

---

**Psychosocial Impacts of Childlessness on Married Women in District Lower Dir**

**Marhaba Bibi<sup>1</sup>, Hafiza Maryam Rafique<sup>2</sup>, Shazia Khalid<sup>3</sup>**

<sup>1</sup> MPhil psychology, National University of Medical Sciences. Email: marhabakhan326gmail.com

<sup>2</sup> Lecturer, Psychology, National University of Medical Sciences Rawalpindi.

Email: maryam.rafique@numspak.edu.pk

<sup>3</sup> Professor Department of Psychology, National University of Medical Sciences Rawalpindi.

Email: shazia@numspak.edu.pk

**DOI: <https://doi.org/10.70670/sra.v4i1.1633>**

**Abstract**

This paper examines the psychological effect of being childless among married women in District Lower Dir in Pakhtun society where motherhood and birth of sons features prominently in the social identity of women. The study is directed by the Social Stress Process Theory (SST) to identify the role of cultural expectations, gendered blame, and social pressures in causing emotional distress. A qualitative design was employed in which in depth interviews with 25 childless women aged 18-49 years in two Union Councils were held and a thematic analysis showed that they were sad, grieving, hopeless, anxious and inadequate supported by a sense of stigmatization and by the fear of losing their marriages. Regardless of these obstacles, there are examples of women who proved to be resilient with the help of meaning making, role redefinition and new non maternal acceptance. The study identifies a need of culturally appropriate interventions such as couple centered counseling, peer support, male involvement, and community based stigma reduction to assist the psychological well being of childless women in rural Pakistan.

**Key Words:** Psychological Effect, Motherhood, Social Identity, Social Stress Process Theory, Stigma

**Introduction**

Throughout many cultures, motherhood has been necessary for womanhood. Children born after marriage in a patriarchal society provide social security even if the father is not providing for them (Chant & McIlwaine, 1998). A woman's capacity to have the number and the type of children she wishes to have is central to her stable status in her husband's house and her sociocultural character (Tahir et al., 2004). Consequently, the social setting for childlessness is now moving away from personal discretion towards one designed by the social setting. Nonetheless, as the World Health Organization (2023) has recently revealed, infertility affects about 1 in 6 individuals worldwide, 17.5% of the population in rich countries and 16.5% in developing countries. In response to societal expectations of the patriarchal culture, childless women suffer from psychological inconsistency and self-deception and feel helpless and emotionally vulnerable (Yang, 2012). The brittleness of being childless is shaped by the fact that in society, this is a minority, marginalized social position, and hence childless women may feel alienated, marginalized, and isolated within this brittleness (Rich et al., 2011).

The societal pressure to have children is a product of patriarchal norms and beliefs that marginalize childless women in Pakistan (Mard, 2020; Jabeen, 2018). According to Saeed and Fatima (2021), in Pakistan the common impacts of childlessness include social stigmatization and discrimination which adversely affect their

reintegration into society. Moreover, Khan (2015) argued that childless women in India suffer from stigma and discrimination as they are considered incomplete or abnormal in Indian culture. Further, Abbasi-Shavazi et al. (2013) contend that childless women in Iran are perceived as falling short of fulfilling their role as spouses and mothers.

Studies show that societal, cultural, and individual circumstances and experiences of childless women significantly influence their self-perception and social adjustment. Within Pakistani culture, having children is considered a socio-cultural norm and obligation (Naqvi, 2016), where childlessness can lead to stigmatization and discrimination among childless women (Khalid, 2017). Childlessness can be particularly difficult in societies like Pakistan where women are expected to have children to continue family lines (Iram et al., 2021). These societies have patriarchal traditions. Because of this, childlessness is stigmatized and perceived in many places as an indication of personal failure or a family issue. Motherhood is highly esteemed in Pakistani society, and women are generally expected to give priority to their mothers' responsibilities (Qureshi, 2014). Social pressure may be placed on women who are unable to conceive since they might be perceived as unworthy or insufficient (Jabeen, 2018). These cultural expectations can put a great deal of strain on women who are unable to conceive. Furthermore, the stigma associated with childlessness is often gendered in Pakistani society, as women are held more accountable for their infertility. Childless women may find it more challenging to feel confident in themselves as a result (Khalid, 2017). Gonzalez (2000) argues that childless women in Pakistan can be prone to community and familial pressure, which may lead to social adjustment challenges and emotional pain among this group of women. Jabeen (2018) has made the case that prejudice and marginalization of Pakistani childless women occur regularly.

Additionally, scholars such as Ahmed (2019) and Mustafa and Iqbal (2020) discovered that stigmatized childless women in Pakistan face prejudice, which may have a detrimental effect on their general well-being and mental health. Given the current discourse, this study will attempt to investigate the psychological experiences of childless women in the distinct sociocultural milieu of District Dir Lower. Characterized by Pakhtun culture in which children, especially male children, are highly valued.

With regard to psychological and social problems infertile women face in Pakistan, the research is much, but still much significant is left to work, especially in the rural setting of District Lower Dir. According to Begum and Hasan (2014) and Yusuf (2016), depression, tension and anxious is psychology, social humiliation, threat of divorce or the husband's remarriage (Sami & Ali, 2012), are the issues infertile women suffer from. Additionally, it is found that ignorance about the reasons for infertility persists (Ahmed et al., 2020). However, there is already evidence of the buffering effect of social support on psychological distress (Batoool & deVisser, 2014, Qadir et al., 2015) and negative association between marital adjustment and psychological distress (Qadir et al., 2015), though these mainly cover urban settings or generalized population.

According to research, women are more vulnerable to infertility-related stress than men. According to Abbasi, Kousar, and Sadiq (2016), the distressing experience of infertility is reported for nearly half of women undergoing infertility treatment and women have more psychological distress symptoms than men. According to Tahir et al. (2004), the estimate of prevalence of infertility in Pakistani women has reached 22%. In Pakistani society, infertility is predominantly women's blame, risking social and personal consequences. It is observed that women suffering from infertility face stigma, marital instability, divorce, remarriage of a spouse, and emotional/physical harassment (Hussain, 2010). In this situation, these women may not be entitled to any inheritance or may have to return to their parental homes without a formal divorce (Sami & Ali, 2006). Both primary and secondary infertility cases experience this.

Cultural norms in Pakistan position motherhood as central to a woman's identity and social standing. Within an Eastern context, childbirth is considered a women's marital and societal duty to complete the family (Sami & Ali, 2012). If this expectation is not met, they lose social prestige, as well as respect from their family. As a result, much of society depends on using fertility treatments to fulfill these demands, and therefore, many women who are unable to conceive pursue lengthy infertility treatments. However, these treatments are high

financial cost and have limited success rates thus increasing the emotional and psychological pain on women, particularly so for middle-class and lower-income women (Jin et al., 2021). In addition, the lack of a comprehensive health insurance system in Pakistan complicates further the access to these treatments (Hussain, 2010).

Despite being a personal health matter, infertility is a societal problem created by cultural and social determinants. Daar and Merali (2002) avow that familial relationships, societal expectations and gender norms combine to increase the psychological burden on women who are childless. Much of previous research on the extensive ramifications of childlessness includes social stigma, marital instability and psychological distress (e.g., anxiety, depression, self blame, suicidal ideation) (Dyer et al., 2005; Fido & Zahid, 2004; Stewart-Smythe & van Iddekinge, 2003). In Pakistan, the problems to these challenges are enlarged by the societal narrative that equates a childless woman with failure further lowers her self-esteem and harms her mental health (Batool & de Visser, 2014; Qadir et al., 2015).

There are unique socio-cultural pressures that childless women face in Pakistan. Marriage and Procreation as social and religious duties lead to infertile women feeling de-valued women (Sultana, 2018; Bibi, 2016). According to Inhorn (2012), global women internalize unfavorable perceptions of themselves due to cultural norms. Conservative women in District Lower Dir are especially disadvantaged because they are subjected to society's weight on them to stay at home and follow traditional gender roles.

Childlessness exacts a personal cost, but it affects others too. According to research, many women going through the aforementioned situation wonder about their femininity, identify in incompatible terms with themselves and often suffer from failed marriages (Niazi et al., 2017). Thankfully, a person's line of defense in dealing with these impacts are personal coping mechanisms and social support. Women from certain segments of the population are able to go beyond the ideology of the conventional roles of parents and reach a certain purpose and capacity for resilience (Kwaghtser, 2023). To meet the psychological needs of childless women it is important to understand the interplay between personal, cultural, institutional, and familial influences.

Although infertility's psychological impact is well researched, there has been little attention paid to the socio-cultural context of infertility in District Lower Dir, Pakistan. Being childless in this patriarchal society constitutes a medium for societal imposition of expectations on women from the family to keep their children and increases the disdain for the women who are childless. A culturally sensitive approach addressing these challenges is necessary to understanding and supporting the psychological well-being of these women.

This research tackles the knowledge gap in addressing the psychological experiences of the childless women in District Lower Dir, contextualized within their socio-cultural environment. It is hoped that the findings will be useful to healthcare professionals, community leaders, and policymakers in responding to the unique challenges these women face. In addition, this research will provide input on culturally tailored intervention programs and support mechanisms designed for addressing the psychosocial difficulties that follow from involuntary childlessness. Provided that the analysis is grounded in the local context, the study will furnish important insights into the interactions between cultural beliefs, societal norms, and individual experiences, which can serve as a basis to theory building in psychology, sociology, social work, and gender studies.

### **Objectives of the Study**

To explain the psychological impact of involuntary childlessness on women in the District Lower Dir

### **Research Question**

What Psychological problems do childless women face in Dir?

### **Theoretical Framework of the Study**

The Social Stress Process Theory (SST), which describes the role of social roles, status positions, and cultural

expectations in the development of chronic stress and the influence on psychological outcomes, guides the given research (Pearlin et al., 1981; Aneshensel, 1992). Involuntary childlessness is an ongoing stressor in a society where women are defined by motherhood; it exposes women to stigma, social disapproval and role failure. All these are the main stressors that result in secondary ones like marital tension, social isolation and low self-worth as suggested by SST. Coping resources and social support are also highlighted as factors that play a role in buffering or enhancing psychological distress as highlighted in the theory. Therefore, SST will be an appropriate prism to examine the role of sociocultural pressure in the District Lower Dir in the emotional and mental health struggles of childless women.

## **Methodology**

This paper used qualitative research design to investigate the psychological experiences and socio cultural factors that influence the lives of childless women in District Lower Dir, Pakistan to facilitating an in depth examination of the emotional conflict, coping mechanisms and responding to cultural norms among childless women. The study involved married women aged between 18 and 49 years and wanted to have children and lived with their husbands and qualified under involuntary childlessness such as women who had a pregnancy loss or miscarriage. Two purposively chosen Union Councils, Temergara (urban) and Samarbagh (rural), were used to identify a sample of 25 participants with the help of Lady Health Supervisors (LHS), which is consistent with the recommendations of Creswell (2013) to conduct a qualitative inquiry. The semi structured interview guide based on the social stress theory was used to collect data and focused on emotional distress, marital/social difficulties, cultural expectations, coping strategies, and religious explanations of childlessness. The data interpretation was based on thematic analysis according to Braune and Clarke (2006) six stages model, and themes were clustered according to psychological distress, social stressors, and coping behaviors in accordance with the Social Stress Theory.

## **Findings**

### **Feelings of sadness**

Sadness embodies the heavy emotional pain for wanting a child and to become a mother for childless women. For a large number of participants, a child's absence serves as a constant reminder of unattained dreams and social expectations.

A Participant stated:

"I can't go without seeing a child playing in the street or hearing a baby's laughter without an ache in my chest. It's not just sadness, it's that reminder of what I don't have all the time. Why, I wonder, WHY, am i deprived this happiness?"

In this quotation, childless women suffered so poignantly that this statement so poignantly captures the intensity of their sadness. Their emotional distress is depicted metaphorically as an 'ache in my chest' to indicate, not only the depth of their emotional distress, but also the thoroughly physical nature of it: this lack of a child deeply permeates their daily lives. The words "constant reminder" convey how the fact of their loss is never far from their minds: it can be triggered in any interaction with children, or as reminders of motherhood.

One of the participants revealed:

"In the morning, when I wake up, the very first thing I think is, my life is empty. Without a child to care for, or call my own, I feel like my day lacks purpose. I can't find joy in anything and this thought stays with me all the time and at night when the house is empty and everyone else is asleep I cry quietly. I think of all the kids I've lost to miscarriage and all the dreams I had of holding them. The pain is too unbearable as if I've failed in the most important part of being a woman , those memories haunt me."

The massive childless women feelings of loss and hopelessness associated with them are often intertwined

with memories of failed pregnancies and unfulfilled dreams of motherhood. Additionally, the perceived notion that they have “failed in the most important part of being a woman” reinforces the expectations and pressures of society regarding their identity, further emphasizing feelings of failure and shame.

### **Feelings of Hopelessness**

Feelings of Hopelessness represents the state of despair and resignation of childless women who have tried without success to get pregnant and who are hopeless of the future. One of the participants expressed:

"I have moments where I feel like I could quit everything, with no hope for me. I look and see others celebrating being a mother, but it's just a pipe dream, it will never happen for me. "Its like there's nothing in my life, no future," she carried on."

This quotation shows the isolation and hopelessness of women without children who are comparing their lives to the women around them with their children. Giving up on everything is the feeling of total despair in all parts of life. The metaphor of the "empty future" illustrates the work of the participants to imagine a future that was meaningful without the possibility of motherhood, demonstrating how important childbearing was to their sense of who they are and why they exist.

### **Despair Due to Childlessness**

The profundity of emotional suffering and helplessness that women who suffer from infertility suffer is the theme in this point. Societal expectations, interactions with others, and their own sense of purpose that hasn't been filled, often intensifies this despair so that they feel isolated and completely overwhelmed.

One participant shared:

"It feels like I've been in a never-ending circle of pain and disappointment. Every time someone tells me they're pregnant it feels like a dagger in my heart. Every time I try to be happy for them, I'm drowning, desperately hoping that will one day be happiness for me too."

This quote clearly shows the total survival misery that childless women must cope with. Metaphorically describes their 'never-ending cycle of pain and disappointment' in our suffering never ends. The expression to have 'a dagger in my heart', appears to describe the sharp, niggling pain which they experience when exposed to reminders of unfulfilled yearning for motherhood, when, like it or not, their happiness for someone else's enjoyment gives rise to feelings of loss for themselves.

Another participant explained:

"If someone asks me if I will have children, I can barely make sense out of words. I feel their words have cut me deep, I feel like a failure not just for myself, but for my family, for society. I have to carry the weight of this despair everyday."

This quotation reveals the merging of personalized grief and socialised expectations of what grief 'should' look like, and shows how external judgements to enhance internal struggles. Collectively these narratives illuminate's the extreme despair of childlessness, driven by unfulfilled dreams, social expectations, and, simply, a pervasive sense of loss.

### **Grief**

Fertility can be griefs because after years of trying to conceive with no (or whatever) success, it may be natural to experience acute grief. Childless women cycle through a heartbreaking and relentless cycle of hope and loss: each failed pregnancy or treatment, each misplaced ultrasound, deposits a new layer of grief onto an ever expanding desolate landscape of hopelessness.

One participant reflected:

"Two of the pregnancies I have lost each saw a piece of my heart break. I remember that feeling of excitement when you get those results of positive test and then to be robbed of them. The way it feels like, is as though I am literally caught in a cruel cycle of hope & devastation I can't escape."

This is the story of the emotional ups and downs of recurring miscarriages. The participant vividly recreates the cycle of both hope and devastation, a chart where hope and helplessness parade alongside sorrow. It speaks to how cumulative pregnancy losses can leave you feeling as if a 'piece of my heart broke' and how unrealised motherhood is painful.

Another participant shared:

"I've been treated for so long, after so many failed attempts, I'm afraid even to try again. It is the pain of hoping and being crushed. They remind me that I'm still further away from being a mother and that I'm still grieving for the children that I'll never have."

From this perspective, infertility treatment is exhausting and disheartening. The saying 'fear even trying again' is the psychological weight of failed attempts, and it hurts to hope.

### **Sense of Inadequacy and Low Self-Worth**

For many women, infertility is not solely a medical or physical condition, but something intensely personal and isolating, one that affects who they are and the way they belong. Childless women experience internal conflicts and struggles, where they perceive personal failure and internalize stigma around infertility in a world that may marginalize their experience.

A participant revealed:

"I consider myself incomplete, 'I am not a complete woman, I can't give my husband a child'. I look so loved up, people look at me with pity, their words say I'm useless, I've failed the most important role a woman plays, the role of mother."

The fact that as a participant childlessness directly affects her sense of self is an indication that societal judgment influences how she feels about herself as inadequate. 'That phrase — not a complete woman ... ties her identity and her worth to her ability to bear children.' "She was ashamed to admit it, but any mention of 'pity' or 'words' from others had a way of making her feel as if it were her fault, as if she was to blame for failing and being worthless."

Another participant shared:

"I hear someone say, 'A woman's real purpose is to become a mother' and it hurts every time. When everything I've tried does not meet this expectation, not being able to live up really hurts and it's hard not to feel like you're a failure. I set myself up for asking 'why did I deserve this?' 'why am I worthless?' 'am I worthless?'"

This adds to the psychological toll that society's expectations put on women who are struggling with infertility. Together, these narratives emphasise the great emotional and psychological distress caused by the social pressure to abide by these traditional obligations of motherhood. Unsettling feelings of inadequacy, shame and self doubt are due to deeply ingrained beliefs that a woman's value lies in her ability to conceive.

About the internalised stigma felt by women experiencing infertility, a participant shared:

"I get the idea that there was something seriously wrong with me, as if my body had betrayed me. I can't even blame it when no one says a thing. And I think maybe I'm not good enough, I'm not deserving of the gift of motherhood."

Another participant expressed:

"When I go to family gatherings I feel like everyone is judging me like they don't even need to say it. I've come to avoid people, thinking I am beneath them, to their stares and their whispers."

The themes in these narratives illuminate the extreme detrimental psychological effects of internalized stigma on women who suffer with infertility. What the participants' experiences demonstrate is how societal norms and cultural expectations inform not only one's own beliefs, but also perception of others, and warp external judgments into feelings of self-blame and internal shame.

### **Identity Crises**

In the context of Pakhtun society of Dir, motherhood often equals a woman's sense of identity and the lack

of the ability to become a mother can be a source of great low self-esteem. An internal conflict and a painful process to reconstruct one's identity and self-worth was reflected by a participant in a case study. She stated:

"I've spent so long believing that being a woman must mean having a child. I can't have children, and I don't feel like they judge me as a person in any way. It's hard to see myself as anything else when Society doesn't see me as anything else, and I can't have children."

Another participant shared:

"I'm treated like I've botched the most important job a woman can do. I've questioned whether I even have a purpose of life anymore. Rebuilding a sense of self worth is a painful process when everyone reminds me of what I'm not."

It is hard to get rid of the belief that motherhood is the yardstick by which a woman's value is measured, a yardstick made even more painful when it is not acknowledged and celebrated alone. These quotes contain the emotional pain that comes along with trying to redefine their purpose and self worth while being in a world that associates women and motherhood as being one in the same.

### **Redefining Roles and Purpose**

We found that where childless women were, they were redefining the purpose and roles of life, searching for their meaning through other contributions to society and family. Below are quotations that show how some women have come to see in their work, their community involvement, and their roles as caregivers in the family new sources of fulfillment, even as childlessness continues to hurt.

"So I realized I needed something else from life beyond being a mother. I had started getting more focused on my work and helping my fellow community people. If it can't erase the pain of being childless it makes me feel as though I'm making some type of contribution and having some kind of purpose that I didn't have before."

"I've attempted to reframe how I participate with the family as someone who plays a supportive role, but in different ways. I educate my nieces and nephews, and look after my elderly parents. It's not the same as having my own children of course, but I realise how much I need to have value, and what it makes me feel needed."

The two approaches each embody what it means to practice resilience and the ability to recreate one's purpose in the face of societal pressures and personal loss. Re-defining purpose and roles, is important to ensure a woman's psychological well-being as well as to help her feel a sense of belonging in a world that often defines a woman through her role as a mother.

#### **Accepting a New Identity**

Childless women faced the emotional endurance necessary to trample through societal pressure challenges in order to acknowledge a new identity dissociated to motherhood. A participant shared:

"After a very long time, I realized that nobody's life is set to the same path as my life is, it doesn't have to be. I'm not quite comfortable being childless and that doesn't make me a less of a woman. This is a struggle I'm still having, but I'm starting to become the person I want."

Another participant stated:

"Now I started seeing myself as one who can empower others to live different. I don't have kids but I can still leave a legacy through the work I do and the connections I make. It makes me feel a little less empty... like there's more hope."

The quotations are powerful in presenting a transformational narrative that follows participants through the complicated emotional and social terrains of being childless to reconnect to an identity.

### **Anxiety, depression, and feelings of helplessness.**

Anxiety and stress are ever present elements of their lived experience. A participant revealed:

"Regardless of where I attend family functions, I always feel that everyone is looking at me in

judgment. Every time they say 'why do you not have kids' is just a feeling of a sharp knife piercing deeper into my self esteem. Even when I'm alone, I don't feel at peace because the constant pressure and fear of being incomplete press on me."

Another participant stated:

"Everyday the thought haunts me that my husband may leave me or marry someone else in the future because I cannot give him a child. It reminds me of tipsily walking on ice sheets, always afraid of what will come afterwards."

The quotations shows that anxiety and stress run deep within the norms and expectations society has for motherhood. Participants also experience additional emotional struggle due to the fear of judgment from relatives, and the pressure of having to fulfill marital and cultural roles.

Depression emerged as a common problem among the childless women, since both social (and even familial) celebrations amplify their isolation, and unsolicited mentions of the lack of offspring make them feel like not belonging in the world of others. A participant stated:

"Certain days, I wake up and think I should have been dead and gone long ago. Without children, what would my life be for? No one likes to be around me to any celebration in my family and this makes me feel as if I'm not worthy or invisible."

Feeling of helpless was shown by childless women, leaving the women feeling powerless and depressed. This helplessness is the result of failed treatments, unfulfilled prayers, the inability to flee encumbrances of constant reminders of their childless. The associated quotations show despair of the participants encountering their life situations and coming to perceive they are losing control of their lives, thus further aggravating their psychological distress.

"I've tried everything I know to try — minding doctors, swearing money on treatments and praying day and night for it to end. But nothing has worked. Losing battle, as I fight, and I can't help but to wonder if this is a life? Destiny?."

## **Discussion**

This research examined the psychological experiences of forced childlessness in married women in District Lower Dir which include the effect of Pakhtun sociocultural norms that socially value motherhood and male child through high symbolic value and the amplification of emotional pain. Under the prism of Social Stress Process Theory (SST) the results indicate that women encounter primary stressors, which include frequent conception failures and miscarriages, which result in severe sadness, somaticized grief, and depressive symptoms, which have been reported in previous studies that have found that infertile women have cyclical patterns of hope and loss (Dyer et al., 2005; Fido and Zahid, 2004). These major stressors are further extended into secondary stressors, such as stigmatization, intrusive questioning, and fear of marital instability, which are the same stressors recalled by childless women in Pakistan, India, and Iran (Khan, 2015; Abbasi Shavazi et al., 2013). In this research, women also internalized the culture of associating femininity with motherhood and thus developed inadequacy and identity crisis, which is common in regional and global research that emphasizes the moralization of fertility and blame-gendered attribution (Jabeen, 2018; Inhorn, 2012). The identified emotional consequences can be compared to those that were previously detected in the Pakistani literature which relates infertility to high levels of psychological distress, marital stress, and withdrawal (Batoool and de Visser, 2014; Qadir et al., 2015). Nevertheless, resilience processes were also found in this study when women find meaning in care giving, community involvement and acceptance of non maternal identities which is consistent with the literature indicating that social support, alternative role fulfillment, and value-based coping can mitigate distress in stigmatizing settings (Kwaghtser, 2023; Ahmed, 2019). These findings confirm what has been already documented, but demonstrate the increased susceptibility of rural, closely-knit, community-like settings, such as the one in Lower Dir, with limited privacy and intense societal surveillance, which exposes the population to triggers and also amplifies the emotional effects of infertility,

as observed in more urban settings.

### **Practice/Policy implications**

#### **1. Primary care couple-level counseling.**

Implement short-course, evidence-based counseling (psychoeducation about infertility etiology, such as male-factor, grief-normalization, and fundamental CBT skills, and problem-solving) into the BHU/RHC services, provided by trained Lady Health Workers/Supervisors, with referral channels to the district-level psychologists/psychiatrists. Couple-centered care minimizes the blame of genders (Qadir et al., 2015; Ahmed, 2019).

#### **2. Peer support groups that are confidential**

Create women-only and confidential support circles in Temergara and Samarbagh, mediated by LHS and a mental health professional. Group forms alleviate isolation, conceptualize adaptive coping, and build belonging (Batool and de Visser, 2014).

#### **3. Involving religious and community leaders**

Collaborate with well-known ulema/khateeb and jirga/community figures to spread non-blaming messages of sympathy towards infertility (e.g. a shared medical issue, dignity outside of motherhood) without increasing stigma but in line with local values.

#### **4. Participation of males and collective accountability**

Attribution can be restored through routine male fertility check and couple counseling, and less pressure on the women and better treatment routes will be achieved (Ahmed et al., 2020; Abbasi et al., 2016).

#### **5. Financial Assistance for Infertility-related care**

Pilot subsidies of diagnostics and time-bound treatments, means-tested, that is, voucher-based, and form collaborations with Zakat/Bait-ul-Mal and non-governmental organizations to cushion catastrophic expenditure (Hussain, 2010; Jin et al., 2021).

#### **6. Occupational Trainings**

Connect childless women to vocational training, literacy and community volunteer opportunities that recognize non-maternal efforts which then help them feel valued and socially recognized (Inhorn, 2012; Kwaghtser, 2023).

#### **7. Both ethical protection and crisis management**

Provided the disclosure of suicidal thoughts and severe depression, make sure that screening, safety planning, and rapid referral protocols are the parts of all interventions. Make access points discrete, to defend against privacy invasion and gate keeping by the family members.

### **Strengths and Limitations**

#### **Strengths.**

- Focus on a **rural Pakhtun context** (Lower Dir) where little qualitative work exists, adding **situated, culturally grounded evidence**.
- Use of SST provided a robust interpretive frame linking **structure** → **stress** → **coping** → **outcomes**.

#### **Limitations.**

- **Purposive/convenience sampling** of 25 participants across two UCs limits **transferability**.
- **Self-report** data may reflect **social desirability** or **silencing** in a sensitive topic.
- **Cross-sectional** design cannot capture **temporal changes** in grief and identity reconstruction.
- Male partners and extended family perspectives were not included, constraining understanding of **relational dynamics**.

## Directions for Future Research

- **Mixed-methods** designs combining qualitative narratives with validated measures (e.g., **DASS-21, HADS, Fertility Problem Inventory**) adapted into **Urdu/Pashto** to quantify distress and mediators.
- **Couple-level and family systems** studies to unpack blame dynamics, decision-making, and support.
- **Longitudinal** work to trace trajectories from **acute grief to meaning-making**.
- **Comparative** studies (urban–rural; different districts) to examine contextual heterogeneity.
- **Intervention trials** evaluating **peer support, couple counseling, and leader-led stigma reduction** for feasibility and impact.

## Conclusion

The patriarchal environment of Lower Dir, where a woman loses her child unwillingly, is more than a biomedical state of things, it is a social category that gathers moralized disapproval and chronic stresses. This paper presents the extent to which the initial losses caused by fertility transfer into marital insecurity, social exclusion, self-stigma, and depressive/anxious symptomatology through the prism of SST. Nonetheless, women too exhibit resilience through another way of redefining roles and positioning oneself in work, care giving, faith and community. With the help of culturally sensitive, couple-focused, and community-based responses, accompanied by financial security, it is possible to lessen harm and damage dignity, as well as promote psychological well-being.

## References

- Abbasi, S., Kousar, R., & Sadiq, R. (2016). Psychological distress among women undergoing infertility treatment. *Pakistan Journal of Medical Research*, 55(2), 45–52.
- Abbasi-Shavazi, M. J., Hosseini-Chavoshi, M., & Sadeghi, R. (2013). The experience of childlessness in Iran: A gendered perspective. *Asian Population Studies*, 9(2), 161–180.
- Ahmed, S. (2019). Social stigma and psychological distress among infertile women in Pakistan. *Journal of Social Sciences*, 13(1), 45–57.
- Ahmed, T., Ali, S., & Khan, S. (2020). Awareness and misconceptions regarding infertility causes in Pakistan. *Pakistan Journal of Public Health*, 10(3), 150–155.
- Aneshensel, C. S. (1992). Social stress: Theory and research. *Annual Review of Sociology*, 18, 15–38.
- Batool, S., & de Visser, R. (2014). Infertility and social support in Pakistan: The role of family cohesion and coping strategies. *Journal of Reproductive and Infant Psychology*, 32(4), 422–435.
- Begum, S., & Hasan, Q. (2014). Psychosocial challenges faced by infertile women in Pakistan. *Journal of Behavioral Sciences*, 24(2), 75–89.
- Bibi, A. (2016). Religio-cultural constructions of infertility among Pakistani women. *Pakistan Journal of Gender Studies*, 13(1), 89–104.
- Chant, S., & McIlwaine, C. (1998). *Three generations, two genders, one world: Women and men in a changing century*. Zed Books.
- Daar, A. S., & Merali, Z. (2002). Infertility and social suffering: The reproductive health problem that the world forgot. *Journal of Reproductive Medicine*, 47(4), 139–145.
- Dyer, S. J., Abrahams, N., Hoffman, M., & van der Spuy, Z. (2005). Infertility-related distress in South African women. *Human Reproduction*, 20(7), 1948–1953.
- Fido, A., & Zahid, M. A. (2004). Psychological distress in infertile women in Kuwait. *Saudi Medical Journal*, 25(1), 27–31.
- Gonzalez, L. O. (2000). The experience of childlessness in Pakistan: Social and emotional dimensions. *International Journal of Sociology of the Family*, 26(2), 95–110.
- Hussain, R. (2010). The social implications of infertility in Pakistan. *Social Science & Medicine*, 71(1), 159–165.

- Inhorn, M. C. (2012). *The new Arab man: Emergent masculinities, technologies, and Islam in the Middle East*. Princeton University Press.
- Iram, N., Jan, S., & Khan, B. (2021). Cultural beliefs and infertility stigma in Pakistan. *Journal of Social Service Research*, 47(4), 612–625.
- Jabeen, F. (2018). Cultural stigma and psychosocial suffering of childless women in Pakistan. *Journal of Gender and Social Issues*, 17(2), 45–60.
- Jin, L., Qureshi, F., & Ali, S. (2021). Financial burden of infertility treatment in low-income households in Pakistan. *BMC Health Services Research*, 21(1), 1143.
- Khalid, S. (2017). Gendered blame and emotional distress in infertile women: A Pakistani perspective. *Women's Studies International Forum*, 60, 45–51.
- Khan, A. (2015). Stigma and social exclusion of infertile women in India. *Indian Journal of Gender Studies*, 22(3), 367–378.
- Kwaghtser, M. (2023). Resilience and identity reconstruction among childless women: A qualitative inquiry. *Journal of Qualitative Psychology*, 11(2), 97–112.
- Mard, S. (2020). Patriarchy, culture, and childlessness: A socio-anthropological study. *Asian Women*, 36(4), 45–68.
- Mustafa, R., & Iqbal, S. (2020). Psychological well-being of childless women in Pakistan. *Pakistan Journal of Clinical Psychology*, 19(1), 67–82.
- Naqvi, S. (2016). Fertility expectations and sociocultural norms in Pakistan. *Pakistan Journal of Social Sciences*, 36(1), 23–34.
- Niazi, R., Malik, S., & Rashid, F. (2017). Childlessness and self-identity: Experiences of Pakistani women. *Journal of Women's Studies*, 10(2), 112–130.
- Pearlin, L. I., Lieberman, M. A., Menaghan, E., & Mullan, J. (1981). The stress process. *Journal of Health and Social Behavior*, 22(4), 337–356.
- Qadir, F., de Silva, P., Prince, M., & Khan, M. M. (2015). Marital satisfaction and psychological distress among infertile women in Pakistan. *International Journal of Reproductive Medicine*, 2015, 1–8.
- Qureshi, R. (2014). Motherhood and gender norms in Pakistani society. *Journal of Asian Social Science*, 10(5), 165–173.
- Rich, S., Taket, A., & Graham, M. (2011). 'Unnatural' childlessness and identity loss. *Sociology of Health & Illness*, 33(3), 403–417.
- Saeed, H., & Fatima, T. (2021). Social stigmatization of infertility in Pakistan. *Journal of Social Issues*, 32(1), 55–70.
- Sami, N., & Ali, T. S. (2006). Psychological and social consequences of infertility in Pakistani women. *Journal of the College of Physicians and Surgeons Pakistan*, 16(4), 271–275.
- Sami, N., & Ali, T. S. (2012). Perceptions and experiences of women regarding infertility in Karachi. *Pakistan Journal of Reproductive Health*, 6(1), 33–41.
- Stewart-Smythe, S., & van Iddekinge, B. (2003). Psychological effects of infertility. *Human Reproduction Update*, 9(3), 239–255.
- Sultana, A. (2018). Socio-religious constructions of infertility among Pakistani women. *Pakistan Journal of Gender Studies*, 17(1), 1–18.
- Tahir, M., Shamim, F., & Khan, T. (2004). Fertility norms and women's social position in Pakistan. *South Asian Studies*, 19(2), 45–62.
- World Health Organization. (2023). *Infertility prevalence and global estimates*. WHO Press.
- Yang, J. (2012). Emotional vulnerability and coping among childless women in patriarchal contexts. *Journal of Family Studies*, 18(1), 45–60.
- Yusuf, H. (2016). Psychological consequences of infertility among Pakistani women. *Journal of Behavioral Research*, 12(2), 91–104.