

PSYCHO-SOCIAL STATE AND COPING STRATEGIES OF CHILDLESS OR INFERTILE WOMEN: A QUALITATIVE STUDY

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ABSTRACT

Childlessness is a globally prevalent issue which affects the social, psychological and economic state of one's life. Infertility whether voluntary or involuntary is stigmatized in our society. Stress, anxiety, depression and social pressures are associated with infertility. Keeping in mind this context, this study aimed to get knowledge about social factors that put pressure on the infertile women, effects of the social factors on psychological state of infertile women and strategies to cope with socio-psychological pressures. This study is qualitative in nature in which ten in depth interviews of infertile women were conducted. Thematic analysis was used to analyze the data. The study concluded that infertility brings a lot of stress, anxiety and depression on women. Women who are unable to conceive blame themselves and try to avoid questioning people and social gatherings. The socio cultural pressures can be coped with by praying, recitation, firm belief in Allah, ignoring the taunting and questioning people, finding hobbies to divert mind Besides medical treatment moral and emotional support is also required to the affected women as it is a long and tiring process. Psychological mentoring can also help women to cope with stress and anxiety associated with infertility.

Keywords: childlessness, infertility, socio-cultural pressure, psychological pressure

INTRODUCTION

Childlessness is a global reproductive issue that affects many women. According to Vander Borgh, and Wynn, 2018, infertility is thought to affect 8% to 12% of reproductive aged couples worldwide. This problem affects the social, psychological, physical and economical state of a women. Childlessness or infertility is a major issue prevalent all over the world that brings with it many socio-cultural pressures (Tabong & Adongo, 2013). Child bearing is a central part of every society and in some situations it becomes an obsession. The inability to bear a child leads to many pressures by the society and especially the family members. The society also is very curious to know about conception of newly married couples. It is considered an integral responsibility of a woman only to bear a child and one who is unable to do so has to face many questions (Bell, 2013)

According to WHO, infertility is an inability to conceive after trying for a year after marriage. Primary infertility is when a couple has never conceived and secondary infertility is infertility post one year but they have had successful pregnancies before (Naz & Batool, 2017).

Childlessness can also be voluntary or involuntary. Voluntary childlessness is when the couple decides themselves to not bear a child on purpose. Involuntary childlessness is when a couple is childless due to some medical reason or without its intention. Either voluntary or involuntary

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childlessness, both have taboos and stigmas attached to them (Kelly, 2009). Infertility is not a life threatening problem but has social stigma that causes a sense of personal failure for women especially. The woman feels more responsible for infertility when maybe man is the reason behind childlessness (Hussain, 2009).

Nwaamah and Dube (2018) presented that childlessness besides being a medical condition is also a sociocultural concept. When couples cannot conceive, they mourn over it. Across cultures there are two expectations one being that married people should have children and secondly they should want to have children. There is a strong relation between infertility and psychological sicknesses. Infertile women face higher level of stress and anxiety.

Infertility or childlessness is prevalent in almost every country of the world. Different effects are associated with childlessness. These social pressures have a great impact on psychological health of the infertile women. A group of studies conducted in areas of Africa, South Asia, North Africa and Latin America suggested that community effects related to infertility were present in almost all reports. The effects included stigma, isolation, rejection, exclusion, status loss, social failure, no respect, marital instability, fear of divorce and verbal abuse (Van & Bos, 2009)

In a study conducted in London, it was concluded that women felt a sense of completion after being pregnant though for some it had emotional and financial cost. Women who had not become pregnant felt worse about their experiences regarding treatment and there were regrets associated with IVF treatments. It was also found that infertility was thought to be a state of difficulty in doing what other people did so easily. The study also concluded that during treatment being surrounded by pregnant women and baby pictures caused a lot of distress to the failing women. The treatment process was said to be hurting, strenuous, exhausting, tough, hectic and physically intolerable. Many women believed that there is high value in being a parent and being part of a family. (Redshaw et al, 2007)

In a study Bell discussed that the overriding construction of childlessness is gender based, not correct and biased and it defines infertility as a 'woman's problem' to be looked after (Bell, 2013). Childlessness is associated with psychological distress and pressure. Dyer (2005) conducted an assessment in South African women that depicted that the women suffering from involuntary childlessness had higher scores on the test that is used as an instrument to measure psychological symptoms. This test also revealed that women who faced abuse from their husbands scored more on six out of 12 scales as compared to women not in an abusive relationship.

While talking about Nigeria situation in a study by Ibisomi and Mudege, (2011), it was mentioned that despite changes in living arrangement of families due to migration and social mobility, issue like childlessness is not permissible to be kept a personal matter between husband and wife. The relationships between couples are affected by childlessness being a stigmatized status.

Stigmatization is caused by inability to fulfill normative gender roles. Punishment is caused as result of deviation from expectations attached to a certain gender. Many women in developing countries despite reproductive rights movements in west consider child bearing as ultimate primary goal and choice. In of being incomplete. Reproductive health and management is considered a women's matter only. In case of infertility women are seen to seek the treatment firstly as a result of own choice or on other peoples suggestion (Panggabean, 2016). Modern Indonesia, being a mother and being a woman are still inseparable. This leads to a perception of incompleteness on not being able to conceive. Good education and career can also not erase the stigma.

Now looking into South Asian countries, according to a study conducted in Bangladesh, it was known that childlessness causes social stigmatization of the infertile couple particularly of the woman. Childlessness leads to greatest burden for women leading to social and domestic dislocation. In a study conducted in Iran, it was found out that women seeking infertility treatment faced many psychological problems. Infertility according to this study is often treated as medical issue without attention to its mental, emotional, cultural and social aspects (Papreen et al., 2000).

Van Balen (2008) conducted a study that explained that sorrow and grief are universal effects of involuntary infertility and is prevalent in all societies. To have a child is almost important for all human beings. To know about one's infertility is often a shock. It means that one has to live life opposite to what one had imagined before with children. This is supplemented with a loss of self-esteem and perception of being not a complete man or woman. In the third world, childlessness is associated with stigmatization and social seclusion. Often infertile women are considered to carry evil eye and are avoided. Even in Vietnam and China, where small or one child family exists, infertile couples are seen

as failures. Sometimes infertility leads to a ban from social gatherings and events like marriage, death, childbirth or other rites of passage. Childlessness also leads to financial costs. Treatments like IVF are extremely costly and not available to all. Sometimes male members are not in the favour of their tests and examinations because they think that if they are a problem, they would be blamed instead of their wives.

The impact of failed IVF cycles leading to an increase in depression was suggested by research studies but it is still controversial because other studies have found little psychological disturbance caused by infertility treatment or IVF failure. The study also suggested that infertility causes a negative effect on reproductive health and ability of the couple (Deka & Sarma, 2010).

Patel (2016) is of the view that Infertility causes an instability in a marriage and often leads to divorce and desertion. Negative attitudes are shown towards women as a result of certain customs and traditions. This also results in gender inequality as men are not blamed for childlessness and women are considered the sole guilty.

Wischmann et al. (2009) conducted a study revealing that childlessness that is involuntary has a great effect on emotional condition of infertile couples. Childlessness is considered to be the most serious emotional crisis by many women. Emotional stress is added more by infertility treatment which increases with failure and fruitless trials. Some couples due to this stress need psychological help to resolve this distress.

Now taking about the childlessness scenario in Pakistan. A study conducted in Karachi revealed that women's knowledge about the treatment options and causes of infertility was low that resulted in opting for traditional health care that was unsafe and women with no living child had to face marital instability, abuse and stigmatization (Sami & Ali, 2012). A study in Faisalabad revealed that childlessness leads to the ruination of sense of autonomy in women that causes a loss in individual identity and they start to view themselves from the eyes of social criterions. Evil forces and supernatural powers is also thought to be cause of infertility in uneducated population. Due to this thinking alternative treatment for infertility is present there as a popular option. This thinking also leads to unacceptability for medical options of IVF (Ali et al., 2011).

Childlessness has been researched widely from medical perspective but the socio-cultural factors are usually overlooked. This research aims at learning about different factors of infertility including social and cultural factors affecting the infertile women and the effect they have on psychological state. It would also try to provide an insight on suggestions on how to cope with socio-psychological pressure so that the infertile women can cope with the socio-psychological pressures and don't face adverse effects of these pressures.

Research Questions:

1. What are the social factors that place pressure on infertile women?
2. What is the impact of sociocultural factors on psychological state of infertile women?
3. What steps can be taken to cope with the socio-psychological pressure?

METHODOLOGY

This is a qualitative research in which Infertile women were the focus of the study. Sample included infertile women from cities including Lahore, Gujrat and Islamabad. These cities have been selected due to the participants belonging to these cities are known or related through some reference. The sample for the study include 10 women with medically proven infertile. The purposive sampling technique was used as respondent list was not available and only women with medical consultancy for infertility were interviewed. Non-probability sampling was used because specific criteria of infertility is required rather than random selection. The criteria for the participants includes three years of infertility post marriage with medical assistance. Only infertile women are interviewed because they provided with their personal experiences that helped in answering the research questions effectively. Interview guide was used as tool of data collection. The participants were contacted through telephone for convenience because of prevailing Covid-19 situation of Pakistan. The interview started with introduction to the researched topic and purpose of the study. Further questions regarding how infertility poses socio-cultural pressures on the participants. Questions to know about any psychological pressures associated with infertility. Lastly, to gather information about how the participants think they can cope with socio-psychological pressure.

Data Analysis

All the interviews were taken on telephone calls and notes were taken during the data collection. The participants replied in Urdu language which was later translated into English. Data analysis was performed using thematic analysis. All the codes related to the research questions were joined together and transferred into themes. Inductive approach was used in the study.

Ethical considerations

Voluntary participation was made by all the participants. Anonymity was practiced by not asking about name of the participant. Confidentiality was accomplished by not sharing the responses with anyone. Informed consent was taken from all participants. No harm was done to any person during the study.

RESULTS

There were total 10 participants out of which half were aged between 31-40 years. Others were in there 20-30 and 41-50 years range. 60% of the participants had Bachelor's degree while others education was matriculation, masters, ACCA and MBBS. Years of marriage of 60 % of participants was from 11-20 years. Half of the participant's age at marriage was between 25-28 years. All the participants were housewives and had no personal income. 100% of the participants lived in a joint family system. 7 out of 10 participants lived in urban residential area while remaining lived in rural areas. Participants' responses highlighted the views and experiences of childlessness by infertile women. The findings of conducted study revolve around the following themes.

Experiences Regarding Childlessness and Infertility

Infertility is mostly prevalent due to medical reasons. This may be due to poor nutrition, hormonal imbalances, PCOS, endometriosis, fibroids, cysts or tube defects. Most of the participants had medical reasons behind infertility.

One of the participants was of the view that: *Infertility is a very sensitive issue and there have been increased number of cases every year sometimes because of diet and life style of people like fast foods, lack of exercise and lack of good diet and few other factors leading hormonal imbalance, ovarian disorders, and sometimes genital infections.*

One of the participants stated that she had no medical reason behind infertility. *Talking about my experience of infertility, I wasn't diagnosed with any medical problem. The doctor said that both me and my husband's tests were ok. It was from Allah's will.*

In our country, people are very curious about conception. Every newly married couple especially women are asked about pregnancy. The study revealed that the duration after which people started asking questions ranged from first period to 5 years.

It starts from your first regular periods, even the maids are always alert that the lady has missed periods or not.

Women can face questions from immediate family also which causes anxiety and worry. *Everyone including my sisters, relatives started asking. I used to felt very ashamed and it was a very difficult time for me. They used to specially call me and ask about conception.*

Some people don't ask directly from the woman and enquire from mother in law or other family members. People first ask questions and if the woman has not conceived they provide with different suggestions of doctors to visit for checkup. *As I said, the curiousness starts from the onset but on face I got questions after 4 to 6 months. Some people would ask from my mother in law. When knowing I didn't conceive, they would ask whether I have seen any doctor or not. And I would get suggestions to see doctor as soon as possible and not delay the treatment.*

Comparison with other women was found in study to be prevalent in society. A participant replied that she was compared with other women who got married at the same time as her. She said: *Soon after marriage, people started showing interest and concern in my pregnancy. After 3 months, they started to suggest me to visit some doctor. After 1 year they used to say that XYZ got married along you and now she is blessed with a baby and so on.*

Conception is totally a personal matter and should not be enquired by the infertile woman. While replying to the question a participant said: *After almost 4 to 5 months people started asking me about conception. They ask whether there is a good news or not. Why there isn't any good news. Haven't you taken any medicine? Haven't you gone for a checkup? People don't feel ashamed in asking such personal questions. It's not their problem to worry about.*

There was also an exceptional case in which the woman was not asked about conception. She replied, *Everyone knew that it is not happening so they did not ask that much. Not even by my husband,*

I felt any difficulty. He was very supportive. Even my in-laws they didn't force me to get treatment and said that leave everything on Allah.

Infertility is a medical as well as a social issue. It being a medical issue, treatment for it should be acquired on time. One of the participant said: *In my opinion most of the infertilities are treatable but people don't go to doctor for checkup. The delayed visits are also a cause of late children. People should consult doctors who specialize in infertility treatment as soon as possible.*

Having a child is a blessing of Allah, this is a common perception of Muslims. Most of the participants believed that the blessing of having a child is from Allah. As a participant said: *It is in Allah's hands whether to give you child or not in my opinion. But treatment should be acquired .it is necessary. Allah has said to utilize medicine with prayers (dua with dawa).*

A participant said that infertility was not common in her family, she said: *Infertility was not common in our family. Everyone got married then conceived and finally have their family. So I used to think that I will also hear he good news and was anxiously praying for myself to get pregnant soon.*

Another participant talked about commonality of infertility in her family and told about 4 to 5 cases in her close family suffering from infertility. *Infertility is a very common problem nowadays. In my family I have seen 4 to 5 cases.*

Self-blame for infertility is also common among the suffering women. A participant shared her views: *Sometimes I felt lonely and considered it my personal issue not to conceive. My loneliness caused a lot of tension and stress.*

Some of the participants replied by saying that infertility is a personal matter. *People should try not to ask a couple who hasn't conceived personal questions as it adds to the sorrow.* Some women have to face pressure from in-laws. Participant said that she was blamed for not having a child by her in-laws and they pressurized her husband to have a second marriage. Most of the women had medical reasons behinds infertility and got treatment for it with exception of only one woman having no medical reason. The duration after which women got question about conception ranged from first period to 5 years. Most of the participants believed that timely treatment is required and that having a child is Allah's blessing.

General Perception about Childlessness in Our Country

Infertility is mostly considered a woman's fault. Men are not questioned about childlessness. All the blame is put on women for not conceiving. Infertility is linked with low social value, stigmatization, taunting attitude by family and in extreme cases divorce.

A participant explained: *In our country, a woman who has no kids has no life and she has to face a lot of questions. Many women have very harsh in-laws that only blame women for infertility and men are not said anything.*

Another replied by saying that people in our country have a very low thinking and who cannot conceive have low social value. *People in our country have a very low thinking and perception of people who cannot conceive especially women .people consider it an illness that is not curable. A person who cannot conceive has low social value .people mock at them people start asking questions after one is married.*

Evil eye or black magic is also considered a reason behind infertility as seen in the study but on the other hand most of the participants believed that infertility is not due to evil eye but a medical reason. A rural participant while talking about evil eye said: *Yes, evil eye can be a reason behind infertility .We have visited many muftis for amulets and they checked for signs of magic on me or my husband.*

General perception about childlessness in participants view was that infertile women had low social value, all the blame is put on women only and men are not asked anything. People have a very low thinking regarding infertility. Evil eye and black magic is considered a reason behind infertility but in some cases medical reasons are considered the sole reason behind childlessness.

Evil Eye a Cause of Infertility

In our country, evil eye is considered to have a part in every bad happening. Infertility also sometimes is linked with evil eye. One of the participants said that they even went to muftis for amulets and to check for black magic. Another participant replied by saying that it may have some part in childlessness because people are not happy in other's happiness.

Evil eye does exist as in our religion also it is considered to be true but to link everything to evil eye is not right. it may have a role because people are not happy if you are well settled in your home but my family and I don't believe that infertility is wholly because of evil eye.

On the other hand most of the participants did not consider evil eye as a cause of infertility. *Nazr is barhaq but I don't think it is the reason behind infertility. In my opinion it is in Allah's hands .to link infertility with evil eye is not right.*

Another participant replied by saying that higher literacy rate in her family is the reason behind not considering evil eye as a reason behind infertility. *Evil eye has nothing to do with pregnancy. Thanks to higher level of education in my family, they rarely believe in superstitions or evil eye. Sometimes it is a big health issue and mostly lack of nutrients are disturbing your cycle of getting pregnant.*

Evil eye is considered a reason behind infertility by some participants and help was taken from muftis but mostly were of the view that infertility is not because of evil eye but due to some medical reasons. Higher education was considered a reason of not believing evil eye as a cause of childlessness.

Immediate Family Pressure

Family pressure can cause a lot of stress and anxiety to the suffering woman. While facing infertility, women are already stressed and additional pressure from immediate family can lead to further problems. More than half of the participants said that they didn't felt pressure from immediate family and were given emotional as well as financial support by the family. One of the participant aid that her family had a check on her diet and gynecological visits out of care and worry.

But there were some participants who had different scenarios. One replied by saying that she had to face pressure from in-laws. *Yes, I feel pressurized by my in-laws .my in-laws are always taunting me for being childless and provoke my husband to do second marriage. They also fight with me over minor issues leaving no chance to humiliate me. They are always blaming me for infertility.*

Another participant said that she had to face pressure from her own mother. She replied: *My mother especially forced me to go to doctor but that was out of care and love only so that I could enjoy the blessing of motherhood.*

A participant explained that she had to face pressure from her mother in law. She said: *My mother in law forced me to take some treatment so she can soon hear some GOOD NEWS .She used to even ask other people of any good doctor who can get me pregnant as soon as possible.*

Mostly immediate family had not put pressure on the infertile women and moral and financial support was provided. Sometimes a check on diet and gynecological visits were also seen as an act of concern for the woman.in one scenario husband was forced to have a second marriage. Pressure from mother and mother in law was also seen in two cases.

Interpersonal Relations and Pressure to Seek Treatment

Some pressure is imposed by relatives and social circle. Different suggestions of doctors are also given. Some people tell about *totkas* or *wazeefas*. People are very curious to know about conception.

One of the participant having no social ties had to face no pressure. She said: *I don't have social ties that much so I did not face any questions.*

Sometimes friends in the circle ask questions of good news. One of the participants said: *My friends used to ask me when they will become a khala.*

While talking about pressure from friends one woman said: *My friends every time I talk to them, they ask if there is any good news or not. They ask whether I have gone for checkup or not. They also suggested me doctors to go for checkup. I feel much stressed at such occasions so every time I get a call, I know and stress about their upcoming question of conception.*

Such questions even asked from out of care can cause a mental strain on the suffering women. Some pressure was seen to be implied by relatives and in some cases no pressure was seen. Different suggestions of doctors were provided by the relatives. Sometimes questions from friends came regarding childlessness.in one case no social ties led to no pressure.

Infertility Associated Depression, Stress and Anxiety

Infertility is associated with depression, stress and anxiety. The participants discussed that they felt stressed by failure of treatment, people's questioning and sometimes from long medications. Sometimes self-blame was also a cause of stress and anxiety. Different answers to the question of infertility associated depression, stress and anxiety were as follows: *No, I didn't feel depressed. I had full belief in Allah that if I have written in my fate to conceive than I will surely conceive, so no depression Alhamdulillah.*

The treatment of infertility itself is a very stressful process. It causes a great burden on the psychological wellbeing of the person seeking the treatment but true and firm belief in Allah can help to cope up with any kind of stress and anxiety. *I feel greatly stressed on eating medicines. Every time I see the pills I feel exhausted and stressed. It has been two years since I have started the medicines. It is tiring and stressful. I have started ivf injections and Allah knows how much cycles I have completed of it. But I do have faith in Allah also that He will give me this blessing.*

Most of the women in our country blame themselves for not conceiving. This adds to the additional pressure by the society. *In the starting I thought myself responsible for not being able to conceive and started to develop stress and anxiety but my husband used to ask me to be patient.*

Self-blame caused a lot of anxiety and a desire to be alone. One of the participant said: *I used to think it is all because of me. I used to feel stressed. I wanted to sit alone and not meet anyone because women ask questions while sitting in gatherings.*

Sometimes expensive treatment can cause a feeling of self-blame and burden on one's family. *I did feel depressed initially when I was diagnosed with endometriotic ovarian cyst and as it is a long and expensive treatment, it was very traumatic to think that maybe I am becoming a burden on the family.*

The support of immediate family is very crucial in controlling the stress associated with infertility. If they are not supportive, this leads to a great deal of depression. One of the participant replied: *I do feel depressed as my in-laws are not supportive, they blame me for infertility. They are always encouraging my husband to do second marriage.*

Sometimes having no answer to your questions can also lead to anxiety. As one of the participant replied: *I used to think that I don't have a medical problem then why I am not conceiving.*

Some people have a very strong mental state and are not affected deeply by the sad scenarios. A woman answered: *I did not feel stressed or anxious by the infertility treatment.*

Stress was caused by failure in treatment. Sometimes people's questioning was a reason of depression. Self-blame also led to anxiety and stress. Pressure from in-laws also caused pressure and in one instance the in-laws forced the husband to have a second marriage that made the woman stressed. In one case the woman did not feel any stress or anxiety by the treatment.

Husband's Support

Husband's support is very essential to cope with the problem of infertility. All the participants had supportive husbands and provided with emotional support. Most of the participants said that they were always there for them. Two of the participants replied that they also did semen analysis test which is considered a taboo in our society. *He took me to all the doctors in the city. He even did the semen analysis test before my treatment because doctor said that husband's test is also necessary. He never blamed me for infertility.*

Sometimes husbands are supportive and are ready to go under treatment side by side of women. One participant replied: *He is always saying to me to not listen to people, not to take tension. He has never questioned me that why is it not happening. He has also taken medicine and done the test two times which is great because I think some husbands are not in the favour of test.*

Husbands support and care plays a pivotal role in facing the hardships of life. Mostly support was given by the husbands of infertile women. Husbands provided with emotional support to the women and some also did the semen analysis test. In one case the husband went through the test before the infertile women.

Coping Strategies to come out of Sociocultural and Psychological Pressures

Socio cultural pressures can have a lasting effect on mind of infertile women. It can cause a lifetime depression and stress problems. When asked about how to cope with such pressures, participants replied: *I limited my social visits and tried to have little conversation with people whenever in a gathering. I prayed a lot.*

Avoidance of social gatherings to avoid questions regarding conception was suggested a way to cope with social pressure. One participant said: *Whenever someone asked me I used to say that it is from Allah. I used to avoid gatherings.*

To cope with socio cultural pressures, a participant stopped meeting taunting people and avoided them. She said: *I have stopped meeting people that taunt me or keep asking questions. So to avoid all the sorrow, I don't meet people who always ask about children and try to avoid them as much as possible.*

Praying is also thought to have a positive impact on stressful conditions. *Socio cultural pressures are there but I didn't do much care of such pressures and prayed to Almighty and read Holy Quran and seek the treatment.*

One participant said that not overthinking about infertility and social pressures can help in this regard: *Such pressures can be faced by not overthinking and not taking any stress about it.*

Most of the participants believed that praying, recitation and firm belief in Allah can help to cope with psychological pressures. One of the participants talked about the role of husband support and finding hobbies to cope with pressures. *Psychological pressures can be faced if your husband has a supportive role in your life. His support is most important during the whole process. These pressures can also be dealt with by finding hobbies that take your mind away from worries and stress*

Recitation of Holy Quran was also considered as a strategy to cope with psychological pressures. As a Muslim, complete faith is in Allah's book and His blessings but besides that treatment is also considered compulsory. As one of the participant said: *In my view, to cope with psychological pressures you should just pray to Almighty. One should recite Holy Quran and leave rest to Almighty and consult some specialist who treat infertility because consultation is very important to treat infertility.*

Ignoring others was also said to help to cope the pressure. A women said: *If you will keep listening to others then no one will be happy in this world. So we should ignore others comments. The best way according to me is to keep praying and you should consider other kids as your kids and love them unconditionally.*

Leaving everything on Allah and not taking tension was also a consideration found in study. A participant replied: *Ask prayers from Allah and with prayers seek medical treatment (dua with dawa). Leave everything on Allah. Because it is said that tension also causes delay in conception. Only seek treatment and believe in Allah.*

Different strategies that were suggested by the participants to overcome the social and psychological pressures were to not overthink, avoiding gathering of curious people, being confident in one's skin, praying and recitation, firm belief in Allah, finding hobbies and ignoring taunting people. Conducting awareness sessions for closed minded people of the society was also seen as a coping strategy for pressures.

DISCUSSION

Childlessness is a very common issue nowadays. Infertility brings with it social and cultural pressures. The first research question was to know the social factors that place pressure on infertile women. The study revealed that most of the social pressure was from relatives on the infertile women. Every married couple was questioned about conception. When they would be replied with the answer as no different suggestions of doctors, *wazeefas or totkas* were given. As found in previous literature, these questions caused a lot of stress and anxiety on the infertile women. This social pressure added to the stress of long and tiring medical treatment. Sometimes in-laws were a reason of pressure and taunt and blame. People mostly out of curiosity asked questions about conception as to have a child or trying for a child is considered the only choice for women (Van Balen, 2008).

The second research question was to know the impact of sociocultural factors on psychological state of infertile women. The social pressures that are accompanied by infertility cause a state of mental stress, anxiety and frustration. Sometimes the infertile women blame themselves for not conceiving. Many studies have discussed the effect of infertility on psychological state of infertile women causing psychological disorders (Van and Bos 2009). Sometimes women try to avoid social gatherings and meeting people because they fear from the questioning about conception.

The third research question was to identify different strategies to cope with socio-psychological pressures. The study also revealed different strategies to cope with the psychological and sociocultural pressures associated with infertility. The participants replied by saying that pressures can be faced by not overthinking and avoiding questioning and curious people. They also said to face questions of people with confidence and replying to them by saying that it is from Allah. Another important technique prescribed by the study was praying and recitation of Holy Quran with firm belief in Allah and His blessings. To cope with psychological pressures firm belief in Allah, praying, recitation was considered important. Finding different hobbies to divert the mind was also seen as an option.

Awareness session conduction can also help to change the mindsets of curious people by making them understand that fertility is totally a personal matter and should not be questioned about by the couples.

The study is different from previous literature as it revealed that sometimes infertility can have no medical reason behind it. The study helped us to know the duration from which questions about conception started that ranged from first period to 5 years after marriage. Conception was considered a blessing from Allah and according to His will. Infertility is considered a personal matter which is different from what has been found in previous studies Ibisomi and Mudege, (2011). Pressure from in-laws is seen. Evil eye is not considered a reason of infertility due to higher literacy rate as opposed to previous literature that said that evil eye is considered to be a reason behind infertility (Ali et al., 2011). Immediate family was mostly supportive with some exceptions of pressure from mother and mother in law. People in our society as soon as know about infertility provide different suggestions of doctors that had successful experiences. Mostly the pressure was from relatives. The study also revealed that no social ties lead to no pressures. Another revelation included that infertile women faced teasing questions from friends about good news. The infertile women faced anxiety due to people's questioning and pressure from in-laws. All the participants had supportive husbands that provided with moral support and some also did the test that is opposite to what has been found in previous literature. Besides medical treatment, praying, recitation and firm belief in Allah is considered as coping strategy for pressures from people. Awareness sessions, finding hobbies and ignoring the taunting people was also considered to help to cope with psychological pressures associated with infertility.

CONCLUSION

Childlessness is an increasing social problem. Infertility is not only a medical issue but also a social issue. The study describes that infertility brings with it a lot of stress, anxiety and depression for the suffering women. Women who are unable to conceive blame themselves and try to avoid questioning people and social gatherings. Infertility in our country is also accompanied by sociocultural pressures that add to the sorrow of infertility and long and tiring treatment worries. Sometimes in-laws put pressure and sometimes relatives questioning causes anxiety. In our country infertility is perceived to be a woman's problem only but this is not the case sometimes men are also the reason of infertility so gender equality is required in seeking infertility treatment. Mostly husbands of our participants were found to be supportive in the whole process. People ask about conception again and again and it leads to additional mental pressure on them. Childlessness is totally a personal matter and should be treated as one also. Relatives and immediate family both should try to provide emotional and moral support to the suffering women. The infertile women should try to face this situation with courage and firm belief in Allah as depressed mental state can also delay the process. The socio cultural pressures can be coped with by praying, recitation, firm belief in Allah, ignoring the taunting and questioning people, finding hobbies to divert mind.

RECOMMENDATIONS

Infertility is an important social issue that needs to be taken care of. Timely treatment acquisition can help the infertile women to treat it as soon as possible. Besides medical treatment moral and emotional support is also required to the affected women as it is along and tiring process. Different awareness sessions can help to make the public understand that their questioning nature and curiosity only adds to the sorrows of infertile women and that infertility is totally a personal matter and should not be enquired by the women. Psychological mentoring can also help women to cope with stress and anxiety associated with infertility. Different platforms to discuss their problems can help them to share their problems with alike people who are also suffering from childlessness. Financial support from the related government departments can help to acquire expensive treatments like IVF so that no woman is left behind to seek infertility treatment just because she cannot afford it.

Future researchers can conduct the study on larger basis that was not possible due to limited resources. Moreover, the views of immediate family and relatives can help to know about why they put pressure only on women and why men are not answerable for infertility. A comparison between our culture and western cultures can also aid in understanding the cultural variance in socio cultural pressures associated with infertility.

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