

‘EVERYBODY IS MOVING ON’: INFERTILITY, RELATIONALITY AND THE AESTHETICS OF FAMILY AMONG BRITISH PAKISTANI MUSLIMS

Abstract

It is now widely recognised that experiences of infertility are socially and culturally contingent. Drawing on reproductive narratives of 108 British Pakistani Muslims living in Northeast England (collected from 2007 to 2010), we show that subjective experiences of infertility in this population can take many forms, from ‘straightforward’ childlessness to concerns about inability to fulfil a range of reproductive expectations, desires and obligations, regarding timing, gender balance and number of offspring. Extended family relations are pivotal in the processes through which reproduction (or lack thereof) becomes defined as problematic. Changing family aesthetics can thus shape individuals’ experiences of infertility in important ways. A growing emphasis on conjugal relationships for some couples offers a greater range of reproductive possibilities (enabling, for example, a period of voluntary childlessness). For others, increasing nuclearisation of family life reduces the possibilities for extended families to ‘plug the gap’ by providing proxy-children and a normalised social role for infertile couples. Moreover, such social roles may be time-limited, creating serious challenges for the long-term childless, who find themselves caught ‘betwixt and between’ two disparate sets of values.

INTRODUCTION

In recent decades there has been a surge of interest among social scientists in attempts to understand experiences of infertility and childlessness (see reviews by Greil et al, 2010; Inhorn and Birenbaum-Carmelli, 2008; Van Balen and Inhorn, 2002). Two universals emerge from this work. First, infertility is typically a very distressing experience, often constituting a serious threat to adult gendered personhood. Second, experiences of infertility are typically strongly gendered: women bear the major social burden of infertility globally, resulting variously in blame, anxiety, grief, fear, marital instability, social stigma and ostracisation, and invasive diagnostic/treatment procedures.

However, these generalisations belie substantial cross-cultural variation in the experience and management of infertility. Inhorn (1996; 2003) has argued persuasively that patriarchy and pronatalism are central to understanding the profound psychosocial consequences of infertility for Egyptian women, and similar observations have been made in other pronatalist societies where motherhood is socially mandatory (Bharadwaj, 2003; Bhatti et al, 1999; Hollos et al, 2009; Nahar, 2010; Riessman, 2000). The role of Islam in contributing to pronatalist norms has been highlighted by several researchers (Bhatti et al, 1999; Culley and Hudson, 2006; 2009; Inhorn, 1996; Shaw, 2000; Van Rooij et al, 2006). Within societies, experiences of infertility may be structured by gender, social class, age and ethnicity (among other things); these factors can interact to compound the suffering and disempowerment of poor, childless women (Inhorn, 1996:2; Inhorn and Buss, 1994; Riessman, 2000).

In this paper, we document the range of infertility experiences among British Pakistani Muslims in Teesside, Northeast England. Over recent years, British Pakistani populations have experienced substantial socio-demographic shifts, with increased female participation in higher education and the labour market (Hussain and Bagguley, 2007; Salway, 2007), accompanied by decreasing fertility rates (Coleman and Dubuc, 2010; Sobotka, 2008) and changing patterns of household organisation (Penn and

Lambert, 2002). Shaw (2000; 2004) has noted that housing space constraints have contributed to a division of extended families among British Pakistanis in Oxford; while Hennink et al (1999) and Woollett et al (1991) have commented on a shift of emphasis among younger British Pakistanis away from the extended family, towards conjugal relationships and the nuclear family. Elsewhere we have argued that these changes are associated with the emergence of a new kind of family aesthetics, involving a delicate balance between extended and nuclear family ideals (Hampshire et al, 2011 in press). In this paper, we ask what consequences these changing family dynamics and aesthetics might have for how British Pakistani Muslim men and women experience infertility. This is an important question for a large minority ethnic population that, in the face of strong pronatalist norms, experiences a particularly high incidence of metabolic disorders linked to infertility (Pollard et al, 2006).

Biomedical definitions of infertility, which refer to the failure to achieve a successful pregnancy after a specified period (usually 12 or 24 months) of regular unprotected intercourse, have been criticised for failing to take into account people's lived experiences (e.g. Greil and McQuillan, 2010). In what follows, we adopt Throsby's (2004:14) characterisation of infertility as '*the active but frustrated desire for a biologically related child*'. In describing the experiences of infertility among our interviewees, we build on Shaw's ethnographic work (2000; 2004) among British Pakistanis in Oxford, which highlights the central role of marriage and parenthood: having children enables a new bride to establish her position in the marital home and concerns about infertility may be raised if a pregnancy is not forthcoming within weeks of marriage; childless marriages are seen as insecure and subject to constant threats of divorce and re-marriage. Another starting point for our work is Culley and colleagues' research on infertility and assisted reproduction among South Asian 'communities' (Muslim, Hindu and Sikh) in Leicestershire (Culley and Hudson, 2006; 2009; Culley et al, 2006), which underscores the socially-mandatory nature of parenthood and the stigma associated with childlessness, cross-cutting (although modified by) ethnic and religious background.

Both Shaw and Culley assert that childless Pakistani couples in the UK are often subject to intense scrutiny and come under enormous pressure to seek a resolution, whether through infertility treatment (biomedical/other) or re-marriage (following divorce or, for men, sometimes concurrently), and childless women, in particular, may become the subjects of gossip and social exclusion (Culley and Hudson, 2009; Shaw, 2000; 2004). Moreover, son preference, which has been widely documented among Pakistani Muslim populations (e.g. Bhatti et al, 1999; Dhillon and MacArthur, 2010; Hennink et al, 1999; Woollett et al, 1991), means that British Pakistani couples who 'fail' to produce at least one son can find themselves under similar pressures to childless couples (Culley and Hudson, 2006; Shaw, 2000; 2004). Infertility for British Pakistanis is therefore seen to constitute a problem not just for the individual (or couple), but one that involves extended families and wider communities (see also Schmid et al, 2004; Van Rooij et al, 2006; and Van Rooij and Van Balen, 2009, for similar findings among other minority Muslim populations in Europe). In this paper, we take the idea of relationality a stage further, by exploring the role of extended families in defining and shaping the experience of infertility in the context of changing family aesthetics.

STUDY POPULATION AND METHODS

We present material from interviews conducted in 2007-2010 with 108 women and men identifying as 'Pakistani', living in the industrial conurbation of Teesside, Northeast England. The Asian Infertilities study [<http://www.dur.ac.uk/asian.infertilities/>] entailed two phases of participant recruitment and research. Ethical consent was obtained from Durham University School for Health and the local NHS Ethics Committee before commencement of fieldwork.

Phase one was designed to elucidate the full range of reproductive experiences in this population. Interviews were conducted with 65 women and 26 men (age range 17-70+), recruited from community centres and other public venues frequented by Pakistanis, and by snowball sampling from this group.

Participants were interviewed individually, except for three women who wished to be interviewed together. Being Pakistani is synonymous with being Muslim in this population, and all of our participants professed to be practising Muslims. All participants were first or second generation migrants, the majority originating from Mirpur in Azad Kashmir or the Panjab. Efforts were made to interview men and women of different age groups and social classes, but we did not deliberately target those with reproductive difficulties. This approach enabled us to understand both the diversity of forms in which infertility is experienced in this population, and the range of 'normal' reproductive experiences, against which 'abnormal' reproduction is measured (Jenkins and Inhorn, 2003).

Interviews were conducted as guided conversations (Lofland and Lofland, 1995), in order to allow each participant's experiences and interpretations to drive the interview. We used a life-history format, encouraging participants to talk through their marital and reproductive lives in chronological sequence, although there were often deviations from this. The interviews focussed principally on understanding people's feelings, beliefs, desires and motivations around marital and reproductive practices, and on the influence of others (explicitly or implicitly) on their decisions; key socio-demographic information was also elicited. Roughly a third of phase-one interviewees reported having suffered from infertility at some point in their lives; in such cases, further questions were subsequently asked about this experience, including how (lack of) reproduction became perceived as problematic. The snowball sampling strategy meant that the interviewees were not merely individual 'data-points'; many were active participants in each others' biographies. Several interviewees commented on their own experiences in relation to other participants (for reasons of confidentiality, we never disclosed these). This enabled us to piece together a variety of different perspectives on the ways in which infertility is constructed, negotiated, and even contested, within families and wider social networks.

In phase two, individuals and couples who were currently undergoing biomedical treatment for infertility were interviewed. Participants were recruited from the reproductive medicine clinic of the main public hospital in Teesside. Unfortunately, the relatively low numbers of Pakistani patients passing through the clinic, coupled with some patients' reluctance to be interviewed, meant that only six couples and three other individual women agreed to be interviewed. Two other women living outside the area were also contacted and interviewed via internet discussion boards on infertility. Phase two interviews covered similar themes to those in phase one except that, because of the recruitment context, interviews usually began with the story of how they came to be seeking treatment for infertility. Again, a guided conversation format was used, rather than pre-imposing a formal structure.

Interviews were conducted predominantly by two female research associates (one British Pakistani, the other Black American), in English, Punjabi or Urdu, according to participants' preferences. (See Hampshire et al, forthcoming, for a discussion of how the identities of interviewers in relation to the interviewees shaped the research process.) All but two interviewees agreed for interviews to be recorded; these were then fully transcribed (for the two non-recorded interviews, hand-written notes were made). Interviews conducted in Punjabi or Urdu were translated into English, but key terms that had no direct equivalent in English were left in the original language.

Analysis was thematic and primarily inductive, based on the principles of grounded theory, in which theoretical insights emerge from the data rather than vice versa (Strauss and Corbin, 1998). All three authors engaged in close reading of the interview transcripts, both during the period of data collection and afterwards, when all transcripts were complete. During this process of immersion in the data, each of us noted key emerging themes, patterns and variation (Rapley, 2011), which were discussed during regular project meetings. Subsequently, one author (MB) developed a series of inductive codes, and coded each transcript in Nvivo. The themes developed in this paper (relationality and changing family

aesthetics) were not part of a pre-existing analytical framework; they emerged from the process of close reading and coding, although of course the overall research topic was predetermined by us and no doubt shaped the narratives and themes that emerged (see Hennink et al, 2011). Below, phase one interviewees are denoted with an asterisk(*), phase two patient interviewees with a hash(#); and internet-recruited interviewees with a plus sign(+); pseudonyms are used throughout.

RESULTS

Socio-demographic characteristics of interviewees

Socio-demographic characteristics of Phase One interviewees are shown in Table 1. Just over half grew up in Pakistan and moved to the UK on marriage; the remainder were either born in the UK or moved to the UK as children. Interviewees had a wide range of educational backgrounds, from no schooling at all to university degrees. Of the 76 who had been married for at least three years while of reproductive age, only four had no biological children: in all cases this childlessness was involuntary. However, a third of interviewees claimed to have suffered from infertility at some point in their lives, and a quarter had sought treatment (biomedical or other): Table 2.

Background information for the Phase Two participants, all of whom were undergoing infertility treatment, is shown in Table 3. Notably, several already had one biological child and were seeking to add to their families.

Tables 1, 2 and 3 about here

A striking feature of the reproductive narratives we collected was the diversity of forms that ‘infertility’ or rather, thwarted reproductive ambition, takes in this population. Below, we outline the main

dimensions of infertility evident in these accounts, before developing the emerging themes of relationality and changing family aesthetics in shaping infertility experiences.

Dimensions of infertility

Childlessness

For all our interviewees, choosing to remain childless was not just unacceptable; it was unthinkable. Several interviewees related the importance of child-bearing to their identity as Pakistani Muslims as this account from a young unmarried woman illustrates:

'You know in Islam, it's an important part of our culture. Like marriage is such a big thing and part and parcel of that is having children ... it's really important in our culture ... it's such a big part of like who we are.'^{*}

The social consequences of childlessness can be severe, particularly for newly-married women who need to establish their position in the marital home. Halima^{*}, who had five step-children but no biological children, explained, *'My husband worries about what would happen to me with his family if anything happened to him. He says even if I have just one, "It's a little bit of security for you."*' Divorce and re-marriage were widely discussed as consequences of childlessness. As one woman (mid-thirties) put it, *'with my mother-in-law, there were two conditions: don't mess about otherwise you're out, and if you don't have any children then, I'm sorry, you're out.'*[#] Others worried that their husbands would take a second customary wife in Pakistan (permissible in Islam, although not legally recognised in the UK), and several interviewees had direct personal experience of this. While the threat of re-marriage was less often mentioned by younger women, it was nonetheless still there, as Salma[#], a UK-born law graduate and recent mother after ten years of IVF, explained:

'Nearer the end [the subject of re-marriage] did come up. It wasn't something he wanted to do, but it was social pressure, mainly from back home, and people would always be saying things to his mother, like he's got to get married again, you know, and that kind of thing. So it wasn't direct, but it was in the background, but I must admit that, because I felt so guilty about not having children and the fact that he loves children, it was on my mind.'

Several childless women described becoming subjects of gossip, pity or other discursive forms of exclusion from the wider 'community'. For some, the only way of dealing with such intense public scrutiny was self-imposed isolation, as this young woman* explains: *'It is hard because people in our community always ask questions. ... That is why I don't go to weddings, and when I do I hurry up and come back quickly.'*

Finally, childlessness represents a threat to the 'normal' or expected life course. Several interviewees reported feeling *'left behind'* when their peers all had children. Rashida[#], in her mid-twenties and waiting to undergo IVF, explained,

'Everybody is moving on and everybody who has got married has got kids now, and people my age have all got kids except for me, and I try not to think of it like that, but ... you do feel it a bit.'

Not surprisingly, then, fears of childlessness figure large for many British Pakistani women and men, and may shape early reproductive careers, particularly for those with a family history of infertility:

'I would have [children] straight away [after marriage]. ... My cousin is having problems. She doesn't say, but I know because it's been a while since they have been married. When you see people suffering like that it makes you scared and you think: I hope and pray to Allah that it does not happen to me.' [single 18-year-old woman]*

Having **enough** children

Almost all interviewees said they wanted a 'large family'. Four children (two boys and two girls) were widely seen as constituting the 'perfect' or 'complete' family. Underpinning this was a desire to provide siblings for offspring, as Javed* (50-year-old man) explains:

'Well, look at it this way: it's a complete family isn't it? The boys can't say, "I haven't got a brother", and the sister can't say she hasn't got a sister. ... And the brother can't say he hasn't got a sister. It's there isn't it? Really a complete family is that.'

Not having enough children constituted a serious problem for many interviewees. Shenaz*, for example, had a daughter but desperately wanted at least two more children; following several miscarriages and against the advice of her doctor she was still trying for another baby. Four of the eleven female Phase Two interviewees undergoing infertility treatment already had a biological child, and providing a sibling for that child was the primary motivating factor, as Zeinab⁺ explains: *'I'd be really sad if we didn't have another child, if we didn't have a sibling for my son.'* In her case, this was compounded by pressures from others: *'It doesn't help when the extended family say you know, "Haleem needs a brother or sister." You do feel the pressure from that.'*

Having children at the **right time**

Some women reported coming under intense pressure from in-laws when a pregnancy was not forthcoming within weeks of marriage, as Naseem* (mid-twenties) describes:

'I had grief because I never fell pregnant straightaway and I got all the blame because I'm the woman; ... I went to the doctor and had tests ... his mother and sister made an appointment and they never told me ... Then we had to go to [other town] to see the special woman ... like a

herbalist, one of them religious whatsa-thingies. They made me do it. ... There was this stuff she gave me, I don't know what it was, disgusting stuff.'

Fazeela* (late-forties) recounted a similar experience:

'My mother-in-law used to say, "Why haven't you got children?". Everyone in the house and my mother-in-law used to say this to me, and I cried a lot, and they made me go to all these shrines, these pirs [holy men], you can't imagine all the places I've been.'

Another 'right time' issue concerns pregnancy spacing. The desire (and pressure) to provide children with siblings can lead to considerable anxiety when there is a long gap between pregnancies. Balqis* (mid-thirties) gave birth to a daughter within a year of marriage. Following complications with the delivery, she used contraception for a year; it then took her another four years to become pregnant again: *'I was really worried at the time. Everybody says only one girl come and she can't have other babies and it's your fault and really bad. ... They [husband's family] blame me too much because I took the tablets.'*

The right kind of children

Son preference was notable in several narratives, with interviewees emphasising the importance of sons for continuing the family name and lineage. As Ali[#], a 36-year-old childless man, explained, *'It's obviously the future, and you're leaving your name behind on the earth.'* Others made reference to particular duties that sons were needed to fulfil, including religious and social obligations and, sometimes, taking over family businesses. As with childlessness, many interviewees commented that the blame for 'sonlessness' lay disproportionately with women; others indicated that being without a son was sometimes equated with childlessness:

'It [having another child] matters a lot less now. ... I'm very happy with my one child and the second child I want more for him than me. ... In our culture it helps that he's a boy because if I had just one daughter it somehow doesn't count, and even though it's the 21st century, you know, you've got no children, somehow a daughter isn't even counted.' [Salma][#]

However, having daughters was also seen to be important, partly because of parents' desire to provide siblings of both sexes for their offspring. Daughters are also seen to fulfil important emotional roles, especially for their mothers, and to provide day-to-day care for ageing parents or in-laws. Daughters are also needed to provide marriage partners, as we discuss below. Other factors, such as disability, which might preclude a son or daughter from fulfilling particular social roles, can also lead to parents being *de facto* (if not actually) childless (Kreager and Schröder-Butterfill, 2004).

Becoming childless

Finally, a few interviewees had borne children but subsequently *became* childless, through death or estrangement, either of which can put women in a similar position (or worse) to those who have never had children. Parveen* gave birth to a daughter within a year of marriage, but the child died at six months. After two years without another pregnancy, her husband divorced her and remarried. Another interviewee, Tasleem*, became estranged from her only child (a son) when she left an abusive marriage. Following a second (childless) marriage, which also ended in divorce, she is now living alone, *de facto* childless and socially isolated.

Infertility as a relational process

A key point to emerge from these accounts is the *relational* nature of infertility. Not only does infertility constitute a *social* (rather than an individual) problem, but the processes through which (lack of)

reproduction becomes perceived as problematic are relational ones, co-constructed within families and wider social networks.

In traditional Pakistani kinship systems, there is a partial blurring of boundaries between siblings and cousins, and between sons/daughters and nephews/nieces. Although there are important structural differences (for example, cousins are preferred marriage partners, while siblings are clearly prohibited from marrying) the same kin terms are often used for both groups; a point exemplified by Aissa's* comment: *'I always class mine [children] as six, not four; I always take her [sister's] kids as mine.'* For Aissa, this meant that she did not worry about two relatively long gaps between pregnancies because her sister had a child in each gap. Crucially, childless couples may be able to carve out socially-meaningful roles within extended families by forming close relationships with nieces and nephews and taking on some parenting responsibilities, which may be rewarded by those children using honorary kinship terms ('mother' or 'father') to refer to their 'special' aunts or uncles. This was a strategy pursued by Jameela*, still childless after six years of marriage:

'I would love children. I have always loved children. Imran, my eldest brother's son, calls me mother; because I brought him up when he was born, he thinks of me as his mother. [Sister-in-law's] children love me dearly as well.... If I don't have children, then at least I have got them. Imran is like my own. ... I have taken care of him as a mother would. ... If my marriage ends or if Allah doesn't give me any children, at least I have had some sense of what it would be like to have a child.'

In a rather different situation, Rabina* (late thirties), who left an abusive marriage after the birth of her first child, and was thus unable to provide her son with siblings, took comfort from his relationship with his cousins:

'Of course, I would have loved a brother or sister for Abdul. I know he would have loved that. I know it can be difficult for someone to be alone. By my older sister has a son and they are very close. I also have other nephews who are very close to him. ... They consider themselves as brothers.'

However, daily interactions with siblings' children within an extended family can also accentuate the experience of childlessness. Some childless interviewees felt under constant (unfavourable) comparison with the reproductive successes of their siblings or sisters-in-law. In some cases, as indeed for Jameela, the resulting jealousies were seen to threaten 'honorary parental' relationships with nieces and nephews (see also Shaw, 2004).

Reproductive pressures can become particularly intensified for those who occupy pivotal positions within extended families, especially for only and eldest sons. Aziza, commented on this in relation to her husband: *'There's a lot of pressure on him ... to have children because he is the only son'*. She feared that this pressure would culminate in divorce; a threat made explicit to Rabina*: *'My mother-in-law kind of laid it on the table ... if I didn't have children, that her son would marry again, because he's the only son you know.'*

Moreover gender-balance imperatives relate not only to a couple's own children, but take into account nieces, nephews and others across the extended family, these two accounts illustrate:

'I think there was expectations, especially from the Pakistani community, to have that lineage and, you know, there is a preference for boys. ... You know, being the first child I think there is expectations, to provide that structure.' (Hassan)*

'Well, I had no sister so to tell you the truth I wanted a girl. But when the two boys came along that was it, I thought, "Well that's it". Then, when the third came along and it was a girl it was

like [pause, smiles], because we had no girl in our [extended] family; the first girl, yeah.'

(Hamid*)

Achieving a gender balance across the extended family is important for ensuring there will be enough marriage partners for the next generation, as Yasmin* (who had three sons and a daughter), explained: *'the pressure of, "you have only one girl, try for another girl," and they [extended family] just want you to have enough girls and boys for the cousins ... to marry'.*

Infertility and changing family aesthetics

As noted above, there have been important recent changes in family organisation among British Pakistani populations, including a move away from living in extended families and an increasing emphasis on conjugal relationships and the nuclear family (Hennink et al, 1999; Shaw, 2000; 2004; Woollett et al, 1991). Such shifts were evident among our interviewees. Although most young couples began married life in extended families, many saw this as a temporary arrangement and aspired to establish their own household as soon as practicable; for some, getting their own home was an important precursor to childbearing. Sometimes, the motivation for moving out was lack of space, as Aziz* (mid-fifties) explained, *'The houses are only 2-3 bedrooms. It's better for the children leave home [when they marry]'*. However, a desire to foster a close conjugal relationship was the primary motivating factor for many, like Abdul*, who explained that before starting a family, he and his wife wanted *'to move into our own house ... wanted a few years just with each other'*, or Karim* and his wife, who had chosen to delay childbearing until after they had established their own home because *'we just wanted to get to know each other and spend a bit of quality time.'* This is in marked contrast to the accounts of older interviewees, who had had no expectations of leaving extended family homes.

However, as we discuss elsewhere (Hampshire et al, 2011 in press), these shifts towards family nuclearisation and conjugality are nonetheless firmly embedded within a continuing commitment to the extended family. The desire to provide offspring with brothers and sisters was typically related to interviewees' own positive childhood experiences of growing up alongside aunts, uncles and cousins. Several interviewees, who had established their own households, lived close by and continued to interact daily with extended family members. The commitment to extended family is also evident in the almost universal support for arranged intra-familial marriage. The vast majority of interviewees, young and old, had had an arranged marriage to a first or second cousin, and for most interviewees (single and married) this represented the ideal marriage. As Naila, married to a cousin from Pakistan, put it, *'your parents choose the best for you'*. Clearly, not all arranged marriages work out; nonetheless, the romance of falling in love with an unknown cousin, within the context of family support and approval, was widely idealised (see also Shaw and Charsley, 2006).

In this section we consider the implications of changing family aesthetics for the experience of infertility. Again, our interviews point to two contrasting sets of outcomes. Some interviewees, particularly those who are well-educated and affluent enough to be financially independent of their parents, commented that an increased emphasis on the conjugal relationship could relieve the pressure to have children immediately, and the threat of marital breakdown if a child was not forthcoming early in marriage. Shahnaz (mid-thirties) said, in relation to her niece, who had just given birth after eight years of marriage: *'If that had been my husband, they would have married him again, but my nephew said "No, we'll wait", because it's a different generation.'*

The case of Yassir*, a successful UK-born businessman in his late twenties, illustrates this situation. Yassir had one daughter after infertility treatment. He had been married for ten years to a cousin from Pakistan but, as he explained, they were in no rush to start a family at first:

'We both sat and talked about [having children]. We were still fairly young when we got married. I was 20 and she was 21, and we wanted to do a lot together. ... We went travelling and saw most of the world together. ... We wanted to spend some time together, which we did. ... There was no pressure from family and friends. Well, a few of my friends joked with me. ... I think there was more pressure maybe ten years ago. It was expected in those days and the wife would stay at home and have a child. We never thought of it like that; we were happy with the way it was going. It was the best thing for me having [daughter], but I wouldn't have changed the timing or anything. It was nice to get to know one another and spend time before we settled.'

When, after about a year of trying for a baby, *'nothing was happening naturally'*, they sought fertility treatment. In marked contrast some other accounts, Yassir emphasised the closeness of their relationship as a couple:

'It was hard. We loved each other dearly and we knew it wouldn't necessarily be easy. If anything it brought us closer together. ... We thought about our options if we couldn't have children, such as fostering and that. It didn't affect our relationship in any way; in fact it brought us closer if anything. It didn't cross my mind to do anything else, such as getting [re]married or anything. It didn't with her either. We were very open with each other and talked a lot about it. ... We both also talked to close friends, but we confided in each other as well. We've got a very close relationship; we are more like friends.'

Several other younger interviewees emphasised the closeness of their conjugal relationship and their nuclear family, which could offset external pressures to fulfil reproductive norms and expectations. Zeinab⁺, for example (see above), who had one son and was undergoing fertility treatment, explained,

'We [she and husband] are quite close; we do discuss things and we're careful not to blame each other. ... Whether it'll affect us as a couple [if we can't have another child], I hope not. I'd be sad if we didn't have another child, but if we couldn't then we'd just put all our energies and focus into the one we do have and just love and adore him even more.'

However, an alternative, more problematic outcome, of family nuclearisation can be an increased pressure for couples to produce their own 'ideal family', rather than relying on extended family members to fulfil filial and sibling-like roles. This point is emphasised by Nadia⁺, a British-born Pakistani woman with one son undergoing treatment for infertility:

'I am very conscious of [son] not having any cousins on my side of the family and you don't think about that necessarily. You think, oh, a kid, they haven't got any brothers or sisters, but from an extended family point of view they've also not got any aunts or uncles or cousins.'

In the absence of cousins or other relatives, Nadia felt a particularly strong obligation to have another child, to provide her son with some (albeit limited) 'family'. Another potentially problematic consequence of family nuclearisation is to reduce the possibilities for infertile people like Jameela to achieve a form of social parenthood by forming close relationships with nephews and nieces.

A related point is that the social position of childless British Pakistani couples can become more tenuous as time passes. Although it may be increasingly acceptable to pursue more individualistic goals first, the expectation is for this to be a prelude to parenthood. For example, Zeinab⁺, who married in her early thirties (very late by British-Pakistani standards), said, *'I wanted to pursue my dreams, I wanted to travel, I wanted to do all that and then one day of course I wanted to get married.'* However, when she did marry, she was in no doubt that a family should follow soon after: *'I'd done all my travels, I'd done my career... I'd achieved all those things and this was the next chapter in my life'*. None of the young

childless couples we interviewed were willing (or indeed able) to imagine a future that did not involve having children at some point.

The problematic nature of perpetual childlessness is further exemplified by Salma's[#] narrative. As described above, she and her husband were both young professionals who valued their conjugal relationship. However, as the years of unsuccessful IVF went by, Salma began to question the sustainability of the situation: *'We thought, really, what is the way forward? Are we just going to live together now and will we be happy?'* Although the eventual birth of a son removed the suggestion of re-marriage, she was left wondering: *'it wasn't something he really wanted to do, but he could have. If [son] hadn't come along then maybe it could have happened.'*

DISCUSSION

Infertility poses a serious psychological, social and emotional threat to British Pakistani Muslims in Teesside, as it does for other populations worldwide. Without children, it is difficult to participate fully in social life and undergo 'normal' life course transitions or, as Rashida[#] put it, to *'move on'* (see also Becker, 1994). Consequences include sadness, feelings of guilt, loneliness, marital instability and social ostracism. As we discuss elsewhere, some couples pursue lengthy, expensive fertility treatments; (Simpson et al, forthcoming); others seek to form close relationships with nephews and nieces, or focus (temporarily at least) on their conjugal partnership.

Infertility among British Pakistanis should be understood, following Throsby's (2004) definition, to encompass various forms of thwarted reproductive ambition, which interact with one another. The imperative to have a 'large family' with the 'right kind' of children, to provide siblings for offspring and marriage partners for nieces and nephews, or what we have here referred to as the quest for a particular family aesthetic, means that infertility extends far beyond straightforward childlessness. Sons

are highly valued and 'sonlessness' can be highly problematic, as can failing to achieve a gender balance within nuclear and extended families. The timing of child-bearing is another potential source of anxiety.

These forms of infertility are socially mediated and relational, rather than absolute. Like Shaw (2000; 2004) and Culley and colleagues (Culley and Hudson, 2006; 2009; Culley et al, 2006), we have shown that infertility among British Pakistanis concerns not only the individual or couple, but whole extended families and wider communities. Infertile women and men may come under enormous pressure to seek an acceptable resolution; they may experience relentless scrutiny of their reproductive behaviour, resulting sometimes in self-imposed seclusion.

However, our work takes the idea of relationality a stage further. Social and kin relations are important not only in shaping *responses* to infertility; they are also pivotal in the processes through which reproduction (or lack thereof) becomes defined as problematic in the first place. Because reproductive desires, aspirations and obligations are typically co-constructed and negotiated in relation to wider family objectives, family context shapes the meaning of infertility. Thus, not having a son may be particularly problematic for a man who is himself an only or eldest son. In contrast, where there is a lack of women in the extended family, the imperative to achieve a gender balance (to 'keep trying' for a daughter) may 'trump' other reproductive considerations and become the benchmark against which reproductive success or failure is measured. On the other hand, a focus on extended families and the partial blurring of kinship categories can provide some degree of consolation and a social role for those whose reproductive careers are less than ideal.

Increasing nuclearisation of family life can therefore shape the experience of infertility in important ways. The emphasis on conjugal relationships and the nuclear family, evident in the accounts of some younger interviewees, can open up new reproductive possibilities. Delaying child-bearing becomes an option, and young couples may be able effectively to distance themselves from wider familial or social

reproductive pressures, temporarily at least. However, the individualisation of infertility that comes with family nuclearisation might also have problematic consequences if the extended family is no longer able to 'plug the gap' by providing proxy-children and normalised social roles for infertile couples. This may be particularly pertinent when other social roles are seen to be time-limited; imagining a long-term future without children was generally seen as impossible.

As others have shown, experiences of infertility are often strongly stratified by social class (Inhorn, 1996; Inhorn and Buss, 1994; Van Balen and Inhorn, 2002). Although not a major focus of this paper, it is worth noting that social, economic and educational background all affect women's (and indeed men's) ability to achieve social status and security through routes other than child-bearing; they also affect access to effective treatment for infertility. Other factors cut across social class. While some childless women reported feeling isolated and ostracised, others talked with great warmth about their families' understanding and support, which had enabled them to fulfil happy and meaningful lives without children (see also Culley and Hudson, 2006). There is a lot of luck involved here, particularly for those in transnational arranged marriages who may not be well-acquainted with their spouses or in-laws prior to marriage.

Young infertile British Pakistani couples may find themselves caught 'betwixt and between' two value systems, which conspire to make their position untenable in the longer term. On the one hand, they may still be subject to the public scrutiny and questioning that childless couples continue to attract within British Pakistani communities. On the other hand, they risk sharing the same fate as other infertile couples in the West, whose distress may be heightened by what Van Balen and Inhorn (2002:9) describe as the 'widely-held and highly-valued beliefs in individualism, and control over one's life.' This ambivalence is reflected in the narratives of many younger interviewees, which while implicitly resisting 'traditional' norms that emphasise fulfilment of extended familial reproductive obligations, are

discursively reinforcing and re-inscribing them. The failure both to fulfil social obligations that enable the reproduction of the structural institution of extended family, and to realise the ideals of individual choice and control over one's life, may make the experience of long-term childlessness particularly difficult.

Clearly, many of the experiences described here are not unique to British Pakistani Muslims in Teesside. As noted in the introduction, stigma, isolation and ostracism, for example, are widely-reported consequences of infertility among other populations worldwide, while threats of divorce and re-marriage as responses to infertility have been highlighted in other pro-natalist Muslim populations. The nature of this qualitative study, among one 'community' of Pakistani Muslims in Northeast England, means that we cannot say to what extent the infertility experiences of Pakistani Muslims in Teesside differ from those of the majority white population in the same area; or indeed from those of other Pakistani populations in the UK. The fact that several interviewees regularly interacted with one another could also be seen as a limitation, in that they were not 'independent'. However, we argue that people are never independent data points; indeed, it is at the point where lives intersect that we can begin to understand how experiences such as infertility are negotiated and played out within a rapidly-changing social world.

References

- Becker, G. (1994). Metaphors in disrupted lives: infertility and cultural constrictions of continuity. *Medical Anthropology Quarterly*, 8(4):383-410.
- Bharadwaj, A. (2003). Why adoption is not an option in India: the visibility of infertility, the secrecy of donor insemination, and other cultural complexities. *Social Science & Medicine*, 56:1867-80.

Bhatti, L.I., F.F. Fikree and A. Khan, (1999). The quest of infertile women in squatter settlements of Karachi, Pakistan: a qualitative study. *Social Science & Medicine* 49: 637-49.

Coleman, D. and S. Dubuc (2010). The fertility of ethnic minorities in the UK, 1960s-2006. *Population Studies*, 64(1):19-41.

Culley, L. and N. Hudson (2006). Diverse bodies and disrupted reproduction. Infertility and minority ethnic communities in the UK. *International Journal of Diversity in Organisations, Communities and Nations*, 5(2):117-125.

Culley, L. And N. Hudson (2009). Constructing relatedness: Ethnicity, gender and third party assisted conception in the UK. *Current Sociology*, 57(2):249-67.

Culley, L.A., N. Hudson, F.L. Rapport, S. Katbamna and M.R.D. Johnson (2006). British South Asian Communities and infertility services. *Human Fertility*, 9(1):37-45.

Dhillon, N. and C. MacArthur (2010). Antenatal depression and male gender preference in Asian women in the UK. *Midwifery* 26(3): 286-293.

Greil, A.L. and J. McQuillan (2010). "Trying times": medicalization, intent, and ambiguity in the definition of infertility. *Medical Anthropology Quarterly*, 24(2):137-156.

Greil, A.L., K. Slauson-Blevins and J. McQuillan, (2010). The experience of infertility: a review of recent literature. *Sociology of Health and Illness*, 32(1):140-162.

Hampshire, K.R., M.T. Blell and B. Simpson (in press). Navigating new socio-demographic landscapes: using anthropological demography to explain the 'persistence' of high and early fertility among British Pakistanis. *European Journal of Population*.

Hampshire, K.R., N. Iqbal, M.T. Blell and B. Simpson (forthcoming). Seeking connection: the interview as narrative ethnography.

Hennink, M., I. Diamond and P. Cooper (1999). Contraceptive use dynamics of Asian women in Britain. *Journal of Biosocial Science*, 31:537-554.

Hennink, M., I. Hutter and A. Bailey (2011). *Qualitative research methods*. LA/London: Sage.

Hollos, M., U. Larsen, O. Obono and B. Whitehouse, (2009). The problem of infertility in high fertility populations: meanings, consequences and coping mechanisms in two Nigerian communities. *Social Science & Medicine*, 68:2061-68.

Hussain, Y. and P. Bagguley (2007). *Moving on up: South Asian women and higher education*. Trentham Books Ltd: Stoke-on-Trent, UK and Sterling, USA.

Inhorn, M.C. (1996). *Infertility and Patriarchy: The cultural politics of gender and family life in Egypt*. Philadelphia: University of California Press.

Inhorn, M.C. (2003). 'The worms are weak': male infertility and patriarchal paradoxes in Egypt. *Men and Masculinities*, 5(3):236-256.

Inhorn, M.C. and K.A. Buss (1994). Ethnography, epidemiology and infertility in Egypt. *Social Science & Medicine*, 39(5):671-88.

Inhorn, M.C. and D. Birenbaum-Carmeli, (2008). Assisted reproductive technologies and culture change. *Annual Review of Anthropology*, 37:177-96.

Jenkins, G.L and M.C. Inhorn, (2003). Reproduction gone awry: medical anthropological perspectives [editorial]. *Social Science & Medicine*: 56(9):1831-1836.

Kreager, P. and E. Schröder-Butterfill (eds), *Ageing without children: European and Asian Perspectives*, New York & Oxford: Berghahn.

Lofland, J. and L. Lofland, (1995). *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis*. Wadsworth: London, Belmont CA.

Nahar, P. (2010). Health seeking behaviour of childless women in Bangladesh: an ethnographic exploration for the special issue on: loss in child-bearing. *Social Science and Medicine*, 71(10):1780-7.

Penn, R. and P. Lambert (2002). Attitudes towards ideal family size of different ethnic/nationality groups in Great Britain, France and Germany. *Population Trends*, 108: 49-58.

Pollard, T.M., N.C. Unwin, C.M. Fischbacher and J.K. Chamley, (2006). Sex hormone-binding globulin and androgen levels in immigrant and British-born pre-menopausal women: Evidence of early life influences? *American Journal of Human Biology*, 18(6):741-7.

Rapley, T. (2011). Some pragmatics of qualitative data analysis. In D. Silverman (ed). *Qualitative Research*. (3rd ed). London/Thousand Oaks: Sage.

Riessman, C.K. (2000). Stigma and everyday resistance practices: childless women in South India. *Gender and Society*, 14(1): 111-135.

Salway, S.M. (2007) Economic activity among UK Bangladeshi and Pakistani women in the 1990s: evidence for continuity or change in the Family Resources Survey. *Journal of Ethnic and Migration Studies*, 33(5): 825-847.

Schmid, J., S. Kirchengast, E. Vytiska-Binstorfer & J. Huber (2004). Infertility caused by PCOS – health-related quality of life among Austrian and Moslem immigrant women in Austria. *Human Reproduction*, 19(10):2251-57.

Shaw, A. (2000). *Kinship and Continuity: Pakistani Families in Britain*. Amsterdam: Harwood Academic Publishers.

Shaw, A. (2004). British Pakistani women without children: an invisible minority. In Kreager, P. and E. Schröder-Butterfill (eds), *Ageing without children: European and Asian Perspectives*, New York & Oxford: Berghahn, pp: 198-223.

Shaw, A. And K. Charlseley (2006). *Rishtas*: adding emotion to strategy in understanding British Pakistani transnational marriages. *Global networks*, 6(4): 405-21.

Simpson, B., M.T. Blell and K.R. Hampshire (forthcoming). Audiences and moral pioneers: Pakistani Muslims, ethics and the new reproductive technologies.

Sobotka, T. (2008). The rising importance of migrants for childbearing in Europe. *Demographic Research* 19:225-247.

Strauss, A.L. and J.M. Corbin (1998). *Basics of qualitative research: techniques and procedures for developing grounded theory*, 2nd ed., Thousand Oaks, CA: Sage.

Throsby, K. (2004). *When IVF Fails: feminism, infertility and the negotiation of normality*. Basingstoke (UK) and New York: Palgrave Macmillan.

Van Balen, F. and M.C. Inhorn (2002). Introduction: Interpreting infertility: a view from the social sciences. In M.C. Inhorn and F. Van Balen (eds). *Infertility around the globe: new thinking on childlessness, gender and reproductive technologies*. Berkley and LA: University of California Press, pp:3-32.

Van Rooij, F.B., F. van Balen and J.M.A. Hermanns (2006). Migrants and the meaning of parenthood: involuntary childless Turkish migrants in the Netherlands. *Human Reproduction*, 21(7):1832-38.

Van Rooij, F. and F. Van Balen (2009). The experiences of involuntary childless Turkish immigrants in the Netherlands. *Qualitative Health Research*, 19(5):621-32.

Woollet, A., N. Dosankh-Matwala and J. Hadlow (1991). Reproductive decision making: Asian women's ideas about family size, and the gender and spacing of children. *Journal of Reproductive and Infant Psychology*, 9:237-252.

Table 1: Socio-Demographic Characteristics of Phase One Interviewees

	Women	Men	All
TOTAL	65	26	91
Age group			
17-29y	15 (23.1%)	6 (24.0%)	21 (23.3%)
30-49y	30 (46.2%)	13 (52.0%)	43 (47.8%)
50-69y	14 (21.5%)	6 (24.0%)	20 (22.2%)
70+y	6 (9.2%)	0	6 (6.7%)
Country of birth / childhood residence			
Pakistan	42 (64.6%)	7 (26.9%)	49 (53.8%)
UK	19 (29.2%)	11 (42.3%)	30 (33.0%)
Born Pakistan; moved as child to UK	4 (6.2%)	8 (30.8%)	12 (13.2%)
Marital status			
Single (never married)	4 (6.2%)	2 (7.7%)	6 (6.6%)
Married (first marriage)	40 (61.5%)	22 (84.6%)	62 (68.1%)
Married (2+ marriages)	4 (6.2%)	2 (7.7%)	6 (6.6%)
Divorced	9 (13.8%)	0	9 (9.9%)
Widowed	8 (12.3%)	0	8 (8.8%)
Educational level			
No education	13 (20.6%)	0	13 (15.3%)
1-4 years of schooling	8 (12.7%)	1 (4.5%)	9 (10.6%)
5-9 years of schooling	10 (15.9%)	0	10 (11.8%)
Completed secondary school (to 16y)*	10 (15.9%)	10 (45.5%)	20 (23.5%)
Further education (16y+)**	20 (31.7%)	5 (22.7%)	25 (29.4%)
University degree	2 (3.2%)	6 (27.3%)	8 (9.4%)
<i>Missing data</i>	<i>2</i>	<i>4</i>	<i>6</i>
Current Employment			
Housewife / not employed	53 (81.5%)	0	53 (58.2%)
Student	3 (4.6%)	1 (3.8%)	4 (4.4%)
Employed / self-employed	9 (13.8%)	25 (92.6%)	34 (37.4%)

*GCSE / Matric / O-level

**A-level, Pakistan 12th grade, Further Education College

Table 2: Experiences of infertility among the Phase One interviewees who have been married for at least three [reproductive-age] years

	Women [N=58]	Men [N=18]	ALL [N=76]
No biological children	4 (6.9%)	0	4 (5.2%)
Have had problems with infertility at some point	21 (36.2%)	4 (21.1%)	25 (32.5%)
Have sought treatment for infertility (biomedical or other)	15 (25.9%)	4 (21.1%)	19 (24.7%)

Table 3: Phase Two interviewees' reproductive backgrounds

Code	Source	Age/sex	Reproductive status	Treatment
MB201	Internet	Woman, late-30s	One son	Awaiting IVF
MB202	Internet	Woman, late-30s	One son (IVF)	Awaiting IVF
MB301	Clinic	Couple, mid-20s	No children	Awaiting IVF
MB302	Clinic	Woman, mid-20s,	No children	Awaiting IVF
MB304	Clinic	Couple, late- 20s/early-30s	No children	Awaiting clinic appointment
MB305	Clinic	Couple, late- 30s/early-40s	Man has 3 children from first marriage; wife has no biological children	Undergoing diagnostic tests
MB311	Clinic	Couple, late- 20s/early-30s	No children	First clinic appointment
MB312	Clinic	Woman, mid-30s	One son (IVF)	Undergoing IVF
MB313	Clinic	Couple, late- 20s/early-30s	No children	Undergoing IVF
MB314	Clinic	Couple, mid/late- 30s	One son	Undergoing IVF
MB316	Clinic	Woman, late-30s	No children; husband has five children from first marriage	Undergoing IVF

N.B. All interviewees were currently married