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EDITORIAL

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Contemporary Changes in Medically Assisted Reproduction: The Role of Social Inequality and Social Norms

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Abstract

This editorial introduces the thematic issue on current developments in medically assisted reproduction (MAR), focusing on how social inequality and social norms influence access, attitudes, and experiences. The contributions in this issue examine the social stratification of reproductive opportunities across different groups and countries, explore the normative and legal frameworks that govern MAR, and consider how evolving family structures challenge existing reproductive policies. The issue also highlights significant data limitations in current research—especially the absence of key variables, such as income or migration status, and internationally comparable data—which hinder efforts to achieve more equitable access to reproductive healthcare. Overall, the contributions advocate for interdisciplinary approaches and better data systems to deepen our understanding of these issues and address reproductive exclusion in modern societies.

Keywords

assisted reproductive technologies (ART); data gaps; family diversity; in vitro fertilization (IVF); medically assisted reproduction (MAR); social inequality; social norms; stratified reproduction

1. Introduction: The Rise of Medically Assisted Reproduction

Since the birth of the first child conceived through in vitro fertilization (IVF) in 1978, technological advances supporting human reproduction have progressed rapidly. These innovations have established the foundation for a wider set of practices known as medically assisted reproduction (MAR), which includes various clinical and laboratory procedures used to treat infertility and assist individuals in conceiving. These procedures now

extend well beyond conventional IVF to include a diverse range of reproductive options, such as intracytoplasmic sperm injection (ICSI), which is now preferred over IVF in many cases; donation of gametes (sperm cells and eggs); egg freezing to prolong the fertile phase (social freezing); hormone therapies; and gestational surrogacy, in which a fetus is carried by a third person (Inhorn, 2017; Trappe, 2016; Ullrich, 2016; Zegers-Hochschild et al., 2017). Alongside advancements in the technological capabilities of MAR, research is increasingly focusing on the global issue of widespread infertility among couples. It is estimated that around 10% of all couples suffer from infertility for various reasons and might, therefore, benefit from the use of reproductive medical procedures (Inhorn & Patrizio, 2015).

In contrast to a purely medical perspective on infertility and reproductive medical procedures, attitudes about and the willingness to address these issues are embedded in a rapidly changing social context, which must be placed at the center of a broader social science perspective. Almeling (2015) therefore describes reproduction as a "multilayered biological and social process," in which reproductive decisions are dependent on physical processes, individual experiences, social norms, social network influences, social structures, values, and institutions.

If we take a closer look at the social framework conditions of reproduction and reproductive decisions, we can clearly see dramatic changes in partnership and family constellations, including increased employment among women, a declining propensity to marry, higher proportions of children born out of wedlock, increased divorce rates, ever higher ages at first birth, higher rates of childlessness, and increased rates of single parenthood (Balbo et al., 2013; Goldscheider et al., 2015; Miettinen et al., 2015; Sobotka, 2011). This means that the social contexts of fertility and family formation have undergone significant changes in recent decades. The increasing acceptance of same-sex living arrangements, in which the use of reproductive medicine is often the only way to start a family other than through social parenthood, has also led to new questions in the field of reproduction and fertility (Beham-Rabanser et al., 2024; Inhorn & Birenbaum-Carmeli, 2008), which previously focused primarily on married heterosexual couples. Thus, the desire of single women or same-sex couples to have children has now moved to the center of the discussion (Bos et al., 2003; Fedewa et al., 2015; Van Gasse & Mortelmans, 2020). This thematic issue explores processes of social change as the context of reproductive decisions. The contributions mainly focus on the role of social inequality and social norms in explaining individual and collective attitudes toward MAR, its use, and the associated experiences of people in contemporary Western societies. The selection of studies from different countries enables a comparative perspective in the analysis of the influence of social inequality and social norms on attitudes toward and the use of MAR.

2. The Role of Sociology: Addressing Social Inequality

One of the most important aspects of sociology to consider when examining people's attitudes and actions is how they are shaped by structures of social inequality (Rössel, 2024). Social inequality refers to the distribution of resources and opportunities within a population, which is generated by social processes and is associated with social positions and categories, such as professions, social classes, genders, ethnic affiliations, or age groups. These inequalities shape people's opportunities to act and their attitudes. Thus, attitudes toward MAR and its use also reveal characteristic influences of social inequality structures, which can differ depending on the MAR process under consideration. It should be emphasized that in many countries, MAR is only partially paid for by public health insurance, which means that its use is associated

with considerable costs (Passet-Wittig & Bujard, 2021; Pennings et al., 2016; Präg & Mills, 2017b). For example, a German study (Köppen et al., 2021) shows that the use of IVF and ICSI is higher among higher-income and married heterosexual couples than among other groups. In addition, Schmid et al. (2025) find that social freezing is particularly popular among well-educated, career-oriented women without a partner. These exemplary results make it clear that research should pay particular attention to the different effects of social inequality on the various MAR procedures under consideration. Social structures also shape attitudes toward MAR. Generally, younger, non-religious, educated, and same-sex-oriented people are more likely to accept or support the use of MAR, although clear differences exist depending on the procedure (Fauser et al., 2019; Inhorn & Birenbaum-Carmeli, 2008; Mertens, 2025).

In their article, Mertens et al. (2025) examine the role of socio-demographic variables, general background attitudes, and specific benefits and constraints in the decision of young women in Switzerland to consider social freezing as a possible option for the future. In their relatively homogeneous sample of students, the role of socio-demographic factors proves to be negligible, but the expected costs are a strong reason not to use social freezing. On the other hand, the expansion of reproductive autonomy, the possibility of a more unencumbered choice of partner, and the greater ability to pursue career opportunities clearly emerge as driving forces. The study highlights that background factors such as socio-demographic variables and more general attitudes are mediated by more specific costs and benefits in the actual consideration of using social freezing.

Passet-Wittig et al. (2025) provide nuanced insights into the various stages of reproductive medical assistance, asking whether and how social disparities affect this process. They distinguish between the following consecutive stages of assisted reproduction: none, doctor's visit, medication, and advanced methods such as IVF. Their data analyses are based on the first wave of the Family Demographic Panel (FReDA) in Germany. Women up to age 50 have a slightly higher rate of use of reproductive medicine than men. They show that at all stages, it is mainly married women and men with a higher household income who use reproductive medical assistance, while education and migration background are not decisive factors. The authors conclude that, in addition to financial barriers, cultural and knowledge-based factors are also relevant in determining whether people seek help.

Even as Western societies grow more secular, religion still plays a significant role in shaping public opinions on family and reproductive topics. The research by Schroedter (2025) investigates how different aspects of religiosity—such as religious affiliation, socialization, self-rated religiosity, and practices—affect moral acceptance of MAR within the Swiss population. Using data from the representative CHARLS 2023 survey, the study provides a detailed overview of nine MAR procedures. Results indicate that higher levels of religiosity are strongly linked to lower acceptance of MAR, with personal religiosity and prayer frequency being the most influential factors. While religious affiliation affects attitudes, particularly among Muslims and Evangelicals, its impact decreases once individual religiosity is considered. The findings highlight the lasting influence of religion on attitudes toward reproductive technologies, despite the increasing secularization of society.

However, it is not only the traditional social-structural positions and resources that play a role in the use of MAR. The changes in family structure described in the introduction also create new inequalities, which are primarily based on institutional rules governing access to MAR. In some countries, such as in Switzerland, access to MAR is limited to married individuals. Moreover, in many countries, same-sex couples do not have

easy access to MAR and single women are not allowed to use sperm donation to have a child. These legal regulations, in combination with changes in family structures, create new forms of inequality, which are also addressed in this thematic issue.

In their article, Chautems et al. (2025) focus primarily on the specific inequalities that lesbian couples experience in their attempts to fulfill their desire to have children in Switzerland. Like single women and other non-normative family constellations, they are affected by certain legal restrictions on the use of MAR. In addition, numerous actors in the healthcare system are not familiar with the new family constellations. For these reasons, many lesbian couples go abroad to fulfill their desire to have children, including to make use of egg donation, which is prohibited in Switzerland.

3. The Role of Sociology: Addressing Social Norms

Social norms are statements that contain guidelines for our actions (Bicchieri, 2016; Horne & Mollborn, 2020); they can prohibit certain behaviors (Thou shalt not commit adultery!) or command certain behaviors (Thou shalt start a family!). Social norms can be formulated in various ways, ranging from concrete instructions for action to general ideas about how we should organize specific areas of our lives (e.g., gender relations). In addition, social norms can be institutionalized to varying degrees, from relatively informal expectations of friends and family to legally binding rules of conduct (Präg & Mills, 2017b; Trappe, 2016; Ullrich, 2016). Some of these regulations have already been discussed in the previous section, as they create new inequalities in connection with structural changes in the family.

Legal frameworks are examples of highly institutionalized social norms. Tamakoshi and Zagel's (2025) article presents a novel framework for evaluating how government policies affect reproductive equity, offering fresh perspectives on the links between welfare systems, legal availability, and financial assistance in MAR and abortion. They differentiate between policy permissiveness and generosity to show how countries either support or limit reproductive autonomy, often in response to social and economic inequalities. Using comparative data and case studies from Austria, Germany, and Switzerland, the research highlights ongoing disparities in access despite overall movements toward equity. This study significantly advances our understanding of how state institutions and societal norms shape who is granted or denied reproductive freedom.

Von Scheliha (2025) focuses on the legal regulation of egg donation in Germany and its impact on women's reproductive autonomy. Unlike sperm donation, egg donation is prohibited and punishable by law. This indicates that female reproduction is more heavily regulated and controlled than male reproduction, primarily due to internalized social norms. The long-standing, contentious debate goes beyond the legal framework and touches on many ethical aspects. The author engages in a feminist and intersectional discussion that focuses on reproductive self-determination. She concludes that regulations outside of criminal law are sufficient to protect the rights of the egg donor, the egg recipient, and the child, and that there is no reason to deprive women of the ability to make autonomous decisions about their bodies.

Beyond the legal framework, normative ideas about gender relations, reproductive rights, health, and illness in social discourses and in individual attitudes shape human decisions in the areas of family and fertility (Balbo et al., 2013; Goldscheider et al., 2015; Lappegard et al., 2022).

Kristensen and Lie (2025) examine the normative embedding of the legalization of egg donation in the general female population in Norway. The central values of Norwegian society are clearly expressed in these attitudes. On the one hand, the legalization of egg donation is seen as a step toward more fairness and equality, enabling couples to realize their unfulfilled desire to have children. On the other hand, the willingness of the women interviewed to donate their own eggs is firmly embedded in normative references to family, children, and privacy. Many women are hesitant when it comes to donating an egg themselves, because in this case, they would have no contact with their child (i.e., the child created by their egg cell), and they would not be able to assume maternal care and responsibility as normatively expected.

The study by Szalma and Pélyi (2025) shows very clearly that support for MAR in Hungary, especially for lesbian couples, is strongly influenced by normative ideas. People who have more conservative values, reject migration, and lament Hungary's declining population strongly support MAR, but not for lesbian couples. The desire for reproduction among lesbian couples is more strongly supported by people who have less conservative normative ideas. This article also shows a strong coherence of attitudes across different issues like migration, MAR, and family models.

Kiščenko (2025) examines in her contribution how access to state-funded infertility treatment in Latvia is regulated and morally framed. State funding applies to clinically diagnosed infertility in women or their partners, provided that the women are younger than age 41 and have not already received state support for two treatment cycles without a clinically confirmed pregnancy. The author draws on an analysis of official documents related to sexual and reproductive health, as well as on several semi-structured interviews with Latvian politicians and reproductive medicine specialists. It becomes clear that reproduction is perceived exclusively in heteronormative and female-centered terms. Furthermore, medical treatment for infertility is described as an economic investment on the part of the state, for which a demographic return is expected.

The study by Michaud and Oakley (2025) examines the discourse on social freezing in Canadian medical journals. Here, it becomes clear that the normative boundary between health and illness is being increasingly shifted in the discourse on egg freezing. While social egg freezing was previously strongly framed as a form of MAR use chosen for personal reasons, the medical discourse shows an increasing tendency to pathologize declining fertility with age in women as a health problem to be treated. In general, this discourse uses the role of the active individual who rationally shapes his or her life as a background framework.

Griessler's (2025) article provides a timely look at how social norms shape the conversation about social egg freezing in Austria. Going beyond individual reproductive choices, the study shows how people's opinions on social egg freezing are influenced by wider societal expectations about gender roles, work-life balance, and the best timing for becoming parents. Through interviews with key stakeholders, the article reveals a divided debate marked by mixed feelings, skepticism, and calls for a more informed and detailed public discussion. Importantly, the findings emphasize that social egg freezing is often seen not as a solution, but rather as a sign of deeper structural and normative issues, highlighting the importance of critically examining how reproductive technologies connect with cultural and political frameworks.

4. Bridging Sociology and Other Disciplines

As has already become clear, MAR as a multilayered process (Almeling, 2015) can and should serve as a lens through which different disciplinary perspectives can be fruitfully combined. In addition to medicine, law, and ethics, these fields also encompass various social sciences, including sociology, demography, and social psychology (Beier et al., 2020; Joffe & Reich, 2025). To better understand the experiences people have during treatment, this thematic issue highlights the link between MAR and social psychology in particular. As Passet-Wittig and Bujard (2021, p. 427) write, "MAR provides hope to people whose chances of natural conception are low or non-existent. Thus, it is important to investigate what makes fertility treatment so burdensome."

Based on collaboration between social scientists and reproductive medicine specialists, Kuhnt et al. (2025) have conducted a pilot study in two clinics in northern Germany and found that women tend to experience high levels of psychological distress at the beginning of their IVF treatment process. This is particularly true for those who report trying to conceive for an extended period of time. Furthermore, women are more likely to cite stress as the primary reason for not becoming pregnant if their partner already has a biological child. These findings can be explained using social psychological theories of attribution and identity.

Böcker and Jakoby (2025) examine the emotional journey of women undergoing reproductive medical treatment in Switzerland through a sociological lens focused on emotions. They combine the results of a qualitative interview study with those of a social science survey. The authors reveal the extent to which typical experiences and processes, particularly those related to pregnancy loss, are influenced by social norms and cultural values. Their findings illustrate a broader perspective on loss in the context of reproductive medicine treatments. Even women whose treatment ultimately results in a healthy child have to deal with prolonged experiences of grief and loss. Thus, both articles underscore the importance of providing women with differentiated psychosocial counseling throughout the entire course of assisted reproduction and realistic information about their chances of success.

5. Conclusion and Future Perspectives

This special collection brings together diverse perspectives on the evolving landscape of MAR, with a focus on the roles of social inequality and social norms. The contributions explore a wide range of MAR practices, highlight mechanisms of inclusion and exclusion, and provide comparative insights across countries. They show how legal frameworks often reflect deeper cultural values and moral assumptions, and how access to MAR is shaped by both structural inequalities and shifting family constellations. The articles in this special collection also draw attention to the fragmentation of MAR forms, which are differently shaped by social inequality and social norms.

At the same time, the contributions also make visible a persistent gap in the field: the lack of comprehensive, comparative, and socially differentiated data on MAR access, use, and outcomes. Existing datasets often omit key variables such as income, sexual orientation, or migration background, and rarely reflect the full diversity of family structures or reproductive trajectories (Kuhnt & Passet-Wittig, 2022). In addition, there is a lack of comparable data across countries in Europe or beyond. These gaps in data limit our understanding of reproductive inequalities and hinder the development of inclusive policies and support systems.

Taken together, the contributions in this special collection underscore the need for interdisciplinary, norm-sensitive, and equity-focused research that continues to examine how reproduction is governed, experienced, and challenged in contemporary societies. Future research should continue to examine how policy, culture, and personal agency intersect—particularly for underrepresented groups—to promote more inclusive and equitable reproductive futures.

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Conflict of Interests

The authors declare no conflict of interests.

LLMs Disclosure

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