	11
Olivia	36	Metro Manila	Employed	Roman Catholic	Middle	5
Isabel	32	Metro Manila	Employed	Born Again Christian	Upper	6

Data Collection

I conducted semi-structured interviews, which provided the flexibility of exploring unanticipated topics while having enough structure to ensure the research questions were answered. An interview guide was likewise prepared to ensure that important topics were covered. This included questions about when the participants started wanting to be a mother and why motherhood was important for them, how infertility affected them and their relationships, and what helped them cope with their infertility-related difficulties.

The sensitivity of the topic was considered in the way questions were phrased and asked. For instance, I used the term preferred by the participants to describe their reproductive challenges, such as infertility and fertility issues; and avoided terms they considered pejorative such as "baog." They were also reminded that they can refuse to answer questions that may be uncomfortable for them. Throughout the interview, I paid close attention to any signs of distress (e.g., change in tone of voice) and was ready to intervene if needed. At the end of the interview, I also asked what they were feeling and what the interview was like for them. All shared positive feedback on the interview, which included feeling lighter, at ease during the conversations, and grateful to share their stories.

The length of the interviews varied from 45 minutes to 2 hours. Since the interviews were conducted in 2022, health protocols had to be observed due to the COVID-19 pandemic, hence, all interviews were conducted via Zoom platform.

Quality Practices

To ensure the quality of the present study, I was guided by the "big tent" criteria for quality in qualitative research which includes rich rigor, sincerity, credibility, and meaningful coherence (Tracy, 2010). Rich rigor was achieved by purposively selecting participants using a set of inclusion criteria informed by scholarly literature, conducting detailed and reflexive interviews, and conducting thorough data analysis. Sincerity was maintained by practicing reflexivity, keeping a researcher journal, and being transparent about the details of the research process. Credibility

was ensured through thick descriptions and multivocality which recognizes diverse participant perspectives. Lastly, meaningful coherence was demonstrated by aligning research questions, paradigm, data collection, and analytic methods.

Ethical Considerations

Participation in this study was voluntary. The participants were informed about all the essential details that could impact their willingness to participate through a Participant Information Sheet (PIS). All potential participants were given various opportunities to ask questions and raise concerns before consenting to participate. After confirming that they had no questions or concerns, they were asked to sign an Informed Consent Form (ICF) for proper documentation.

The participants' names and other names that have been mentioned were replaced with pseudonyms in all the files, except in a master list containing a list of the participants with their designated pseudonyms. All information that could lead to the participants' identification in the transcript was also transformed into general descriptions. I transcribed the first part of the interviews, which contained the participants' identifying information. The rest of the interviews were transcribed by transcribers who were required to sign a confidentiality agreement. All files were stored privately in secure locations online and offline.

All the participants–regardless of whether they showed distress during the interview–received a list of mental health professionals whom they could contact if further support is needed. I also created a user-friendly digital handout summarizing evidence-based ways of coping with infertility as a token of appreciation. This, along with Php300.00 worth of food delivery vouchers, was given to the participants after the interview. Their internet data consumption for the online interviews was also reimbursed. Lastly, they received a copy of the results in a digestible format at the end of the research. This research underwent review and was given clearance by the College of Social Sciences and Philosophy Ethics Review Board (CSSPERB-8-B-2022-010).

Data Analysis and Researcher's Position

The data were analyzed using the reflexive thematic analysis (RTA) (Braun & Clarke, 2006, 2013, 2019, 2021), underpinned by a social constructionist paradigm (Burr, 2015; Gergen, 2023). RTA views the researcher as having an active role in shaping how meaning is created in the analytic process instead of being an impartial observer. This was the perspective I used in conducting the steps of RTA: 1) data familiarization, 2) coding, 3) creating themes, 4) reviewing themes, 5) naming and defining themes, and 6) writing the report.

I familiarized myself with the data by reading all the transcripts at least twice. While reading, I took down notes of details which I considered important and my initial impression of what the data might mean. In developing the analysis, I was guided by Braun and Clarke's (2019) conceptualization of a theme as having a "central organizing concept" that reflects a meaningful pattern rather than a surface-level idea. Because of this, I avoided making superficial categorizations based on the interview guide, such as "challenges of infertility" or "coping with infertility." To facilitate a deeper interaction with the data, I developed the themes in an iterative manner by creating tentative themes, going back to the codes and transcripts, refining the themes, and repeating this process until I reached a satisfactory point. The analysis continued to evolve as I wrote the manuscript and received feedback from my thesis supervisor, panel, and peers.

RTA also argues against value-neutrality in research and considers the researcher's subjectivity an inevitable component and a valuable resource in the research process (Braun & Clarke, 2021). In line with this, I reflected and was aware of how my position influenced the different stages of the research process by keeping a self-reflective journal to document my values, assumptions, and emotional responses as a researcher and as a woman studying infertility.

As a Filipino woman who was raised by a family embedded with traditional Christian values, I have internalized the societal expectations of marriage and motherhood. Later on, my education has provided me with the tools to question these

norms. I believe that people should have the agency to choose their life trajectories, which do not necessarily have to include being married and having children. I am also a 31-year-old woman with PCOS, one of the primary causes of infertility. Because of my age and condition, I became more aware of the race against the biological clock while having to grapple with PCOS' negative impact on fertility. This helped me empathize with the participants' worries about their odds of conceiving and their frustrations about how their bodies work against them. However, unlike the participants, I am not married and currently have no desire to be a mother. Hence, despite being aware of my decreasing fertility–which I share with the participants–I have not experienced any personal or social pressure to conceive. My outsider position might have influenced the participants' comfort in sharing their stories with me. Moreover, my lack of desire to be a mother made me more attuned to alternative life trajectories that challenge normative expectations.

Ultimately, by maintaining a reflexive stance, I developed a critical awareness about the perspectives I included and excluded in my analysis. This stance fostered a more active and deliberate engagement with diverse perspectives from the participants–including those that differ from my experience–to avoid unintentional analytic exclusion.

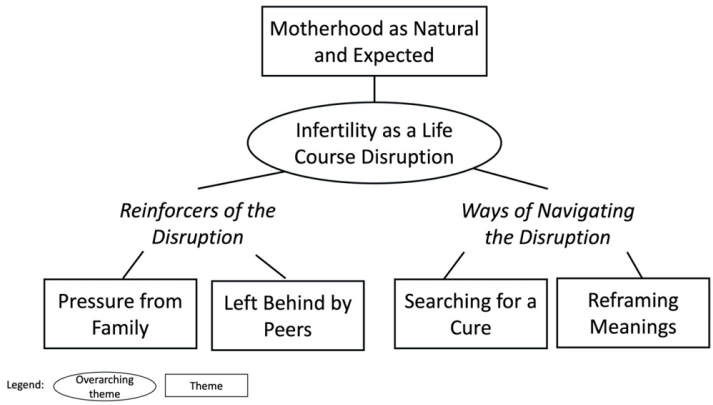
Results and Discussion

Based on the data of the six women that I interviewed, I conceptualized infertility as a disruption in the normative life course. While infertility stems from a biological condition, the experience itself is shaped by the cultural expectation to reproduce, which is maintained in everyday social interactions. Motherhood was framed by the participants as a natural and expected part of adulthood, one they have aspired to ever since they were young (Theme 1: Motherhood as Natural and Expected). Their difficulties in conceiving disrupted this anticipated life trajectory. The sense of disruption was highlighted in interactions with others, as family members ask them to explain their lack of children (Theme 2: Pressure From Family), and peers' transition to motherhood creates a sense of being left behind (Theme 3: Left Behind by Peers). In navigating this disruption, participants

not only sought medical interventions (Theme 4: Searching for a Cure) but also learned to resist cultural expectations by redefining what it means to be a family (Theme 5: Reframing Meanings). These themes are summarized in Figure 1 below.

Figure 1

Thematic Map



Motherhood as Natural and Expected

Meanings about infertility are connected to what it means to be a mother, which the participants considered as an integral part of the adult life course. When asked about their desire for motherhood, the participants mentioned or alluded to a "natural" progression of life involving a series of milestones, including courtship, marriage, and having children. For instance, Evelyn, 37, mentioned how it is "normal" to have a "natural progression of things [where] you have a boyfriend, you get married, after you get married, you have children."

Since this progression was framed as natural, the participants had an assumption that after marriage, conceiving would seamlessly happen once they started trying. Hence, they felt "blindsided" when they experienced difficulties in conceiving, as Marian, 32, puts, "Hindi ko naimagine nung dalaga ako na magiging ganito 'yung pagdadaanan ko sa pagbubuo. Kala mo 'pag nag-asawa ka na, mag-aanak ka na, magbubuo ka na ng pamilya." Infertility disrupted how they anticipated their lives to unfold.

Viewing motherhood as a natural and an expected part of adult life was especially salient for the participants who assumed at an early age that they would be mothers in the future. Some even described this role as a "dream." Envisioning themselves as mothers as early as adolescence influenced their life goals to create space for this role. This included considering the responsibilities of caring for a child in their decisions of what career to pursue. For example, for Evelyn, flexibility in her work schedule was most important because this allowed her the freedom to take care of her future child:

> When we think about our future, there are already girls or women who think na, "Oh, I want to be a career woman someday." Ako high school [or] college pa lang, I already knew na what I wanted was to have a business… something that doesn't take so much time so that I'll be able to take care of our children full-time.

What Evelyn highlights here is how motherhood is at the forefront of her long-term goals as an adult; the specific details of what she wants to do as a source of income were not as important. Olivia, 36, emphasized a similar idea by describing how her only ambition was to be a mother, "Ever since talaga, [motherhood] was the plan. In fact, when people used to ask me, 'What do you want to be when you grow up?' I would say 'a mother.' Wala akong ambition career-wise."

On the other hand, Isabel, 32, did not have the dream of motherhood early in her life. She only decided later that she wanted to be a mother and had a turnaround after marriage. This decision was influenced by feelings of loneliness, "Ang pinaka naging motivation din naming mag-asawa is yung lungkot… At the end of the day 'Ganito lang ba kami lagi? Dalawa lang kami sa buhay?'" Moreover, her friends' pregnancies also shaped her decision after seeing how happy they seemed after becoming mothers. Isabel's narrative demonstrates that even though motherhood was not an early on dream, women still learn to view this role as crucial in adulthood and as the natural step after marriage.

The participants' narratives illustrate the dominance of socio-cultural messages construing parenthood as an anticipated developmental milestone and a hallmark of adulthood (Loftus & Andriot, 2012; Peterson & Place, 2019; Riggs & Bartholomaeus, 2018). While men are also affected by the expectation to become parents, women often face more pressure to have children since they are expected to shape their lives around motherhood (Bartholomaeus & Riggs, 2017). In contrast, fatherhood is frequently viewed only as secondary to men's careers and their role as the family breadwinner (Petok, 2006). Among women, motherhood is socially prescribed only for those who are married; while non-marital and separated mothers are stigmatized (Macleod & Morison, 2020). Legitimizing motherhood through marriage is especially strong in the Philippines because marriage is considered as the foundation of the family (Kabamalan, 2004). Religious institutions influence this belief since marriage is one of the holy sacraments in the Catholic tradition (Kabamalan, 2004). Marriage also sacralizes sex which is otherwise considered as sinful (Tan et al., 2001). As a result of these cultural and religious beliefs, unmarried mothers are subjected to gossip and ridicule, and their children labeled as illegitimate (Kabamalan, 2004; Medina, 2001).

Pressure From Family

The sense of disruption brought about by infertility was strengthened by social processes, where the family plays an important role. The participants were typically asked by their family about childbearing right after marriage, with questions such as "Kailan kayo magkaka-anak?" "Bakit wala pa kayong anak?" or "Kailan ba kami magkaka-apo?" These questions assume that marriage must be followed by motherhood, which helps maintain normative life course expectations. These questions created a sense of pressure for the participants, especially for those who are first-born children, like Isabel, "Matindi kasi talaga 'yung pressure sa family. Lalo na since parehas kaming panganay. So, both families pa talagang naghahanap ng apo."

The participants also received unsolicited advice and opinions from family members who construe difficulties in

conceiving as rooted in the participants' lack of sexual competence ("Ang hina n'yo naman," "Hindi siguro kayo marunong"), inadequate rest ("Bakasyon lang 'yan"), or insufficient prayers ("Baka hindi kayo nagdarasal"). These remarks seem to disregard the medical complexity of infertility, suggesting that it can be instantly addressed by lifestyle changes. As a result, most of the participants experienced these comments as hurtful, strengthening their sense of inadequacy and their belief that they are making insufficient efforts to resolve their infertility. As Isabel remarks, "Pag kausap mo pa sila tango-tango ka lang pero pag-uwi sa bahay, ito na naman yung feeling ko na 'Kasalanan ko ba? Ano ba 'yung problema ko?'"

The family's involvement in what should be the next step for the couple's relationship reflects broader socio-cultural norms within Filipino society. The family is highly influential in shaping individual identity in the Philippines (Miralao, 1997). For instance, the parents have substantial influence over different aspects of their children's lives, including education (Lamug, 1989), household training (Liwag et al., 1998), and interactions and relationship formation with the opposite sex (Lamug, 1989). Additionally, Filipino culture values respect for elders (Clemente et al., 2008), including deference to parental figures (Alampay, 2014). This broader socio-cultural landscape contextualizes what failing to fulfill familial expectations means for the participants of the present study. Both their parents and parents-in-law have communicated their desire to have grandchildren, often expressed in the question: "Kailan n'yo kami bibigyan ng apo?" Therefore, infertility not only signified the inability to fulfill motherhood as a personally valuable role but also a failure to fulfill their family's aspirations. This aligns with existing literature emphasizing the highly distressing nature of infertility for individuals from collectivist cultures where satisfying social roles and familial goals are deeply valued (Hynie & Burns, 2006).

Left Behind by Peers

Aside from the family, witnessing other women in their cohort transition to motherhood served as a social marker of the disruption caused by infertility in the participants' lives. They successfully met the socio-cultural expectation of marriage but

have failed to transition to the next stage, that is, motherhood. This created a sense that their lives were not moving forward, which can be gleaned from how they talked about childlessness in relation to being married ("Six years na kaming kasal, wala pa rin kaming anak"), in light of their age ("Tumatanda na kami"), and in comparison to their peers ("Lahat sila meron, ako wala"). The feelings of being left behind were especially poignant for participants who were married at almost the same time as their peers, as Evelyn says, "I was 29 when we got married. At that age, sunod-sunod na 'yan, eh. Sunod-sunod na kami ng batchmates ko. Sunod-sunod na kami kinakasal. So, siyempre at that time, marami na rin nabubuntis sa friends ko."

Social interactions highlight the alienation felt by infertile women as conversations tend to center around pregnancy and motherhood. Marian, for instance, observed that discussions with her friends frequently revolved around these topics, which were difficult for her to navigate. This prompted her to withdraw from her friends, which further exacerbated her isolation:

> Umiiwas na nga kami sa mga reunions, sa mga circle of friends na married. Siyempre possible na may mga anak na [sila]… At saka ayoko naman din na malilimitahin din yung topic namin kasi 'yun lang naman 'yung common na pagkukwentuhan–buhay pamilya, buhay ng mga anak.

Moreover, the participants were often invited to their friends' gender reveal and baby shower parties. This invoked a complicated mix of emotions because, on the one hand, they felt happy about their friends' pregnancies; while on the other, they felt sad and envious because they also wanted to be pregnant but were unable to. There was also a challenge in navigating these emotions as they socialize with other people. Evelyn described her experience of not wanting to be a "downer" in an event that was supposed to be celebratory:

> It was assumed na I would still be the game master [for the baby shower] kasi in other parties naman talaga I would be. I just felt so bad na I wasn't in the mood to be all happy. Pero I couldn't explain to [my friend]. So

> parang nag-drama ako tuloy dun sa baby shower niya na "Sige na. Mag-games na kayo." But I couldn't… I didn't know how to tell them na… I'm sad so I can't be happy for you right now.

This moment also exemplifies how the participants tend to invalidate their emotions, believing that it is "not right" to be sad and envious towards their friends' pregnancies. Isabel also shared a similar sentiment, believing that it was not right for her to feel "bitter" when a friend announced her pregnancy, saying, "Hindi siya tama pero wala, 'yun 'yung nararamdaman ko talaga."

The juxtaposition of feeling sad in what were supposed to be celebratory moments was also present in other holidays often centered around the family, such as Mother's Day and Christmas. This highlights the isolation that women with infertility face in a society that celebrates motherhood.

Feeling left behind by peers does not only encompass the participants' experiences in the present. It also involves how infertile women are excluded from the generational transition of their cohort and the community that is created as a result. This concern was salient for Olivia, who lamented on being excluded from a future where her friends' children also form a peer group, " 'Yung mga kabarkada ko, lahat sila sabay-sabay nagkakaanak, so I thought, 'Wow, maging magkabarkada [rin] 'yung kids namin.' But that didn't happen."

The severed ties from the generational community formed by the women's cohort were also explored in existing literature, describing this experience as rooted in the disruption of following the culturally expected life trajectory (Tjornhoj-Thomsen, 2005). The participants' narratives also reflect the broad and prevalent experience of exclusion, isolation, and marginalization as a result of infertility documented in previous studies (Boz & Okumuş, 2017; Donkor & Sandall, 2009; Loftus & Andriot, 2012; Tiu et al., 2018). For example, individuals with infertility have common experiences of being the "childless other," a term that highlights the marginalization they experience in a society that construes childlessness as unnatural or deviant (Riggs & Bartholomaeus, 2018).

Searching for a Cure

The participants responded to infertility's disruption primarily by trying to address its biological cause through medical treatments. These treatments provided them with the chance to resolve their infertility and move forward in the normative life course. Prioritizing medical treatments was influenced by how having a child is considered a prerequisite to building a family. For example, Marian linked her desire to be a mother to their shared goal as a couple, which is to have a complete family ("buong pamilya"). She also referred to other couples with a child as "buong pamilya." Meanwhile, Rosa, 36, also used this term when she described how the pressure to have a child emanated from how common it is to have children in their extended family,

> On our sides of the family, parang lahat sila may anak. Walang matandang dalaga. Kung may matandang dalaga, very konti lang. So… mas buong family, I mean, your normal family with a child. Bibihira 'yung mag-asawa lang, tas walang anak.

Referring to couples with children as "buo" illustrates the meanings associated with what is considered a normative family, implying that childless couples are incomplete or deficient. Moreover, biological motherhood was given priority. Only a few participants considered adoption, while all of them were undergoing infertility treatments at the time of the study. Those who included adoption among their options viewed it as a last resort. For instance, Olivia and Marian were open to adoption but were hindered by their worries that an adopted child might feel that they are merely filling a gap ("panakip butas") because they were sought after unsuccessful infertility treatments. Additionally, Marian was concerned about the stigma her child might face from other people who may not be accepting of adoption,

> Maraming risk din pag-aampon. Sa akin okay lang, 'eh… Pero 'pag may naampon ka na 'tas maririnig mo sa ibang tao kung pano nila pakitunguhan… May mga kamag-anak na kapag hindi nila kadugo, hindi same

> treatment. Natatakot ako sa mga ganoong p'wedeng mangyari.

Not only is biological motherhood preferred, but some also favor conceiving naturally over conceiving through assisted reproductive technologies (ART) which involve having the egg, sperm, or embryos handled outside the body in an artificial environment (Zegers-Hochschild et al., 2009). For instance, Paula, 38, recalled feeling devasted upon hearing her doctor to go through a procedure to remove her fallopian tubes, eliminating the possibility of conceiving naturally,

> I was supposed to do laparoscopic salpingectomy… And that broke my heart. Deep inside, I still want to have that miracle… 'yung normal… 'yung natural. Kasi madaming stories na IVF, tapos nabuntis din naturally. If you take out my fallopian tubes, then mawawalan talaga ako ng hope to have a baby on my own… to have that natural conception.

This sentiment may be connected to the stance of religious institutions such as the Catholic Church on reproduction, where the use of some forms of ART is discouraged or restricted. This is rooted in the belief that ART violates the sacredness of procreation produced from intercourse within a marital union. As a result, infertile women who are devout Catholics carry a double burden from the pressures of society to have children and the restrictions of medical treatment from the Church (Czarnecki, 2015). This double dilemma was also evident in Olivia's narrative, who was criticized for "playing God" due to undergoing IVF. Despite this, Olivia was firm on her stance that infertility, like other illnesses, merits medical attention,

> IVF is still a taboo topic sa Philippines to the point na 'yung nanay ko [sinabi sa'kin] "Bakit ka nag-i-IVF, 'di ba bawal 'yun sa simbahan?" Pero kunwari pag nagka-cancer ka, you're going to treat it and do all that you can. Infertility is the same thing. [You can't say] " 'Pag nagka-cancer ako, God wants me to die." It's the same with infertility. It's a disease. It's not normal so you treat it, and I don't think that's wrong.

Responding to infertility by seeking medical interventions illustrates that there is a hierarchy of what is considered the most appropriate type of motherhood, with biological motherhood through natural conception considered the best path of achieving this role (Czarnecki, 2015). While the medicalization of infertility can empower women by expanding their choices, it can also inadvertently reinforce the notion that infertility is a problematic state that needs a cure. This issue becomes even more evident when considering how other options, such as adoption and childfree living, are often overlooked in conversations regarding ways to address difficulties in conceiving (Smeeton & Ward, 2017; Wells & Heinsch, 2020). Adoption is seen as the last option after couples have tried medical treatments and have exhausted their physical, emotional, and financial resources (Smeeton & Ward, 2017).

On the other hand, it is important to note that all participants only sought medical interventions, in contrast to a prior local study documenting consultations with traditional healers (Relon, 2018). This contrast reflects the participants' financial and geographical access to infertility treatments. IVF centers in the Philippines are concentrated in Metro Manila (Novero, 2020), with each cycle amounting to Php300,000.00 to Php500,000.00 (Victory ART Laboratory, 2023). This difference in access highlights how socioeconomic status and geographical location can potentially stratify the experience of infertility.

Reframing Meanings

Among the participants, only Rosa showed openness to the possibility that she might never have a biological child despite undergoing medical treatments, "Accept na lang natin kung 'di magkakaroon ng anak, wala talaga."

Such acceptance was facilitated by a shift in perspective about what having a family means. Her previous definition was aligned with dominant constructions of family as married couples with children. Her difficulties in conceiving served as a catalyst for reflecting about this belief, helping her accommodate other definitions of family, which include childless married couples. Her belief about a child's role in marriage also shifted from viewing it as a requirement to a "gift" or a "bonus,"

> Nag-iba na din 'yung concept namin on having a child. Siguro, gift na lang siya? Hindi na parang need mo siya to become a family. Bonus na lang siya. Society kasi [is] nagiging accepting na din on a married couple as a family. Kapag may pets, family na din sila. Nag-iiba na din 'yung concept ng society.

This shift in perspective was facilitated by being more connected with cultures that are more accepting of childlessness. For instance, her recurring trips to Japan made her realize that childless married couples can be happy. She pointed out that her previous definition of a family was shaped by how this construct is typically defined in Filipino society. Realizing that she can subscribe to other definitions paved the way for her to externalize the problem: "Baka nga kasi 'yung society lang 'yung may problema at hindi kami." This facilitated a more positive view of her infertility, which helped alleviate the pressure of bearing a child.

Rosa's experience illustrates how infertility disrupts existing worldviews and also expands options through reframing meanings. Other participants did not share a shift in perspective similar to Rosa's, which may be because meanings about the world and ourselves create a felt sense of stability, constancy, and security (Spinelli, 2016). Changing these strongly held beliefs can be threatening and can lead to destabilization, but confronting them can facilitate an opening of possibilities (Spinelli, 2016). Rosa's story echoes the limited pattern in existing infertility literature that focuses on growth, such as Gonzalez' (2000) work that frames infertility as a transformative process, as it facilitates profound changes in women's philosophies. In other studies, the shift in perspective also included the realization that there are different forms of mothering, including creating meaningful contributions to society (Ulrich & Weatherall, 2000). Taken together, this study and prior research demonstrate post-traumatic growth–positive transformations that occur in the aftermath of stressful events (Davis & Nolen-Hoeksema, 2009; Tedeschi & Calhoun, 2004). However, such growth has received limited attention, as much of the infertility literature has focused on its negative effects (Paul et al., 2010). Reframing meanings and experiencing growth reflect that infertility is more than a

medical issue, and responses to infertility extend beyond curing its biological causes in order to fulfill societally prescribed life course expectations. From a social constructionist perspective, these findings illustrate that dominant pronatalist discourses are not fixed but can be resisted and redefined.

Overall, because of the shared belief that reproduction is an essential milestone in adult development, the participants experienced infertility as a disruption in their anticipated life course. This disruption was strengthened by interactions with family and peers, which created feelings of pressure and a sense of being left behind as they are unable to move forward to the next stage of motherhood. To address this disruption, all participants relied on finding ways to fix the biological causes underlying their difficulties in conceiving. Few chose to reflect on societal expectations and reframe the dominant meanings about family to affirm other forms that do not include biological children.

Conclusions and Recommendations

Theoretical Implications

The social constructionist framework demonstrated how pronatalist and child-centered discourses in Philippine society (Abalos, 2023; Alcantara, 1994; Morillo et al., 2013) position motherhood as a critical part of the normative life course development. This shaped the experience of infertility as a disruption in women's lives. Aligned with the social constructionist perspective (Burr, 2015; Gergen, 2023), shared meanings about motherhood and infertility were created and strengthened through daily interactions with family and peers, with language focused on deficiency and accountability by having to explain their childlessness (Budgeon, 2016). The results also illustrated how social norms and expectations bound opportunities about life choices (Elder, 1998; Elder et al., 2006). While the participants did not explicitly state that fertility treatments were their only option, all turned to them, as these offer a chance of achieving biological motherhood. This finding aligns with studies that demonstrate the privileging of biological motherhood, which is construed as the only path to social participation, undermining the value of adoption and childfree

living (Gimenez, 2019; Letherby, 2002). Feminist scholars have interrogated the medicalization of infertility because of how it positions women as "damaged" for their inability to fulfill the societal expectation to naturally produce children (Wells & Heinsch, 2020). Discussing infertility as intertwined with the societal imperative to reproduce expands what we currently know about this topic in the Philippines, as existing local studies have only explored infertility as an individual problem.

The present study also expands our knowledge about infertility by discussing perspectives typically excluded in Western-centric psychology. Western discourses about motherhood emphasized individual desires, leaving out the familial and relational aspects of this aspiration, which considers the happiness of others in the family (Basnyat & Dutta, 2012). The results of the present study situated infertility within the family-centric values of Philippine society by focusing not only on the individual, but also on what their infertility means in the context of their family's strong desire to have a child. This also builds on what we know about the influential role of the family in shaping individual identity in the Philippines. The results elaborated the family's important role in the desire to pursue reproduction, the timing of having children, and the ways couples should go about resolving their infertility. Moreover, Western studies about infertility exclude the role of religion (Hynie & Burns, 2006), typically discussed only as a way of coping (Jennings, 2010). The present study provides a novel perspective through the discussion of the Catholic Church's role in the privileging of biological motherhood and natural conception, and how this curtails women's reproductive freedom.

Lastly, one of the themes in the results focused on reframing meanings. This offers a unique view, given how dominant child-centric narratives are in East and Southeast Asian literature about infertility. For instance, childless married couples in Indonesia are viewed as "not yet a family" or a "family in waiting" (Bennett, 2018) while East Asian studies emphasized continuing the family lineage as a form of filial piety (Raymo et al., 2015; Tiu et al., 2018). By discussing reframing meanings, this study was able to offer a way to resist child-centric constructions of family. Discussing this theme also provides an alternative perspective about infertility,

which has been largely discussed in negative terms. Reframing meanings illustrates how a distressing experience such as infertility can facilitate a positive, life-enhancing transformation, resulting in a profound shift in life philosophies.

Practical Implications

Given the strong influence of cultural and religious beliefs on dominant life course expectations, as well as the lack of policies in providing care to infertile individuals (Biana, 2025), it is important to establish clear guidelines to avoid stigmatizing practices. Specifically, the role of medical professionals is crucial in providing affirming care to women with infertility. Institutional policies can be developed to ensure patient-centered and non-judgmental consultations where childlessness is depathologized, other pathways (e.g., adoption, childfree living) are explored, and diverse forms of families are legitimized.

Additionally, the discussion of pronatalism and religion's impact on infertility can guide mental health professionals in providing culturally grounded care. This can involve helping women have increased awareness of how socio-cultural factors, such as values and beliefs on fertility, life trajectories, and family-building, shape their experience of infertility (Burnett, 2009; Oehler et al., 2023). This exploration can facilitate externalizing the problems associated with infertility instead of seeing it as a defining part of themselves (Burnett, 2009). Lastly, the study contributes to shifting public discourses about reproductive expectations, which can inform advocacy efforts to reduce the stigma of infertility and childlessness and promote more diverse definitions of normative life development.

Limitations and Suggestions for Future Research

Conceptualizing infertility as a life course disruption using a social constructionist lens has limitations. While it highlights and challenges taken-for-granted meanings that place motherhood at the center of the normative life course, it does not delve deep into the ways in which power operates in a pronatalist society. Social constructionism is criticized for how it might maintain and perpetuate existing patterns of inequality

(Phillips, 2023). Future research can expand our knowledge by examining infertility through a critical and feminist lens.

This study is also limited by the sample, which is composed of married Christian women of middle to high socioeconomic status (SES) aged 32 to 38 years old who reside in the Greater Manila Area (GMA). The homogeneity of the sample presents a variety of limitations, including having financial and geographical access to medical consultations and treatments, as most of the country's medical experts are concentrated in the country's capital region. Additional research is needed to examine how the lack of access to medical treatments shape the experience of infertility. Due to their marital status and age, the participants were also at a time when they were expected to be mothers. The expectation may differ for women who are single, cohabitating, or belonging to a different age group (20s or 40s and above).

Aside from demographic characteristics, the participants were also at similar points in their infertility journey. Women who left treatment due to either successful or unsuccessful results can broaden our understanding regarding how they transitioned out of treatment. Women who had unsuccessful results can additionally provide insights about exploring other paths to motherhood or deciding to remain childfree. These perspectives can shed light on why these options are not given importance and why medical treatments are prioritized.

Conclusions

Women who have difficulties in conceiving have to navigate a society that celebrates, promotes and privileges motherhood. The pressure that they receive, as well as their own sense that life is not moving forward, is shaped by our shared beliefs about how adult lives should normally unfold. Continuously reinforcing motherhood-centered discourses restrict ways of navigating infertility, with medical treatments prioritized as this provides a path to achieve biological motherhood. However, resisting social norms was also evident in the participants' stories as they learned to create their own definition of a family, pointing to possibilities of shifting dominant cultural narratives.

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