Volume 04, Issue 01,
January-March 2026
PP: 27-55
Open Access on:
www.alimanjournal.com

AL-IMAN Research Journal
P-ISSN: 3006-1261 E-ISSN: 3006-127X
https://doi.org/10.63283/IRJ.04.01/05

Identity Reconstruction Struggles and Gender Dynamics of Couples Living with Involuntary Childlessness

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Article QR

Article History

Received
12-03-2026

Accepted
29-03-2026

Published
31-03-2026

Abstract & Indexing

Abstract

This qualitative study used interpretative phenomenological analysis to explore involuntarily childless couples lived experiences of identity negotiation, meaning-making processes, and gendered expectations in the pro-natalist sociocultural context of Pakistan. In-depth interviews were completed, utilizing nine married couples, sampled purposefully from a variety of socio-economic backgrounds within urban & semi-urban areas of Lahore. Four emerged themes revealed the involuntary childlessness as construction of identities through meaning-making", demonstrates the ways the study's participants utilized their faith related belief systems, which helped reorganize the meanings associated with being childless into divine tests, opportunities for spiritual development, and manifestations of a loving God preparing them to cope with stressors associated with the world. Moreover, study participants had contradictory self-perceptions (as incomplete yet satisfied) as these perceptions were the result of strong negotiation processes between their internalized pro-natalist and subjective well-being values rather than adopting passive behaviors related to social customs. The secondary theme reinforced the use of compensatory relational strategies; for example, individuals who perform caretaking roles use this role for identity fulfillment. The third theme supported the notion that some couples have conflicting marital patterns, i.e., some couples express a strong dyadic integration, and others expressed their relationships in a deteriorative manner; especially reported by couples whose family systems do not provide sufficient support. The fourth theme highlighted significant gender differences; wives experience childlessness as an ontological degradation of their feminine identity, while men enjoy social privilege and assume gatekeeping function regarding matters associated with reproduction. The findings suggest that involuntary childlessness in Pakistan is a culturally embedded, relationally interceded, and significantly gendered phenomenon that challenges the Westernized, individualistic ideas of parenthood, where identity, and family status are achieved through relationships with spouse and interaction with family, society and religion.

Keywords:

Involuntary Childlessness, Identity, Gender, Couples, Pakistan.

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Introduction

Infertility, termed as involuntary childlessness, represents a large obstacle to reproductive health and affects approximately one in every six couples throughout the world; therefore, it represents a significant public health issue with numerous ramifications, including a wide array of medical, psychological, and social ramifications (WHO, 2024). The recognition by the World Health Organization of infertility as a "global health issue" showcases the depth of this situation, encompassing more than simply biological matters, but rather the complexities related to culture, economic access, and public policy affects reproductive health. Infertility is clinically defined as the inability to conceive after a subsequent twelve months of active, unprotected sexual intercourse (Practice Committee of American Society for Reproductive Medicine, 2020) and represents a constantly evolving situation with substantial differences in geographical regions, cultures, and socioeconomic status. The global epidemiologic view indicates the considerable disparity between developed and undeveloped nations; the latter group experiences a significantly higher burden of disease and has significant barriers preventing access to comprehensive treatment (Mascarenhas et al., 2012).

Developed countries have access to advanced reproductive technologies and well-established healthcare delivery systems that classify infertility as a legitimate health condition that requires intervention (Luo et al., 2024; Inhorn & Patrizio, 2015). Unlike developed countries, developing countries face similar conflicts between supporting reproductive rights or promoting population control. Consequently, developing countries are often left with two conflicting policy positions, where programs to enhance fertility coexist with growing levels of infertility. Pakistan is an example illustrating such contradictions. The country has troubling statistics related to global infertility with numbers exceeding 4 million couples, which consisted of 22% of all married couples in Pakistan (Bhatti, 2022) while continuing to emphasize growth and population control as the major focus of health policies. As such, Pakistan provides another example of an epidemiological paradox resulting from structural failings in addressing infertility as a legitimate public health issue that requires appropriate interventions and resources (Daar & Merali, 2002).

The Multi-dimensional Burden

Many factors play a role in Pakistan's high infertility rates, with many of them being medical, environmental, and social. Medical factors such as infectious diseases (especially sexually transmitted infections and reproductive infections) are major contributors to infertility in both men and women (Cates et al. 1985). Hepatitis B and C, which are expected to also be present in approximately 7%–10% of the population, could be involved in some way with fertility issues (Qureshi et al. 2010). Consanguinity, which is common in Pakistan, can lead to increased chances of genetic disorders resulting in increased chances of infertility (Bittles 2001). Environmental issues such as Pakistan's highly polluted air have been linked to decreased sperm quality and increased chances of complications during pregnancy (Dadvand et al. 2013). For men who work in industry, the exposure to reproductive toxicants may be causing some of their infertility issues (Jurewicz et al. 2009). Lastly, Malnutrition in

conjunction with micronutrient deficiencies increases a man's chance of subfertility (Gaskins & Chavarro 2018).

Cultural factors beyond the person's individual desire to reproduce shape how society views fertility. These include social identity, religious obligations, and pride in the extended family. Children are seen in many families as gifts from God, and for families to fulfil their religious obligations and remain together as a unit, having kids is crucial (Mumtaz et al., 2013). Ninety-four per cent of married couples in Pakistan place a very high value on having children. From the moment they are married, couples will be expected by their families and the community to start having children (Ali et al., 2018; Ali et al., 2011). According to Islamic principles, having children is regarded as a great honour and being unable to do so may be interpreted as a test from God or a punishment for sins (Abbasi-Shavazi et al., 2008).

Psychosocial and Gender aspects

Typically, women bear the brunt of blame for being unable to bear children regardless of what legitimate medical causes they may have. This has led to numerous forms of abuse against women, including social isolation, physical and emotional abuse, as well as threats of divorce or the possibility of having multiple wives (Inhorn, 2003; Tabong & Adongo, 2013). Evidence has determined that women in Pakistan who are unable to reproduce experience significantly higher levels of anxiety, depression, and suicidal ideation than their male counterparts (Ramezanzadeh et al., 2004; Qadir et al, 2013). In addition to experiencing psychological distress, couples also experience decreased satisfaction with marital relationships, increased rates of conflict, and decreased levels of communication (Peterson et al, 2006).

Financial and Policy Barriers

Most couples face challenges that can be quantified as financial barriers to access to IVF treatment. IVF price per cycle is anywhere between PKR 600,000 and over PKR 900,000, this is generally equivalent to many months' salary for most families (Haider, 2025). In addition to this amount, the total cost of IVF treatments includes costs for transportation and lost wages during the time spent seeking treatment; therefore, many families must support individual treatment attempts by selling possessions or incurring great amounts of debt (Ali et al., 2025; Khowaja et al., 2017).

Historically, Pakistan has aimed to lower fertility rates more than treating infertility. This focus came from years of international pressure to manage population growth. Existing national policies promote contraception but has few resources for infertility care(Ministry of Finance, 2024). Less than 1% of GDP is allocated for health services for the entire population (Zaidi et al., 2021). Given the poor response of the public sector healthcare system, it is unrealistic to expect the system will adequately address the healthcare needs of the general population because of the country's infrastructure issues, including limited availability of diagnostic equipment, professional training and specialist treatments located in urban centers (Khan, 2023; Shaikh, 2024).

Research Significance and Scope

The above review explained that there are many systemic factors that contribute to the problem of being unable to reproduce naturally, including cultural stigma, economic hardship, deficiencies in the healthcare system, as well as a lack of availability of policies in Pakistan. All these factors have combined to place immeasurable hardship on couples experiencing involuntary infertility, especially for women. A thorough solution needs a multi-faceted approach where medical and social and economic and policy issues are addressed together. Using evidence-based methods helps understand the way these factors connect and challenges current norms that simplify complex human experiences to just one medical condition.

Literature Review

Global Healthcare Disparities and Policy Paradoxes

The disparity and variations in global infertility care provides a differentiated view of various forms of access to reproductive rights (the developed world versus a developing nation). Throughout the development of infertility treatment methods, medicalization has occurred primarily in the developed world, where both public and private payers have funded the large range of medical technologies associated with assisted reproductive technology and the regulatory frameworks which govern the use of these procedures (Chambers et al., 2014). The Governments of Denmark, Sweden and the UK have enacted statutory provisions providing for State-funded IVF therapy and associated psychological counselling (Ferraretti et al., 2013). Yet in the developing world, the reported gaps are due to the melding of complex structural issues, such as medical infrastructure, inadequate funding, competing public health priorities and traditional beliefs surrounding fertility (Ombelet et al., 2008; Gerrits, 2016).

The WHO has pointed out the significant gaps in the provision of reproductive health services in LMICs (World Health Organization, 2015). The unique paradox that arises from the historical tension between population control and comprehensive RE is that family planning has continually prioritized reducing population size over the treatment of infertility, producing a situation whereby governments discourage increased levels of fertility while at the same time, offer limited assistance to individuals who cannot conceive (Mahmood & Ringheim, 1997) On the wider scale of development aid, reproductive health programs continue to be determined by the needs and interests of individual development donors, instead of the adoption of a comprehensive strategy (Hartmann, 2016)

Stratified Reproduction and Identity Disruption

The disparity in access to reproductive health care is also observed globally. In developed nations, success rates of in vitro fertilization (IVF) for women younger than 35 have risen. Now, it's over 40% for each cycle (European Society of Human Reproduction and Embryology, 2019). Yet, the accessibility of IVF is still limited by costs and eligibility rules even in developed countries. Bell (2009; 2016) refers to the role of social location and intersectionality as mediators in the process of medicalization and shows that reproductive health care is stratified according to class, education,

geography and more. Involuntary childlessness is a deeply gendered experience, with women often facing the greatest negative impact for infertility throughout their lives in cultures around the world. Women in Muslim societies, for example, often experience this impact most severely due to the way cultural understandings of femininity define motherhood as the primary social role of women (Inhorn, 2003). "Failed femininity" is a term that emerges from the experiences of women in Muslim communities who are unable to conceive, and it signifies the profound loss of feminine identity associated with infertility (Abbasi-Shavazi et al., 2008).

The availability of reproductive treatment has significant geographic variability. Thus, the development of multi-tiered systems of reproductive medical care. In some of the developed world, e.g. affluent countries, high rates of successful IVF have been achieved in women under 35 with over 40% rates of success in each cycle (European Society of Human Reproduction and Embryology, 2019). However, even though there is increasing IVF success in some affluent areas, socioeconomic factors and eligibility criteria limit the availability of IVF in even those locations (Chambers et al., 2014).

The analysis of Bell (2016;2009) reports that the medicalization process is influenced by intersectionality and social location. Because of this, access to reproductive medical care is stratified according to socio-economic status, education level, and geographical location. Involuntary childlessness is seen as a gendered experience which mainly affects women worldwide. This issue is especially severe in many Muslim cultures where sociocultural norms create motherhood as the main role of women (Inhorn, 2003). In many of these cultures, the inability to conceive represents a profound loss of one's feminine identity or the emergence of a "failed femininity" (Lee at al., 2025; Taebi et al., 2021& Alamin et al., 2020).

Theoretical Gaps

Research on involuntary childlessness is primarily based on Western, individualistic paradigms that see infertility as disrupting personal identity and expected life course; thus, most of the literature on infertility has a biomedical focus (e.g., Greil et al. 2010) or emphasizes psychological adaptation (Ulrich & Weatherall 2000). Role adaptation theory (Greil et al., 2010) and models of identity dissonance (Ulrich & Weatherall, 2000) denote infertility as a "void" in the experience of womanhood, whereas feminist post-structural and performative theories based on Butler's (1990) concept of gender as a repeatable performance and Foucault's (1978) study of medical discourse consider the medicalization of infertility as an absence (Becker, 2000; Becker & Nachtigall, 1992).

Additionally, Bell (2009, 2016) complicates this by indicating that medicalization is stratified; while some women have access to reproductive technologies, the women who are marginalized are simultaneously excluded or compelled to comply with normative standards, creating forms of resistance to and demonstrating counter-conduct in the sense of Foucault. While these forms of resistance effectively demonstrate the ways in which biopower regulates and disciplines reproductive bodies and establishes forms of resistance (Collins, 2015), both of these approaches rely on certain normative assumptions about individuals being autonomous and having privacy, secular medical authority and

being organized into nuclear families, producing an epistemological gap when applied to the contexts of South Asia; i.e., where individual identity is constructed as a collective and relational, kinship systems are typically extended (and patriarchal), reproductive decision-making is based on family, and biomedical definitions of infertility coexist with religious definitions of fate.

This research utilizes theoretical lens of postcolonial feminist and South Asian scholarship to fill some of the gaps identified above regarding issues of reproductive identity as they exist across multiple political and cultural settings. Mohanty (1984, 2003) critiques colonial feminist discussions by examining the ways colonial medicalization and family laws and population control policies have changed current views on reproductive and biopolitical narrative in Pakistan. Spivak (1988) asserts that the concept of the subaltern has bearing on how women experiencing infertility, particularly those living in poverty, are disenfranchised from their ability to participate in spaces where active discourse occurs. The works of Inhorn (2003, 2012), Chopra et al. (2004), and Jafar (2011) demonstrate the ways patriarchal systems cause the stigma associated with infertility to be displaced on to women, while male-factor infertility is silenced under patriarchal rule, and that reproductive decision making is linked to issues of honor.

According to Pande (2014) and Pinto, (2008, 2014), the experience of reproductive distress in South Asia creates and articulates a supportive family environment based on chronic family-focused surveillance, where the individuals' suffering is narrated using the terms of their fate, moral obligation and spirituality rather than through separate psychological registers. Building upon these definitions, using also the Foucauldian definitions of biopower, Bell's (2009, 2016) definition of stratified medicalization, and Throsby's (2015a) definition of infertility as a "total crisis of identity," has been used to theorize that the involuntary childlessness experienced in Pakistan as a gendered and a classed condition of social exclusion marked by the disruption of kinship continuity as well as shame regimes that reconstruct an individual's reproductive identity and social status. The study conceptually explores the ways colonial narratives, Islamic law, honor/shame regimes and socio-economic stratification overlap to create particular reproductive identities (subjectivities) within the larger context of South Asian families using analytical perspectives from Kakar's (1984) psychoanalytic work with the family, Jeffery's (1979) and Kapadia's (2002) insights related to the gendered spatial politics of families in South Asia, and Ahmad & Reifeld (2004) accounts of Islamic discourse. The strength and display of reproductive distress and the level of medicalization available to people and their capacity to exercise reproductive choice are formed by the interaction of all these intersecting forces. Thus, infertility cannot be understood as a separate and individual disruption of role and identity rather it can be understood as a relational and collective crisis that is experienced and addressed within larger kinship networks and within other larger communities based on religion, morality and society.

Research Questions

- How do couples living with involuntary childlessness make sense of their childlessness and reconstruct their identity and role in a pro-natal society?
- Which factors, especially gender related influence couples' identity reconstruction experiences?

Methodology

This study employed a qualitative research design using an interpretative phenomenological analysis (IPA) to explore the lived experiences of infertile couples. IPA is well suited to this study as it is concerned with understanding how others make sense of significant life events through its idiographic commitment and its double hermeneutic (Smith et al., 2009). This study is based on a critical realist epistemology and takes notice of feminist standpoint theory (Haraway, 1988; Harding, 1991). This research recognizes that while involuntary childlessness is a material reality, its meanings are socially constructed in the cultural context of Pakistan. Nine heterosexual married couples who have involuntarily been childless for at least 10 years (and have availed of medical assistance) from different socio-economic backgrounds from urban and semi-urban areas living in different areas of Lahore Pakistan were selected using purposive sampling. Separate semi-structured, in-depth interviews of 60 to 90 minutes were conducted with each spouse to obtain safe disclosures about sensitive experiences. The interviews were conducted one to one in either of the participants' preferred languages, that is Urdu or English, in private and comfortable environments, about their experiences of childlessness, identity negotiation, meaning-making, relationship dynamics and coping strategies. They were recorded for the purpose of transcription in full and translated from Urdu into English with back-translation checks for semantic equivalence. The material was analyzed according to the systematic procedures in IPA suggested by Smith et al. (2009) and involved repeated close reading, exploration noting and development of emergent themes and cross-case analysis to identify patterns while remaining receptive to individual differences. Following the research guidelines, after taking approval from institutional review board, data collection was completed. Ethical considerations covered anonymity and informed consent and sensitivity to participants' emotional wellbeing.

Findings

The IPA analysis of participant interviews showed four main themes which highlight the complexity in understanding childlessness and the challenges of identity reconstruction faced by childless couples. These themes indicate towards intersection of cultural, religious, and social factors and their role in shaping lived experiences of couples living with involuntary childlessness in Pakistan.

Superordinate Theme 1: Making Sense of Childlessness Through Religious Reframing

The study showed that the majority of participants used their faith to make sense and cope with being childless; this way of coping was present in the couple's emotional lives and with their relationship to others. Following Lazarus and Folkman's (1984) model of stress and coping, participants engaged in meaning focused coping as they dealt with the seemingly unchangeable nature of being childless; they

also reinforced Park's (2010) definition of "meaning making" by reconstructing childlessness as something that was tested by God and that would ultimately lead to God's blessing.

The act of reframing within a faith-based context enabled participants to maintain their dignity and express their struggle while going through life's challenges without guilt about having those feelings. It is important to see that reframing is more than just giving up. Participants work on a continuous process of interpreting and reasoning about their experience as they link it to their beliefs about GOD through the structure of Islam. Participants create a clear story about their lives and experiences which helps them understand their situations and experiences and move forward with their lives.

1.1 Divine Acceptance and Eternal Rewards

Some of the husbands looked at childlessness through spiritual lens and by using their own theological perspective; they belief giving or not giving children is a decision of Allah and they view childlessness as Allah's decision for them for which they are hopeful for getting rewards in their eternal lives for living with childlessness. Their belief assisted them to accept their childlessness by trusting Allah's wisdom.

As one of the husbands shared.

> *" As a Muslim, I accept Allah's decision without questioning. And for this I never ever felt any regrets… it made me contented that my GOD decided this for me "* (Husband, C1).

Similarly, some other husbands shared their perspective as,

> *"Quran and Teachings of Prophet (PBUH) guide us that it is sole authority of Allah of giving children…. I trust His plan for greater rewards in eternal life "*(Husband 6*)*

> *"Our religion is clear about it…giving children is solely power of Allah and I belief that HE will reward us in our eternal life for our patience "* (Husband 9*).*

Pargament (2001) describes positive religious coping as a way for individuals to maintain their connection to God during troubled times and find ways to view possible spiritual dilemmas as an opportunity to strengthen their faith. Within this subtheme, divine acceptance and eternal rewards create a high-level cognitive framework which participants utilized Islamic theological concepts (e.g., divine will, patience and reward in the afterlife) to analyze their experiences of grief and/or loss. This framework is like the theory of benefit-finding by Janoff-Bulman (2006), who describes that through the process of identifying the positive significance of traumatic or stressful events, people have the potential to experience growth from those experiences.

This interpretative format allows individuals to regard their suffering as an active and ethical means of purifying their souls through the active engagement by way of patience versus accepting the situation through passively resigning themselves to it. When viewed through the lens of connecting with God for a greater purpose, the eternal rewards become a way to change one's suffering as opposed to an existential on their own. The individuals provide a high level of theological reflection which highlights their connection to the God. Additionally, individuals perceive childlessness as an

opportunity to experience God's will and as a result, they see themselves as having the ability to create within their suffering the ability to transform their lives within the higher quality in which they now perceive. This connection with faith served here not just mean used for comfort but lens to understand their childlessness as a GOD ‘decision for them and opportunity to earn rewards later.

1.2 Purposeful Childlessness: Service to Others

The wives expressed different perspectives in their interviews. They perceive their inability to have children as a chance given by a higher power to serve others like parents and in-laws and siblings. This allowed them to find spiritual fulfilment and receive God's rewards through that service. Instead of seeing it as not having children biologically, they viewed this as a divine calling to fully dedicate themselves to caring for others. For example, one wife commented,

> *"I got the opportunity to serve my parent in their old age because my other siblings have children and my brother lives abroad… I sometimes think this could have been a reason why I was not given children" (Wife of couple 9),*

Another shared,

> *“I looked after my in-laws like my own parents until their death …it might have become difficulty for me to look after them if I had my own children (Wife of couple 8)*

According to McAdams and Bowman (2001), these expressions illustrate a form of generative concern in which people seek to make contributions of value to others and future generations in ways other than through biological means. These statements exemplify a complex and diverse understanding of generativity which includes spiritual, emotional and practical forms of nurturing. By shifting from the traditional deficit model of being childless to a meaning-making model based on personal purpose, this positioning grants wives a renewed sense of moral value, social contribution and personal satisfaction through alternative avenues of purpose and growth that are meaningful to them within their religious frameworks of serving others with sincere intention.

1.3 Protection from Worldly Tests

A psychologically and theologically sophisticated pattern has emerged when some of the wives have reconceptualized childlessness as God's safeguard against the emotional strain, accountability, and sorrow that can accompany raising children, such as sickness, rebellion, or loss. Participants understood their experience not as deprivation but rather as God's mercy since HE has spared them from some of the hardships endured by parents. For example, one of the wives viewed childlessness as protection against both worldly suffering and moral culpability on the Day of Judgement (wife of couple 3). Similarly, another wife shared,

> *"I have my own reasons like when I see parents struggling in disciplining their difficult children or struggling with the illnesses of their children or God forbid loss of their children…I feel grateful that I am protected and blessed” (Wife of couple 6)*

This reconceptualization is consistent with Janoff-Bulman's (2006) idea of benefit-finding but expands it through elaborate Islamic reasoning surrounding God's wisdom and allows participants to

maintain belief and comfort in knowing that their condition is a manifestation of God's love rather than negligence.

Superordinate Theme 2: Identity Negotiation and Reconstruction

Participants reported different levels of struggles in identity reconstruction. Some accepted it and others kept negotiating with what society expects. This theme highlighted the dynamic ways people move between personal desires and social expectations and the cultural resources available for building their identity.

2.1 From Identity Crisis to Acceptance

The path from identity crisis to different types of acceptance was not straightforward or the same for all participants. It was a complex negotiation which involved different identity positions and emotional states and adaptive approaches. The stories participants told showed complex identity work which questioned simple ideas of adjustment. They revealed the subtle ways people maintain psychological health while recognizing social and personal losses.

2.2 Incomplete but Satisfied Identity

In their perspectives on identity, the wives described their identities as “incomplete." still had contentment in their lives This represents a paradox in that the married state challenges traditionally held philosophies about psychological adjustment and an individual's coherence of identity. The paradox labeled as “stigma management” (Goffman, 1963) in that the individual recognizes societal definitions of themselves, can maintain their own value and be able to use alternative resources to create a sense of meaning and satisfaction in their lives. Wife of couple 1 explained this complex identity position as:

> *"I still see myself obviously incomplete without having Allah's blessing of children... therefore, I would suggest couples; do not waste their time pursuing treatments endlessly. But I am content with what Allah has given me in other areas of life*."

Another participant elaborated on this seemingly contradictory position:

> *"Although I am satisfied with my life, I would say that childlessness is a lacking aspect of my marital life. But this lacking doesn't define my entire existence or happiness"* (Wife of couple 4)

Another respondent provided additional insight into identity position:

> *" I am incomplete woman in the society we are living, however for GOD, I am a complete human being. This helps me live with both feelings"*(Wife of couple 5)

The results of this theme bring into question those childlessness adaptation studies that have predominantly labelled participants as coping well or otherwise. This "incomplete but satisfied" identity supports a more sophisticated adjustment by indicating that individuals will adapt to certain societal pressures but will not completely acquiesce to them. This type of identity does not have any psychological distress associated with it, and rather, showcases developed emotional regulation skills and the ability to create meaning within their life experiences. This identity development experience seems relatable to Frank's (1995) narrative theory, which explains the way people can manage conflicting identity positions without severe psychological distress. Participants showed impressive

skill in juggling different and sometimes opposing self-images while keeping a general sense of life satisfaction and mental health.

Moreover, the theme of “incomplete but satisfied" identity shows the ways participants understand various areas of completeness including social and spiritual and personal and professional. They manage to find satisfaction in some while recognizing gaps in others. This approach assists them with keeping psychological well-being intact while admitting actual losses and social stigma.

2.3 Conflicted Identity - Hopeful yet Realistic

Some couples developed contingency identities with a sense of hope that required them to perform many psychological functions in dealing with uncertainty as they attempted to find ways to retain their agency in case, they were to experience childlessness permanently. The ongoing processes of working between desire/reality; hope/acceptance; agency/surrender were reflected through their choice of identity/position within the context of creating an identity family.

Wife of couple 7 shared this conflicted state with emotional honesty:

> *I view myself as an infertile woman since society made me feel incomplete and worthless. Somehow, I internalized these feelings. But I still hope and pray for a miracle while I try to build a life which doesn't depend on that miracle.*

Another respondent articulated the ongoing struggle:

> *"I am still hopeful, I did not lose hope, but I don't want to be stubborn and stop my life here, so I can't say anything definitive... I am trying to process it day by day"* (Husband of couple 6)

Husband of couple 9 provided insight into this ongoing negotiation:

> *"Some days I feel like giving up hope entirely and focusing on other things. Other days the hope returns, and I think maybe this will be our year. It's exhausting but also keeps me going."*

This demonstrates what Crossley (2000) calls "narrative disruption," where biographical expectations are challenged and require ongoing identity work and narrative reconstruction. Participants in this group showed impressive mental adaptability. They managed to hold onto different possible futures while engaging with current realities. This conflicted identity reflects the complicated time aspects of childlessness. It requires navigating past hopes and present realities and unclear futures. Participants used advanced coping methods. This helps them stay hopeful without being immobilized. They explored new life paths while not entirely giving up their initial dreams.

2.4 Accomplished and Grateful Identity

Three couples successfully reconstructed positive identities independent of parental roles, demonstrating complete identity transformation that transcended social expectations and personal losses. These participants represented successful navigation of identity reconstruction that resulted in genuine satisfaction and sense of completeness.

Wife of couple 2 stated with confidence and satisfaction:

> *"I always used my professional identity to introduce myself and I am thankful to Allah for my life. I am Dr. Sa first, and that brings me great satisfaction and purpose."*

Another participant expressed similar sentiment:

> *"I am thankful to GOD…I have successfully reached my professional ambitions, which is a great thing in and of itself, and I've had a significant impact on many people through my occupation, and that's a legacy I can be proud of"* (Wife of couple 8)

Another participant elaborated on this transformed identity:

> *"Like any traditional girl, I used to think that having children would make me complete, but I learned with the passage of time. My job, relationships, and spiritual growth provided me with plenty of completion, even if society does not always see it that way."(Wife of couple 6)*

Similarly, husbands shared their satisfaction and fulfillment over their professional growth:

> *"My career has given me purpose and the ability to contribute to society. I mentor young professionals, and in some ways, that's like being a father to them"* (Husband of couple 2)

> *"In my view, we can play our role in many different ways in this world. Through my work, I did something that will benefit future generations. That's my legacy"* (Husband of couple 8)

These couples who embrace accomplished and grateful identities show successful identity rebuilding beyond being parents. They prove that full psychological adjustment and life happiness are achievable even with involuntary childlessness. Their focus on work success and spiritual gratitude helps offset social stigma. This aligns with Crossley's (2000) thought that after major life disruptions, narrative rebuilding can lead to coherent and satisfying life stories. These stories integrate loss but highlight growth and different successes. Participants showed that rebuilding identity isn't just about accepting loss but creating positive identities that truly satisfy and contribute socially.

Superordinate Theme 3: Relational Reconfiguration and Alternative Connections

This theme highlights creative and adaptive ways people shifted their energy and found other paths to connect and grow. These new connections often brought true satisfaction and deep engagement which enriched lives in surprising ways. People directed parental energy toward nieces and nephews and younger siblings, becoming what Daly (1988) calls "social parents." These relationships often went beyond typical aunt or uncle roles. They became real alternative ways of being engaged that gave psychological satisfaction and social connection.

3.1 Social Parenthood

Social parenthood became an important strategy allowing people to engage in many aspects of parenting without having biological children. These connections offered chances for nurturing and guidance and building legacies and emotional bonds. This approach partially met their need to generate and create.

3.2 Pseudo-parental Bonds

Couples created strong bonds with relatives' children and used phrases like "like our children" and "adopted" which show the deep emotional and psychological importance of these ties. These connections surpassed typical family interactions and indicated real alternative parenting experiences. Husband of couple 6 expressed the depth of these connections:

> *"I filled this gap by diverting my affection toward my nephew, we both love him like our own kid... He is the blood of our family, and we are involved in all his major decisions and celebrations. When he graduated, I felt the pride that I imagine fathers feel."*

Similarly, the wife of couple 8 shared a more extensive pseudo-parental experience:

> *"When I got married, my husband's siblings were studying and in the struggling phase. My in-laws passed away early. We adopted them as our children and looked after them until they established themselves in their lives. Now they call us their second parents, and their children call us grandparents."*

Wife of couple 7 described the evolution of these relationships:

> *"My nephews and nieces spend more time with us than their parents. We celebrate their achievements and they comfortably share their issues with us…we are part of their lives…it might not be the same but we cherish this relationship of love and care "*

Letherby (2002) describes "alternative mothering/fathering" as relationships that provide a sense of psychological satisfaction and genuine generative fulfillment, and the participants' experiences indicate that such relationships may represent an overall approach to establishing emotional and psychological bonds with one another. Moreover, the level of commitment (and therefore the intensity) exhibited by the participants contradicts many of the commonly accepted views regarding the nature of biological parental relationships. The cultural context of Pakistan, regarding placing a great deal of emphasis on the extended family in the life experiences of children, is therefore supportive and validating of the development of these types of pseudo-parental relationships. This is consistent with Daly's (1988) notion of "social parenthood" and reveals the construction of cultural niches shapes both the possibilities for these types of parenting arrangements, and the degree to which they are accepted within the family structure.

This work also offers a counterexample to Western individualistic notions that biological parenthood is necessary for adult development and confirms Kagitcibasi's (2007) family change theory regarding the adaptive forms that extended family systems can take in response to individual and social needs.

3.3 Caregiving as Identity Fulfillment

Some of the respondents have discovered their own identity through their caregiving of elderly family members and members of their community, discovering that their caregiving behaviors and nurturing nature were able to be fully expressed. The satisfaction that accompanied that caregiving and the purpose that was thereby provided to them partially met their generative needs.

Husband of couple 3 reported the role reversal and its psychological significance:

> *" I see now my mother as my child. She acts like a child due to her health and mental condition. Caring for her feels satisfying and provides me with a purpose. Being protective and nurturing are really parental instincts that I feel while serving my mother."*

Likewise, the wife of couple 2 shared her broader caregiving approach:

> *" I did my utmost to be there for family and friends whenever they needed. I'm the person called during crises, and I find real satisfaction in helping and supporting others through their struggling phases"*

Husband of couple 9 elaborated on this caregiving identity:

> *"I would say looking after of my aging parents have taught me that nurturing is about more than just raising children; It is very rewarding just to know that someone needs me, and I can provide emotional and physical comfort and support to them at their time of need"*

This change in roles and increased caregiving brings what Erikson (1950) describes as "generative satisfaction" by nurturing others. It shows the ways generative needs can express themselves through different types of care and support. These insights reveal that flexible parental attachment methods are and align with Bowlby's idea (1988) that caregiving behaviors apply to various relationship contexts. Participants found that by nurturing and protecting and guiding in these new caregiving roles, they achieved psychological satisfaction and social recognition. This partially filled the gap left by not having biological children.

4 Marital Bond Strengthening

Contrary to common beliefs that childlessness might harm marriage stability, most couples said their marriages grew stronger. They found unexpected benefits and new chances for closeness from experiencing childlessness together.

4.1 Enhanced Intimacy and Companionship

Some couples reported emotional connections deepened through shared childlessness and the mutual support needed for social challenges. Without children, they focused more on their marriage, which many found enriching. For instance, couple 1 shared with evident pride:

> *"We share a strong bond both physically and emotionally. No one dared to make us feel bad about not having kids. Our unity gives us strength and people see we are whole together"*

Another couple described their enhanced intimacy:

> *" Not having children has allowed us to truly understand each other. We've traveled and pursued hobbies and supported each other through challenges. In some ways, our marriage is even stronger because we've relied completely on each other. "* (Wife of couple 4)

Husband of couple elaborated on this enhanced companionship:

> *"We are best friends as well as husband and wife. We have time for long talks and spontaneous adventures. We really focus on each other's needs and dreams. I see other couples who barely talk because they are so busy with their kids"* (His wife endorsed his opinion)

This supports Greil's (1991) findings that some childless couples develop stronger partnerships through their shared experience of adversity. It is also reasonable to suggest that childlessness may reduce certain role strains and thus provide additional opportunities to work on the intimacy processes suggested by Berg and Wilson (1991). Participants noted that their childlessness was initially a perceived loss but later became a source of intimacy and companionship in their marriage that would likely have been difficult to achieve if they had been raising children and attending to the necessary demands and distractions associated with parenting.

4.2 Shared Coping and Mutual Support

The treatment journey and social challenges often strengthened relationships through what emerged as a form of dyadic coping, where couples developed coordinated strategies for managing stress and supporting each other through difficult experiences.

Husband of couple 4 reflected on this process:

> *"I knew I had developed greater affection for her as I viewed her struggling due to the side effects of treatment. When I saw how brave and determined she was, my love for her deepened. We became a cohesive unit in this struggle"*

Another participant described their mutual support system:

> *"We learned to protect each other from hurtful comments and situations. We developed signals and strategies for handling social situations. This teamwork has made us closer than ever*" (Wife of couple 6)

A third couple shared their experience:

> *"Going through treatment together, making difficult decisions together, supporting each other through disappointment, all of this has created a bond between us that I don't think we would have had otherwise. We know we can count on each other completely."*

The treatment trajectory and social experiences created opportunities for what Bodenmann (2005) terms "dyadic coping," bringing couples closer as they overcame challenges together through coordinated emotional and practical support strategies.

4.3 Compromised Relationships Without Support

However, four couples experienced relationship strain when mutual support was lacking, highlighting the critical importance of partner support in successful adjustment to childlessness. These cases demonstrated that childlessness alone does not determine relationship outcomes; rather, the quality of mutual support and communication plays the decisive role.

Wife of couple 7 described the painful absence of support:

> *"He never listened to any of my complaints about the treatment or the social pressure. He never tried to console me or take stand for me. I felt alone in this struggle even though I was married."*

Another shared the emotional distance that developed:

> *"It is like we both are spending our separate lives... there's nothing between us which can keep us close. We each deal with this pain alone, and that has created a wall between us"* (Wife of couple 9)

A third participant elaborated on this lack of support:

> *"Instead of bringing us together, this experience has shown me that I can't count on him when things get difficult. He withdraws instead of supporting me, and that has changed how I see our marriage."*

This highlights the critical role of partner support in adjustment to childlessness, as demonstrated in research by Peterson et al. (2003). The couples who struggled relationally were those who failed to develop effective dyadic coping strategies and mutual support systems.

Superordinate Theme 5: Gender, Accountability and Identity Conundrum

This theme illuminates the profound ways in which gender norms and expectations shape the experience of childlessness and identity negotiation, revealing significant disparities in how men and

women navigate social accountability, blame, and identity reconstruction in the context of involuntary childlessness.

5.1: Unequal Weight of Identity Incompletion

This theme highlights the ways gender norms and expectations deeply impact the experience of being without children and managing identity. It reveals big differences in handling approach of men and women towards social demands, blame and identity change when they cannot have children by choice.

5.1.1: Imposed Internalized Incompletion

The study found gender differences in the way identity felt incomplete, was imposed, and was internalized. Women face much more pressure from social expectations and identity issues. This internalization process demonstrated the power of social discourse to shape individual self-perception and identity.

Wife of couple 4 articulated this internalized incompletion:

> *"Having a baby is a compulsory aspect of a woman's life - like becoming a mother completes a woman after marriage. Without this, I feel like I haven't fulfilled my basic purpose as a woman."*
> *"I have this realization that becoming a mother only completes a woman after marriage. Without it, I feel like I haven't fulfilled my basic purpose as a woman."*

Another participant elaborated on this sense of deficit:

> *"I feel childlessness as a deficit part of my marriage, like I'm not holding up my end of the bargain. Society has made it clear that this is my primary responsibility"* (Wife of couple 6)

Another participant described the depth of this internalization:

> *Even when I focus on my other achievements this voice in my head always says none of it matters because I haven't done what truly defines a woman. It is exhausting to fight that voice*"(Wife of couple 5)

This reflects what Loftus and Namaste (2011) have described as the hegemonic positioning of biological motherhood as central to feminine identity. For childless Pakistani women, these social expectations have become synonymous with their understanding of womanhood and completeness, creating a form of identity prison that is difficult to escape.

5.1.2: Men and the Role of Protection

However, men often constructed their childless identity around masculine ideals of protection and support for their wives, positioning themselves as defenders rather than as individuals experiencing their own identity crisis. This gendered coping strategy allowed men to maintain masculine identity while addressing childlessness indirectly.

Husband of couple 4 expressed this protective stance:

> *"She is my responsibility, and I replied to people whenever someone tried to make her accountable. My job is to shield her from this criticism and support her through this difficult time."*

Another participant articulated similar protective masculinity:

> *"I never allow anyone to mistreat my wife under the guise of children or treatment. While I might not provide her with children, I will always safeguard her dignity and stand up to unfair criticism"* (Husband of couple 6)

Another husband (couple 9) elaborated on this protective role:

> *"My sense of self as a man remains strong without children, but it would be shaken if I didn't shield my wife from those who wish to harm her due to our circumstances."*

This finding is consistent with Blell's (2018) work on British Pakistani masculinity, where men negotiate fertility challenges through protective positioning rather than direct engagement with identity threats. Childless men experience identity challenges indirectly, positioning themselves as shields protecting their wives from societal pressure rather than as individuals experiencing their own identity crisis.

5.2: Social Accountability and Blame Shifts

The analysis revealed systematic gender differences in how social accountability and blame were assigned and experienced, with women bearing primary responsibility for reproductive outcomes while men remained largely protected from direct questioning and criticism.

5.2.1 Gender and the Burden of Accountability

Childlessness emerged as an experience with gendered social accountability, where women faced direct questioning, blame, and pressure while men remained relatively protected from such scrutiny.

Wife of couple 3 explained this gendered accountability:

> *"I found being questioned by people and family quite difficult - no one can dare to inquire about our treatment status to my husband. They assume it's my problem and my responsibility to fix it."*

Similarly, the wife of couple 7 described the pervasive nature of this accountability:

> *"Everyone feels entitled to discuss and ask about the reason for childlessness to the woman even during family gatherings, funerals, wedding ceremonies... family, relatives and even neighbors like to remind you about your childlessness and push you to get more treatment. Like I am the only one responsible."*

Another participant (wife of couple 5) elaborated on this burden:

> *"People will ask me directly about why we don't have children, when we're planning to have them, what treatments I'm trying. But they would never ask my husband these same questions. It's assumed to be my failure and my responsibility to address."*

This resonated with the findings of Mumtaz et al. (2013), who reported that Pakistani women disproportionately carry the socio-emotional burden of being childless and undergoing treatment for childlessness. The creation of gendered blame leads to a complex and multifaceted double bind in women's identity development that results in women having to constantly justify their value and sense of completeness while men incur little to no such expectations.

5.2.2: Deflection, Distance and Male Privilege

Unlike women, men had indirect social responsibility through their wives' experiences. This let them avoid direct accountability but still seem sympathetic to their wives' struggles.

One male respondent shared his deflection strategy:

"People are still not sensitized enough. They keep questioning my wife. It is inappropriate but we cannot control everything "(Husband Couple 6)

This linguistic strategy accomplishes multiple functions: it positions the husband as someone who recognizes the unfairness while distancing himself from both the questioning process and any responsibility for addressing it. The phrase "my wife has to pay" simultaneously acknowledges women's disproportionate burden while treating it as an unfortunate but unchangeable reality.

The husband positions himself as a sympathetic observer of his wife's suffering rather than as someone who could challenge or disrupt social scrutiny. Men's relative protection from direct questioning demonstrates the social structures that maintain gendered hierarchy, where male privilege operates not through active assertion but through passive acceptance of beneficial gender arrangements.

Another husband articulated this protected status explicitly:

"It does not usually happen with men; they do not usually pinpoint and ask these questions directly... yes privately it depends on our comfort level if we would like to share our private lives problem with our friends, but it's not forced like it is for women" (Husband of couple 8)

This quote highlights the clear recognition of the way gender causes different treatments. The husband admits his safer status very clearly. Men do not undergo the same social scrutiny which women endure. The gap between choosing to share things privately with friends and being forced into public questioning shows the basic differences in social freedom and autonomy. When men can choose to share ("if we want to share"), but women face pressure to disclose, it reflects that social group of male regard boundaries. Meanwhile, female social environments often cross these lines, upholding male dignity while placing women under community examination and criticism.Another participant shared an example of this protected interaction:

"Once my elder brother indirectly asked me privately if I needed any financial help for the treatment of my wife, but my response was enough... after that I never heard about it or at least in front of me nobody brings this topic" (Husband of couple 5)

This quote highlights how male social hierarchies' function to protect men from unwelcome questioning. The phrase "my response was enough" suggests that the husband could effectively shut down unwelcome inquiry with minimal effort - a privilege not available to women in similar situations.

The phrase "at least in front of me" indicates that further conversations about their childless state may occur without the husband hearing them, in other words, that he has developed a way to keep those from being spoken in direct proximity to him. This indicated towards the way patriarchal systems operate by providing men with ways to have a 'safe' space available only to them, while women are in a position of almost constant public scrutiny and judgment by society.

Discussion

The findings suggest that there is a dual approach to identity development among married couples in Pakistan who do not have children. Couples are torn between their desire to have a child and their desire to conform to society's expectations regarding family training. This finding agrees with the

literature on coping with infertility (Roudsari et al. 2007; Sewpaul, 1999) but also helps to identify culturally specific ways of understanding how religion may inform one's views about infertility as a stylistic way of negotiating an Islamic perspective on reproductive issues. This paper adds to the literature about the way Islamic doctrine is used to construct identity through notions of everlasting compensation; alternative sources of benefit; and the trials of faith. The data indicate that the development of faith-based meaning/identity construction enables married couples in Pakistan to achieve some degree of mental health and life satisfaction regardless of any stigma or negative experiences associated with being childless.

The themes gathered from this research demonstrate that role adjustment theory can be applied to childless couples in Pakistan and provides insight into the unique cultural modifications made by the respondents to the theory that go beyond the theories developed in Western cultures. As the respondents transitioned from feeling "incomplete" to creating a counter-identity narrative, they illustrate Greil's et al.'s (2010) concept of "role void" and demonstrate the ability of religious and cultural resources to assist them in reconstructing their identity. Additionally, the data presents new personalized theological and spiritual reframing techniques by which the couples were able to respond to their identity contradictions stemming from the gap between their cultural expectations of parenthood and their actual lived experience.

Participating in generative endeavors, such as providing care for aging parents and contributing to one's professional development, was a way in which those who participated in the study were able to create new identities by challenging gender and societal standards. Through the theoretical framework of Butler’s (1990) performativity theory, participants were able to identify with the feelings associated with being “incomplete yet fulfilled," which provide evidence of a psychological level of adaptation that exceeds simply categorizing oneself as having successfully or unsuccessfully coped.

Foucault's (1978) analysis clarifies the ways physicians and cultural practice create subjective identities through respective discursive practices. Participants in this study articulated their resistance to dominant cultural norms through expressed terminology of "divine acceptance" and "alternative purposeful service”. “These results reflect Becker's (1997) framework regarding disrupted lives, revealing how couples negotiate (relative to their mental health and satisfaction) their own preferences related to the social norms that are expected of them. For instance, wives who felt that they were “incomplete” indicated they had a high degree of satisfaction in their overall life satisfaction level and, therefore, represent a challenge to traditional Western discourses. This finding exposes an urgent need to develop culturally pertinent models of provision for individuals and couples undergoing adjustments including counselling, individual or family-based, as well as financial assistance.

This study's results demonstrate that husbands and wives cope differently. Wives frequently used divine narratives as a coping mechanism, while husbands relied on protective masculinity as their primary coping method. The difference between gender provides evidence that there are interactions between the gender roles and the religious meaning-making because faith-based reframing allows

women to internalize their caregiving role as divinely motivated, that encouraged and legitimized other forms of contribution

Despite the many assumptions that childlessness puts relationships at risk of instability, the results indicate that couples grow stronger together from their mutual trauma. This is consistent with Greil's (1991) contention that experiences of hardship often result in an increase in intimacy for specific couples. Both Greil's and the four struggling couples in this study support Peterson et al.'s (2003) argument regarding the importance of adjustment between partners and mutual assistance. The emergence of alternatives to parenting, through caregiving, mentoring and community service, supports and aligns with Erikson's (1950) assertion that generativity is not limited to the birth of children but additionally includes several other avenues of contributing to future generations. This finding expands on the traditionally restricted definitions that have defined successful aging, as well as shown other methods of achieving life satisfaction that do not look through the lens of biological reproduction alone.

Gender specific results align with the predictions of identity theory with respect to differing experiences of childlessness (Greil & Johnson, 2014) and because in the Pakistani culture, motherhood is an essential pillar of femininity. Therefore, when women are unable to bear children, they are at a higher risk of experiencing an identity crisis than are men and, further, women experience the greatest level of social stigma and are disproportionately judged and blamed for being childless (Abdullahzadeh et al., 2025). The findings also back the social constructionist method which argues that cultural repertoires shape gendered experiences and allow men to create a protective masculinity. This works as a shield from direct threats to their identities (Fatima et al., 2023).

The male narratives characterized the unique place of men in society and were implemented as a means of perpetuating male privilege. The husbands represent an adaptive masculine perspective as identified by Bridges (2014) and Lamont (2015) in that they maintain the privilege that comes with being a man through the illusion of empathy towards their wives' experiences without affecting any structural changes that create the inequality between men and women. These findings correspond with Connell and Messerschmidt's (2005) discussion of hegemonic masculinities, which suggests that hegemonic masculinity continues the dominant nature of gender power dynamics through subordination of both femininities and the alternative masculinities. The way husbands recognize systems which involve gender accountability without directly challenging the process shows an adaptive response to dominant masculine norms instead of truly challenging gender-based inequalities.

The results of this research regarding the conflict between personal fulfillment and social expectations support recent research suggesting that while social pressures are enormous, couples maintain the ability to negotiate their identities to create a positive sense of self as parents or guardians of children or as a family without being defined by having children.

Conclusion

The findings of this research demonstrate that the causes of childlessness can be understood because of a complex interaction between cultural norms, religious beliefs and gender roles within

Pakistani families; this contradicts many existing studies that have taken a universal approach towards understanding childlessness. Moreover, findings indicate that the effect of infertility on personal and relational identity has been greatly impacted by societal and religious expectations around having children. However, this research has shown that many couples are able to create new identities through religious-based frameworks and relational adaptations. In addition to this, the findings of this research have shown that Islamic texts are fundamental to the construction of new identities among couples experiencing infertility; this allows couples to understand childlessness as a test from God, as a reflection of their spiritual growth, and as an alternate source of generativity rather than as a failure on their part or as a failure of their marriage.

Couples are always confronted by competing social pressures to have children and their desire to live a fulfilling life. This creates a feeling of being "incomplete and complete" at the same time, representing the struggle between social constructs of being a parent, and accepting and defining who they are. While there has been a presumption by both sociological and biomedical studies that childless couples will suffer from a decrease in marital stability – when measured against the typical construction of parenthood, this study instead identifies ways in which challenges experienced together create stronger bonds, build relationships with family in different ways, and can provide ways to fulfill themselves by providing caregiving support to one another.

This research supports Pakistan's scholarly community by highlighting cultural-specific coping strategies and gender-differentiated strategies to adapt to childlessness that have not yet been studied as thoroughly as they should be in the global context of infertility research. It enhances current literature by providing evidence that reconstituted family identities occur in the face of extreme social constraint, and that men and women experience childlessness through various but interrelated pathways. This research emphasizes the necessity of providing culturally appropriate interventions to eliminate structural stigma and assist both partners in creating adaptive coping methods and restructuring sustainable identities.

Suggestions

Counselors who provide counseling for childless couples should take cultural factors into account, as well as include a perspective that explains the religious significance assigned to having children .In addition, professionals who provide counseling to childless couples should focus to develop alternate identity forms and experience generativity without having children, while at the same time being aware of the specific limitations and obstacles childless couples encounter in pronatalist cultures; Policymakers have a responsibility to provide for the development of just reproductive health care systems and systems that do not discriminate against people who are childless for any reason. Educational institutions, the media, and the community at large can work together to promote general education, positive images of caregiving that are not defined by having children. Community-based programs can sensitize community in developing resilience and fostering empathy shown for different types of families. Future researchers can further define the ways childlessness is influenced by cultural

contexts; as well as identify agency-based interventions that promote cognitive and emotional well-being and the successful reconstruction of personal identities through faith and belief systems across different cultures.

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