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A PHENOMENOLOGICAL STUDY OF SOCIAL PRESSURES FACED BY WOMEN REGARDING MID-LIFE PREGNANCIES

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Abstract

Women face different social pressures concerning their reproduction duties in various cultures. This study explored women's societal challenges in midlife pregnancy in Pakistani society. Eight couples were recruited through the snowball sampling technique. Data was collected using a semi-structured interview guideline. The participants included having children with significant age gaps (minimum of 14 years) and mothers who have had at least one pregnancy over 40. The inductive thematic analysis technique was used to identify common themes from data. Findings showed that mid-life pregnant women faced massive criticism and were laughed upon. There is a stigma attached to women being pregnant again in their late mid-life. Moreover, they do not have control over their bodies, especially in choosing when to have children in their lives. Despite educated, patriarchal and traditional norms ridicule women for becoming pregnant at the age of 40 and above when they already had children in the Pakistani context. It is not celebrated for them, but the irony of the situation is that the man's potency is thought to be a matter of pride in the same context. These findings have implications for understanding the levels of patriarchal hold and status of older-age women in society.

Keywords

Patriarchy, Mid-life pregnancy, Women's choice, Stigma, Social challenges



1. Introduction

This paper explores the different experiences of women during mid-life pregnancies and the social challenges they face during this course. The pregnancies from 35 to 49 are called mid-life pregnancies and are referred to as giving birth over 40 (Geremew & Gelagay, 2018). Mid-life is between young and adulthood and can be described as the time of conversion and alteration in women's lives (Johnson-Mallard *et al.*, 2017). Research on mid-life pregnancy from a Western perspective is insignificant for Asian women because of cultural differences in perceptions and attitudes, especially on the emotional and psychological aspects. A range of issues, including family, health, occupational, deaths, aggravated goal attainment, and economic uncertainties, but none of them can be identified as the most salient in midlife (Aldrighi *et al.*, 2016). The proclaimed trial of midlife is administrating and executing various errands associated with women's varied roles in patriarchal cultures (Thomas *et al.*, 2018). Pakistan is a patriarchal society, which is extremely obvious in its patrilineal descent (Hadi, 2017). Cultural feminists argue that this belief is also embedded in the fact that repression and exploitation of women are solely caused by the superiority of men (Johnson Lewis, 2018). Men are the sole providers, protectors, and breadwinners (Cha & Thébaud, 2009). Laws in the country are all made by men, so men enjoy more autonomy than women. A woman's level of liberty and power mirrors a particular ethnic and cultural group and can vary according to social class, status, and region (Cohen, 2009). Culture clearly describes

gender roles and responsibilities. Men play a pivotal role mostly in decision-making, whereas older women, including mothers-in-law, also make social, cultural, and medical decisions (Qureshi *et al.*, 2016). The coercion due to biological reasons is the actual cause of the low status of women in society, as women's bodies are natural vessels for reproduction and have innate procreative capabilities (Johnson Lewis, 2018). Middle-class families are often riddled with their values and social systems; midlife pregnancies often become an embarrassment (Donner, 2016). It can ruffle up systems within their system. Socio-economic and cultural demands and strains mold the context of parenthood, whereas families are the ones that face these challenges (Eastlick Kushner *et al.*, 2014). It may be biological, psychological, social, or economic. Women who had a child after the age of 35 faced various difficulties in getting used to the changes in their new life, but it still gave new purpose and sense to the women over the age of 35, who are referred to as old or elderly in existing literature regarding midlife pregnancies (Aldrighi *et al.*, 2016). During a cultural transition and shift from old to modernity, women's experiences of pregnancies have changed significantly. Culture and family expectations play a part in constructing the self of pregnant women. Since the 1960s, the easy accessibility of contraceptives has made motherhood a personal choice rather than biological (Eijkemans *et al.*, 2014). The expected perspectives of model fathers and ideal mothers are shaped and influenced by socio-cultural solid norms (Barclay & Lupton, 1999). This discourse has a powerful effect on family, gender, and

parenthood, including motherhood and fatherhood. The social structure affects the ways of being a mother or father for men and women, side by side with the construction of the public, which confined the selection of role of men and women in fatherhood and motherhood (West, 2012). Older mothers have to face the consequences of managing stigma before and after pregnancy and managing it in different ways to normalize older mothers at the social and individual levels (Friese *et al.*, 2008). Many older women face hurdles in accessing contraceptives and health care, especially in late pregnancies with already having children. It draws away reactions (culturally based) from society, parents, friends, and even surrounding persons (Speizer *et al.*, 2000). The pregnancy period has massive meaning in individuals and family life in the Pakistani context, and usually, fear of 'Nazar' (bad luck) leads people not to disclose pregnancy news (Qureshi *et al.*, 2016). Events like pregnancy and childbirth mirror society's chief and prime cultural traditions and individuals or groups of families by giving enriched contexts for understanding cultural dynamics (Qureshi *et al.*, 2016). Sex is somewhat relished by only young and vigorous people in Asian cultures, particularly in the Subcontinent (Wellings *et al.*, 2006). This culturally entrenched renunciation is rooted in people's minds and generates difficulty in accepting the sexuality of their parents (Kim & Ward, 2007). Being in physical relations in Pakistani culture has negative stereotypes of the age as sexless (Hogan, 2016). Women who restrict in reaching for help and culture and society do not consider it a mid-life

problem (Gaur, 2020). The role of men is usually confined to sexual contribution and ends at conception or birth, whereas women are in charge of a child's health during and after pregnancy (Degges-White, 2001). Matters related to sexual life or sexuality are usually very complex, and people feel hesitant. A sense of shame and embarrassment is overtly there, while sexual problems are thought to be inconsequential for discussion (Lucea *et al.*, 2013). This study signifies the status of women in the patriarchal Pakistani society. Being a mother is one of the most cherished statuses. However, verbal, familial, and social attitudes towards women who conceive in mid-life shed a clear light on the benevolent sexism present in the social structures enforcing the power on women's bodies. Thereby, the current research aimed to investigate the lived experiences of women who went through mid-life pregnancies while already having children. This paper seeks to explore the social reactions they faced during this period and how the reactions of their family members and relatives shaped their experiences. Gender differential aptitude is also explored in terms of discrepancy faced by wife and husband after disclosure of mid-life pregnancy news.

1.1 Objectives

1. To find out the different experiences of women during mid-life pregnancies
2. To explore the social pressures faced by women during mid-life pregnancy.
3. To explore the perceptions of husbands about their wife's mid-life pregnancies.

1.2 Research Question

What are the lived experiences of the women about mid-life pregnancies? How their family, friends, and social circle treated them during their mid-life pregnancy. What are the husband's perceptions, treatment, and lived experiences about their wife's mid-life pregnancies?

2. Method

2.1 Research design

To gain an in-depth understanding of the lived experiences of mid-life pregnant women, the current research utilized a phenomenological approach since it concentrates on how individuals experience a particular phenomenon (Miller *et al.*, 2018). In phenomenological research, a small number of respondents are enough to reach saturation (Guest *et al.*, 2006).

2.2 Participants

Eight couples were included in the present research. The participants were selected through the snowball sampling technique from different areas of Rawalpindi, Pakistan. The inclusion criteria for couples were to experience at least one mid-life pregnancy by a wife. The age range for women selected for this research was 40 years and above and have been married for at least the last 25 years. The income range of the respondents was from 35,000-to 95,000 PKR. The minimum is one child before their mid-life pregnancy. Half of the participants (50%) resided in a joint family system and another half (50%) in a nuclear family system. A detailed demographic report of participants is mentioned in Table 1 and Table 2 in the section results and analysis.

2.3 Data collection tool

Researchers developed a semi-structured interview guideline to collect data. The interview guideline was comprised of open-ended questions and covered the following areas: a). Importance of pregnancy, b) Societal perception of people about their pregnancy, c) experiences of mother and father, d) health issues, e) child-rearing perceptions, f) economic aspect.

2.4 Data Collection Process & Data Analysis

Data were collected between June - and August 2019. In order to conduct interviews, each respondent was approached individually for face-to-face, in-depth interviews. Interviews were audio-recorded after the consent from the respondents, along with copy-and-pencil note-taking. All interviews were conducted at the homes of every participant. The medium of instruction and data collection was the Urdu language, as is the native language; it is generally used for interaction. Later, Urdu data was translated into English for report-writing purposes. An inductive way of thematic analysis (Clarke *et al.*, 2015) of the data was used to identify common themes for this study. The results are explained through themes and sub-themes for a better explanation. The data was read repeatedly to develop familiarity with the content. Applicable features of the data were highlighted through a process called coding. After coding is complete, the data were combined and compared with the codes to identify the general and common themes, and reviewed. Following the detailed examination of the identified themes, a name was decided for each theme. Lastly, an account of all the themes was

written, connecting them in a fluent narrative for better understanding.

3. Results

The following section elaborates on the Participants 'demographic characteristics in Table

1 and Table 2—a qualitative analysis of the interviews presented in figurative and narrative form.

Table 1: Demographic characteristics of wives (N=8)

S. No	Variables		Frequency	Percentage %
1	Current Age of respondents	49	3	37.5
		50	1	12.5
		52	1	12.5
		53	3	37.5
2	Wife's age at the time of marriage	20	1	12.5
		21	1	12.5
		23	3	37.5
		24	2	25.0
		26	1	12.5
3	Wife's age at the time of last pregnancy	40	1	12.5
		41	2	25.0
		43	2	25.0
		44	2	25.0
		45	1	12.5
5	Years of marriage	25	2	12.5
		26	2	12.5
		27	1	12.5
		28	2	25.0
		29	1	12.5
6	No of children	30	2	25.0
		3	6	75.0
		4	2	25.0
7	Elder child's age	24	1	12.5
		25	1	12.5
		26	1	12.5
		27	2	25.0
		28	2	25.0
8	The current age of the youngest child	29	1	12.5
		5	1	12.5
		6	1	12.5
		8	1	12.5

		9	4	50.0
		10	1	12.5
9	The age gap between the first and last child	17	1	12.5
		18	2	25.0
		19	4	50.0
		20	1	12.5
10	Wives' education	Intermediate	2	25.0
		BA	4	50.0
		B.Ed	1	12.5
		MA	1	12.5
11	Wives Occupation	Housewife	6	75.0
		Teacher	2	25.0

Table 1 shows the detailed demographic characteristics of wives participating in the study.

Table 2: Demographic characteristics of husbands (N=8)

S No	Variable		Frequency	F	Percentage %
1	Husband Education	BA	4		50.0
		MA	3		37.5
		M. Phil	1		12.5
2	Husband's Occupation	Manager	1		12.5
		property dealer	2		25.0
		government job	1		12.5
		school teacher	1		12.5
		Engineer	1		12.5
		Builder	1		12.5
		college teacher	1		12.5

Table 2 shows that husbands are well-educated and do formal jobs.

3.1 Theme I: Relationship dynamics

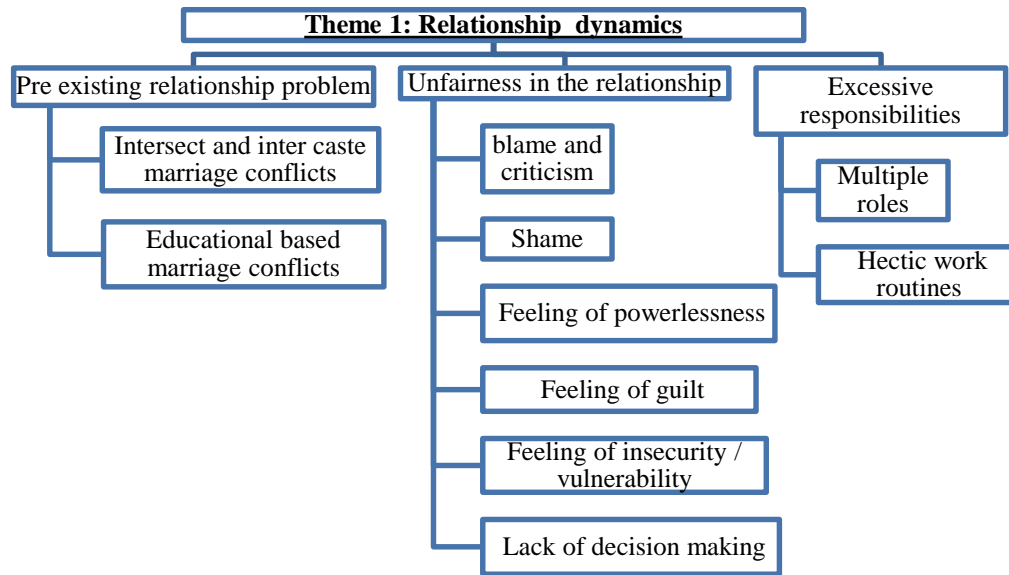


Figure 1: Relationship dynamics

Figure 1 describes the pre-existing problems that couples face and the unfairness in the relationship between couples. It also explains how relationship dynamics influence couples' interactions,

3.2 1a: Pre-existing Relationship Problem

Humans depend on different social relationships. Our lives rely on relationships, and they provide meaning to them. As family systems in Pakistan are closely knitted, they play a role in shaping our personal lives. Every relationship has its pros and cons. This theme describes the problems in these couples' relationships as soon as they get married or in the initial years of their marriage.

3.3 Intersect and Inter-caste Marriage Conflicts

W2 and W5 reported getting married into a family of opposite or different sect/ caste. W2 was from the Sunni sect and married into a Shia family, and W5 was from the Mughal caste and married into a Raja family. However, both of these marriages

behaviors, and interpersonal problems within a relationship. Power, respect, and communication are three primary factors that make any relationship dynamic effective.

were arranged by their families but became problematic for couples later on.

3.4 Educational Based Marriage Conflicts

W7 and H7 referred to the lack of education as another issue that creates problems in marriage. W7 was only an intermediate (12th Grade), and H7 was an M. Phil. W7 said that in the moments of conflict, H7 uses her lack of education as a weakness against her. And often say sentences like "How would you know anything? You have hardly seen the world; you are Illiterate." W1 W6 W8 W7 mentioned that their in-laws played a significant role in provoking problems in their marital relationships. The dynamics of their relationships with their husbands heavily depend on their relationship with their in-laws. W6 mentioned,

“Marriage is not between two people or only a husband; it is actually with his family.”

3.5 1b: Unfairness in the Relationship

Unfairness in any relationship results from an imbalance in power dynamics. W4 and W6 said that in Pakistan, most women depend on their husbands for money and resources, and as a result, power dynamics between the two become muddled and distorted.

3.6 1b (i): Blame and Criticism

W2, W3, and W5 mentioned that since they thought they were in a subordinate position in their relationship, they were repeatedly blamed and criticized by their husbands, H2, H3, and H5, respectively, for not taking necessary safety precautions to avoid pregnancy at this age. As W3 reported that her husband criticized her by saying, “You should have taken some precautionary measures; this is not your first time.”

3.7 1b (ii): Shame

W1 and H1, W4 and H4, and W6 and H6 stated that they felt highly embarrassed with each other in private. Wives W1, W4, and W6 told that the husbands H1, H4, and H6 were hesitant to show their embarrassment openly as they thought it would hurt their ego if they shared what they felt. Wives had to understand their husband’s non-verbal cues like not talking to each other the way they used to, spending less time with each other, and not looking into eyes. These couples felt awkward as they found out they were about to have a child in their forties and mid-fifties. Whereas W8 stated that her husband was extremely supportive and H8 reported, “This is not something

to be embarrassed about; this child will be our support when we grow older.”

3.8 1b (iii): Feeling of Powerlessness

W2 and W6 said that their husbands, H2 and H6, respectively, made sure that their wives were feeling powerless. W2 and W6 were very unhappy that even though the act was mutually done, their husbands portrayed it as if it was only their fault. W2 and W6 said they felt utterly helpless as they did not have any power to resolve the social issues opposed by this pregnancy. They thought another problem was added to their life because already they were suffering from the problems of elder children. W6 reported, “Women do not have any remedy or solution to this problem.”

3.9 1b (iv) Feeling of Guilt

W1, W2, W7, and H1, H2, and H7 mentioned that they felt incredibly guilty about this pregnancy. They thought they were too old to have a child at this age. W2 reported that her husband H2 was shocked and stated, “Oh! What have we done? What will we do now?”

On the other hand, W8 and H8 did feel guilty and ashamed initially but then accepted the pregnancy as a welcome surprise and were eventually really happy about it. H8 mentioned, “This is a blessing from God, do not worry”

3.10 1b (v) Feeling of Insecurity / Vulnerability

W3 W4 W5 W7 reported that after disclosing the news of pregnancies to their respective husbands and finding out their adverse reaction, they felt insecure in their relationship, and their position in their house became vulnerable because it was not their first child. Moreover, they had to bear the

social and physical consequences of the pregnancy on their own. W7 stated that she felt her position in family got more threaten, she further reported, “The first child helps women build and maintain her position in the in-law's family, and this is not even my first child.”

3.11 Ib (vi) Lack of Decision Making

Respondents W1, W4, and W5 reported that they felt subjected to a lack of decision-making by their husbands and sons because their older children were grown up and their husbands were earning money. No control over household recourses played a role in the lack of decision-making faced by wives. W1, W4, and W5 were with the thought that our society is patriarchal and women usually do not make decisions in families even when it comes to their personal life. They thought that their older children, husbands, and extended family members (in-laws) had more power over their lives than themselves.

3.12 Ic Excessive Responsibilities

Excessive responsibilities remain the most common among all the wives and husbands, whether wives work outside the home. W1, W5, W7, and W3 reported that they felt highly burdensome as their husband/children did not cooperate much. H1, H5, H7, and H3 stated that their responsibility to work hard has increased because of a new family member in the house. However, they also felt that their responsibilities ended outside the house. Moreover, they did not need to help their wives with household work. H1 reported, “Now, do I have to work inside the house?” And H7 stated, “It does not look nice to work at home at the age”

3.13 i) Multiple Roles

This theme was common among the women respondents. They all said that they play multiple roles in their household system, whether as a wife, mother, or daughter-in-law. W1, W3, W6, and W7 said that their role as caregiver and nurturer are the primary roles of a Pakistani mother and daughter in law of household. W6 reported, “It is the responsibility of daughters and daughters' in-laws to take good care of every family member.” H1 and H3 thought that their role as breadwinners was the primary role in the effective running of a household. H3 reported, “Everyone can raise a child but earning money at this age for children is not easy”

3.14 Ic (ii) Hectic Work Routines

W3 mentions that ‘There is immense responsibility on women for managing household chores and nurturing children and family. She has to play a triple role where she manages a household, work, and community affairs. W1, W2, W3, and W6 thought that their workload was more than before, and their physical strength and endurance decreased at this age. W5 reported, “My elder children would not help me with work; how can I expect from my husband?” W1 further stated that she has almost forgotten how to take care of a baby as the gap between children is vast, making her tired. She also reported that her routine had become highly tiring by saying, “All the elder children have grown up because doing all the baby work like changing a diaper or staying awake till late with the baby was something out of my routine chores.” H1 reported that he hates when a child cries because he was not used to it and used to

leave the room when their baby started crying. “I changed my room because I had to work at my office.” He further added by saying, “If I will not earn money, how can I feed them?” Whereas H8 mentioned that he helps his wife with the baby’s work because he thinks it is our responsibility to care for the child. Moreover, he reported ‘my wife is a diabetic patient’ she gets tired quickly. So, “I make sure that I help out my wife with different chores, as she is a diabetic patient who is usually not well.”

3.15 Theme II: Prefer Ability of Pregnancy

This theme explains the prefer ability of pregnancy. W2 and H2, W3 and H3, W5 and H5, W7 and H7 preferred that a couple should have children in their twenties. They thought having children at that age was favorable for them in their old age. By the time they cross the age of sixty, their children will be mature and self-sufficient enough to take care of them in their dependent state. H2 reported, “The sooner you have kids, the better it is. It does not look nice to have children at

this age; it is embarrassing.” W3 reported, “In our society, everybody starts asking about a child or ‘good news’ right after getting married. Furthermore, I think one should have children in the early years of marriage because you have more energy to take care of the baby.” W1 and H1, W4 and H4, and W6 and H6 believed that children should be born in their thirties but not late than that. The children born after the age of thirty-five are like a source of embarrassment, same as in their case. W1 reported, “Any child born later than 40 is a source of embarrassment, especially when you already have two grown-up children. People often make fun, and their taunting increases.” W8 and H8 felt that having a child was a very personal decision, therefore was no age limit for it. W8 thought that although it is challenging to manage, she believed older parents could manage a child in a better way, and parents are more experienced. H8 reported, “We have got a child who will be with us in our old age.”

3.16 Theme III: Family dynamics

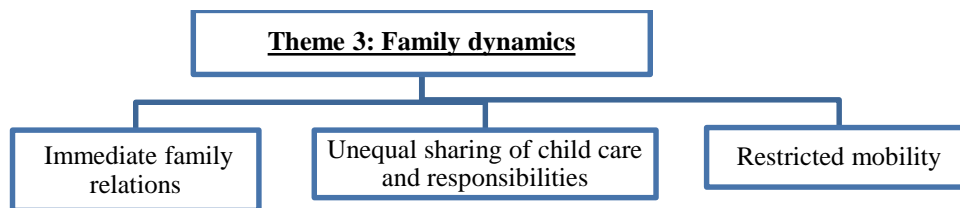


Figure 2: describes the nature of relationships that the couples share with members of their immediate and extended family members.

3.16.1 3a: Immediate Family Relations

After the mid-life pregnancy is disclosed to the husband, the most challenging part is to disclose this news to the immediate family. It was tough for W2 and H2, W7 and H7, and W5 and H5 because they had a very sarcastic reaction from their parents and an adverse reaction from their children.

The children especially felt awkward and were in complete shock. W7 said her mother-in-law was upset at the news and blamed her for the pregnancy instead of her son. She added that her mother-in-law said, “How will you nurture and up bring this child? Furthermore, how will you face people after all this?” H7 reported that his brother asked him,

“Oh brother, what have you done?” W2 reported that the reaction of the older children was very heartbreaking. She felt broken when her older daughter used to say such stuff to her. She reported that her daughter told her once, “What will I tell my college friends that I have a newborn baby brother? I feel so ashamed about it.” W5 said she wanted to abort this pregnancy as it was not planned. When she discussed it with her mother-in-law and sister-in-law, they both got angry and said it was not her choice to abort this baby as it was their grandchild and blood. W5 reported that her sister-in-law used to say, “He is our child, our blood; you should have thought before doing it.”

3.16.2 3b: Unequal Sharing of Child Care and Responsibilities

The wives were already fulfilling multiple roles in their household. Being pregnant over the age of forty took a toll on their health, but they had to continue with their duties because no one in their immediate family was too keen to help them at this stage of their respective pregnancy. W3 mentioned that her eldest daughter was so ashamed of her that she started avoiding her and stopped helping her out with kitchen chores.

W5 had an unmarried sister-in-law who avoided helping her with different chores due to her anger at her brother’s wife because she had the child at a late age. H8 hired a maid for his W8 so that she could have a relaxed pregnancy without worrying about household work.

3.16.3 3c: Restricted Mobility

Restricted mobility challenges women faced during the later stages of their mid-life pregnancy. W4 said that this entire pregnancy period was attached with the element of shame due to her age. Due to this, her mobility was restricted. She was not allowed to go out unattended so that no one could ask her questions about her pregnancy, resulting in embarrassment for the family. W5 mentioned that her family already made her so conscious that she used to avoid going out for any purpose. She preferred to stay home and hardly used go to a doctor for checkups and any leisure activity for enjoyment. W3 stated that her son and husband did not like to take her out because they thought it was so shameful, and W3 said, “ I got very obese due to which my husband and my son did not use to take me out; they felt ashamed.”

3.17 Theme IV: Role of Culture

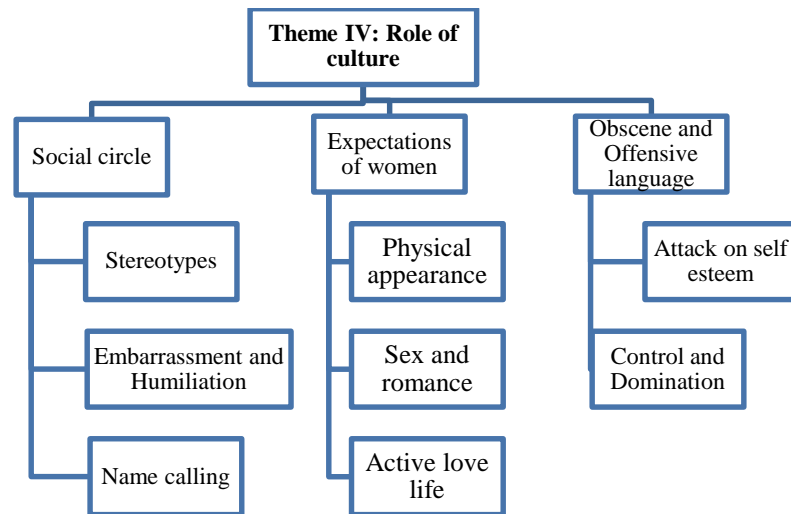


Figure 3: Role of culture

This theme describes how norms, values, beliefs, and traditions play a role in forming stereotypes regarding the preferable age of pregnancy and women’s experiences regarding it, and how women and men experience different social challenges that are a product of culture and society. Culture has its way of controlling women and men in various ways, and it can influence men and women differently because of their status in society.

3.17 3a: Social Circle

W1 said that women have a restricted social circle and usually have fewer friends but still are laughed upon if they hear a woman getting pregnant again in her forties and mid-fifties. She reported that her sister used to make fun of her by saying, “You are still hot.” Moreover, W4 stated that her friend laughs at me by saying, “Your husband is very romantic.” W8 reported that her friends used to make fun of her, but she enjoyed and welcomed each comment that her friends gave. She thought it was funny because they were no one to point her out. After all, it is their personal life. H1 mentioned that his friends in the office made fun of him by saying, “Dude, you turned out to be a great

hero.” Moreover, all his friends used to laugh at him. He said he felt humiliated because he was too old for these jokes. H4 said he did not share this news with anyone until his child got one year old to avoid the unnecessary awkwardness and scoffing. H3 reported he used to hear this sentence a lot “Hajji Sahib (this title is culturally used for older noble men), such actions do not suit you.” Moreover, he left a few of his friends because he thought the jokes were too personal and targeted his sexual life.

3.17 3a (i): Stereotypes

W2 said that many of her friends said that she would not be able to survive because she is too old to give birth to a baby. W8 reported that her maid used to say her during her pregnancy because of her age factor by saying, “Ma’am, you’ll have a caesarean.” W3 and W6 reported that their husbands, H3 and H6, thought their pregnancies would have many health complications because of the age factor. W1 said many of her family friends told her that she would be more likely to have a miscarriage because she was in her forties. H8 said plenty of misconceptions about older fathers

like fathers of this age are not as good as younger dads. He thought it because now he had more time for this child and family. But he stressed by saying, “I am giving more time to this child than my elder ones.”

3.17 3a (ii): Embarrassment and Humiliation

W2 reported that she faced a humorous form of humiliation from her friends. She said that she did not disclose her pregnancy news to one of her very mischievous friends, but she guessed it and made fun of her. She used to say her, “I can count the wings of a flying sparrow” However, that fun was highly inappropriate because she got irritated by it. As W5 reported that she heard her mother-in-law talking to her husband secretly and saying her humiliating and offensive statements. She reported; “When start dancing why is shame then” (this proverb is used in a shameful negative way). Moreover, she asked why she does not go out in public when she has done something willing, although this pregnancy was unintended.

3.17 3a (iii): Name-calling:

W4 mentioned that society discriminates against women and men even when it comes to language. It varies from culture to culture and also different social backgrounds. Different words are associated with men and women, and it controls women and men differently. Proverbs, idioms, and jokes are very common in our culture, making fun of women. All of our jokes, idioms proverbs are men specific, and women are stereotyped by men. She further reported that her mother-in-law used to tell her when she got to know I was pregnant, “Old mare red reigns,” and used to say my husband, “A man never gets old.” She used to encourage him by

saying, “My son is still young like a horse.” And she further quoted her mother-in-law by saying, “A woman and a horse remain in control only under the thigh.” She said that her mother-in-law used to show that his son is still sexually active, which is a thing to be swollen with pride. W7 reported that she was furious when she got pregnant again. Her sister-in-law used to tell her when she used to be angry with her elder children. She said that her sister-in-law used to taunt her by saying, “The thief scolds the inspector.” W6 reported that her daughter was irritated by her mother’s news of getting pregnant. She used to say her, “A face is blackened in a coal dealership/dealing,” because she thought her mother made her feel humiliated in front of her cousins and friends.

3.17 3b: Expectations from Women

This theme explains the expectations attached to women. There is gender parity in expectations, and women are expected to be different from men in every arena. There is a diversity of gender role expectations according to society, ethnic groups, and cultures. Over a while, these expectations change, and sometimes they do not. W1 said that the preferred women should be shy, fragile, respectful, sensitive, submissive, unquestioning, and obedient. These traits make women ‘a good’. There is a set of prescribed ideas about how a woman must be given by society and women must act according. She mentioned that this is what she was taught throughout her life by her mother and her mother-in-law called her ‘Behaya’ when she learned that she was expecting another baby too late. W5 said that her sister-in-law said it must be under control for women and their sexuality

because real women do not talk about their feelings, sexual desires, and sexuality. She said that women are considered to be pure and mature, especially at this age. W6 said society wants women who have a perfect body even after pregnancy at this stage, and women must look decent and graceful. She said that her neighbor used to say that women of this age should not display their sexual powers as her children are getting married. W7 reported that her mother-in-law expected her son to be like shair (lion) and adore him as a (Son of a lion) upon listening to the news of a new child. Moreover, she mentioned that her mother-in-law blamed her for this pregnancy rather husband.

3.17 3b (i): Physical Appearance

W1, W3, and W7 said that their physical appearance was a primary concern of their families. W3 mentioned that her son and husband had severe reservations when looking at her. She said that her son forced her to wear loose clothes or a gown to cover her because people would make fun of him. She added that her son stopped inviting his friends to their house because her mother looked fat and prominent in her tummy. W8 said she enjoyed the changes in her body as her pregnancy passed. She said that her husband used to ask her to wear bright colors and look fresh just to revive the feeling of their previous pregnancies. W6 said, 'it is strange how women shame each other knowing that body changes as pregnancy passes' but also accepted that women brought up shapes them.

3.17 3b (ii): Sex and Romance

There is a notion that only young couples and young people are active sexually, W1 added, and she stated 'people made fun of my personal life by asking me bizarre questions. W1 reported that her friend asked her, "Do you still have your periods coming? Haven't your menopause started yet?" W3 reported that her mother-in-law asked her to talk to the doctor about why her period had not stopped yet. She said nobody thought that sex at the fifties was considered ethical and not 'Sex' merely an activity for the young. W5 mentioned that people around her made her realize that being sexually active in her forties and fifties was undignified and extremely bad. She reported that her mother told her that Pakistani women must not be romantic in front of her in-laws and children as a matter of respect. She stressed that her husband also avoids her in front of his parents so that family does not gossip. W6 daughter was about to get married, and she was perturbed about how her in-laws would react when they would know that her mother was pregnant. She said that her daughter used to say her, "Your kids are getting married, and here you are, thinking about love and romance." W7 reported how she was laughed off because of getting pregnant again. She said that her sister used to make fun of her by saying (Young Woman) and used to call her (Girl) considering that she still had an active sexual life and also make remarks like, "Romance in this age! May God Pardon us."

3.17 3b (iii): Active Love Life

W2 reported that talking about active love life is taboo even if a lady has been married for 35 years.

W3, W6, and W7 mentioned that it is incredibly controversial to talk about the love life of couples in Pakistan. W4 reported that her husband H4 used to tell her that ‘maintain the moral ideals of our society. She mentioned that he used to say, “This is not good news that we start boasting it to everybody and celebrating it,” and “You are acting as if you are in your pubertal year.” W7 said that her husband used to hear a lot from his friends. She added that a young couple has a societal expectation of giving birth rather than an old couple giving birth to a child in their forties and fifties with already having children.

3.17 3c (i):: Obscene and Offensive Language

This theme explains how the couples have faced obscene and offensive statements from their families and friends around them. This situation adds to the women’s experiences that she had gone through when she got pregnant again at the age of forties and fifties. Moreover, it also explains fathers' experiences as they became a father again in their late fifties. Offensive statements explicate how verbal language can endorse stigmatization and shame regarding mid-life pregnancy. W3 further added that one thing that mainly incensed her was listening to was, “Will you look good by changing your child's nappies; women become grandmothers at this age, and you are becoming mothers.” H3 mentioned that he frequently got to hear sentences like, “Look at the religious looking man; white beard and his deeds.” W6 mentioned that her sister also used to scare her by saying, “It was time for your children’s marriages, and you had started by yourself.” Furthermore, their daughter used to taunt her mother as, “A person of

no principles”. Statements like this were heard by her mother referring to her husband. However, in comparison to others, W4 mentioned that she often used to hear people gossiping around her saying, “They have no other work than giving birth; they do not have shame.” Mothers, grandmothers, relatives/neighbors’ friends talk behind your back, which hurt the most, W4 added. She reported that it is a natural phenomenon, and we parents have to bring our children up. Moreover, we find nothing ghastly in it because we are married by saying, “We are married and did not do anything wrong. I do not know why people only poke their nose into others' matters.” W8 mentioned that her mother used to be annoyed with her and constantly used to say her, “I did not educate you for this day that you give birth to four children.” She further added, “You both husband and wife have drowned the name of ‘educated people.” Whereas H8 said that his elder brother used to make fun of him, especially when he heard this news. He told him to stop by saying, “hey brother, you need to stop now”

3.17 3c (ii): Attack on Self-Esteem

W1, W2, W3, W4, W5, W6, and W7 were with the thought that they were in the part of their age where they needed majority support from their families, children, and their partners. W1, W3, and W7 said they felt deficient throughout their pregnancy and even after that, and they thought people could not understand what they were going through. W2 said that too much was going on in her life already, resulting in her low self-esteem. She reported, “If family supports you, no challenges seem to be significant. Every hardship

becomes easier with their support.” W3 mentioned that she used to regret it and took out her resentment on the infant. She reported, “I would let my daughter cry and leave her on the bed until I realized that what baby’s fault was.” She referred to her pregnancy as a problem and said that she felt terrible because it was her child no matter what. W4 said that people around her started gossiping about her, did not take pregnancy seriously, and made a joke. She felt like the culprit or offender, which made her feel awful. People were not blaming us; they only blamed me because they thought I wanted to feel youthful. I did not have the choice of aborting, neither did people around me stop making fun of me. W6 reported that changes in appearance, including weight gain, loss of hair, graying of hair, skin wrinkled, and a saggy body with a lack of social and emotional support, made her energy drained and resulted in low self-esteem. In comparison, H8 mentioned that he did not bother people pointing out and passing statements because there is nothing shameful. He thought this increased his self-confidence increased and morale. To him, what matters is his wife, child, and his well-being. H6 mentioned that the female family members did not face him straightforwardly, so he did not face many issues, but some of his friends made fun of him, which did not matter to him. He said that he became the laughingstock for his friends, but his family could not speak in front of him.

3.17 3c (iii): Control and Domination

Control and domination explain that women and men were controlled by each other or by the people surrounding them in comparison to each other. W1

reported a significant responsibility on her to fulfill her ascribed role of being a mother. She said that her role being a mother, daughter, and wife puts enormous pressure on her, and to protect that, she has to control her sexuality. W4 thought that her mobility was controlled by her husband and elder son due to this pregnancy. She thought it was so distressing to see her son not permit her to move around just because his ‘izzat’ (honor) was more important than her mother. W5 said that she overall felt controlled by her husband and in-laws. Her sister-in-law even played a terrible role in controlling her body. She wanted to go for an abortion but was not allowed because of her in-laws. They thought it was their blood and had the power to control it, whereas to other W4 and W6, she mentioned that they lacked the power to make decisions due to a lack of resources W4 and mentioned that if she had enough money and dependence, this pregnancy would not be an issue. She thought people in the upper class did not mind such issues, but middle-class families, especially women men, have a great duty to maintain the honor and respect of their male members. In contrast to women, H1, H,3, H5, and H7 were with the point of view that they were strong enough to fight back for themselves and talk back to people. H2 said, ‘it is women’s responsibility to maintain the honor of family (Children, in-laws).’ H4 reported, “All these minor issues are only faced by women or seem problematic; we men do not have so much time to talk about them.” H5 reported that he felt proud when his wife did not go to abort the baby because she had to obey him and his parents; after all, it was their blood. He knew that she had

complications in this pregnancy. H6 asked why his wife would be worried as he had to manage all the expenses of this child. So, he was obviously to

make a significant decision: ‘Why would my wife be tensed, I have to earn, and I have to make decisions because I have to manage her expense.’

3.18 Theme V: Emerging health issues: A comparison of first and last pregnancy

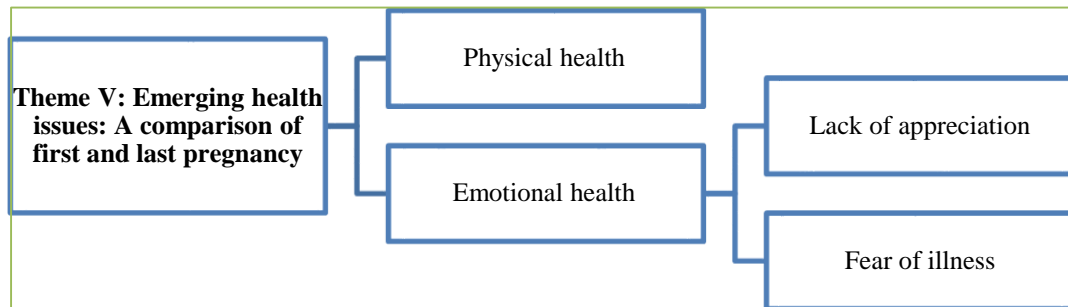


Figure 4: Emerging health issues: A comparison of first and last pregnancy

3.18 3a: Physical Health

W1, W2, W3, W5, and W8 reported that they did not have the same level of physical endurance as they had in their previous pregnancies. W2 mentioned she thought her physical health much she had calcium deficiency. W3 said that she was already anemic with a low hemoglobin level. W8 said that she had diabetes, and the doctor advised her to control her sugar intake. W8 said that she still enjoyed her pregnancy. Overall, all the wives thought their energy was lesser than their first pregnancies. Women had common problems like fatigue, sleep issues, weight gain, mood swings, urinary frequency, longer or shorter periods, and muscle pain. In contrast, H1 reported that his energy also decreased because he had to put more effort into work. He said he had to do overtime to manage his home: H7 mentioned itchininess and sudden anger. However, husbands said they were energetic and thought they did enough physical exertion to manage their overall functioning.

3.18 3b: Emotional Health

Emotional health seemed to be a significant concern of all the woman respondents. They all stressed a lot about the emotional aspect of their last pregnancy. All of them said that this pregnancy was not celebrated other than W8 said H8 celebrated, and their kids were thrilled. W1 and W7 mentioned that they faced extreme emotional instability due to multiple factors arising from their family’s problems, economic issues, or health concerns. W2 reported that inter-relationship problems and gossiping made her even weaker, and lack of support from family and friends made her weaker. W5 reported she used to cry for an hour and hours and could not understand the reason for crying. She mentioned she had so much due to anxiety about the future. W7 reported that another significant reason for her emotional instability was the fear of aging. She said that she would become old and hated to be dependent on others, and this last child made her feel that she was getting old.

3.18 3b (i) Lack of Appreciation

W2 mentioned that nobody would ever appreciate her for this pregnancy. The constant blame and stigmatization made her less confident and affected her emotional health. She said she used to feel useless and shameless that she had committed a crime. Constantly single out would make her irritated. W3 also reported that the blaming was so terrible, and she had to suffer from extreme mood swings, and she would shout at everybody. She said people used to interfere in our matters and said a proverb that perfectly suits them. “Uninvited guest; gate crasher” She mentioned that everybody was happy in the past two pregnancies and distributed sweets, but this pregnancy was kept a secret. W5 reported that H5 was encouraged and appreciated for his action, whereas she was blamed and everyone asked her. “How come you did not

know?” That made her feel self-conscious and uneasy, even in her own family. She said that her husband was congratulated on her first pregnancy but not this time, and however, he has not blamed her the way she was blamed.

3.18 3b (ii): Fear of Illness

The fear of illness increased for all the respondents. They thought that as they aged, their endurance to different diseases changed. All eight women respondents agreed that there were some fear and changes in their health as they matured. The responsibility of work, home, and community made them more prone to damage. They felt more vulnerable overall when it came to fear of illness as social factors contributed significantly to their illness this time.

3.19 Theme VI: Role of Media

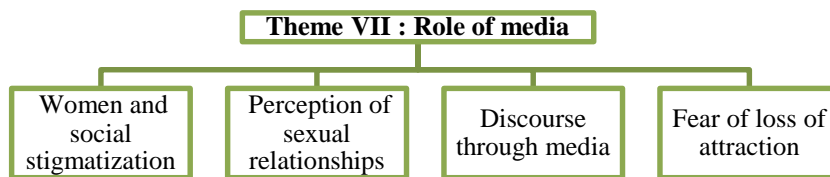


Figure 5: Role of media

This theme explores how media contributes to the depiction and representation of older women and their sexuality. Furthermore, how this portrayal of media forms and consolidates the opinion and beliefs of people in our society. This theme will also explain how ‘aging’ is portrayed in media and promoted in advertisements, dramas, and films and how the phenomena of mid-life pregnancies are invisible in the world of media. It will also give details of older people’s behaviors and attitudes towards their sexuality.

3.19 3a: Women and Social Stigmatization

W3 reported, “If a woman does not give birth to a child, she is called ‘infertile,’ If she does it again in her later part of age, she is called ‘shameless’ and is stigmatized.” She mentioned that the media is precisely portraying this, and this is heartbreaking because she thought this is what Allah decides. She mentioned that the media shows women false expectations by making them look glamorous, and sometimes middle-aged women are not shown. She reported, “I have seen quite a few dramas in which I saw women of my age, either very young or elderly.” She repeatedly focused on middle-aged

women's invisibility and stereotypical representation. W4 mentioned that, "Media is just spreading shame; they never talk about betterment and constructive topics." W3 thought that the media just portrays what is not happening in our society and is missing the critical issues. She said that every drama/film she watched is merely a presentation of a love story where the man is wealthy and educated, and the girl falls in love with him. She added by saying, "We are going away from reality." She explained that women are objectified as they are item numbers, and older women are only shown to be decent and polite. She thought women like 'us' are not shown in media who put so much effort into growing our children and the ones who get pregnant at this age. W6 She mentioned that women are shown in specific gender roles 'She said, "Women are shown in performing domestic roles. Moreover, they are usually considered a 'bad woman with a questionable character if portrayed that way." The media projection is stigmatized if an older woman dresses beautifully, and it also happens in society. W5 mentioned that everybody, especially women, is significantly influenced by watching these dramas. She reported that Mid-life pregnancy issues and the shame attached to them must be shown in dramas, and people should know that it is not a misdeed.

3.19 3b: Perception of Sexual Relationships

W1 believes that media does not show middle-aged women engaging in such practices that express their sexuality. She mentions that women should suppress their feelings and emotions to achieve high status and piousness in our society, and she

said that dramas are a significant source of such depiction. She mentions that she had the same opinion on such depiction because women must maintain 'haya حيا and sharam' شرم (honor) and media should not talk about such topics. After all, Islam does not allow women to talk freely about such topics. W3 talked about the role of media in worsening and adding more mess to her mid-life pregnancy. She said that the media often portrays women as immoral and shameful. By media, she meant every form that comes under the umbrella of the term 'media.' She internalizes the portrayal of women, which is shown on media because she gets influenced by it quickly. She reported, "During this pregnancy, I had ample free time, and I have watched lots of drama in our home" and reported that men's active love life is portrayed in every drama, extramarital affairs are typical for a man, but women are depicted in their mid-life as a weak, unattractive or unhappy. Their sexual life is not discussed as a matter of secret and respect. W8 mentioned that women need to control their desires, which is how our media portrays them. She added that it is ok for a middle-aged man to be seen in contraceptive ads, but middle-aged or over 45 women are not shown in sanitary napkins advertisements.

3.19 3c: Discourse through Media

W8 reported that women are discriminated against in media, and artificial aging standards are portrayed in media. She mentions a clear distinction between good and bad women that media has ingrained in our minds. She also talked about a Bollywood movie, 'Badhai ho,' which she thought is an accurate depiction relatable to all the

ladies who get pregnant in their late 40s. She reported, "I watched 'Badhai ho (movie), and I thought India has the same issues of mid-life pregnant women as our society". Women like us are treated the same way we are here in our culture. 'She thought it is our culture and media is a tool that gives you an idea about the culture.

3.19 3d: Fear of Loss of Attraction

W2 reported that media shows such expensive aging products which are not accessible to us. She added by saying, "Everything has become expensive, and children's expenses have also grown. How can I buy such prized beauty products?" She thought she wanted to look beautiful and young like women in the media, but beauty can only be achieved if one has money. She mentioned, "In this pregnancy, my physical appearance changed; hence, I developed an inferiority complex." W3 mentioned that she felt she did not meet the ideals of beauty set by our media industry. She said she felt deficient, and her self-esteem decreased because of watching TV and comparing herself with actresses of her age, especially women with children.

4. Discussion

The present research intended to obtain knowledge about the lived experiences of a woman who went through a mid-life pregnancy. Relatives' and families' collective decisions matter in Pakistan's education, marriage, living patterns, and economic and emotional support (Zaman, 2014). Therefore, she tries to keep her pregnancy under a cloak of secrecy for as long as possible. The invisible social pressure constantly hurts the individual and the couple, as well as midlife pregnancies. Sexuality is

an integral and complicated arena of one's life, especially for women. It includes social, physical, mental, emotional, spiritual, cultural, ethical, and societal dimensions of experience. Social class and gender overlap in the social identity of older mothers. Stigmatize and disqualify women from social acceptance as "mothers" (Friese *et al.*, 2008). Patriarchy is the root cause of all social problems for women; sexual freedom must be uniformly given to men and women. The behavior of men and women is deeply entrenched in sexist actions (Johnson Lewis, 2018). Women who give birth have a higher status than those who cannot have children or are infertile (Remennick, 2000). Probably, there is invisible suffering that mid-life-aged women have of failing to meet the culturally described standards of female sexual reputation and forms of maternity accepted by society (Ellison, 2003). There is significant pressure on a couple soon after they get married to start their family, but only women have to shoulder the responsibility of giving birth regardless of their choice. Nevertheless, this varies in different scenarios. Women who get pregnant before the age of 40 are celebrated, whereas women who have crossed that age are made to experience shame and embarrassment. Pregnancy considers essential in strengthening a couple's relationship in local culture, but only a woman is ashamed in this scenario: reproductive rights and a lack of freedom to choose to give birth to a child. Motherhood is not a choice, and society controls women's bodies, especially men and women, with particular ideologies. Women are uniquely effective means to satisfy men's sexual desires. Women in a

conservative and patriarchal society do not have reproductive rights. They have other people making decisions about their bodies, resulting in little to no freedom about when they want to have a child. Usually, the men get to make this decision as there is criticism by radical feminists on the institution of marriage, family, and sexuality in motherhood (Johnson Lewis, 2018). Not only do men control women's bodies, but women who have been a product of patriarchal mindset impose restrictions on their women. There is a stigma attached to women's sexuality, especially when they cross the 40th year of their age. Women at this age have expectations attached to their existence, primarily stereotypical, such as being graceful and pious. Men do not have to deal with such conventional expectations. Women control other women by deciding when to have children and making significant decisions about their bodies. Freedom to make choices about their own body is restricted. Women often criticize and make fun of other women for having a child too late when they already have children. Motherhood needs to be a choice at whatever age and time of life a woman desires to be, 20 or 40. Women who go through mid-life pregnancies are usually at a disservice by their fellow elder women or simply just women in their own families and social circles. These women are also the same product of a patriarchal system and, as a result, play their part in making sure that everyone around them practices those values and traditions. There is another way of oppressing women by not giving them the choice and freedom of their bodies is by controlling their sexuality. Men enjoy superiority and have the liberty to

express their sexual capabilities,' but women's expression is restricted even with husbands. Moreover, at the age of 40, society questions and criticizes women for not taking proper measures to avoid pregnancy, knowing that there is a lack of access for women towards contraceptives. There is a stigma attached to women who try to express their sexuality. Our culture controls women and their sexuality by not giving them the liberty to choose when to have a child and at what time. Opposing views and words are attached to women who feel young in their mid-life and want to look and feel pleasant. Having a child at whatever time and part of life is a couple's decision, but patriarchal cultures make sure to oppress women. They are the victim of patriarchal norms and ideologies by which they control women. Men have the edge in controlling women in the stance of dominance and authority. Mid-life pregnant women with already children are thought to be bold and shameful as they are at that point in life where such actions/activities are not considered suitable for them. Sex is thought to be an activity only for young people or men. Men are not questioned for their actions. However, it is a mutual agreement that the women-only shoulder the blame. This study also revealed that pregnancy termination is not an option, even if there are complications for women. Societal norms on the right to their body do not permit they want to have children at the age of 40 with already having children. Women ridicule women result of patriarchal conditioning where patriarchal norms and traditions brainwash women and the constant propaganda by and influence of media, culture, and

educational institutions. Pregnancy after the age of 40 with already having children is not an everyday phenomenon, and due to our cultural norms, it is not thought to be a suitable time. Cultural norms control women in this aspect where women have to face the music alone, and men do not confront such issues because of their power and authority. The role of institutions plays a significant role in controlling women. Nuclear and joint families exert pressure, and it may not be of high intensity but affects women emotionally. The constant criticism is that society has overtly prescribed time to give birth to children, and usually, it is thought to be uncommon. Culture and family overtly and covertly form negative stereotypes about pregnant women at this age and give leverage to men by being happy with their capabilities. The current study revealed that matters that involve sexuality and the sexual life of women are the hardest to talk about, and women themselves who get pregnant at this age feel hesitant to talk about it. There is immense self-doubt and low self-esteem due to changed body image and the taunts of family and friends. A sense of shame is attached to women, which are significant institutions ingrained. Men have a dominant and controlling nature as a direct consequence of their upbringing in a patriarchal society, the very reason men, compared to mid-life pregnant women, face lesser pressures and stigmatization than women. In contrast, women are brought up in a way where they learn to stay in a subordinate position and accept that life as their fate. Women are used as tools by men, and they maintain patriarchy because they have the power and resources to do it. Radical feminists believe

that patriarchy is the tool that crushes the social rights, leverages and power of women, and results in oppression and subjugation. In mid-life pregnant women lack awareness and are more suppressed under the pressure of people around them. Radical feminists believe in raising women's consciousness, providing services to them, and arranging events that help them raise issues in society that portray double standards for men and women (Johnson Lewis, 2018). Women are the ones that are directly threatened by patriarchy, whereas men benefit from it and are less prone to issues as the results showed that mid-life pregnant women are treated differently, and mid-life men differently as only women have to face the maltreatment. It is the patriarchal way men control women, and men enjoy authority. Patriarchal gender norms do not change and cause women's oppression (Johnson Lewis, 2018). Traditional gender roles are assigned according to women's gender and sex. Mid-life pregnant women showed that they tirelessly had to work for their children and home. The entire structure of our society is gendered, where women themselves believe nurturing and caring for a child is only her domain. Mid-life pregnant women are devalued because of being pregnant. Institutions oppress and promote their teaching of oppressing women as this study showed that the children of mid-life pregnant women disregarded them when they announced their pregnancies. According to radical feminism, oppression and cruelty may not always be physical. It can be of any kind. This study explained the experiences of mid-life pregnant women who experienced name-calling, taunts, and jokes

because of their mid-life pregnancies. It showed that institution like family also does not support women and if institutions are not empowering their women, who else can. As in Pakistani society, religion and family as institutions have the highest position in one's life, heavily influencing ideologies and actions. The family institute needs restoration and renewal that supports women and empowers them; radical feminism also demands a change in society from the grassroots level. Perceptions regarding mid-life pregnancies and treatment towards mid-life pregnant women can only change if family culture gives liberty to women to have rights to their bodies. This institution needs to be more gender-neutral and empower women to control their bodies. Only then perceptions regarding such an issue can change. As the most horrible sort of repression and the oldest in its type is the domination of women, the existing system needs to be changed to protect the mental health and self-esteem of mid-life pregnant women. The cultural system must be challenged, and social norms must be modified and reformed (Thomas *et al.*, 2018). The study also revealed that the burden increased on women due to assigned roles based on their sex. Furthermore, she abides by fulfilling them no matter her age, even though this pregnancy is usually unintended. Few radical feminists explain the phenomena of triple shift that women have to do and are expected to do because of their sexual orientation (Thomas *et al.*, 2018). The results showed that men believe their masculinity is threatened by working at this age, but the family acknowledges their sexual potency.

Women are oppressed through these gendered roles, and mid-life women accept it as their fate

5. Conclusion

Society puts women into vulnerable positions if they get pregnant after 40 years of age. A significant age gap between their eldest and youngest child makes them more powerless and unshielded against socio-cultural challenges. Women are subjected to negative stereotypes if they conceive after 40 years, mainly if they already have grown-up children based on rigid norms, values, and traditions that covertly transmit the dogma of having children at the 'Right time' , which is a control over women's sexuality and decreases the right to control their bodies. Older women play an influential role in ensuring that authoritarian rules and regulations are followed. Women are made ashamed of being sexually active at the age of 40. Men are generally encouraged and appreciated for being sexually potent because they have a dominant position in their families and society. Men had to face a lesser degree of embarrassment and awkwardness than women. Women find it easier to be ridiculed by other women on such an issue but cannot discuss this same issue with the men of their family because of 'Haya' and 'Sharam. The notion of being sexually active goes well only with younger couples because it is not a habitually admissible trait of older people in the local context. Gender-based stereotypes are reinforced and expected to follow traditional gender roles even in mature relationships. Wives are expected to look after domestic and child's chores while husbands are focused on making more money for the family's

needs. Every institution, such as family and media, strengthens society's patriarchal norms and puts both men and women at the receiving end to adhere to unwritten rules.

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