
PRONATALISM, REPRODUCTIVE EXPECTATIONS, AND PSYCHOLOGICAL DISTRESS AMONG UNMARRIED ADULTS IN AFRICA: AN INTEGRATIVE REVIEW AND CULTURALLY RESPONSIVE CLINICAL FRAMEWORK

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ABSTRACT

Statement of the Problem: In many African societies, pronatalist norms strongly influence the social fabric, positioning marriage and parenthood as essential markers of adulthood, social legitimacy, and identity. Individuals who are unmarried, involuntarily childless, or voluntarily childfree often face heightened social scrutiny, stigma, and psychosocial distress.

Purpose of the Study: This study aims to synthesize existing research on pronatalism, reproductive stigma, and mental health among unmarried adults in sub-Saharan Africa. By examining the relationship between cultural norms, stigma, and psychological distress, the study seeks to identify gaps in current assessment methods and propose a culturally responsive clinical framework for mental health professionals.

Methodology: An integrative review methodology was used, synthesizing 20 peer-reviewed studies published between 2019 and 2025. The studies included qualitative, quantitative, and review-based research focused on pronatalism, stigma, and mental health in African contexts. The analysis was guided by cultural psychiatry, structural determinants of health, and gendered pronatalism frameworks.

Findings: The review identified four interrelated themes: (1) the influence of pronatalist cultural norms and gendered expectations on social identity, (2) the stigma associated with childlessness and its impact on psychosocial distress, (3) the gendered pathways through which pronatalism affects mental health outcomes, and (4) the limitations of current psychological distress assessments in culturally diverse settings. The findings indicate that chronic exposure to societal pressure, identity invalidation, and stigma contribute significantly to psychological distress among unmarried individuals.

Conclusion: The review highlights that current mental health assessment tools often fail to capture the culturally specific distress experienced by individuals subject to reproductive pressures.

Recommendations: The review proposes a culturally responsive clinical assessment framework incorporating cultural psychiatry and ecosocial theory to help mental health professionals distinguish between culturally normative distress and psychopathology, improving diagnostic accuracy and enhancing culturally competent care.

Keywords: *Pronatalism, Reproductive Expectations, Psychological Distress, Unmarried Adults, Culturally Responsive*

INTRODUCTION

Marriage and parenthood remain central markers of adulthood, social legitimacy, and identity construction in many cultural contexts. In numerous African societies, these milestones are not only individual life choices but also socially embedded expectations tied to lineage continuity, inheritance, and community belonging (Forati & Bartz, 2025; Greil et al., 2020; Iyer & Weeks, 2020; Kabiru et al., 2024; Ndagurwa & Odimegwu, 2019;). Within such pronatalist contexts, deviation from normative life trajectories, such as remaining unmarried, childless, or voluntarily childfree, may attract social scrutiny, stigma, and exclusion, with implications for psychological well-being. Globally, infertility affects an estimated one in six individuals during their reproductive years and is associated with significant psychological burden, including depression, anxiety, and reduced quality of life (Cousineau & Domar, 2019; Labinjo, 2022; World Health Organization [WHO], 2023).

While much of the literature has focused on women undergoing fertility treatment, emerging evidence indicates that men also experience substantial psychological distress related to infertility, particularly in relation to identity, masculinity, and social expectations of fatherhood (Kiani et al., 2023; Zhang et al., 2024). For instance, psychological distress in men experiencing infertility demonstrates that men's infertility is frequently associated with threats to masculine identity, emotional suppression, and reduced help-seeking, which can intensify psychological distress. These findings underscore that men's experiences are not only underrepresented but also shaped by gendered norms that discourage emotional expression while reinforcing expectations of virility and lineage continuation. These experiences are often shaped by broader sociocultural norms that define reproductive success as central to adult status and social inclusion (Fisher et al., 2019).

In sub-Saharan Africa, pronatalist expectations are particularly pronounced, with marriage and childbearing closely linked to social status, moral worth, and kinship obligations (Forati & Bartz, 2025; Iyer & Weeks, 2020; Ndagurwa & Odimegwu, 2019; Tabong & Adongo, 2019). Empirical studies from the region consistently document the psychosocial consequences of infertility and childlessness, including stigma, marital strain, and depressive symptoms in countries such as Nigeria, Ghana, Uganda, Ethiopia, and South Africa (Donkor & Sandall, 2019; Dyer et al., 2020; Labinjo, 2022). Systematic and scoping reviews further highlight the widespread nature of infertility-related stigma and its association with poor mental health outcomes across African settings (Ekpor et al., 2025; Roomaney et al., 2024).

Despite this growing body of evidence, several gaps remain. First, most existing research focuses on married individuals seeking fertility treatment, with limited attention to unmarried adults who may experience reproductive pressure differently. Second, the majority of studies focus on women, while men's experiences of pronatalist pressure and reproductive stigma remain underexplored. Third, many studies rely on standardized mental health measures that may not adequately capture culturally specific stressors related to marriage expectations, fertility norms, and social identity.

These limitations suggest that current approaches to understanding psychological distress in African contexts may insufficiently account for the cultural and structural determinants of distress. Cultural psychiatry emphasizes that mental health must be understood within the context of culturally constructed meanings, social relationships, and structural forces that shape lived experience (Kirmayer et al., 2021). Similarly, ecosocial and structural determinants frameworks highlight how inequality, social expectations, and access to resources shape psychological vulnerability (Lund et al., 2021; Patel et al., 2022).

CONCEPTUAL FRAMEWORK

This integrative review is grounded in a multi-layered conceptual framework that integrates cultural psychiatry, structural determinants of mental health, and gendered pronatalism to explain how socially constructed reproductive expectations may shape psychological distress among unmarried adults in African contexts. The framework is used to guide synthesis and interpretation of the literature, with particular attention to the interaction between sociocultural norms, identity formation, and mental health outcomes.

Cultural Psychiatry and Culturally Constructed Distress

Cultural psychiatry emphasizes that mental health and illness must be understood within culturally embedded systems of meaning, social relationships, and structural contexts (Kirmayer et al., 2021). From this perspective, distress is not solely an intrapsychic phenomenon but emerges through the interaction between individuals and culturally shaped expectations of normality, identity, and social roles. The Cultural Formulation Interview further highlights the importance of eliciting culturally defined explanations of distress, contextual stressors, and social meanings of illness (American Psychiatric Association, 2022; Lewis-Fernández et al., 2020). Within this framework, marriage and parenthood are often conceptualized as normative developmental milestones that confer social legitimacy,

adulthood, and belonging. Consequently, individuals who are unmarried, childless, or who deviate from expected reproductive trajectories may experience culturally mediated forms of distress, exclusion, or identity disruption.

Structural Determinants of Mental Health

Structural determinants of mental health further explain how broader socioeconomic and institutional forces shape psychological vulnerability. These include access to social support, gendered power relations, economic stability, and institutional norms that regulate life-course expectations (Iyer & Weeks, 2020; Lund et al., 2021; Ndagurwa & Odimegwu, 2019; Patel et al., 2022). In many African contexts, marriage functions as both a social institution and a mechanism for social integration, conferring status, legitimacy, and access to kinship networks. Conversely, unmarried status or childlessness may result in diminished social capital, increased scrutiny, and sustained interpersonal pressure. Pronatalism, the belief that reproduction and childbearing are essential to individual and societal well-being, operates as a dominant normative system shaping these expectations (Greil et al., 2020; Forati & Bartz, 2025).

Gendered Pronatalism and Reproductive Identity

Pronatalist expectations are also deeply gendered, shaping distinct social roles for men and women. In many contexts, femininity is closely associated with motherhood and caregiving, while masculinity is associated with fertility, economic provision, and lineage continuation. These gendered scripts influence how infertility, childlessness, or delayed parenthood are experienced and socially interpreted (Greil et al., 2020; Harrison & Montgomery, 2022). Empirical evidence suggests that women are more frequently subjected to direct stigma, surveillance, and identity reduction in relation to fertility expectations, while men may experience distress linked to perceptions of virility, social status, and provider roles (Kiani et al., 2023; Labinjo, 2022; Zhang et al., 2024). However, men's experiences remain underexplored in the literature, contributing to an incomplete understanding of reproductive mental health burden across genders.

Infertility Stigma and Psychosocial Consequences

Infertility and childlessness in sub-Saharan Africa are strongly embedded within sociocultural narratives linking reproduction to lineage continuity, moral worth, and social belonging. Systematic evidence indicates that infertility is associated with stigma, marital conflict, social exclusion, and psychological distress across multiple African contexts (Ekpor et al., 2025;

Labinjo, 2022; Roomaney et al., 2024). These experiences are not solely biomedical but are shaped by intersecting structural and cultural determinants, including economic vulnerability, gender inequality, and limited access to reproductive healthcare. These factors intensify psychosocial stress and contribute to vulnerability to depressive symptoms (Bawah et al., 2021).

METHODOLOGY

This study adopted an integrative review design to synthesize a wide range of empirical, qualitative, quantitative, and theoretical literature on pronatalism, reproductive stigma, and mental health in African contexts. A systematic literature search was conducted between January and March 2026 across five electronic databases (PsycINFO, PubMed, Scopus, Web of Science, and Google Scholar) using Boolean operators to combine core search terms such as "pronatalism," "reproductive expectations," and "mental health." The inclusion criteria focused on peer-reviewed studies from 2019 to 2025 that addressed mental health outcomes related to pronatalism in African settings. Data extraction was standardized, and analysis employed thematic synthesis, grouping findings into four main themes: (1) pronatalist cultural norms and gendered expectations, (2) stigma related to childlessness, (3) mental health implications, and (4) clinical and policy implications. This methodology facilitated a comprehensive understanding of the cultural and structural determinants of mental health in African societies.

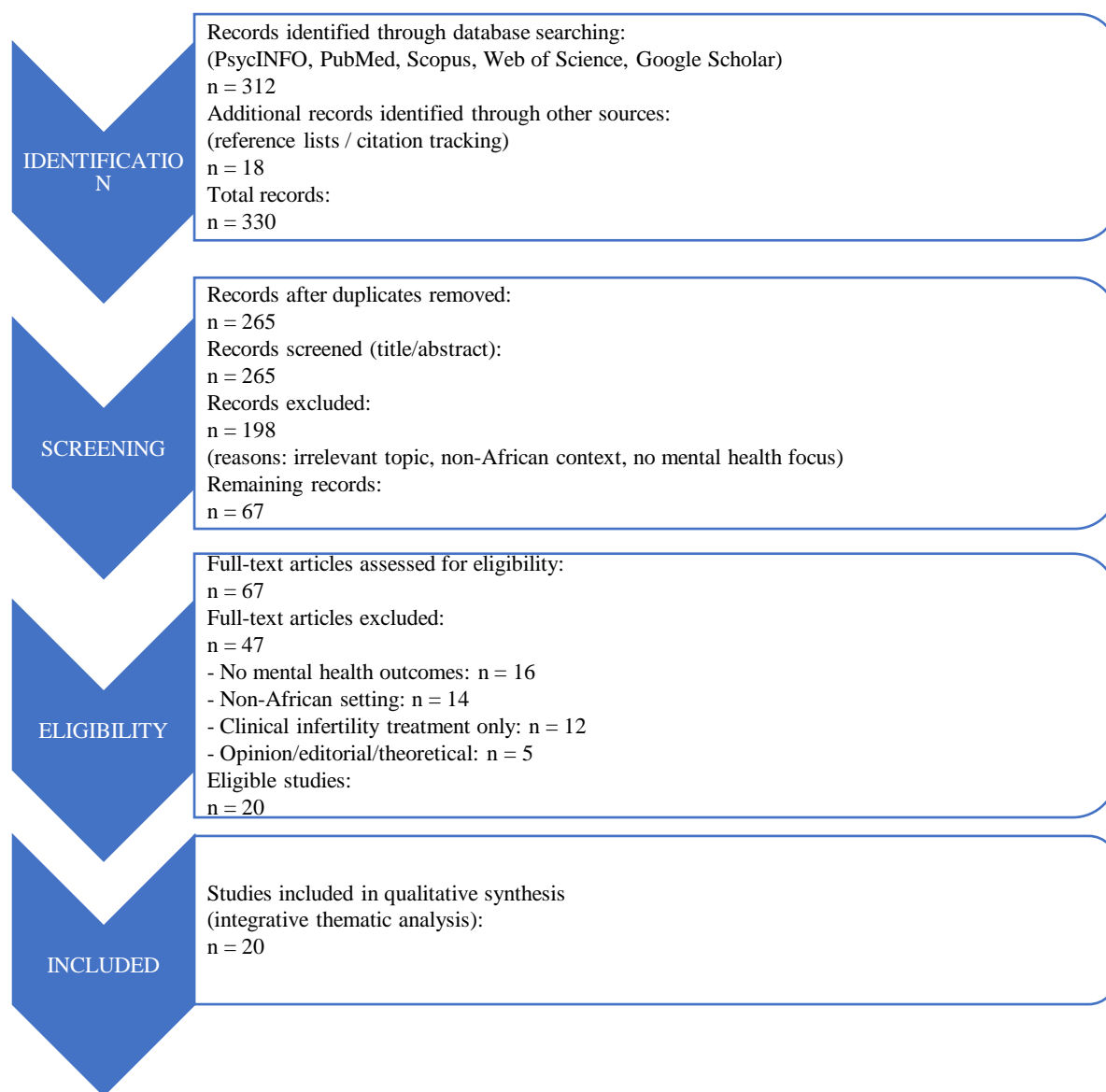


Figure 1: PRISMA Flow Diagram

RESULTS

The integrative review synthesized findings from 20 studies exploring pronatalism, reproductive stigma, and their mental health impacts in African contexts. The results were categorized into four key themes that highlight the relationship between sociocultural norms, gender expectations, and psychological distress.

Pronatalist Cultural Norms and Gendered Expectations

The literature consistently reveals that pronatalist norms are central to social structures and identity formation across African societies. Marriage and childbearing are deeply ingrained as normative milestones that confer social legitimacy, adulthood, and kinship continuity. For individuals unable to meet these reproductive expectations, there is significant psychological distress, as reproductive pressures extend beyond the nuclear family to kin networks, community expectations, and societal surveillance (Greil et al., 2020; Kabiru et al., 2024). Gendered expectations further exacerbate these pressures, with women primarily viewed as the bearers of fertility, while men face pressure related to economic readiness and family provision (Harrison & Montgomery, 2022). This thematic analysis highlights the pervasive and multifaceted nature of these expectations and their consequences for mental health, particularly among unmarried or childless individuals (Mberu et al., 2021; Nabukera et al., 2019).

Stigma Associated with Childlessness and Psychosocial Distress

Childlessness, whether voluntary or involuntary, is associated with strong stigma across many African cultures. This stigma manifests as social exclusion, moral judgment, and gossip, particularly in contexts where lineage and reproduction are viewed as essential to social belonging (Tabong & Adongo, 2019). For women, this stigma often results in emotional distress, identity disruption, and marital strain, while men, although less studied, also experience distress linked to societal expectations of masculinity and fertility (Alemayehu & Taye, 2020; Kiani et al., 2023). Qualitative studies from Uganda further reveal that stigma is not limited to infertility but extends to voluntary childlessness, underscoring the pervasive nature of pronatalist pressures and their detrimental effects on mental health (Asiimwe et al., 2022; Greil et al., 2020).

Mental Health and Psychological Well-Being Implications

The review found that reproductive stigma and pronatalist pressures significantly contribute to adverse mental health outcomes, including depression, anxiety, and diminished self-esteem. The distress associated with these pressures is often socially mediated, arising from the failure to meet societal expectations around marriage and childbearing (Kirmayer et al., 2021; Lund et al., 2021). Social comparison, identity strain, and ongoing interpersonal scrutiny are identified as primary mechanisms through which these pressures manifest as psychological distress (Tabong & Adongo, 2019). In Uganda, emotional distress among individuals experiencing childlessness was particularly linked to social exclusion and identity disruption, rather than infertility alone (Asiimwe et al., 2022). Furthermore, standard psychiatric

assessment tools often fail to capture these culturally specific forms of distress, potentially leading to misdiagnosis in clinical settings (Kaaya et al., 2019; Lund et al., 2021).

Clinical and Structural Implications for Assessment and Care

A key finding of the review is the need for culturally responsive mental health approaches that integrate social, cultural, and structural determinants of reproductive expectations. The review emphasizes that reproductive distress is not universally experienced and is shaped by gendered expectations. Women face greater societal scrutiny regarding fertility and motherhood, while men experience distress linked to provider roles and reproductive capability (Greil et al., 2020; Kiani et al., 2023). The literature also highlights the underrepresentation of male reproductive distress and voluntary childlessness in African mental health research, which limits the understanding of diverse reproductive experiences and their psychological consequences (Roomaney et al., 2024). The review calls for the development of culturally sensitive mental health assessment tools that address these unique stressors and improve diagnostic accuracy, thereby enhancing therapeutic engagement in African contexts (Lewis-Fernández et al., 2020; Kirmayer et al., 2021).

CONCLUSION

This integrative review synthesizes evidence on pronatalist norms, reproductive stigma, and mental health outcomes among unmarried and childless adults in African contexts. The findings reveal that reproductive expectations are deeply embedded in social, cultural, and structural systems that shape identity and belonging. Pronatalism emerged as a significant social determinant of psychological distress, particularly through stigma, social comparison, and persistent interpersonal pressure. The study underscores that distress arising from reproductive expectations is often socially mediated and culturally constructed, challenging traditional mental health assessments that may misinterpret culturally specific distress as psychopathology. Gendered experiences of pronatalism further complicate the understanding of distress, with women more directly impacted by fertility and motherhood expectations, while men experience pressure tied to economic provision and masculinity. A critical gap in the literature is the underrepresentation of male reproductive distress and voluntary childlessness, limiting a full understanding of diverse reproductive experiences in African societies.

RECOMMENDATIONS

To address these gaps, this review recommends the development of a culturally responsive mental health assessment framework that integrates cultural psychiatry and social determinants of mental health. This framework should emphasize the role of reproductive expectations, kinship systems, and gendered norms to improve diagnostic accuracy and ensure culturally competent care. Future research should focus on underexplored populations, particularly unmarried men and voluntarily childfree individuals, and employ methodologies that capture the complexity of culturally embedded distress. Additionally, the development and validation of mental health assessment tools tailored to the specific socio-cultural contexts of African societies is essential. Moving beyond individualized models of mental illness, it is crucial to incorporate the broader socio-cultural systems within which psychological distress occurs, thus enabling more accurate and culturally sensitive diagnoses and interventions in addressing the mental health implications of pronatalist pressures.

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