

Khusyu' as a Religious Coping Mechanism to Improve Psychological Well-being in Infertility and Involuntary Childlessness Couples

Nidaan Hasana¹, Muhammad Azhar², Tasman Hamami³, Fitriah M. Suud^{✉4}

^{1,2,4}Universitas Muhammadiyah Yogyakarta

³Universitas Islam Negeri Sunan Kalijaga

ABSTRACT

Purpose – This study addresses the psychological distress faced by married Muslim couples who experience infertility and involuntary childlessness, particularly due to intense social and cultural pressures. It aims to explore how Khusyu' (deep devotion in worship) functions as a religious coping mechanism to reduce stress, anxiety, and stigma associated with this condition

Design/methods/approach – A qualitative phenomenological approach was used to capture the lived spiritual and psychological experiences of the participants. The study involved eight purposively selected Muslim couples from Magelang Regency, Indonesia, who had been married for more than three years without having children. Data were collected through in-depth interviews and observations, focusing on their religious practices and coping behaviors

Findings – The results show that couples experiencing significant psychological distress engage in Khusyu' practices, such as obligatory and additional prayers, supplication (du'a), voluntary fasting, and charity (sadaqah), as well as participation in Islamic study groups. These practices help reduce anxiety, foster acceptance of divine destiny, and build emotional resilience, while providing social support that mitigates stigma and strengthens marital harmony.

Research implications/limitations – The implications of this study suggest that Khusyu' as a form of religious coping can help childless couples manage psychological distress. Methodologically, the phenomenological approach enables an in-depth exploration of participants' spiritual and emotional experiences. However, given the qualitative nature of this study and the limited number of participants, the findings cannot be generalized to a broader population.

Originality/value – This study provides a unique contribution by examining Khusyu' as a specific religious coping strategy in the context of infertility among Muslim couples. Unlike previous research, which has focused broadly on religious coping, this study positions Khusyu' as a central element in promoting psychological well-being and resilience within a distinct cultural and religious framework

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CONTACT:  fitriahmsuud@gmail.com

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Introduction

Married couples generally desire the presence of children as part of their happiness and family continuity. Having children is often considered a primary goal of marriage and a shared aspiration for many couples (Majidi et al., 2023). However, not all couples can fulfill this expectation due to various factors, one of which is infertility. Infertility can lead to significant emotional distress and impact the quality of life of affected couples (Kiesswetter et al., 2020). In the Javanese cultural context, children are perceived as heirs who uphold the family's honor. Couples who have not yet had children often face social pressure due to the stigma prevalent in society (Sabri, 2024). They are frequently regarded as incomplete in their marital journey, which ultimately increases psychological distress, particularly for women. The high societal expectations for women to bear children further exacerbate their emotional well-being, leading to anxiety and depression (Zagami et al., 2021).

Stress and anxiety resulting from infertility can have detrimental effects on marital relationships. Infertility is not merely a biological issue but also carries significant social and emotional consequences (Golshani et al., 2021). Couples experiencing infertility often feel isolated from their social environment and report decreased marital satisfaction due to the pressures they endure (Clark et al., 2020). Therefore, effective coping strategies are needed to help couples manage these psychological challenges. One coping strategy that can be adopted by couples experiencing infertility is religious coping. Religious coping is a psychological mechanism that involves faith and religious practices in dealing with life stressors (Azni et al., 2025; K. I. Pargament et al., 1998). In Islam, one significant form of religious coping is *Khusyu'* (deep devotion) in worship. *Khusyu'* in worship can help individuals attain inner peace and reduce anxiety caused by life pressures (Maula & Baidi, 2018).

In Islam, *Khusyu'* has a broad dimension, encompassing not only a state of calmness during worship but also reflecting an attitude of surrender and resilience in facing trials. Individuals with a high level of *Khusyu'* are more likely to accept their circumstances and remain optimistic about the future (Zarzycka & Krok, 2021). This aligns with studies showing that individuals with higher levels of spirituality tend to have better psychological well-being (Romeiro et al., 2017). Several studies indicate that religious coping helps individuals manage psychological distress more effectively. Individuals who frequently engage in prayer and worship with *Khusyu'* tend to remain calmer in facing life challenges compared to those who are less religious (Amjad & Ahmad, 2023). Additionally, other studies suggest that couples who apply religious coping strategies report higher levels of marital satisfaction than those who do not (Gheysari et al., 2023).

In the context of couples who have not yet had children, *Khusyu'* in worship can serve as an effective coping mechanism. These couples often increase their engagement in religious practices such as prayer, supplication, voluntary fasting, and charity as a form of spiritual effort and devotion (Harahap et al., 2020). Through more devoted worship, they experience a sense of tranquility and are better able to alleviate the psychological distress they face. In addition to increasing their religious practices, couples experiencing stress

due to infertility often seek social support from religious communities. Islamic study circles and religious gatherings serve as means to attain peace and support from others (Ilmia & Latipun, 2020). Social support from religious environments has been shown to help individuals cope more effectively with psychological distress and enhance their emotional well-being (Fieldsend & Smith, 2020).

Although numerous studies have discussed the benefits of religious coping in managing stress and anxiety (Cheng & Ying, 2023), few have specifically explored the role of *Khusyu'* in the context of couples without children. Therefore, this study aims to examine in greater depth how *Khusyu'* can serve as an effective form of religious coping for couples experiencing psychological distress due to childlessness. By understanding how couples manage their psychological stress through deeper devotion in worship, this research seeks to identify more effective strategies to support couples in facing this condition.

Methods

This study employed a qualitative phenomenological design to deeply explore the lived experiences of couples dealing with involuntary childlessness. The condition in question refers to married couples who have been unable to conceive for more than three years despite desiring children, which often exposes them to intense social, cultural, and psychological pressures. In the Javanese context, this condition carries a strong stigma, as having children is traditionally associated with marital success and family continuity, making childless couples vulnerable to negative judgments and emotional distress. Participants were selected using purposive sampling to ensure that they possessed characteristics directly relevant to the research objectives. The selection criteria were carefully defined to move beyond simply identifying participants as Muslim couples, incorporating specific psychological, social, and spiritual aspects. The criteria included: (1) both husband and wife are practicing Muslims who actively engage in religious worship, such as performing five daily prayers, engaging in *du'a*, and participating in Islamic study groups, to ensure the relevance of *Khusyu'* as a coping mechanism; (2) couples have been legally married for at least three years and have no biological or adopted children despite actively trying to conceive; (3) couples have undertaken at least one form of medical or traditional effort to address infertility, such as fertility check-ups or herbal treatments, to ensure they have experienced the psychosocial cycle of hope and disappointment; (4) couples self-report experiencing psychological distress, such as anxiety, frustration, or social withdrawal, due to infertility, as well as facing social stigma or family pressure, which was confirmed during preliminary screening interviews; and (5) both partners are willing to share their experiences openly and provide informed consent to participate in the study.

A total of eight couples (16 individuals) meeting these criteria were recruited from Magelang Regency, Central Java. This number was considered sufficient for a phenomenological study to achieve data saturation. Data collection was conducted through in-depth semi-structured interviews, focusing on participants' spiritual practices, emotional responses, and coping mechanisms. Interviews were conducted separately with

husbands and wives to capture both individual and shared experiences. In addition, non-participant observations were carried out to observe how participants engaged in religious rituals, such as prayer practices and attendance at Islamic study groups, providing deeper contextual insights. Field notes were maintained to record environmental and social factors that influenced the participants' lived experiences.

The collected data were analyzed using thematic analysis following Braun and Clarke's (2023) six stages: familiarization, coding, generating themes, reviewing themes, defining themes, and reporting. Through this process, key themes emerged, such as the role of *Khusyu'*-centered worship, emotional regulation, and the social support received by childless couples. To ensure credibility and validity, triangulation techniques were applied by cross-checking data from interviews, observations, and field notes. Furthermore, member checking was conducted by sharing preliminary findings with participants to confirm the accuracy of interpretations and ensure the trustworthiness of the study. Data collection was conducted through in-depth interviews, which enabled the researchers to gain deeper insights into the participants' experiences, emotions, and coping strategies (Kvale & Brinkmann, 2009). Additionally, observations were carried out to understand how participants engage in religious worship in their daily lives. The data analysis technique employed in this study is thematic analysis, which aims to identify, analyze, and report patterns or themes within qualitative data (Braun & Clarke, 2023). During the analysis process, the collected data were categorized based on emerging key themes, such as the forms of worship performed, the emotions experienced, and the benefits of *Khusyu'* for the couples' psychological well-being.

To ensure data validity, this study utilized triangulation techniques. Triangulation involves using multiple data sources, including interviews, observations, and field notes, to verify that the research findings accurately reflect the participants' lived experiences (Denzin, N. K., & Lincoln, 2017). By employing this approach, the study aims to provide a comprehensive understanding of the role of *Khusyu'* as a form of religious coping among couples without children.

Result and Discussion

1. Psychological Pressure on Infertility Couples

1.1 Social Pressure and Societal Stigma Faced by Involuntary Childless Couples

Couples experiencing infertility the inability to conceive after at least one year of regular marital relations and involuntary childlessness, where no biological or adopted children are present despite strong desires to have them, often face profound psychological distress. In Javanese society, children are seen as essential for continuing family lineage and upholding social status. Consequently, couples without children are frequently stigmatized, with women often blamed for the infertility, leading to heightened anxiety and depression (Kiesswetter et al., 2020; Golshani et al., 2021).

The experiences shared by the informants reflect the significant social pressure they endure. For instance, one informant, AYW, revealed that she is frequently asked about having children whenever she goes to the market. These interactions often include hurtful

remarks that cast doubt on her husband's masculinity and reproductive health, which intensified her psychological distress. Similarly, NR expressed ongoing discomfort and frustration due to persistent questioning from friends and neighbors. These findings align with Goffman's stigma theory, which explains how socially discredited conditions, such as infertility, lead to labeling, isolation, and internalized feelings of inferiority (Goffman, 1963).

Social pressure manifests in various interconnected ways. First, family expectations place a heavy burden on couples, as extended families anticipate the birth of children to continue family heritage. Second, repeated questioning and intrusive conversations at social gatherings create ongoing emotional strain. Third, ridicule and derogatory comments, such as questioning a spouse's fertility or masculinity, undermine self-esteem and marital harmony. Finally, threats of polygamy or divorce, especially directed toward women, increase feelings of fear and vulnerability. These experiences are consistent with research by Fieldsend and Smith (2020), who found that involuntarily childless women often feel socially excluded and emotionally exhausted due to cultural norms emphasizing motherhood as a core identity.

The intense stigma surrounding infertility and childlessness triggers psychological consequences, including anxiety, depression, and low self-esteem (Zaia et al., 2018; Amjad & Ahmad, 2023). Women, in particular, experience higher levels of emotional burden because cultural narratives typically hold them responsible for reproductive outcomes (Ebrahimzadeh et al., 2021). This psychological toll frequently extends to men, who struggle with societal expectations of masculinity and fear of being perceived as weak or infertile.

These findings illustrate how societal stigma and pressure form the contextual backdrop against which couples turn to *khusyu'* as a coping strategy. By deepening their spiritual devotion, couples attempt to manage these external stressors, reduce emotional turmoil, and create a sense of meaning and acceptance. Thus, this section connects to the next findings, which explore how spousal support and religious practices, especially *khusyu'*, work together to alleviate the negative impacts of social pressure and stigma. Another form of social pressure comes in the form of ridicule that questions one's worth as a man or woman within the context of marriage. One informant, SL, recounted receiving a comment from a close friend who questioned his "masculinity" because he had not yet had children. This type of pressure has led some couples to avoid family gatherings or social events for fear of facing painful inquiries. The pressure does not only come from external sources but also from within the family. Some couples feel anxious about the future of their marriage due to comments suggesting that a husband might remarry or divorce his wife if they do not have children soon. One informant, NH, expressed discomfort over a neighbor's remark implying that her husband might practice polygamy if they remain childless.

Social pressure on couples who have not yet had children manifests in various forms, including: 1) High family expectations. Extended families often expect couples to have children soon to continue the family lineage. If these expectations are not met, couples may experience guilt and psychological distress. 2) Repeated questions and painful

small talk. While many inquiries are made casually, for childless couples, such questions can become a constant source of anxiety. 3) Ridicule and derogatory remarks. Some couples face negative comments that belittle them, such as questioning the fertility of the husband or wife and doubting their masculinity or femininity. 4) Threats of divorce or polygamy. In some cases, women face pressure from their social environment, with suggestions that their husbands might remarry if they do not conceive soon. According to the stigma theory developed by Erving Goffman, individuals experiencing certain conditions are often socially labeled, making them feel alienated or unaccepted in their surroundings. This stigma not only affects their self-confidence but also influences the quality of their social relationships and marital life.

Psychological Impact of Social Pressure and Stigma Social pressure and stigma against couples who do not have children can have various psychological impacts, including: 1) Feelings of inferiority and low self-esteem. Couples often feel inadequate or unable to meet societal expectations. This can result in low self-worth and confidence, particularly for women, who are more likely to be blamed for infertility. 2) Anxiety and stress. Uncertainty about the future and external pressure can heighten couples' anxiety levels. They may fear losing their spouse or experiencing marital conflict due to external stressors. 3) Avoidance of social interactions. Many couples choose to avoid family gatherings or social events to minimize the risk of encountering hurtful questions or remarks. This can lead to feelings of loneliness and social isolation. 4) Strained marital relationships. External pressure can trigger conflicts within the household, especially if couples lack effective communication in managing stress.

1.2 Spousal Support for Couples Without Children

Couples who have not yet had children face various emotional and social challenges that significantly impact their psychological well-being. In such circumstances, support from a spouse plays a crucial role in maintaining emotional stability and marital harmony. Based on interview findings, couples who receive emotional, practical, and spiritual support from their spouse tend to be more resilient in facing social pressure and the stigma associated with infertility. Several informants stated that support from their spouse helped them remain strong in dealing with external pressures. For instance, NH revealed that she and her husband consistently maintain communication and provide encouragement to each other, which has kept their relationship harmonious despite not having children. Similarly, FH, who initially felt hopeless upon learning about reproductive system issues, was able to regain optimism and resilience thanks to his wife's support (Hidayat, et al., 2024).

However, not all couples receive adequate support. Some informants disclosed that external pressure sometimes led to tension in their relationship. Some felt neglected by their spouse, while others struggled with excessive expectations from extended family members who urged them to have children as soon as possible. Spousal support in marriages without children significantly influences expectations of marital satisfaction. According to Attachment Theory, individuals who have a secure relationship with their

spouse tend to cope with life pressures more optimistically (Mastuti, 2021). Meanwhile, Social Support Theory suggests that couples who receive emotional support from their spouse are better able to manage stress and social pressure (Gynanti et al., 2023).

Emotionally supportive spouses are more open in communication and do not blame each other for their infertility. In several interviews, informants stated that they felt stronger and calmer when their spouse continued to provide encouragement and understood their condition. According to Interdependence Theory, a healthy relationship depends on a balance between support and sacrifice from both parties (Johnson & Horne, 2016). When couples support each other, they can better navigate the challenges of infertility and maintain marital harmony.

During interviews, some informants expressed that they felt more at ease when their spouse was actively involved in the treatment process. NH, for instance, mentioned that her husband always accompanied her during fertility therapy, making her feel less alone in the struggle. Such support aligns with Self-Determination Theory, which emphasizes that individuals feel more motivated when they have a supportive partner who encourages their efforts to achieve their goals (Rosta-Filep et al., 2023). For couples who do not receive adequate support, the pressure of infertility can further strain their marriage. Some individuals feel that their spouse is not sufficiently attentive or involved in addressing the issue. A lack of support can lead to feelings of loneliness, frustration, and even an increased risk of marital conflict.

2. Coping Strategies Among Couples Without Children

Couples without children face significant social pressure, stigma, and psychological effects such as anxiety, low self-esteem, and frustration. To cope with these challenges, they develop various coping strategies aimed at managing emotional stress and adapting to their circumstances. Coping strategies employed by couples can be categorized into three main types: 1) *problem-focused coping*. Couples actively seek solutions to address their condition, such as undergoing medical treatment, adopting a healthier lifestyle, or consulting fertility specialists. 2) *Emotion-focused coping*. Couples manage their emotions by seeking social support, avoiding stressful situations, or engaging in activities that provide comfort and relaxation. 3) *religious coping*. Couples strengthen their connection with God through worship, prayer, charitable giving, and participation in Islamic study groups as a form of acceptance of divine destiny.

The informants in this study demonstrated that a combination of these three strategies is often used simultaneously to cope with the pressures they face. For example, some couples undergo fertility therapy while also deepening their religious practices, whereas others choose to fully surrender to God's will after exhausting medical options. From a psychological perspective, coping strategies refer to the efforts individuals make to manage stress and challenges in their lives. Lazarus dan Folkman (1984) in their Stress and Coping Theory, categorize coping strategies into two main types: *problem-focused coping*, which involves addressing the root cause of the problem, and *emotion-focused coping*, which focuses on managing emotional responses. In the context of couples

without children, both strategies are often employed simultaneously to cope with social and psychological pressures.

Problem-Focused Coping. Problem-focused coping refers to strategies in which individuals actively seek solutions to their challenges. In this study, couples utilized problem-focused coping through various approaches, including:

Seeking Medical Treatment. Many couples consider medical treatment as their primary approach to overcoming infertility. Several informants reported consulting fertility specialists, undergoing reproductive health examinations, or participating in hormone therapy and artificial insemination programs. NH, one of the informants, stated that she had been undergoing medical therapy since the first year of her marriage. Despite receiving a more complex diagnosis later, she continued to prioritize medical treatment in her efforts to conceive.

From the perspective of Locus of Control Theory, individuals with an internal locus of control are more likely to take active steps to address their problems (Alvianti & Hawignyo, 2021), such as seeking medical treatment and adopting lifestyle changes. In contrast, individuals with an external locus of control tend to rely more on external factors, such as fate or social environment. Some couples make lifestyle changes to enhance their chances of conception, such as maintaining a healthy diet, exercising regularly, and avoiding stress or unhealthy habits that could negatively affect fertility.

FH, a male informant, attempted to overcome his fertility issues by adopting a healthier lifestyle and consuming herbal supplements believed to enhance fertility. Although he initially experienced shock upon learning about his reproductive condition, these lifestyle adjustments helped him regain optimism. **Seeking Information and Professional Support.** Couples experiencing infertility often seek information from various sources, including medical professionals, scientific literature, and online forums where others share their experiences. Several informants also reported benefiting from consultations with psychologists or marriage counselors to help them manage emotional stress.

According to Self-Regulation Theory (Carver & Scheier, 1998), individuals with clear goals in problem-solving are more proactive in seeking solutions, such as gathering information and consulting experts. This proactive approach enhances their sense of control over their situation. **Emotion-Focused Coping.** Emotion-focused coping refers to strategies individuals use to regulate their emotions when dealing with stress and social pressures. In this study, several strategies employed by couples include:

(1) **Seeking Social Support.**

Social support from spouses, family, and friends is one of the primary coping mechanisms for couples experiencing childlessness. In interviews, several informants stated that they felt more at ease when they had a supportive partner who understood their condition. According to Social Support Theory, support from close individuals can help reduce stress and enhance emotional well-being. Couples who receive emotional support from their spouse are generally more resilient in dealing with social pressures compared to those who feel neglected by their partners.

- (2) Avoiding Stress-Inducing Situations. Some couples choose to avoid social gatherings that might expose them to questions or comments about having children. For example, they may arrive late to family events or even decide not to attend certain gatherings to prevent emotional distress. According to Coping Avoidance Theory, this strategy can help individuals reduce stress in the short term. However, excessive avoidance may lead to social isolation and increase feelings of loneliness.

3. Religious Coping

Religious coping is a strategy that involves faith and religious practices to deal with life stressors. In this study, many couples utilized this approach as a form of surrender to Allah and a means of seeking inner peace. Enhancing Worship and Prayer. Many couples chose to strengthen their connection with Allah by increasing their acts of worship, such as performing tahajjud (late-night prayers), observing voluntary fasting, and reciting the Qur'an. They believed that by deepening their relationship with Allah, they could better accept their situation and alleviate emotional distress. According to Religious Coping Theory (Pargament, 1997), religious-based coping strategies have been shown to be effective in helping individuals manage stress and find meaning in difficult experiences (Meléndez et al., 2018). Prayer and worship provide a sense of peace and hope, even when individuals continue to face life challenges.

Charity and Participation in Islamic Study Groups. Some informants reported engaging in more acts of charity (sadaqah) with the hope of attaining blessings and inner tranquility. Additionally, they actively participated in Islamic study groups (kajian keislaman) to deepen their religious understanding and gain support from a like-minded community. According to Meaning-Making Theory, individuals facing significant life challenges often seek meaning in their experiences through spiritual and religious aspects. By participating in Islamic study sessions and practicing charity, couples felt more capable of confronting their reality with sincerity and optimism.

This study highlights the crucial role of Khusyu' (deep spiritual devotion) as a religious coping mechanism for childless couples in Magelang Regency. The findings indicate that couples experiencing involuntary childlessness often face significant psychological distress, including anxiety, depression, and social isolation. However, engagement in Khusyu' through mindful prayer (shalat), supplication (doa), and religious rituals helps them achieve psychological well-being and emotional resilience.

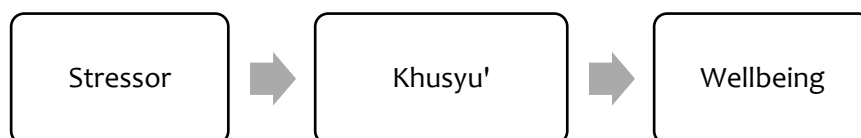


Figure 1. Conceptual Framework of Khusyu' as a Religious Coping Strategy.

These findings align with previous research demonstrating the significant role of religious coping in reducing stress related to infertility. For instance, (K. Pargament et al., 2022) emphasized that religious coping can be categorized into positive and negative

strategies. In this study, participants exhibited positive religious coping by deepening their *Khusyu'*, leading to greater emotional acceptance and spiritual peace. This supports the findings of Zaia (Zaia et al., 2018) which revealed that spiritual practices significantly reduce anxiety and depression among individuals facing fertility challenges.

Furthermore, this study confirms the findings of Amjad & Ahmad (Amjad & Ahmad, 2023), who reported a positive correlation between religious coping and psychological well-being among infertile couples. Similar to their study, the present research found that childless couples who engaged in *Khusyu'* reported higher levels of life satisfaction and a stronger sense of purpose. This finding is particularly relevant in the Javanese cultural context, where the concept of *nrimo ing pandum* (acceptance of destiny) is deeply embedded in societal values (Kuswaya, 2020).

The implications of these findings extend beyond religious and psychological coping mechanisms to include social and cultural considerations. In Javanese society, infertility often carries a social stigma, adding pressure on couples to navigate societal expectations. Engagement in *Khusyu'* not only helps couples cope with personal distress but also strengthens their social resilience. This is consistent with the findings of Fieldsend & Smith (Fieldsend & Smith, 2020), which suggest that spiritual coping serves as a buffer against social judgment and enhances community support. Moreover, this study highlights the potential of religious coping as an alternative therapeutic approach for psychological distress related to infertility. Conventional psychological interventions, such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), have been widely applied to address infertility-related stress (Aina et al., 2023).

However, this study suggests that integrating spiritual elements like *Khusyu'* can further enhance the effectiveness of psychological interventions tailored for Muslim couples. Given the significance of *Khusyu'* in promoting psychological well-being, future research could explore its impact across diverse demographic settings, such as urban Muslim communities or non-Islamic cultural contexts. Comparative studies could also examine the effectiveness of *Khusyu'* in relation to other religious coping strategies, such as contemplative prayer in Christianity or meditation in Buddhism, in alleviating psychological distress among infertile couples. Couples who have not yet had children often experience significant psychological pressure due to societal expectations and personal aspirations. The social stigma surrounding childlessness is particularly pronounced and has a substantial impact on couples' psychological well-being (Bashori & Moerdijat, 2023). Women tend to experience greater pressure, as cultural norms dictate that motherhood is an essential aspect of a wife's or mother's role. Meanwhile, men also face stress, particularly concerning the concept of masculinity. Feelings of inferiority and low self-esteem are common psychological effects experienced by infertile women due to societal pressure and cultural expectations. The inability to conceive is often perceived as a personal failure, leading infertile women to feel unworthy and experience a loss of self-confidence.

These feelings of inferiority can contribute to anxiety, depression, and difficulties in social interactions. Both partners experience anxiety and frustration stemming from

strong societal expectations regarding the importance of having children in marriage. Social pressure and stigma further intensify these emotions, making individuals feel inadequate and anxious in social interactions. Gender differences also influence how individuals respond to this pressure, with men often grappling with issues of masculinity while women face expectations related to reproductive roles. Anxiety and frustration are two prevalent emotions experienced by childless couples due to social pressures, uncertainty regarding medical treatments, and unfulfilled expectations (Sudirman et al., 2023). Anxiety frequently arises from fears about the future, while frustration stems from a sense of helplessness in dealing with a situation that does not align with their hopes (M. Suud & Na'imah, 2023). The impact of anxiety and frustration can be profound, affecting mental health, social relationships, and marital life, particularly for infertile women (Sultoni et al., 2020). Spousal support plays a crucial role in helping individuals cope with the stress associated with childlessness. This support can take various forms, including emotional, instrumental, informational, and appreciative support, all of which contribute to an individual's psychological well-being.

Overall, couples who support each other are better equipped to navigate social pressure and societal stigma. Raising awareness about the importance of spousal support in marriage through education and psychological counseling can help couples facing similar challenges maintain a healthy and harmonious relationship. Thus, spousal support not only serves as a protective factor against stress but also as a crucial element in sustaining marital resilience and long-term happiness. Childless couples employ various coping strategies to manage the pressures they experience, including medical, alternative, and spiritual approaches. Medical interventions offer scientifically-based solutions that can enhance the chances of conception, while alternative strategies are often adopted as complementary efforts to achieve pregnancy. Meanwhile, spiritual coping strategies serve as the primary foundation for many couples in facing uncertainty and seeking inner peace.

Conclusion

Each strategy has its own advantages and limitations. Medical approaches provide scientifically supported solutions but do not always guarantee success. Alternative strategies offer additional hope, although their effectiveness remains debatable. Spiritual strategies, on the other hand, provide psychological comfort and a sense of meaning in confronting difficult situations. In the long term, a combination of these three strategies is often the most effective approach for couples dealing with the psychological burden of childlessness. By balancing active efforts with acceptance of fate, individuals can navigate married life with greater peace and maintain the quality of their relationships with their partners and social environment. Childless couples experience various psychological pressures, ranging from stress and anxiety to depression. However, they manage to overcome these challenges through *Khusyu'* (deep devotion) in worship. Worship not only serves as a religious obligation but also functions as an effective psychological therapy for enhancing mental well-being. Through prayer, supplication, fasting, charity, and participation in Islamic studies, couples attain inner peace, reduce anxiety, and build

emotional resilience. They become less affected by social pressure and instead focus on their relationship with God and happiness within their household. Khusyu' in worship is not only a means of spiritual closeness to God but also an effective coping strategy for managing stress and anxiety associated with childlessness. By enhancing their spiritual quality, couples develop greater acceptance of their circumstances, cultivate a more positive mindset, and lead their lives with tranquility and gratitude. Future research could investigate the long-term effects of Khusyu' on marital satisfaction and quality of life among childless couples. Longitudinal studies may provide insights into how religious coping evolves over time and its sustained impact on mental health and social relationships. Furthermore, interdisciplinary research integrating psychology, religious studies, and medical sciences could explore the physiological effects of Khusyu' on stress biomarkers in individuals experiencing infertility.

Declarations

Author contribution statement

This study was conducted by Nidaan Hasana, Muhammad Azhar, Tasman Hamami, and Fitriah M. Suud. Nidaan Hasana led the research, developed the research concept, and was responsible for data analysis and drafting the initial manuscript. Muhammad Azhar contributed to field data collection, conducted interviews with informants, and participated in manuscript writing and revision. Tasman Hamami and Fitriah M. Suud played a role in research methodology design, statistical analysis, and provided significant suggestions and corrections at each stage of manuscript writing. All authors have read and approved the final manuscript submitted for publication.

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