

# Reducing Infertility Stigma and Improving Reproductive Agency in Cameroon and Kenya

## Situation

Globally, one in six people experiences infertility in their lifetime, with sub-Saharan Africa reporting the highest instances of period infertility. Individuals and couples with infertility face immense stigma, as well as social, health, and economic consequences negatively impacting their sexual and reproductive health decisions and contributing to health-related behaviors such as early marriage, short birth spacing, and limited contraceptive use. **Despite this, infertility-related stigma is rarely addressed in programming.**

## What We're Doing

USAID's Agency for All Project is designing context-specific social and behavior change (SBC) interventions in Cameroon and Kenya that support people to build agency to achieve their self-determined reproductive goals. This work includes:

- A **review of existing literature** to understand the range of infertility experiences and interventions in sub-Saharan Africa.
- **Formative research** in Cameroon and Kenya to investigate individual, community, social, and system-level factors influencing (in)fertility-related knowledge, social norms, and reproductive agency.
- **SBC intervention design** using a blend of participatory processes underpinned and informed by behavioral theory, contextual and SBC programming, and human-centered design.
- **Pilot and evaluation** of SBC intervention that supports reproductive agency while addressing infertility-related social norms and stigma.

## What We're Learning

- While accurate (in)fertility knowledge is high across countries, it is often mixed with perceptions that **past reproductive or contraceptive behaviors, or supernatural factors cause infertility.**
- Individuals with infertility often have **compromised psychosocial well-being**, including stress, depression, social isolation, and familial pressure to divorce or have extramarital affairs.
- **Social and gender norms drive infertility-related stigma** related to proving one's fertility and women's roles as mothers.
- **Infertility is not gender neutral.** Women are blamed and assumed to be responsible for infertility.
- **Multi-pronged interventions** that go beyond clinical settings and leverage or complement other programs across socioecological levels are needed to improve fertility knowledge while demystifying perceived infertility causes and addressing stigma.

## Impact

**While there is growing attention on infertility globally, the existing focus on treatment misses a key opportunity to address how infertility stigma, and gendered experiences, drive health behavior.** We will build the evidence base by testing the hypothesis that increasing infertility-related knowledge and decreasing infertility-related stigma will help women and couples build agency to achieve their self-determined reproductive goals, while also triggering shifts in attitudes and behaviors related to contraception, norms, and agency to control reproductive outcomes.

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## Snapshot

**Locations:** Cameroon: Yaoundé and Nganha  
Kenya: Mukuru (Nairobi) and Homa Bay

**Duration:** 2022–ongoing

**Consortium Partners:** Center on Gender Equity and Health, UC San Diego; EVIHDAF; Makerere University; Matchboxology; Save the Children

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