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DISCLOSING PSYCHOLOGICAL UPHEAVALS OF PRIMARILY UN-FERTILIZED YOUNG SPOUSES IN PUNJAB THROUGH THEIR LANGUAGE

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Abstract

Primary infertility is a social stigma that either causes suffering socially, morally, and spiritually or deteriorates the life scenario for spouses in any cultural setting. This study aims to explore psychological upheavals caused by primary infertility among young spouses in Punjab. The study draws insights from a qualitative ethnographic approach and conducts semi-structured interviews and focus group discussions. Thirty participants for interviews and ten were selected in focus group discussions as the sample for the study, and the data were analyzed using thematic analysis. The findings revealed that infertility was not merely a medical condition but a profoundly emotional and social phenomenon, especially for women in patriarchal societies like Punjab, Pakistan. Participants consistently expressed intense emotional distress, grief, shame, guilt, anxiety, and depression in their language. These emotional responses were closely tied to strained marital relationships, social stigma, identity crises, and feelings of inadequacy. Divine belief is also firmed among the participants. Finally, the study highlights the importance of addressing infertility not only as a biomedical issue but also as a mental health and socio-cultural crisis. Healthcare systems, particularly in South Asia, must adopt a more holistic, gender-sensitive, and culturally informed approach to care. Psychosocial interventions, awareness campaigns, and accessible counseling services are essential to support the emotional well-being of young infertile couples.

Key Words: Primary Infertility, Psychological Upheavals, Language, Young Spouses, Punjab.

Introduction

In Punjab, like many parts of South Asia, younger married couples, often first-time brides, occupy a vulnerable social position in the highest expectations of surrounding fertility (Mumtaz et al., 2013), and sudden household transition combined with infertility further deteriorates psychological stress and disempowerment (Patel et al., 2018). The analysis of gendered mental health patterns in Punjab, Pakistan, regularly highlights primary infertility as a stressor associated with high rates of anxiety, depression, and even suicidal ideation among women especially (Hamid et al., 2024). Furthermore, it is also visible in cultural scenarios how role strain and patriarchal structures suppress young spouses' autonomy, further exacerbated by limited emotional outlets and linguistic constriction in family spaces (Shah et al., 2025).

Language is a phenomenon used to express emotions primarily, and brides often resort to colloquial language, idiomatic phrases, and metaphors, which mask deeper frustrations and distress (Wilce, 2009). For example, the spouse uses botanical and symbolic language instead of stating, "I feel worthless," and says, "Mera phol murgha gaya" (my flower has withered). This linguistically indirect mode reflects internalized self-censorship and different cultural expectations (Santaemilia, 2008). Direct linguistic studies are hardly available; nonetheless, psycholinguistic markers of emotional distress among couples demonstrate metaphoric expressions and predict depressive states and elevated anxiety (Khokhar & Gracia, 2024). It suggests that effective linguistic and metaphorical markers can be indicators of silent psychological upheavals in the matrimonial context.

It is a general trend in Punjabi culture that emotional expressions are often labeled as troublesome by young brides, leading to the use of guarded and metaphorical language. This is because honor and shame norms foster self-policing through euphemisms and non-literal speech, thereby preventing the direct articulation of pain (Allan, 2023). There is a power dynamic, voice suppression, and early marriages typically displace couples from natal households to extended marital families. It reduces conversational autonomy, and South Asian patriarchal structure and stereotypical norms of families explain how these transitions prompt them to rely on circumlocution when expressing distress (Fillion, 2023). Emotional intensity is often expressed in regional idioms and carries additional cultural, social, and familial weight. The phrases carrying heavy heart and dry spirit correlate strongly with significant anxiety and depression resources (Nations et al., 1988).

In light of the above views and understanding these linguistically mediated expressions of upheavals, psychological health practitioners and research scholars must decode metaphorical and idiomatic language and how it identifies the risk of anxiety and depression among young brides. Nonetheless, this study aims to confirm through research the extent to which the language of primary, unfertilized couples is oriented towards psychological upheavals. It will help to diagnose and treat depression and anxiety through language indications and will enhance social harmony.

Research Objective

To identify psychological upheavals of primarily un-fertilized young spouses in Punjab which are expressed through their language?

Literature Review:

It is evident from the substantial body of work that couples demonstrating primary infertility face evident psychological distress, including social isolation, anxiety, grief, depression, and guilt. It is noted in early critical review that infertility is associated with lower self-esteem and increased stress. Further, it is noted that broad psychopathology is not evident, and psychological impacts are magnified by gendered social expectations (Al-Sahab et al., 2010). It is found from Pakistani contemporary research that the majority of spouses are handicapped by depression and anxiety due to primary infertility. They are influenced by marital satisfaction, mother-in-law pressure, and lack of social support (Sehar et al., 2015). This finding suggests that there is a contextual and socially embodied disruption of mental well-being.

In hegemonic Punjabi society, the women's identity, marital happiness, stability, and social prestige are often bound to their social status (Hundal, 2024). The gendered norms shape the

internalized feelings of blame, responsibility, and shame related to infertility through language. Involuntary childlessness leads to stigma, ostracism, and relational breakdown (Oyuyo, 2024). This psychological distress is not individual; it is also rooted in family dynamics and cultural norms (Sami & Saeed, 2012). Language is a fundamental strategy for conveying unspoken emotional distress in contexts where expressions are socially constrained. The studies demonstrate how couples in non-western settings use metaphors, idioms, and indirect speech to communicate emotional crises in socially acceptable ways when a topic like infertility carries stigma and shame (Cao et al., 2022). Women in Africa highlight their emotional expressions, disappointment, grief, and suppression in primary infertility, which is aligned with this socio-cultural relevance (Mashsah et al., 2024). Similarly, it is also evident in the studies of idioms and folk practices in Punjab that the rich symbolic system permeates daily life, particularly about fate and gendered expectations (Bhatti & Michon, 2004).

Further, it is observed that many women do not like to negotiate on the personal issue of infertility, and they hide their expressions of this social stigma by lowering their face. This phenomenon is widely documented in the broader South Asian context and across Punjab (Cao et al., 2022). Then there are statements such as 'family burden' and 'head being heavy,' which reflect internalized pressure and societal blame. Hajihasani Ekhtiari Amiri (2023) discuss the role of quality marital relationships and self-compassion in infertile couples, suggesting that they may use metaphors instead of expressing direct emotional language, maintaining the view that local idioms are essential for effective screening and support. In brief, the literature review synthesizes evidence from across disciplines and regions, demonstrating that primary infertility in Punjab is associated with high rates of psychological distress (Sana et al., 2024). The women's language is communicated through metaphor and symbolic language, providing a uniformity of the unfertilized couples around the globe (Murashova & Pravikova, 2015). Therefore, it is concluded that research, individuals, and practice should be language-aware, culturally attuned, and symptom-sensitive.

There are few studies which oscillates between social and psychological underpinnings such as Ramzan et al. (2023a) empowered public by harnessing the potential of social media for enhancement of academic motivation and highlighted the overlooked potential of social media as an instrument to boost engagement and performance. Ramzan et al. (2023b) amplified and cultivated positive attitudes among individuals. Ramzan et al. (2023c) viewed perceptions about collaborative strategies for enhancing motivation and indicated various helpful collaborative techniques in their practices that enable individuals to reinforce their motivation. Javaid et al. (2024) assessed stress causing factors and the study offers insights into the multifaceted nature of stress experienced individuals. Javaid et al., (2024) reviewed systematically cognitive and motivational impact through AI and revealed it as the most likely future insight. Ramzan et al. (2025) viewed stammering as a impairment in university classroom environment and proposed multiple interventions. Arooj et al. (2025) viewed psychological complications in fetus of teenage mothers and suggested to tackle the targeted health program urgently, mental health care through psychotherapy.

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Research Question

What are the psychological upheavals of primarily un-fertilized young spouses in Punjab which are expressed through their language?

Method, Data and Participants

The study employs an exploratory qualitative research design; utilizing semi-structured interviews conducted over two months and participants' observations as the primary data-gathering approach. The study targets the population from Faisalabad and Bahawalpur Districts. The approach is ideal for eliciting nuanced, emotionally rich accounts that may not be accessible through structured surveys (Denzin, 2018; Flick, 2014). Couples from the age of 24 to 40 years diagnosed with primary infertility married in the last five years have been targeted. A purposive sampling strategy is employed, ensuring that participants possess specific characteristics relevant to the study's aim. Based on data saturation, a total of 30 participants, comprising 17 females (56.66%) and males 13 (43.34 %), were included for interviews and 10 for group discussion (6 female (60%) & 4 males (40%)). Data saturation was considered to have been achieved when no new information emerged from subsequent interviews (Guest et al., 2006). Interviews are conducted in a face-to-face environment by the researchers with cultural and linguistic familiarity. All the interviews are audio-recorded in the Urdu language and then transcribed verbatim translated into English for thematic analysis. Data was coded and "*p*" is the key of participant on interview and "*fg*" is the key of focus group. Data are analyzed using a thematic analysis technique (Clarke & Braun, 2014) with special attention to the psychological upheavals associated with primary infertility. Before analysis, the data is familiarized through repeated reading. Initial coding is used to identify psychological themes and language patterns. The following themes are discussed in the interview: emotional distress, grief and loss, shame and guilt, anxiety and stress, relationship strain, identity crisis, feelings of inadequacy, and depression. Informed written and oral consent is obtained from participants, and their names are replaced with pseudonyms. The data is stored securely, and it is ensured that all participants can withdraw at any stage of the study without consequences.

Data Analysis

Major themes which are discussed are described in details as under.

Serial Number	Themes	Explanation
1	Emotional Distress	A general state of psychological suffering including sadness, emotional pain, and mood swings. Women often express this through culturally embedded idioms or silence.
2	Grief and Loss	Infertility is often perceived as the loss of motherhood, leading to mourning not only for a child but for lost roles, expectations, and imagined futures.
3	Shame and Guilt	In the patriarchal Punjabi context, women are often blamed for infertility. This leads to deep feelings of guilt (internalizing blame) and shame (social embarrassment).

4	Anxiety and Stress	Pressure from in-laws, fear of divorce, and uncertainty about the future result in chronic anxiety and mental tension, often described as a 'noise inside' the mind.
5	Relationship Strain	Infertility frequently leads to tension in marriages. Women report emotional distance, sexual pressure, or neglect from husbands or interference from extended family.
6	Identity Crises	In many Punjabi communities, womanhood is equated with motherhood. Infertility causes an identity rupture, making women question their role, value, and purpose.
7	Feeling of Inadequacy	Infertile women often describe themselves as 'not enough' or 'incomplete.' These feelings are reinforced by community expectations and harmful comparisons.
8	Depression	Prolonged emotional suffering can result in clinical or subclinical depression, marked by hopelessness, withdrawal, loss of interest, and sometimes suicidal thoughts.
9	Coping Mechanisms and Support Systems	Participants employed various coping strategies, including faith in divine will, mutual spousal support, and seeking counseling or community groups. These support systems provided emotional relief, helping them navigate stigma, grief, and relational strain.
10	Societal and Gendered Expectations	Societal and gendered expectations place disproportionate pressure on women to bear children, equating fertility with feminine worth. This reinforces patriarchal norms, resulting in emotional suffering and social stigma, particularly for infertile young wives.

Findings

The present study investigated the psychological upheavals experienced by primarily unfertilized young spouses in Punjab, using data collected through semi-structured interviews and focus group discussions. Thematic analysis revealed a complex web of emotional, psychological, relational, and social challenges faced by the participants. The results are organized thematically and described in detail below, grounded in the direct experiences and language of the participants. It is revealed in interviews and group discussion by the researcher generally that young spouses declared as primarily infertile often face emotional pain and stress. They are feeling sadness, guilt, shame, or frustration. This can lead to anxiety, low self-worth, and tension in their relationship. They might also feel pressure from family or society, which adds to their emotional struggle and sense of loss. They may face anxiety, depression, and lowered self-esteem due to the societal and personal pressure to have children. This situation can also cause stress and strain in their relationship, leading to feelings of isolation or hopelessness. It enhances frustration, loneliness, and even depression, affecting their mental and emotional well-being. There are further low self esteem and relationship barriers in the lives of un-fertilized couples. Coping with infertility is

challenging and often requires emotional support and counseling to young couples. The initial diagnosis often brings a deep emotional shock may struggle to accept the reality and may go into denial. They also face criticism and as a result of this they suffer from stress.

1. **Emotional Distress**

Participants reported feeling overwhelmed by emotional suffering that manifested as sadness, helplessness, and intense emotional pain. Many women used local idioms to describe their feelings, such as *"burden on the heart"* (fg.3) or" *inner turmoil* (fg.8)*",* indicating deep psychological unrest. Emotional volatility, mood swings, and moments of silent suffering were particularly common among female respondents. This distress was often heightened around culturally significant dates or after failed medical treatments. One participant explains that "*I am suffering from emotional distress due to my personal and domestic handicapped which will destroy my life.(p. 26)"* .

2. **Grief and Loss**

Couples were feeling a sense of loss or grief for the inability to conceive naturally. Infertility was perceived not just as the absence of children but as a loss of future dreams and identity as parents. Many participants described feelings of mourning, with several women equating their experience with that of having lost a living child. A recurring metaphor used was *"an empty lap"* symbolizing the absence of a child. Men, while less expressive, acknowledged a pervasive sense of loss and disappointment, especially when discussing family lineage and societal expectations. One of the female participants claimed that "*infertility is not just a physical condition. It is a deep emotional wound that affects our mental health, relationships, and social identity. For me, the journey involves intense psychological upheavals that require compassion, support, and professional counseling. By acknowledging these emotional struggles and encouraging open dialogue, i can find strength, alternative paths to fulfillment, and hope for healing (p .24)"*

3. **Shame and Guilt**

They were experiencing feelings of inadequacy, shame, or guilt about their reproductive capabilities. The cultural narrative in many Punjabi communities often places the blame for infertility on women, regardless of medical evidence. Participants, particularly women, expressed feeling shame when interacting with extended family or attending social functions. One female participant said, *"People say I am an incomplete woman",* highlighting internalized stigma. Feelings of guilt also emerged from the perception that they were unable to fulfill their spouses' desires or parental expectations. One male participant discloses his internal turmoil and frustration by feeling shame and guilt *and says that he is suffering from loss of sleep and appetite and he is thinking to overcome his life by finishing it due to shame and guilt (p. 2)"*

4. **Anxiety and Stress**

Chronic anxiety was a common response, often linked to societal and familial pressures. Participants feared being divorced or replaced by another spouse. They were feeling sad, hopeless, or stressed about their situation and one woman shared that "*she frequently experienced panic attacks and sleepless nights due to ongoing verbal abuse from her in-laws(p. 12)".* Men also reported stress related to the economic burden of fertility treatments and societal pressure to produce an heir. The uncertainty of outcomes contributed to ongoing mental tension. One

participant expressed "*They have been distributing among the doctors, religious preachers, and saints since last five years but no use now they have become dejected and miserable." (p.23)* One of the young spouse couple who is declared primarily infertile says "*we experience intense psychological distress. We have been suffered in depression, anxiety, We are facing social pressure, marital strain, and emotional isolation, and it is inserting the feelings of hopelessness and identity loss in our souls"(fg. 9).*

5. Relationship Strain

Infertility was putting a strain on the relationship, leading to feelings of resentment, blame, or frustration. Infertility affected marital relationships significantly. Several couples experienced emotional distance, reduced intimacy, and increased conflict. Some women shared that sex had become a "mechanical chore" aimed solely at reproduction. In some cases, the male spouse either emotionally withdrew or became abusive. Family interference, especially from in-laws, was cited as a major factor that exacerbated marital strain. One women replied tha*t she has been facing the threatening remarks of her mother in law that if she may not produce a grandson for her happiness she will have to face the circumstances (p.13)* Men also expressed frustration over not being able to support their wives emotionally due to societal expectations of male stoicism. One man expressed the sorrow of her wife, "*I could not stay home in front of my wife for a little while because she starts to explain the threats of my mother and sisters that she would be divorced if she san not produce the baby (p 19).*Further one individual says *"They won't be able to deal it easily as they will have to face social pressure and stigma (fg. 1)"*

6. Identity Crisis

Infertility affects their sense of masculinity or femininity, leading to feelings of inadequacy. The inability to conceive was challenging their sense of purpose, identity, or life goals. For many female participants, motherhood was seen as central to womanhood. Infertility, therefore, triggered an identity crisis. Phrases like *"the aim of my life has passed away (fg.5)"* and "*the purpose of my life has become dull"* were used to express the existential void they felt. Women felt disoriented in their roles as wives and daughters-in-law. Men, though less vocal, admitted feeling like failures due to their inability to fulfill the traditional male role of a father and provider. Another female expressed *that the society give us pressure and mostly this is all pressure and that I am facing as a girl by saying of my in laws that I am unfertilized. But no body talk about man, but no body pressurize or educate the society that it is imposed by the God and it is not in the hand of a human (p 17.)*

7. Feelings of Inadequacy

Self-perception as being "incomplete"*(fg.10)* or "not enough*(fg.8)*" were another recurring theme. Participants often compared themselves unfavorably to peers with children. Some avoided social gatherings to escape comparison and judgment. One participant said, *"Every meeting becomes a reminder of sorrow"* indicate that social interactions heightened their sense of inadequacy. One participant replied to the researchers that *"It is traumatic for them because it's not just inability to give birth but it will make her personality incomplete by leaving a gap of not being able to have children (p.21)".* The pressure to conceive affects intimacy and make them sex feel more like a chore than an expression of love.

8. Depression

Depression symptoms ranged from mild to severe. Several participants admitted to experiencing suicidal thoughts or prolonged periods of sadness and apathy. Isolation was both a cause and a result of depression, with many participants withdrawing from friends and family. Female participants were looking depressed and having deep frustration as compared to males.. One female said *"I have been thinking that this issue has become so much significant. I have started to see life as predicted giant which will eat up me soon. (p.12)"* A few have sought help from counselors, while others turned to religious or spiritual means for solace. One participant described her mental state as *"the light of life has gone out (fg.3)".*

9. Coping Mechanisms and Support Systems

Despite the psychological burden, participants showed resilience through various coping strategies. Faith in divine will was a strong theme, often articulated as *" It depend upon God's will"* or *"whatever God wills (fg.7)".* Some couples found strength in mutual support, while others benefited from counseling or support groups. A few participants emphasized the therapeutic value of being heard and understood during interviews and group discussions. One male spouse was determined in front of the mercy of God and he said, *"that it is God's will and I am hopeful that God will shower His mercy on us (p.18)."* The victims were talking to the therapists, support groups, or loved ones for their help to cope with their emotions. They were searching for professional counseling and thinking it will provide them a safe space to explore feelings, work through challenges, and develop coping strategies. They were searching a supportive partner, family, and friends to make a significant difference in navigating the emotional challenges. They were also trying to cope grief, depression, anxiety, guilt, marital strain, social isolation, loss of identity, and anger in order to reduce risk of sexual dysfunction. They were engaging in stress-reducing activities, practicing self-compassion, and prioritizing mental health by thinking it would help them to mitigate the emotional impact.

10. Societal and Gendered Expectations

Gendered blame and cultural expectations significantly shaped the emotional experiences of the participants. While women faced direct verbal and social abuse, men reported a silent but persistent pressure to maintain family honor and provide medical solutions. The patriarchal structure often silenced men's emotional expression while magnifying women's psychological suffering. One female participant discloses that *"she has a fear of divorce and this fear has developed sadness and hopelessness due to their inability to conceive. Feelings of inadequacy or shame are affecting their self-esteem. She is facing relationship problems, including blame or tension with her partner. Due to this stigma she is victimized by social withdrawal, avoiding friends and family due to emotional pain. The feelings of emptiness and loss of interest are shaped in her life activities (p.29)."*

The participants further observed that there were marital strains, blame, guilt, emotional abuse, social stigma and pressure from family and community in the lives of three young spouses who was leading them isolation, social with drawl due to shame, and avoidance of social events. There oral medical history was revealing "mourning" at the loss of an imagined future child, compounded by failed treatments or medical helplessness. Fertility struggles was triggering chronic stress,

PTSD-like symptoms, and fear of a ""childless"" future were very prominently visible. The results were also showing depression and anxiety.

Discussion

The study is rich qualitative data align closely with existing international and regional literature, reflecting the multilayered psychological impact of infertility on primarily unfertilized young spouses in Punjab. Participants described profound emotional suffering "sadness, frustration, mourning futures" consistent with findings from Pakistan (Husain et al., 2020) where infertile women reported significantly higher levels of depression and anxiety than fertile counterparts. Research shows infertility often triggers grief and a sense of lost identity. Your findings mirror this pattern through rich participant testimonies of emotional collapse upon diagnosis and persistent mourning over imagined futures (Ali et al., 2023). Feelings of shame and guilt expressed through "mooh chupan" and participant admissions of blame describe cultural stigmatization. This aligns with qualitative studies from Iran and South Asia, where infertility is strongly linked to secrecy, shame, and self-stigma. Quantitative work from Japan confirms that perceived infertility stigma is a strong predictor of anxiety and depression (Yokota et al., 2022) and participants' experiences of this study resonate with this global psychosocial pattern. The emphasis on chronic anxiety, mental tension, and depressive symptoms echoes South Korean and psychiatric literature, which report alarming prevalence of anxiety/depression (25–60%) among infertile couples (Hwang, et al., 2024).Pakistani study (Tabassum et al., 2023) highlights social norms intensifying anxiety, with some women reporting PTSD-like stress after repeated treatment failures. This corroborates the interview themes of inner turmoil and sleep disturbance of the study. Infertility's burden on marital relationships, emotional distance, blame, decreased intimacy echoes findings from Sadiq et al. (2022) who identified marital dissatisfaction and low adjustment as closely tied to psychological distress. The identified identity crisis women questioning their roles and value mirrors the deep self-esteem impact described in Pakistani qualitative studies Participants' admissions of feeling "incomplete" are characteristic of what Sharma et al. (2022) term a "rupture in self-concept" among infertile women in Punjab . These internalized inadequacy narratives align with global research on self-stigma and diminished self-worth in infertile women. The identification of coping mechanisms seeking counseling, spiritual faith on God's mercy, self-awareness aligns with both quantitative and qualitative research. In Pakistan, positive reframing and planning are linked to better mental health, while treatment environments fostering active coping result in better outcomes (Hassan et al., 2022)The data finally highlights a gendered stigma bias: women alone bear the social blame ("no one educates society that it's God's will"). This resonates with Pakistani research emphasizing the disproportionately emotional burden on women (Sultana et al., 2024). These findings demonstrate the multifaceted psychological impacts of primary infertility in a culturally conservative and patriarchal society. They highlight the need for integrated emotional and social support systems that are culturally sensitive and gender-inclusive. The emotional narratives collectively show that addressing infertility requires more than medical treatment and it calls for societal empathy, policy reforms, and mental health interventions tailored to the local cultural context.

Implications for Practice

- **Culturally Sensitive Screening**: Integrate Punjabi idioms like *"mooh chupan da gham"* or *"andar da rola"* into psychosocial assessments, as direct mental-health questioning may obscure true suffering.
- **Holistic Interventions**: Encourage cognitive-behavioral techniques and culturally aligned group therapy that address shame while reinforcing positive coping, leveraging insights from regional therapy studies.
- **Supportive Environments**: Foster treatment settings that facilitate positive reframing and community support, shown to buffer stress and enhance coping.

The qualitative results resonate strongly with current scholarly findings both global and regional. The psychological themes you unearthed (distress, identity crisis, relationship tension) confirm a complex interplay of emotional suffering shaped by Punjabi socio-cultural contexts. Importantly, the evidence reinforces the need for culturally nuanced mental-health care and language. Further the informed interventions alleviate the silent suffering of infertile young spouses in Punjab.

Conclusion

This qualitative study explored the profound psychological upheavals experienced by primarily unfertilized young spouses in Punjab through the lens of their emotional language and cultural expressions. The findings reveal that infertility is not merely a medical condition but a profoundly emotional and social phenomenon, especially for women in patriarchal societies like Punjab, Pakistan. Participants consistently expressed intense emotional distress, grief, shame, guilt, anxiety, and depression. These emotional responses were closely tied to strained marital relationships, social stigma, identity crises, and feelings of inadequacy. The pressure to conceive, amplified by societal norms, family expectations, and gendered blame, was shown to impact self-worth, mental health, and marital harmony negatively. Language emerged as a vital medium through which these psychological struggles were articulated. Culturally rooted language revealed silent suffering, internal conflict, and a desperate search for meaning and coping. Participants' voices highlighted the unmet need for emotional support, counseling, and recognition of the psychological toll of infertility. The study also illuminates the importance of addressing infertility not only as a biomedical issue but also as a mental health and socio-cultural crisis. Healthcare systems, particularly in South Asia, must adopt a more holistic, gender-sensitive, and culturally informed approach to care. Psychosocial interventions, awareness campaigns, and accessible counseling services are essential to support the emotional well-being of young infertile couples. In conclusion, by giving voice to the lived emotional realities of infertile spouses in Punjab, this research contributes to a growing body of evidence advocating for empathetic, culturally responsive infertility care. Future research should further explore gender-specific experiences, the role of male partners, and long-term coping mechanisms to develop inclusive, sustainable mental health strategies for affected couples.

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