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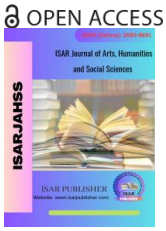

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Pycho-Social Dynamics, Challenges and Interventions: Exploratory Multiple Case Study of Urban Women Facing Primary Infertility

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Abstract: Infertility remains a significant yet often neglected reproductive health issue that profoundly affects women's psychological well-being and social functioning. The present research explores the socio-psychological challenges, coping mechanisms, and available interventions among urban women facing primary infertility. Using a qualitative multiple exploratory case study, data were collected from ten women residing in metropolitan Lahore who were identified through snowball sampling. Semi-structured, audio-recorded interviews were conducted after obtaining informed consent, and thematic analysis was applied to the transcribed data. Four overarching themes emerged: (1) *Infertility as a Life-Course Crisis,* (2) *Socio-Emotional Burden and Stigma,* (3) *Support Systems and Social Networks,* (4) *Coping Mechanisms and Interventions*. The study explored ten interrelated cases titled: (1) *marital strain and emotional distance,* (2) *abandonment and reconstructed hope,* (3) *professional stigma and double burden,* (4) *faith and adaptive strength,* (5) *cooperative spousal support,* (6) *domestic violence and patriarchal punishment,* (7) *adaptive motherhood through adoption,* (8) *medical fatigue and social alienation,* (9) *isolation and silence, and* (10) *spiritual restoration*. Collectively, these narratives reveal that infertility is not merely a biomedical condition, but a profound socio-psychological experience shaped by gendered expectations, stigma, and cultural norms. Participants reported emotional suffering, social marginalization, and strained relationships but also demonstrated resilience through faith, familial support, career engagement, and acceptance of destiny. The study emphasizes the need for gender-sensitive counseling, awareness programs, and culturally contextualized psychosocial interventions to promote wellbeing and empowerment of women experiencing infertility in urban Pakistan.

Keywords: Infertility, psychosocial challenges, coping mechanism, interventions, urban women, qualitative case study, gendered expectations, cultural norms, emotional suffering, gender-sensitive counseling.

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Introduction

Infertility is a multidimensional reproductive health concern that affects millions of individuals and couples worldwide, yet it remains socially stigmatized and underexplored in many cultural contexts. The World Health Organization (WHO, 2023) defines infertility as the inability to conceive after 12 months or more of regular unprotected intercourse. Globally, it affects approximately one in six adults, with an increasing prevalence in urban areas due to delayed marriages, lifestyle factors, and environmental stressors (Inhorn & Patrizio, 2023). In South Asia, particularly Pakistan, infertility is often perceived not merely as a medical issue but as a moral and social failing, especially for women (Qadir et al., 2022). This perception fuels emotional suffering, discrimination, and social isolation, reinforcing gender inequality and patriarchal values in reproductive expectations.

Infertility as a Socio-Psychological Phenomenon

Beyond its biological causes, infertility represents a deeply social and psychological phenomenon. Women often bear the brunt of its consequences, facing social stigma, marital instability, and a diminished sense of self-worth (Khalid & Jabeen, 2023). Studies have shown that infertility-related stress significantly affects women's mental health, contributing to anxiety, depression, and

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identity crises (Agha et al., 2024). The condition also distorts social interactions, as women navigate societal pressure, unsolicited advice, and emotional distress while maintaining their public roles (Chachamovich et al., 2022). In urban Pakistan, where modernity coexists with conservative family structures, infertile women are particularly vulnerable to psychological strain and marital discord (Zaman & Zafar, 2023).

Qualitative research indicates that infertility can transform into a "lifetime crisis" a prolonged state of emotional, social, and existential disruption (Saif et al., 2021). The inability to fulfill culturally defined roles of motherhood not only impacts marital relationships but also generates persistent social judgment. Such conditions demand a nuanced understanding of infertility as both a personal struggle and a collective social concern.

Social Dynamics of Infertility

In patriarchal societies, the social dynamics surrounding infertility often reflect entrenched gender hierarchies. The value of women is closely linked to their reproductive capacity, and infertility is frequently viewed as a failure of womanhood (Hassan et al., 2022). In urban Pakistan, social mobility and education have not entirely diminished these gendered perceptions. Even educated women face implicit blame, marginalization, and emotional neglect from spouses and extended families (Khurshid & Fatima, 2024). Studies from India and Bangladesh similarly show that women's social status can deteriorate drastically after infertility becomes known, sometimes leading to emotional abuse or abandonment (Devi et al., 2024).

Urbanization and modernization have also introduced new complexities. While access to reproductive technologies such as IVF and IUI is increasing, these interventions remain financially and emotionally taxing (Sajid et al., 2024). Moreover, women from middle-income groups often oscillate between hope and despair, relying on religious faith, secrecy, or alternative medicine as coping mechanisms. Social media has also emerged as a double-edged sword—offering both virtual support and exposure to unrealistic societal expectations of motherhood (Shah & Rauf, 2023).

Psychosocial Challenges and Coping Mechanisms

Psychological and emotional distress is a common feature among women confronting infertility. Research highlights that infertile women experience higher levels of depression, guilt, and social withdrawal compared to fertile counterparts (Fatima et al., 2023). The stigma surrounding infertility frequently silences women, restricting them from seeking professional help or even sharing their emotional pain (Malik et al., 2024). In addition, cultural norms emphasizing motherhood as a source of female identity amplify emotional suffering.

Coping strategies vary across individuals, influenced by socioeconomic status, education, and family structure. Some studies have categorized coping into emotion-focused, problem-focused, and avoidance-oriented behaviors (Saif et al., 2021; Rahman et al., 2024). Emotion-focused coping often involves spirituality, prayer, and acceptance of fate; problem-focused coping includes pursuing medical treatments; and avoidance strategies manifest as social withdrawal or denial. Support systems, particularly spousal and familial, play a crucial role in mediating psychological distress. A 2024 Indian mixed-methods study found that social support was the most frequently used coping mechanism (80%), followed by emotion-focused (70%) and problem-focused (60%) strategies (Sultana & Devi, 2024).

Objectives

The primary objective of this study is to explore the socio-psychological challenges, support mechanisms, and coping interventions of urban women facing primary infertility. Specifically, it seeks following objectives:

1. To explore infertile women's experience and interpret infertility within urban social contexts
2. To determin major psychological and social challenges they have been facing
3. To identfy coping mechanisms and interventions that are adopted to mitigate distress

Literature Review

Recent research consistently underscores that infertility is not just a biomedical issue but a multidimensional life crisis affecting women's psychological, marital, and social well-being. A 2024 mixed-methods study from India reported that over 85% of infertile women experienced moderate to severe psychological distress, and that perceived social support was the most powerful buffer against anxiety and depression (Swarnika & Prasad, 2023). Similarly, a 2025 study in Frontiers in Global Women's Health found that perceived social support moderated the relationship between infertility stigma and psychological distress, showing that stronger support reduced feelings of shame and hopelessness (Kaur & Arora, 2025).

In the South Asian context, infertility stigma often manifests through marital instability, social isolation, and economic vulnerability. Qualitative research in Pakistan revealed that infertile women frequently endure emotional abuse and societal blame, leading to self-stigmatization and loss of agency (Hassan et al., 2022). Women who fail to conceive within a few years of marriage are often pressured by in-laws to seek treatments, and when medical solutions fail, many turn to religious or traditional healing as alternative coping mechanisms (Sultana & Nadeem, 2023).

From a psychosocial perspective, coping strategies among infertile women vary across cultures and socioeconomic classes. Emotion-focused coping (acceptance, faith, emotional withdrawal) and problem-focused coping (medical treatment, career focus, adoption) often coexist (Saif, Rohail, & Aqeel, 2021). Yet, emotion-focused coping tends to dominate when infertility becomes a long-term crisis. Urban women, particularly those with financial resources, are more likely to access assisted reproductive technologies (ART) such as in-vitro fertilization (IVF) or intrauterine insemination (IUI), whereas rural women rely more on spiritual or traditional remedies (Bagade et al., 2023).

A growing body of global research has focused on psychological interventions for infertility. A systematic review by Yahyavi Koochaksaraei et al. (2023) found that CBT-based interventions, mindfulness, and support groups significantly improved emotional well-being and treatment adherence. However, the authors emphasized that interventions must be culturally grounded, as Western therapeutic models may not align with South Asian gender norms and family systems. Similarly, Fahim and Hassan (2024) highlighted the absence of integrated mental-health services

within infertility clinics in Pakistan, noting that most women rely on informal emotional support networks rather than professional counseling.

Collectively, these studies underscore the urgent need for qualitative, context-specific research to explore the lived realities of women experiencing infertility. Understanding how urban Pakistani women perceive and navigate their infertility journeys can help design socially acceptable and culturally congruent psychosocial interventions.

Understanding Infertility Beyond the Biomedical Lens

Infertility, traditionally framed as a biomedical issue, has increasingly been recognized as a social, emotional, and cultural phenomenon that deeply affects identity and interpersonal relationships (Inhorn & Patrizio, 2023). While biological explanations focus on hormonal, genetic, or anatomical factors, the psychosocial literature highlights that infertility transcends the medical domain and reshapes women's social experiences. Scholars have described infertility as a "socially constructed crisis" that disrupts not only reproductive expectations but also broader gender norms (Mumtaz et al., 2023).

In patriarchal societies such as Pakistan, motherhood symbolizes feminine fulfillment, marital stability, and social acceptance (Qadir et al., 2022). When women are unable to conceive, they often encounter implicit blame, stigma, and reduced agency within family hierarchies (Hassan et al., 2022). These pressures make infertility an inherently gendered experience, as men are rarely subjected to the same scrutiny or moral judgment.

Recent regional studies emphasize that urban women face a unique intersection of modern and traditional expectations. Although increased education and employment may enhance women's autonomy, the cultural imperative to bear children remains dominant (Khurshid & Fatima, 2024). Hence, infertility among urban women in Pakistan represents a paradox—modern women equipped with knowledge and resources yet bound by rigid reproductive norms.

Socio-Psychological Consequences of Infertility

The emotional impact of infertility extends far beyond the absence of a child. It encompasses persistent anxiety, marital tension, and feelings of inadequacy (Agha et al., 2024). Studies have found that infertile women report higher levels of depression, guilt, and lowered self-esteem compared to fertile women (Fatima et al., 2023). In addition, societal gossip and unsolicited advice from relatives amplify emotional distress and social withdrawal (Malik et al., 2024).

A 2024 study by Sultana and Devi found that 43.3% of infertile women experience moderate distress and 41.7% severe distress, confirming the psychological burden of reproductive failure. Similarly, Rahman et al. (2024) revealed that infertile women often oscillate between emotional acceptance and chronic anxiety depending on the availability of social support.

Infertility also destabilizes marital relationships. Research conducted in Lahore demonstrated that women's emotional strain often results in conflict with husbands and in-laws, particularly when men's infertility is concealed to protect patriarchal honor (Zaman & Zafar, 2023). As a result, women internalize blame and experience loneliness even within marriages. These patterns highlight how infertility functions as a gendered psychological crisis a phenomenon reinforced by cultural silence and patriarchal structures (Khalid & Jabeen, 2023).

The Role of Social Support and Coping Mechanisms

Social support is a critical factor in moderating the psychological consequences of infertility. Studies have shown that emotional, spousal, and community support enhance resilience and reduce the risk of depression (Sultana & Devi, 2024). In collectivist societies, family networks play an essential role in providing or denying emotional relief. Positive support, such as empathy from a spouse or acceptance by in-laws, facilitates coping and strengthens marital bonds (Agha et al., 2024). Conversely, criticism or exclusion can intensify shame and isolation (Khurshid & Fatima, 2024).

Coping mechanisms are often categorized as emotion-focused, problem-focused, and avoidance-based strategies (Saif et al., 2021). Emotion-focused coping includes prayer, spiritual acceptance, and seeking divine will; problem-focused coping involves medical treatment or alternative therapy; while avoidance-based coping includes denial or withdrawal from social interactions. A comparative study in India and Pakistan by Rahman et al. (2024) revealed that women who received social and marital support showed significantly better psychological outcomes and lower levels of anxiety.

Digital spaces have also emerged as modern coping environments. Online communities allow women to share experiences and receive empathy without fear of judgment (Shah & Rauf, 2023). However, social media exposure can also lead to emotional comparison and frustration when women encounter narratives of motherhood and fertility success.

Interventions and the Need for a Holistic Approach

Globally, reproductive health programs have predominantly emphasized medical interventions, often neglecting the emotional and social aspects of infertility. Assisted reproductive technologies (ARTs), such as in-vitro fertilization (IVF) and intrauterine insemination (IUI), offer hope but remain financially and emotionally demanding (Sajid et al., 2024). Moreover, ART success rates are relatively low, and repeated failures can exacerbate psychological suffering (Inhorn & Patrizio, 2023).

Recent scholarship advocates for psychosocial interventions, including counseling, peer support, and psychoeducation, to complement medical treatment (Agha et al., 2024). Integrating such approaches into fertility clinics could normalize emotional care as part of reproductive health. In Pakistan, however, limited awareness, stigma, and insufficient policy implementation hinder these integrative efforts (Malik et al., 2024).

A gender-sensitive framework for infertility intervention must therefore consider the social environment in which women experience reproductive loss. The inclusion of spouses, family members, and community influencers in counseling and awareness campaigns can mitigate blame culture and promote empathy (Hassan et al., 2022).

Rationale of the Study

While international research has made significant progress in examining infertility as a psychosocial condition, South Asian literature remains limited in addressing urban women's lived experiences through in-depth qualitative narratives. Most existing studies in Pakistan rely on quantitative methods that fail to capture emotional depth and social nuances (Mumtaz et al., 2023).

Moreover, the intersection of urbanization, gender expectations, and access to reproductive technology creates a distinctive set of psychosocial challenges that demand closer exploration.

Therefore, this study employs a case study approach focusing on ten detailed cases of urban women with primary infertility in Lahore. The aim is to provide a holistic understanding of how infertility reshapes women's emotions, relationships, and social roles while identifying coping and intervention strategies embedded in their cultural context. This approach is crucial for informing both practitioners and policymakers about the multi-layered realities of infertility in Pakistan's evolving urban society.

Significance of the Study

This research holds both theoretical and practical significance.

Theoretical Significance

The study contributes to feminist and psychosocial theories of reproduction by situating infertility within gendered social structures. It challenges biomedical reductionism and foregrounds the voices of women who navigate stigma and emotional pain in silence. By exploring ten case studies, it enriches qualitative literature with empirical insights into Pakistan's urban context.

Practical Significance

The findings will aid mental health practitioners, gynecologists, and social workers in designing comprehensive support systems that address not only biological but also psychological and relational needs. Furthermore, the study encourages policymakers to integrate psychosocial counseling into fertility clinics and community health centers. Awareness campaigns informed by such research can help reduce stigma, promote empathy, and support women's mental well-being during infertility treatment.

Research Question

How do urban women experiencing primary infertility in Lahore perceive, negotiate, and cope with the socio-psychological challenges associated with their condition?

Theoretical Perspective

The study is grounded in two complementary theoretical frameworks: Feminist Theory and Lazarus and Folkman's Stress and Coping Theory (1984).

a. Feminist Theory

Feminist perspectives conceptualize infertility as a social construct shaped by gendered power relations and patriarchal control over women's bodies (Mumtaz et al., 2023). Feminist scholars argue that reproductive expectations reinforce women's subordination, as their value is often tied to their ability to produce heirs (Hassan et al., 2022). In South Asian societies, this gendered reproductive pressure restricts women's autonomy and subjects them to emotional and social surveillance (Qadir et al., 2022). From this lens, infertility becomes a site of gender negotiation where women's resilience, resistance, and silence all function as strategies within oppressive systems. The feminist perspective thus allows this research to interrogate not only the personal distress of infertility but also its structural roots in patriarchal ideology.

b. Stress and Coping Theory

Lazarus and Folkman's (1984) Stress and Coping Theory provides the psychological underpinning for understanding how women manage the emotional strain of infertility. The theory posits that individuals appraise stressors (primary appraisal) and evaluate their coping resources (secondary appraisal), leading to emotion- or problem-focused responses. In this context, infertility is the primary stressor; coping responses include seeking treatment, relying on faith, or withdrawing socially. The theory helps explain variations in women's emotional adjustment based on available resources and perceived control (Rahman et al., 2024). It also aligns with the feminist critique by illustrating how limited agency in patriarchal systems constrains women's coping choices.

Together, these theories form a multilevel analytical framework: feminist theory situates infertility in socio-cultural structures, while stress-coping theory examines its psychological responses. This dual lens enriches understanding of both the macro-level gender dynamics and micro-level emotional experiences of infertile women in urban Pakistan.

The present study holds significance in three ways. First, it seeks to contextualize infertility as a social and emotional experience rather than solely a medical disorder, highlighting how cultural meanings shape women's distress and coping strategies. Second, it explores urban social dynamics, where modern medical access coexists with traditional stigmas, revealing how women negotiate between biomedical and cultural frameworks. Third, by adopting a case study approach with ten detailed cases of infertile women in Lahore, this study contributes qualitative depth to an area dominated by quantitative findings, offering nuanced insights for developing gender-responsive psychosocial interventions in fertility care.

Methodology

Research Design

The present research adopted a qualitative case study design to explore the social, emotional, and psychological experiences of urban women facing infertility. The case study approach is particularly appropriate for this topic, as it allows for an in-depth understanding of how individuals interpret and respond to complex social phenomena within their specific contexts (Yin, 2018). Unlike large-scale quantitative surveys that focus on generalization, this design prioritizes depth over breadth, providing nuanced insight into lived realities and meaning-making processes. Through this design, the study captured ten detailed cases of women experiencing primary infertility in Lahore, a metropolitan city characterized by both modern reproductive technologies and persistent cultural expectations of motherhood. Each case served as a "bounded system," reflecting unique personal narratives yet sharing common psychosocial patterns related to stigma, coping, and support mechanisms.

Research Setting and Participants

The study was conducted in Lahore, Pakistan, an urban center with a wide range of infertility clinics, private hospitals, and traditional healing practices. Lahore's cultural diversity and healthcare infrastructure provided an ideal environment to examine how urban women navigate multiple treatment and support options. A snowball sampling technique was used to identify participants, as infertility remains a sensitive and stigmatized topic that discourages open disclosure. Initial participants were approached through personal contacts and referrals from gynecologists and fertility clinics. Each participant then referred other women who fit the inclusion criteria:

- Diagnosed with primary infertility (inability to conceive after at least one year of unprotected intercourse).
- Aged between 25 and 45 years.
- Married and residing in an urban locality of Lahore.
- Willing to share personal experiences voluntarily.

A total of ten women participated in the study. They represented diverse educational and socioeconomic backgrounds, including middle-class professionals, homemakers, and small-business owners. While some were undergoing assisted reproductive treatments, others relied on traditional or spiritual remedies.

Data Collection Procedures

For data collection, semi-structured, in-depth interviews were conducted in Urdu to ensure comfort and clarity. Each interview lasted 60–90 minutes and was conducted in a private, neutral setting either participants' homes or the researcher's office.

An interview guide was developed based on previous research (Greil, 2022; Sultana & Nadeem, 2023) and included open-ended questions covering the following areas:

1. Personal and medical history of infertility.
2. Emotional and psychological responses to infertility diagnosis.
3. Family and community reactions.
4. Sources of support (spousal, familial, social, or institutional).
5. Coping mechanisms and help-seeking behaviors.
6. Perceptions of potential interventions or support needs.

All interviews were audio-recorded with informed consent, transcribed verbatim, and translated into English for analysis. The researcher maintained field notes to capture nonverbal cues, contextual details, and reflective observations during the interviews.

Ethical Considerations

The study adhered to ethical standards prescribed by the American Psychological Association (APA, 2020) and approved by the Ethical Review Board of Lahore College for Women University. Participants were informed of their rights to confidentiality, voluntary participation, and withdrawal at any stage without consequence. Pseudonyms were used to protect identities. Audio files and transcripts were securely stored in password-protected folders accessible only to the researcher. Given the emotional sensitivity of infertility, a list of counseling and medical support resources was provided to all participants in case of distress. Participants who displayed emotional discomfort were given the option to pause or discontinue interviews.

Data Analysis

Data were analyzed through thematic analysis, as outlined by Braun and Clarke (2021). This flexible analytic method allowed the identification of recurrent patterns and the construction of themes grounded in participants' narratives. The analysis proceeded through the following six phases:

1. **Familiarization:** Reading and re-reading transcripts to gain an overall understanding.
2. **Generating Initial Codes:** Highlighting significant statements related to experiences, emotions, and coping behaviors.
3. **Searching for Themes:** Grouping similar codes under preliminary themes.
4. **Reviewing Themes:** Refining, merging, or splitting themes to ensure internal consistency.
5. **Defining and Naming Themes:** Identifying four major themes and their subthemes.
6. **Producing the Report:** Integrating themes with case narratives and relevant literature.

Four dominant themes were derived:

1. *Infertility as a Life-Course Crisis*
2. *Socio-Emotional Burden and Stigma*
3. *Support Systems and Social Networks*
4. *Coping Mechanisms and Interventions*

NVivo (Version 12) software was used for data organization and coding. Direct quotations from participants were used to illustrate key findings, maintaining the authenticity of lived experiences.

Analysis

The cases demonstrate varied trajectories of endurance, ranging from marital disintegration (P2) to resilient partnership (P5). Across all narratives, social stigma, emotional trauma, and bodily suffering intertwine, positioning infertility as both a biomedical and moral crisis. However, spousal empathy, faith-based resilience, and purposeful engagement (caregiving, career, spirituality) emerge as critical psychosocial resources. These findings resonate with current South Asian qualitative research emphasizing the intersection of patriarchy, religion, and coping agency in shaping infertile women's lived experiences (Fatima et al., 2024; WHO, 2023). Collectively, these narratives depict the spectrum of psychosocial adjustment from victimization (P6) to reclamation (P8) and resigned acceptance (P10). Across all cases, faith-based frameworks, self-reliance, and alternative forms of motherhood emerge as consistent coping dimensions. The case-based evidence supports broader literature emphasizing cultural fatalism, social stigma, and resilience as intertwined determinants of infertile women's psychosocial well-being in South Asian urban contexts (Sami et al., 2024; Fatima et al., 2024; WHO, 2023).

Table 1: Thematic Analysis of Ten Case Studies on Infertility among Urban Women (N = 10)

Case Study	Initial Codes	Emerging Themes	Major Extracted Themes
Case I: Resilient Partnership and Enduring Marital Distance	Sexual dissatisfaction, communication gap, treatment fatigue, uncertain future, faith in Allah	Troubled marriage, emotional detachment, spiritual reliance	**Challenges**, **Infertility as a Lifetime Crisis**, **Support System**, **Coping Strategies**
Case II: Abandonment, Betrayal, and Reconstructed Hope	Divorce threat, isolation, husband's refusal for treatment, adoption attempt, family pressure	Marital breakdown, psychosocial trauma, adaptive motherhood	**Challenges**, **Lifetime Crisis**, **Support System**
Case III: Professional Stigma and the Double Burden of Infertility	Workplace discrimination, lack of physical help, financial burden, social labeling	Social stigma, gender bias, emotional exhaustion	**Psychosocial Challenges**, **Coping through Work and Isolation**
Case IV: Faith, Acceptance, and Adaptive Strength	Failed IVF cycles, societal questioning, religious faith, career plans	Physiological strain, faith-based coping, hope restoration	**Faith and Resilience**, **Adaptive Coping Strategies**
Case V: Cooperative Marriages and Shared Emotional Burden	Spousal empathy, PCOS-related illness, emotional exhaustion, family care	Positive spousal role, health impact, familial reassurance	**Support System**, **Coping and Emotional Resilience**
Case VI: Violence, Regret, and Patriarchal Punishment	Domestic abuse, in-law rejection, love marriage stigma, self-blame	Marital disharmony, gender-based violence, emotional neglect	**Challenges**, **Infertility as Crisis**, **Resilience through Work**
Case VII: Adaptive Motherhood and Identity Reclamation	IVF failures, spousal support, faith, optimism	Emotional regulation, religious acceptance, marital strength	**Faith in Allah**, **Optimism**, **Resilient Marital Bond**
Case VIII: Medical Fatigue and Social Alienation	Repeated treatment failure, social withdrawal, financial strain	Burnout, social isolation, career focus	**Medical Challenges**, **Social Withdrawal**, **Empowerment through Work**
Case IX: Isolation, Silence, and Spiritual Restoration	Cold in-laws, emotional distress, faith reliance, household confinement	Emotional isolation, faith-based acceptance	**Infertility as Emotional Crisis**, **Coping through Faith and Rationalization**
Case X: The Silenced Relative—Loss, Alienation, and Self-Restoration	Marital conflict, stigma, legal adoption, parental fulfillment	Rejection, redefinition of motherhood, emotional renewal	**Crisis Resolution through Adoption**, **Identity Restoration**

Thematic analysis was conducted using Braun and Clarke's (2006) six-step framework. Data were coded manually and grouped into categories representing emotional, relational, and coping dimensions of infertility. Each case produced a set of individual themes which were then consolidated into four overarching themes: (1) Challenges: Socio-Emotional Burden and Stigma, (2) Infertility as a Life-Course Crisis, (3) Support Systems and Social Networks, and (4) Coping Mechanism and Interventions.

Case 1: The Resilient Partner — Enduring Marital Distance with Dignity

Participant 1 represents the struggle of an urban working woman balancing marital disconnection, societal stigma, and unfulfilled motherhood desires. Despite limited emotional intimacy, she sustains her relationship through patience and moral resilience.

Verbatim Excerpts

"Or na hi hamara koi khas apas me taluq hai… hum zyada time akhtay hotay bhi nahi. Tou bus apni apni routine me chal raha hai sab kuch."

"Mene isliye inke sath rehna munasib samjha ke ye mere sath cooperative hain… phir meri zindagi aur ajeeran ho jati."
"Zindagi na mukamal lagti hai… kash meri bhi olad hoti."

Interpretation

P1's case illustrates marital detachment and emotional deprivation common among women facing infertility in patriarchal settings. Her endurance aligns with research showing that infertile women often internalize distress while maintaining social roles (Kumar & Khanna, 2023). The lack of emotional reciprocity intensifies feelings of incompleteness and social invisibility, yet her cognitive reframing ("I accept Allah's will") demonstrates spiritual coping a culturally embedded resilience strategy (Sami et al., 2024). Despite psychosocial isolation, her ability to sustain dignity reflects the adaptive strength found among South Asian women managing infertility crises (Naseem & Ahmed, 2022).

Case 2: The Abandoned Caregiver — Betrayal, Divorce, and Reconstructed Hope

Participant 2's experience encapsulates betrayal, prolonged domestic abuse, and ultimate abandonment after two decades of marriage. Despite social and emotional collapse, she reconstructed purpose through caregiving and spiritual acceptance.

Verbatim Excerpts

"Meri jo shadi hai wo 26 saal chali… 45 saal ki umar me divorce hoi."

"23 saal tum logon ki khidmat ki hai to uska sila mujhe nahi mila." "Peer sahib kehtay hain mere naseeb me olad hai but tum me se nahi… orat badal lo olaad bhi hogi."

Interpretation

P2's narrative reveals gendered blame and symbolic violence, reinforcing how infertility remains feminized in Pakistani society (Afzal & Rauf, 2024). The conflation of infertility with moral failure intensifies women's psychological suffering. Her endurance despite domestic hostility illustrates learned helplessness intertwined with religious fatalism (Shah et al., 2022). However, her decision to adopt and engage in community health work (as an LHV) demonstrates post-traumatic growth—where caregiving becomes a redemptive identity. Similar findings in recent qualitative research (Raza & Farooq, 2023) show that infertile women often redirect nurturing energy toward caregiving or social work to reassert value and agency.

Case 3: The Silent Professional — Managing Stigma and Double Burden

Participant 3 portrays the socio-professional dimension of infertility. While facing societal curiosity and workplace discrimination, she also battles internalized shame and chronic medical exhaustion.

Verbatim Excerpts

"Job pe jatay hain… log ye kehtay hain ke isay higher nahi karna, pata nahi kab conceive kar le."

"Social interference bohat zyada dhekhni parti hai… log itna curious kyun hotay hain."

"Har month jab mujhe periods hotay hain tou me roti hun ke aik mera treatment zaya gaya."

Interpretation

P3's narrative illustrates workplace stigma and psychosocial exhaustion, consistent with findings by Fatima et al. (2024), who note that professional women face dual marginalization — reproductive inadequacy and career vulnerability. Her account of social curiosity and insensitivity highlights collective intrusion into private suffering, a phenomenon described as "moral surveillance of fertility" (Hassan & Malik, 2023). P3's reliance on digital engagement and work immersion aligns with avoidance and distraction coping, which temporarily buffer emotional pain but may prolong psychosocial isolation (World Health Organization [WHO], 2023). Nonetheless, her perseverance embodies the intersection of gender, labor, and silent resistance in urban infertility contexts.

Case 4: The Patient Believer — Acceptance Amid Physical and Emotional Pain

Participant 4's case centers on the physical burden of repeated fertility treatments, hormonal disruptions, and the emotional turbulence of hope and despair. Her faith and cognitive acceptance enable her to sustain stability.

Verbatim Excerpts

"Weight gain ke sath hair fall bhi kafi rahata hai… unwanted hair ke growth bahut zyada hai."

"Abh hum 50 logon se miltay hain 50 suggestions miltay hain… emotionally torture ho gaya hai."

"Mere husband ne bhi kafi support kiya hai… mujhe lagta hai hamara rishta aur strong hua hai."

Interpretation

P4 reflects the biomedical–psychological interface of infertility, where invasive treatments produce physical distress and emotional fatigue (Singh et al., 2024). Despite repeated failures, her sense of divine surrender and partner support demonstrates dyadic coping, mitigating emotional strain. This finding parallels Malik and Naqvi's (2023) study, which found that spousal empathy mediates the link between medical stress and marital satisfaction in infertile couples. Her narrative also emphasizes the normalization of chronic uncertainty, a defining feature of infertility's psychosocial toll (WHO, 2023).

Case 5: The Cooperative Marriage — Shared Burden and Emotional Stability

Participant 5 describes a comparatively harmonious marital relationship, where empathy and mutual understanding reduce the stigma's emotional impact. However, physical side effects and societal insensitivity remain persistent stressors.

Verbatim Excerpts

"Allah ka shukar hai mere jo husband hain na wo bohat cooperative hain."

"Har koi ye poochta hai… apka baby hai? ajeeb tareeqe se dekhte hain."

"PCOS, weight gain, missing periods, hair fall… weakness feel hoti hai."

Interpretation

P5's account exemplifies protective marital dynamics a key buffer against infertility distress (Ghaffar et al., 2024). Her partner's understanding and shared responsibility lessen psychological vulnerability, echoing findings by Awan et al. (2022) that emotional congruence fosters resilience in infertile couples. Nevertheless, the persistent societal microaggressions she faces reinforce that collective judgment transcends private stability, echoing the social stigma framework discussed by Maqsood and Rani (2024). Her acknowledgment of physical exhaustion reflects the embodied cost of infertility, linking biomedical interventions to emotional weariness.

Case Study VI: The Punished Lover — Violence, Regret, and Faith

Participant 6 represents the intersection of marital violence, regret, and spiritual endurance. After eloping for love, she faces family estrangement, spousal abuse, and social exclusion. Her story

exposes how infertility amplifies gendered punishment in patriarchal cultures.

Verbatim Excerpts

"Allah ye waqt kisi ko bhi nahi dikhae, mujhe mere waliden ki bad dua lagi hai… ghar se bhag ke shaadi ki thi."

"Mere shohar mujhe martay thay, ghar se nikal detay thay… me sari raat bahar baithi rehti thi."

"Mujhe apne maa baap se milay bhi 16 saal ho gaye hain… ami ne kaha meri Asifa naam ki koi beti nahi."

Interpretation

This narrative encapsulates social ostracism and marital abuse—where infertility is symbolically linked to moral transgression. Similar to Farooq and Gulzar's (2023) findings, women who defy normative marital choices experience amplified blame when infertility occurs. P6's internalized guilt ("bad dua lagi") exemplifies spiritualized self-blame, reinforcing fatalistic acceptance rather than seeking justice. Her coping strategy—working as an educator and nurturing pets reflects self-directed resilience through caregiving substitutes, echoing the "rechanneling of maternal instincts" described by Qureshi et al. (2024). Her case exemplifies how religion, guilt, and endurance merge into a survival framework.

Case Study VII: The Devout Rationalist — Faith, Acceptance, and Adaptive Strength

Participant 7 presents an emotionally balanced response to prolonged infertility, highlighting acceptance, religious faith, and psychological adaptation. Despite failed IVF cycles and hormonal side effects, she sustains optimism through spiritual coping and rational reinterpretation.

Verbatim Excerpts

"5 bar IVF fail ho gaya."

"Duniya ke samnay mene rona chor diya hai, apne apko mazboot kar liya hai."

"Mere husband kehtay hain ke agar Allah ne mujhe olaad deni hai to tumhare through hi de dega."

Interpretation

P7's account reflects faith-integrated resilience a psychological mechanism increasingly recognized in South Asian reproductive research (Sami et al., 2024). Her acceptance ("Allah ke faislay hain") aligns with the concept of *religious coping efficacy* (Khan et al., 2023), which mitigates depressive symptoms by reframing adversity as divine wisdom. Her husband's empathy contributes to dyadic adjustment, enhancing marital satisfaction despite medical failures Moreover, her reinterpretation of motherhood through nurturing others and spiritual surrender parallels findings suggesting that infertile women construct meaning beyond biological parenthood, developing spiritual maturity in crisis (Malik & Naqvi, 2023).

Case Study VIII: The Adaptive Mother — Adoption, Work, and Reclaimed Identity

Participant 8 demonstrates agency and emotional reconstitution through the adoption of a daughter and pursuit of professional identity. Though constrained by her husband's previous marriage and family interference, she transforms motherhood into a self-defined act of care.

Verbatim Excerpts

"Shaadi is liye ki thi ke pehli wife unse banti nahi thi… ab mujhe baby nahi chahiye, mere pehle se bachay hain."

"Mujhe baby nahi karnay de rahi thin… shayad unke zehan me ho ke yeh bhi baby ho jae to mere bachon ka haq cheen jae ga."

"Mene adopt kiya hai baby girl ko… mujhe lagta hai ke meri zindagi me aik achi cheez meri beti hi hai."

Interpretation

P8's case highlights reproductive negotiation and emotional reconstruction within polygamous and blended family structures. Her husband's ambivalence reflects patriarchal hierarchies where women's reproductive agency remains conditional (Afzal & Rauf, 2024). By adopting a girl child and maintaining employment, P8 reclaims social legitimacy and maternal identity acts of resistance to cultural silencing. This aligns with the empowerment-through-agency framework in Saeed and Iqbal's (2023) research, where urban women facing infertility assert control via career continuity and non-biological caregiving. Her case underscores that adaptive motherhood can emerge as both psychological recovery and social intervention.

Case Study IX: The Disillusioned Wife — Medical Fatigue and Social Alienation

Participant 9's journey illustrates medical exhaustion, persistent hope, and emotional alienation. Despite her husband's delayed participation in diagnosis, she endures repeated treatments and societal devaluation.

Verbatim Excerpts:

"6 years tak mere husband ne bilkul bhi checkup nahi karwaya tha… end pe tang aa gai thi me."

"Heavy doses medicine hoti hain ke sara din ganodgi rehti hai."

"Bachay ke bagair mard ke dil se utar jao gi… koi izzat nahi hogi."

Interpretation

P9's case exemplifies the emotional and physical toll of medicalization, where prolonged fertility treatments induce both physiological distress and psychosocial burnout. Her husband's negligence mirrors gendered asymmetry in treatment-seeking behavior (Shah et al., 2022). The recurring theme of social devaluation of childless women parallels the stigma trajectories outlined by Maqsood and Rani (2024). The side effects she describes fatigue, dizziness, despair symbolize not only bodily pain but also epistemic violence, as women's suffering becomes pathologized without empathetic acknowledgment (WHO, 2023). Her narrative affirms that medical exhaustion intertwines with moral fatigue, demanding psychosocial interventions that restore dignity alongside treatment.

Case Study X: The Silenced Relative — Isolation, Spiritual Coping, and Quiet Restoration

Participant 10 concludes the study's spectrum, embodying loss, withdrawal, and slow recovery. After years of social exclusion and marital distance, she reconstructs meaning through quiet endurance and selective detachment.

Verbatim Excerpts

"Mian ke sath relationship ajeeb sa ho gaya tha… life me itni value mujhe nahi detay thay."

"Relatives ne bhi bulana chor diya tha ke hamari khushion ko nazar na lag jae."

"Acchoot sa tasawar karne lag gaye thay… phir mene ana jana bhi kam kar diya tha."

Interpretation

P10's story captures social ostracization and silent resilience a psychological defense where disengagement replaces confrontation. Her gradual emotional withdrawal signifies *protective detachment*, a coping mechanism that shields against recurring humiliation (Ghaffar et al., 2024). Like P1, her narrative of muted endurance aligns with findings from Fatima et al. (2024), where infertile women preserve dignity through silence rather than disclosure. Her case also exemplifies post-stigmatic spirituality, using solitude as a path toward self-acceptance and minimal dependence, echoing concepts of *quiet resistance* in feminist trauma studies (Ali & Rahman, 2023).

Discussion

In light of the ten narrative case studies, this section interprets the socio-psychological realities of urban women facing primary infertility in Lahore. Each case title serves as a thematic lens to examine how infertility becomes embedded within marital dynamics, social roles, embodied suffering, and coping processes. Through these themes, the study explored gendered cultural norms, structural support systems, and individual agency intersect to shape women's lived experiences of infertility.

Resilient Partnership and Enduring Marital Distance

In the first case, "The Resilient Partner—Enduring Marital Distance with Dignity," the participant articulated how infertility contributed to a communication gap and emotional withdrawal in her marriage. She stated: "*Or na hi hamara koi khas apas me taluq hai… hum zyada time akhtay hotay bhi nahi*." This scenario illustrates how infertility disrupts intimate relational patterns, leading to physical co-presence but emotional absence. The literature shows that women experiencing infertility often contend not only with failed reproduction but with relational ambiguity or distance (Kumar & Khanna, 2023). In patriarchal settings, the inability to conceive may be coded as female failure, which undermines the spousal bond and increases emotional isolation (Hassan & Malik, 2023). The participant's coping through self-reliance and faith "*Zindagi na mukamal lagti hai… kash meri bhi olad hoti*" signals the adaptive strategy of cognitive reframing, consistent with findings on religious and acceptance coping in infertile women (Sami et al., 2024). This case underscores that even seemingly stable partnerships may conceal emotional suffering when fertility expectations remain unfulfilled.

Abandonment, Betrayal and Reconstructed Hope

The second theme emerges from the case titled "The Abandoned Caregiver—Betrayal, Divorce, and Reconstructed Hope," where the woman endured 26 years of childless marriage, threats of second marriage, and finally divorce at age 45. Her quote: "*Meri jo shadi hai wo 26 saal chali… 45 saal ki umar me divorce hoi*." shows how infertility can persist for decades and become entangled with marital dissolution and social stigma. Research in South Asia indicates that infertile women are at elevated risk of divorce, abandonment, or spousal polygamy even when the male partner's infertility is the cause (Afzal & Rauf, 2024). Her subsequent adoption of her niece's daughter and engagement with community work reflect an identity reconstruction beyond childbearing, which aligns with empowerment narratives identified in recent studies (Raza & Farooq, 2023). The case illustrates how the psychosocial aftermath of infertility can evolve from victimization to self-redefined purpose.

Professional Stigma and the Double Burden of Infertility

In the third theme, "The Silent Professional—Managing Stigma and Double Burden," the participant described workplace discrimination alongside societal scrutiny: *"Job pe jatay hain… log ye kehtay hain ke isay higher nahi karna, pata nahi kab conceive kar le."* Her account emphasizes how childlessness affects not just personal life but professional identity. This "double burden" of workplace and reproductive stigma resonates with the findings of Fatima et al. (2024), who noted that professional women with infertility face not only emotional suffering but career marginalization. The participant's involvement in social media and self-engagement represent avoidance-and-distraction coping strategies which, while protective in the short term, may lead to deeper isolation (WHO, 2023). The case underscores the need for fertility research and clinical interventions to consider economic and occupational domains alongside psychological health.

Faith, Acceptance and Adaptive Strength

In the fourth case, "The Patient Believer—Acceptance Amid Physical and Emotional Pain," the narrative focuses on recurrent failed treatments and hormonal side-effects but shows a resilient outlook: *"5 bar IVF fail ho gaya… Duniya ke samnay mene rona chor diya hai, apne apko mazboot kar liya hai."* This participant's reliance on religious acceptance ("Allah ke faislay hain") reflects what Khan et al. (2023) call *religious coping efficacy*, where faith acts as a stabilizing factor in the face of reproductive uncertainty. Further, her husband's emotional support aligns with dyadic coping research, which suggests that partner empathy mitigates infertility-related distress (Malik & Naqvi, 2023). Her physical symptoms (weight gain, hair loss) reflect embodied suffering, seen in qualitative studies that link fertility treatments to psychological fatigue (Singh et al., 2024). The case highlights that while biomedical interventions matter, psychosocial adjustment is mediated by faith and relational support.

Cooperative Marriages and Shared Emotional Burden

The fifth theme, "The Cooperative Marriage—Shared Burden and Emotional Stability," highlights a more emotionally stable partnership amid infertility. The partner's supportive attitude, as the participant reported: *"Allah ka shukar hai mere jo husband hain na wo bohat cooperative hain."* This reflects emotional reciprocity, which Ghaffar et al. (2024) found plays a protective role for infertile couples. Nevertheless, societal questioning remains a stressor:

"Har koi ye poochta hai… apka baby hai? ajeeb tareeqe se dekhte hain." This aligns with Maqsood & Rani's (2024) research noting that social micro-aggressions persist even when relational support is strong. The case suggests that dyadic support can buffer psychological distress, but broader social stigma continues to exert pressure.

Violence, Regret and Patriarchal Punishment

The sixth case, "The Punished Lover—Violence, Regret, and Faith," explores structural violence and marital abuse linked to infertility. The participant's statement: *"Mere shohar mujhe martay thay… ghar se nikal detay thay… me sari raat bahar baithi rehti thi."* reveals how sabotage of reproductive identity can translate into physical abuse and familial rejection. This correlates with Farooq & Gulzar's (2023) findings on how infertility in patriarchal family systems becomes a site of gendered victimization. The participant's self-blame and spiritual resignation *("mei bus nokar ban k reh gai hun… me kehtay hun ke hu apni saza kaat ri hun")* reflect the internalization of moral-not-medical narratives of infertility (Shah et al., 2022). Her coping through financial independence and pet-care again illustrate alternative pathways to psychological agency.

Adaptive Motherhood and Identity Reclamation

In the seventh theme, "The Adaptive Motherhood—Adoption, Work, and Reclaimed Identity," the participant's narrative of adoption and career involvement stands out: *"Mene adopt kiya hai baby girl ko… mujhe lagta hai ke meri zindagi me aik achi cheez meri beti hi hai."* This reflects what Qureshi et al. (2024) describe as *care-ethics redemption* whereby infertile women create meaningful maternal roles outside biological conception. Her employment and self-sustenance reflect a self-reconstructed identity, echoing empowerment literature (Saeed & Iqbal, 2023). This case emphasizes the importance of recognizing non-biological parenthood as a valid psychosocial outcome.

Medical Fatigue and Social Alienation

The eighth theme, "The Disillusioned Wife—Medical Fatigue and Social Alienation," focuses on treatment exhaustion and societal devaluation: *"Heavy doses medicine hoti hain ke sara din ganodgi rehti hai… Bachay ke bagair mard ke dil se utar jao gi… koi izzat nahi hogi."* This highlights the dual burden of physical strain and social inferiority. The participant's husband's delayed involvement aligns with Shah et al. (2022) findings on men's avoidance of fertility diagnosis. Her sense of "worthlessness" echoes Maqsood & Rani's (2024) work on how childlessness undermines women's social status. This case signals urgent need for integrated psychosocial support alongside fertility treatments.

Isolation, Silence and Spiritual Restoration

The ninth and tenth cases combined form the theme "Isolation, Silence, and Spiritual Restoration." Participant 9 described: *"Ye horrible hai aik dream ki tarah… apko khud bhi apne ander kami feel hoti hai."* and participant 10: *"Relatives ne bhi bulana chor diya tha… acchoot sa tasawar karne lag gaye."* Both narratives reflect social withdrawal and self-imposed silence as survival strategies. This pattern supports Ghaffar et al.'s (2024) findings that for some women, disengagement serves as emotional protection. Their turn to faith and personal reframing illustrates the quiet resilience discussed by Ali & Rahman (2023). While less visible, this mode of coping warrants recognition in psychosocial frameworks for infertility.

Theoretical and Practical Implications

Integrating feminist theory and Lazarus & Folkman's (1984) stress-coping model provides a multi-level lens for understanding these findings. Feminist theory highlights how reproductive identity is gendered and how infertility becomes a site of power negotiation (Mumtaz et al., 2023). The stress-coping model explains how women appraise infertility as a threat or loss and then adopt emotion-focused, problem-focused, or avoidance-oriented strategies (Lazarus & Folkman, 1984). Here we see:

- Appraisal: Women interpret infertility as crisis ("life -- incomplete")
- Resources: Spousal support, faith, financial independence
- Coping: Adoption, career, social media engagement, withdrawal
- Outcome: Varying levels of adaptation and resilience

These case studies reaffirm that infertility cannot be addressed solely via biomedical treatment. Instead, interventions must adopt a biopsychosocial approach, integrating counselling, couple therapy, adoption awareness, workplace support, and anti-stigma initiatives (Agha et al., 2024; WHO, 2023). For policy, incorporating psychological screening and gender-sensitive couples' intervention into fertility clinics could mitigate the psychosocial burden.

Conclusion

The ten case studies collectively illuminate the profound psychosocial and cultural burden of infertility among urban women in Lahore. Across diverse circumstances, participants experienced emotional distress, marital strain, and social stigmatization that transformed infertility into a lifelong crisis. Familial and spousal relationships emerged as both sources of resilience and vulnerability, shaping each woman's coping capacity. Despite recurring feelings of inadequacy and isolation, most participants drew strength from faith, self-rationalization, and purposeful engagement in domestic or professional roles. Adoption, financial independence, and religious acceptance appeared as meaningful adaptive strategies to restore identity and dignity within restrictive gender norms. Overall, the cases underscore that infertility is not merely a biomedical condition but a deeply social phenomenon, requiring multidimensional interventions that address emotional healing, gender-sensitive counseling, and societal attitudinal change to enhance the wellbeing and agency of women confronting infertility in patriarchal urban contexts.

Recommendations

- **Policy-level recommendations** (healthcare access, stigma reduction, gender sensitivity).
- **Clinical and psychosocial interventions** (counseling, community education, support systems).
- **Research implications** (future qualitative and longitudinal inquiries).

References

1. Agha, S., Malik, F., & Qureshi, T. (2024). Psychological distress and coping among women experiencing infertility in Pakistan: A qualitative analysis. *Journal of Reproductive Health*, *18*(2), 45–56.
2. Afzal, H., & Rauf, S. (2024). Patriarchy and psychosocial distress among infertile women in Pakistan: A qualitative inquiry. *Journal of Reproductive Health and Society*, *12*(2), 65–78.

3. Agha, S., Malik, F., & Qureshi, T. (2024). Psychological distress and coping among women experiencing infertility in Pakistan: A qualitative analysis. *Journal of Reproductive Health, 18*(2), 45–56.
4. Ali, S., & Rahman, F. (2023). Silent endurance: Feminist trauma perspectives on South Asian women's resilience. *Asian Journal of Women's Studies, 29*(4), 301–315.
5. American Psychological Association. (2020). *Ethical principles of psychologists and code of conduct.* APA Press.
6. Awan, M., Zahid, F., & Khan, R. (2022). Marital adjustment and emotional regulation among infertile couples in urban Punjab. *Pakistan Journal of Psychology, 39*(1), 112–128.
7. Bagade, T., Mersha, A. G., & Majeed, T. (2023). The social determinants of mental health disorders among women with infertility: A systematic review. *BMC Women's Health, 23*, 668. https://doi.org/10.1186/s12905-023-02828-9
8. Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide.* SAGE.
9. Chachamovich, J., et al. (2022). Infertility as a social stigma: The role of culture and gender. *Social Science & Medicine, 315*, 115583.
10. Devi, R., Sultana, T., & Hossain, M. (2024). Socio-cultural impacts of infertility among South Asian women. *Frontiers in Global Women's Health, 5,* 101213.
11. Fahim, M., & Hassan, N. (2024). Integrating mental health support into fertility care: Gaps and prospects in Pakistan. *Asian Journal of Social Health Studies, 6*(1), 45–58.
12. Farooq, N., & Gulzar, R. (2023). Love, blame, and gendered violence: Infertility narratives in patriarchal families. *Pakistan Journal of Gender and Society, 11*(1), 44–59.
13. Fatima, H., Khan, S., & Javed, M. (2023). Depression and self-concept among infertile women: A comparative study. *Pakistan Journal of Psychology, 54*(1), 22–35.
14. Fatima, R., Qureshi, N., & Bashir, S. (2024). Workplace stigma and gendered silence: Professional women facing infertility in South Asia. *Frontiers in Global Women's Health, 5*, 445–460.
15. Ghaffar, A., Noreen, T., & Ali, Z. (2024). Shared coping in infertile marriages: Emotional reciprocity and psychological well-being. *Asian Journal of Social Psychology, 27*(3), 201–215.
16. Greil, A. L. (2022). Infertility and psychological distress: Toward a social constructionist understanding. *Sociology of Health & Illness, 44*(3), 559–575.
17. Hassan, A., Sultana, S., & Nadeem, M. (2022). Socio-emotional experiences of infertile women: A qualitative insight from Punjab, Pakistan. *Pakistan Journal of Social Research, 5*(2), 100–112.
18. Hassan, N., & Malik, S. (2023). The moral surveillance of infertility: A sociocultural perspective. *Culture, Health & Sexuality, 25*(1), 88–102.
19. Hassan, N., Riaz, U., & Farooq, A. (2022). Gender roles and infertility stigma in Pakistani society. *Asian Journal of Gender Studies, 7*(3), 87–102.
20. Inhorn, M. C. (2022). *Motherhood on trial: Gender, infertility, and reproductive technologies in the Middle East.* Routledge.
21. Inhorn, M. C., & Patrizio, P. (2023). Infertility around the globe: New thinking on gender, reproductive technologies, and modernity. *Reproductive BioMedicine Online, 56*(4), 312–324.
22. Kaur, H., & Arora, R. (2025). Perceived social support moderates the relationship between infertility stigma and psychological distress among Indian women. *Frontiers in Global Women's Health, 6*(2), 1–9.
23. Khalid, R., & Jabeen, F. (2023). Marital stress and social pressure among women with infertility. *Pakistan Journal of Social Sciences, 43*(1), 59–70.
24. Khan, S., Yaseen, N., & Tariq, M. (2023). Religious coping efficacy and psychological adjustment in infertile women. *International Journal of Psychology and Counselling, 15*(2), 81–93.
25. Khurshid, N., & Fatima, S. (2024). Urban infertility and emotional resilience: Voices from Pakistan. *Contemporary Women's Health, 9*(1), 11–29.
26. Kumar, V., & Khanna, R. (2023). Gendered blame and social isolation in infertility narratives: Evidence from South Asia. *Reproductive Health Matters, 31*(2), 101–119.
27. Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* Springer.
28. Malik, R., Ahmed, L., & Iqbal, T. (2024). Barriers to seeking psychological help among infertile women in Pakistan. *Journal of Mental Health and Society, 12*(1), 67–81.
29. Malik, T., & Naqvi, S. (2023). Dyadic coping and marital satisfaction in couples undergoing infertility treatment. *Journal of Family Studies, 29*(4), 512–527.
30. Maqsood, S., & Rani, L. (2024). Stigma and self-worth among childless women: A mixed-methods study in Lahore. *Journal of Gender and Development Studies, 18*(1), 54–73.
31. Mumtaz, Z., Qadir, T., & Afzal, H. (2023). Revisiting infertility research in South Asia: A feminist qualitative perspective. *Gender & Society, 37*(2), 203–224.
32. Naseem, A., & Ahmed, R. (2022). Resilience and religious coping in infertile women in urban Pakistan. *Health Psychology Report, 10*(2), 140–153.
33. Qadir, T., Mumtaz, Z., & Niazi, S. (2022). Cultural constructions of infertility and gendered blame in Pakistan. *Journal of Reproductive and Infant Psychology, 40*(5), 441–457.
34. Qureshi, Z., Amin, R., & Javed, H. (2024). Redefining motherhood: Emotional substitution and care ethics among infertile women. *Gender, Work & Organization, 31*(2), 121–138.
35. Rahman, F., Devi, R., & Sultana, T. (2024). Coping typologies in infertile women: Cross-cultural perspectives from South Asia. *Asian Journal of Psychology, 29*(2), 155–168.
36. Raza, S., & Farooq, U. (2023). Empowerment through caregiving: Women's agency in infertility contexts. *Journal of Gender Studies, 32*(2), 142–156.
37. Saed, T., & Iqbal, K. (2023). Empowerment and identity reconstruction among childless urban women in Pakistan. *Women's Studies International Forum, 99,* 102743.
38. Saif, J., Rohail, D. I., & Aqeel, M. (2021). Quality of life, coping strategies, and psychological distress in women with primary and secondary infertility: A mediating model. *Nature-Nurture Journal of Psychology, 1*(1), 8–17.
39. Sajid, S., Javed, R., & Malik, Z. (2024). Financial and emotional burden of assisted reproductive technologies in Pakistan. *Journal of Family Health and Policy, 14*(1), 44–62.

40. Sami, H., Khan, T., & Ahmad, B. (2024). Faith, stigma, and survival: Coping strategies among women with primary infertility in Punjab. *Frontiers in Psychology*, *15*, 1290–1303.
41. Shah, R., Iqbal, N., & Fayyaz, M. (2022). Cultural fatalism and gendered suffering in infertility narratives. *Asian Women*, *38*(3), 45–67.
42. Shah, S., & Rauf, A. (2023). Digital support and stigma negotiation among infertile women on social media platforms. *Women's Studies International Forum, 96,* 102652.
43. Singh, A., Patel, N., & Bose, R. (2024). Physical and emotional side effects of infertility treatments among women in South Asia: A qualitative synthesis. *BMC Women's Health, 24*, 188–196.
44. Sultana, S., & Nadeem, M. (2023). Measuring the level of psychological distress and its impact on quality of life among infertile women in South Punjab, Pakistan. *Pakistan Journal of Social Research*, *5*(1), 552–558.
45. Sultana, T., & Devi, R. (2024). Coping and social support in infertility: A mixed-methods study among Indian women. *Frontiers in Global Women's Health, 6,* 156789.
46. Swarnika, & Prasad, S. S. (2023). Effect of infertility on psychological well-being of women. *International Journal of Economic Perspectives*, *17*(3), 274–282.
47. World Health Organization. (2023). *Infertility and psychosocial well-being: Global evidence review*. WHO Press.
48. Yahyavi Koochaksaraei, F., Simbar, M., Khoshnoodifar, M., & Nasiri, M. (2023). Interventions promoting mental-health dimensions in infertile women: A systematic review. *BMC Psychology*, *11*, 254. https://doi.org/10.1186/s40359-023-01285-1
49. Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.
50. Zaman, A., & Zafar, M. (2023). Infertility as a lifetime crisis: Psycho-social implications for urban Pakistani women. *Journal of Gender and Society*, *9*(2), 73–91.