A DISCOURSE ANALYSIS OF SOUTH AFRICAN WOMEN'S EXPERIENCES OF INFERTILITY.

by

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ABSTRACT

For many women motherhood is central to their identity and this notion is highlighted in the predominate discourse of womanhood equals motherhood. In South Africa, motherhood is highly revered and respected. For childless women living in this socio-cultural context, life can be very disheartening and unfulfilling. South Africa is a nation characterized with [cultural and ethnic] diversity and therefore many discursive variations about what motherhood should entail is socially enforced. Infertile women are regarded as social deviants and are often terribly stigmatised and ridiculed. Because different cultures embrace different discourses of womanhood (and motherhood) infertility have different meanings for different women. This study primarily explored how six South African middle class infertile women constructed meaning of their infertility. Using a qualitative design, six in-depth individual interviews were conducted and the data collected were analysed using discourse analysis. Discourse analysis allowed for dominant discourses of infertility employed by the participants to firstly, be identified and then described and contextualise these discourses in terms of the broader discursive context. The analysis of the narratives indicated four predominate discourses namely; womanhood equals motherhood, infertility is disempowering, children constitute a family and infertility is punishment.

The discourse of inequality has been directly linked to each of the discursive variations located within the four broad discourses. The discourse of inequality, which is characterised as a trademark of our South African context, reveals not only gender differences but also gender inequality.

Infertile women in this study were constantly preoccupied with the aspiration of conceiving because they employed the discourse of imperative motherhood. When these participants first discovered their infertility, they described feeling shocked, angry and guilty. The inability to conceive affected almost all aspects of their life. Childless women in this study also shared their experiences of social pressure to become mothers. Furthermore, the participants shared that childless unions are not characterized as families but that infertile couples remain a couple because children

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are essentially the element the constitute a family. Many of the participants expressed mixed emotions about their infertility. Sometimes they (participants) felt that they were being punished for something they had done wrong whilst other times they were able to accept that being childless was God's will and His plan for them.

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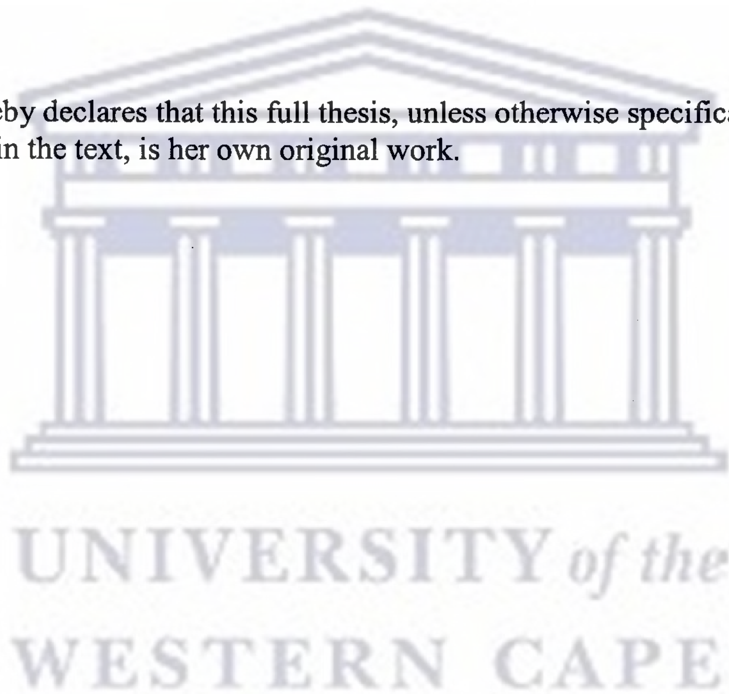
DECLARATION



The author hereby declares that this full thesis, unless otherwise specifically indicated to the contrary in the text, is her own original work.

Signed: Athena Pedro

Dated: 1st December 2004

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CHAPTER ONE

INTRODUCTION

Introduction

Involuntary childlessness is a concept rarely thought of until a couple decides to have a child. People often think of fertility as a right or an obligation, until complications and difficulties in conceiving is experienced and only then the realization is made that being able to bear a child is in fact a privilege. This 'rude awakening' happens more frequently than women realize (Wesson, 1997). Involuntary childlessness is a serious growing problem not only in South Africa but worldwide. In South Africa at least one in every six couples is experiencing infertility (Wesson, 1997). A.D.A.M. Inc. (2003, p.8) suggests "even under ideal circumstances, the probability that a woman will get pregnant during a single menstrual cycle is only about 30%. And when conception does occur, only 50-60% of pregnancies advance beyond week twenty".

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Infertility is a major reproductive health problem in Africa with regional prevalence rates of 30-40% (Leke et al., 1993, cited in Dyer, Abrahams, Hoffman & van der Spuy, 2002). Documented research has identified Botswana, Kenya, South Africa and Zimbabwe as the countries with significant declines in fertility (Sibanda, Woubalem, Hogan & Lindstrom, 2002).

Even though the area of infertility has been extensively researched over the past twenty years, the focus has largely been the medical aspects of infertility. Much attention has been directed towards the advanced reproductive technology. Research within the area of

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infertility has fallen short in two ways: firstly, within western societies infertility has been studied solely as a medical problem (Bliss, 1999). Secondly, much of the research has focused on industrialised countries whereas developing countries has received comparatively little attention (Dyer et al., 2002).

Despite infertility being treated as a medical problem, many studies revealed the severe psychosocial consequences of involuntary childlessness (Dyer et al., 2002). Since women ultimately are the ones to conceive and become pregnant, infertility is often regarded as a woman's problem (Bliss, 1999). Research has shown that women in particular, endure many of the negative social consequences, which can be characterized by stigmatization, ostracism, abuse and economic deprivation (Dyer et al., 2002).

In South Africa, "basic health care is a fundamental right in terms of section 27 of the constitution" (Department of Health, 2004). Health care in South Africa are demarcated into three levels: Primary level comprising of clinics and district hospitals, secondary comprising of regional hospitals and the tertiary level of tertiary teaching hospitals (Department of health, 2004). There is no service available for infertility at the primary health care level and patients presenting with infertility will be referred to tertiary hospitals like Tygerberg and Groote Schuur. These tertiary hospitals offer extensive investigations and treatment (Department of Health, 2004). "Groote Schuur Hospital Infertility Clinic is one of the few tertiary public health institutions in South Africa delivering a Reproductive Medicine Service focusing on the needs of the indigent community" (Dyer et al., 2002, p.1657).

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A couple is considered clinically infertile or involuntary childless, if pregnancy is not achieved after a period of at least twelve months of regular sexual intercourse without contraception (Reproductive Health Network, 2003). Medical researchers distinguish between primary and secondary infertility. *Primary* infertility refers to the inability to conceive 'after one year of regular intercourse without contraception and if conception has never occurred before. *Secondary* infertility refers to the inability to conceive ' following one or more births or following conception, or failure to carry a pregnancy to full term (Reproductive Health Network, 2003).

Subsequent to the International Conference on Population and Development in 1994 and the World Conference on Women in 1995, it became clear that reproductive health should be declared a health priority in developing countries (Dyer et al., 2002). Infertility remains a major reproductive health problem in Africa (Sibanda et al., 2002). Even though this study is located within a South African context due to the lack of research and documented studies, the researcher was forced to draw on studies conducted in the broader context of Africa.

People come to understand their infertility based on their social background and cultural interpretation. It is my intention to understand how a group of infertile South African women construct meaning of and understand their infertility. Therefore, the theoretical framework that this study will draw on is social constructionist theory. This theory asserts that individuals are social actors who negotiate social processes with other social actors,

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who are collaborators. Looking at involuntary childlessness through a social constructionist lens, it can be argued that the meaning attached to fertility and infertility by women can have different meanings for different women. This is because various discourses of womanhood and motherhood are available and depending on the dominant discourses embraced by one's culture, will to some extent determine how one constructs meaning of infertility.

The rationale for this study is to understand how infertile women construct meaning of their childlessness and to identify the social pressure that they endure. By being aware and informed of the needs of infertile women, the necessary intervention programmes can be implemented. Because infertility is more than just a medical problem, the intervention programmes should also address socio-cultural problems. Research is imperative and plays the role of a vital tool that can inform health personnel at Infertility Clinics about the needs of infertile people (both men and women).

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The purpose of the study is to explore and gain insight into how infertile women function within their socio-cultural context. The main objective is to understand how infertile women from a particular socio-cultural context construct meaning of their childlessness. Since discourses are highly circumscribed by culture, the way infertile women construct meaning of their infertility status will primarily reflect the discourses embraced by their socio-cultural context. Specifically, this study will examine dominant discourses within a particular socio-cultural context of a group of South African infertile women. A

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secondary aim is to explore social pressure endured by infertile women. This study will also provide infertile women an opportunity to share their experiences and give it a voice.

This study was conducted within a qualitative framework. The qualitative approach allows for an in-depth examination of a small group of infertile women. These participants were afforded the opportunity to describe their emotional experiences of infertility and shared their subjective understanding as to how they constructed meaning of their non-parenthood status. This study also allowed the researcher to gain insight into how social pressure impacted on the daily functioning of infertile women, specifically focusing on their interaction with other people in their socio-cultural context.

The research methods included seven semi-structured individual interviews. A structured questionnaire was utilised to collect demographic information of the participants. The data collected in the semi-structured interview was analysed by discourse analysis. The key research questions were of an exploratory and descriptive nature.

In summary, this is an exploratory study, which aims to identify how a group of South African infertile women construct meaning of their childlessness. In so doing, the dominant discourses of womanhood and motherhood within a particular socio-cultural context will be examined. Information regarding socio-cultural aspects of infertility is scant and further research in this area is not only necessary but also vital as it could inform the development of health care policy in South Africa. However, first and

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foremost, health personnel at Infertility Clinics need to be informed about these aspects. Once the experiences of infertile women are highlighted, a needs-assessment can be formulated so that the much needed multi-approach interventions can be implemented. As is known, infertility is not only a medical problem but a socio-cultural one as well.

This paper will proceed with Chapter 2, which consists of a review of the relevant literature. This chapter focuses on theory and draws on prior research studies conducted in the area of infertility. Chapter 3 presents the research design, methodology employed in gathering data and the analysis thereof. Chapter 4 comprises of the analysis of the results and Chapter 5 will present a discussion about the strengths and limitations of the study, as well as some recommendations for future research.

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CHAPTER TWO

LITERATURE REVIEW

Literature Review

Motherhood! Is womanhood achieved through motherhood? What does it mean to be a woman and not have motherhood factored into the equation? Is the value of existence for women only equated to (maternal) reproduction? Many cultures and religions place emphasis on the idea that women should primarily occupy the roles of mother and wife. We often take our cues from and live our life in accordance with that which is depicted in our social world.

The conceptual framework of this chapter has been structured to reflect the multi-layered nature of infertility. Thus this chapter will commence with a discussion on the historical and cultural context over time, the psychological effects of infertility, followed by a discussion of the discursive context that includes: the discourses of motherhood, gender, culture and language in South Africa. The chapter concludes with a critical overview of Social Constructionism.

2.1. Historical and cultural context over time

The first written reference of involuntary childlessness dates back to the Egyptian and the Kahoun papyrus (Keye, 1999). In these earlier times, being able to bear a child was regarded as an obligation, where individuals were merely fulfilling the need for economic growth. From the beginning of time, fertility was regarded as having strong roots to certain religious groups. For instance, Sewell (1999) quotes (The Holy Bible) Genesis

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1:28 "Be fruitful and multiply". When individuals were unable to bear children, they were often thought of and labeled as being cursed or punished.

The general perception of infertility at the time was that it was God's way of punishing those people who are living sinful and ungodly lives. Fertility was thought of as blessings from heaven, whereas barrenness was thought of as a curse or form of punishment. As a result, myths and stereotypes plagued infertile women. A common myth was that infertile women practiced witchcraft (http://cctr.umkc.edu/user/lawrencew/minipaper.html). Another common stereotype was that infertile women are barren and have nothing to offer the world. Infertile women living in these epochs were harshly ostracized and ridiculed accordingly.

Burn (1999) described a more recent cultural shift whereby couples are no longer obligated to bear many children. However, it seems that society places a higher value on couples with children than childless couples. Couples are now relatively free and autonomous as to how many children they would like to have. Even though this shift has taken place, both voluntary and involuntary childless couples still experience social pressure for being childless (Gibson & Myers, 2000). For example, various authors revealed that infertile women may develop "spoiled identities" because they often feel incomplete, diseased, and experience catastrophic role failure (Greil, Porter & Leitko, 1989; Whiteford & Gonzalez, 1995).

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Thus, while ideas of having children appeared to have changed over the years, women who remain childless continue to be stigmatized. In an attempt to understand the complexity of infertility it is important to examine both the psychological effects of infertility as well as the socially mediated nature of that experience. It is the former issue i.e. the effects of infertility that will now be discussed.

2.2. Psychological effects of infertility

Some of the authors who have conducted research in the area of involuntary childlessness describe infertility as not just a medical condition that requires medical intervention. For many individuals it poses serious psychosocial implications and is often described as a life crisis (Dyer et al., 2002). Very often infertile individuals manifest emotional reactions, which develop when individuals discover their infertility status and this is often referred to as the 'crisis of infertility' (Seibel & Taymor, 1982).

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2.2.1 Loss / Grief Cycle

The experience of infertility can be so severe that it triggers feelings of a profound sense of loss. Loss has been identified as one of the most prominent recurrent themes surrounding the infertility literature (Cook, 1987; Mahlstedt, 1985; Menning, 1977, 1982, 1984). Kubler-Ross' loss / grief theory was primarily developed to work with people experiencing the loss of a loved one through death (Bliss, 1999). However, this theory has provided great insight with regards to the losses experienced with infertility.

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The Kubler-Ross grief theory has identified the following emotions commonly manifested when death is experienced: surprise, denial, anger, bargaining, depression, guilt feelings of unworthiness and acceptance (http://cctr.umkc.edu/user/lawrence/characterstics.htm). However, in the context of infertility a brief exposition is provided.

Surprise - being able to bear a child is often taken-for-granted and hardly ever given a second thought until a couple decides to have a child. Naturally when difficulties in conceiving are experienced, one is surprised and even shocked that this is happening. ***Denial*** - infertile women are often unable to accept their infertility status and therefore tend to pursue and explore almost any alternative available to them to change that childless status. Usually the more common alternatives are the medical alternatives. " ***Anger*** - infertile women customarily experience anger and frustration especially when they first discover their infertility and then when fertility treatments are not successful. ***Bargaining*** – some infertile women tend to habitually make a deal with God in a form of a promise or bargain in exchange for bearing a child. ***Depression*** – some infertile women often experience social withdrawal especially when most of the people in their social network have children; they tend to isolate themselves from people with children. As a result, these infertile women feel depressed and feelings of worthlessness and even suicide ideation become more and more frequent. This condition can result in severe clinical depression or even death. This was confirmed in a study conducted by Miall (1986). ***Guilt feelings of worthlessness*** - sometimes infertile women think of negative instances from their past so that they can make sense of their present condition and

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equate their infertility condition as being a form of punishment for the previous negative instances. ***Acceptance*** - the final stage of the emotional grief response to infertility, this stage is also referred to as the resolution stage. Infertile women tend to accept a new approach to her infertility status and a positive change in behaviour. An improved self-esteem and even a new reinvolvement in social activities is evident in this stage.

Clearly, the major loss experienced by infertility is that of not being able to bear a biological child (Cook & Dworkin, 1992). Very often infertile individuals equate the loss of a biological child to that of a death of a loved one. Grief is described as the internal process of re-establishing emotional and cognitive balance after the disorganizing effects of experiencing a loss (Cook & Dworkin, 1992). Because infertility tends to be of a cyclical nature and may be recurring with each menstrual cycle, grief in response to infertility is unique (Monach, 1993). Being unable to bear a biological child represents more than just that – it represents the loss of the 'hope' for a child, loss of the experience of pregnancy, childbirth, breastfeeding; loss of parenting; loss of control and loss of parent- child relationships (Conway & Valentine, cited in Bliss, 1999).

Infertile women tend to experience a sense of loss of status among family and friends who have children (Frediani, 1999). It was also discovered in this study that infertile women's proclivity to experience a disturbance in their body image was due to the emotional trauma of their infertility ordeal. Women may feel that their body does not function as it should. Therefore, they tend to internalize this inadequacy to their self-

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image. Hirsch and Hirsch (1988) confirmed this finding and asserted that in their study they established that involuntary childless women often perceived themselves as being more masculine than their other fertile female family members and friends. These childless women reported that they did not feel adequate as women and experienced difficulty in functioning as whole women.

It was also established that infertility had a negative effect on the individual's growth and development. Bearing children is often regarded as an important and vital step in the growth and development of women. Sometimes when infertile women experience difficulty with procreating they are fixated in their growth and development and this hinders their daily functioning and causes emotional trauma (Jordan, 1995).

Infertility is also commonly described as a chronic crisis because it tends to last for an indefinite length of time, often without any hint of onset or solution (Butler & Koraleski, 1990; Whiteford & Gonzalez, 1995). It also poses a series of behavioural and psychological crisis events (Butler & Koraleski, 1990; Whiteford & Gonzalez, 1995).

Behavioural disturbances like anxiety, disorganization, moodiness, and distractibility are also transparently detected (Frediani, 1999). Severe tension, stress, headaches and stomach problems are also very common (Butler & Koraleski, 1990). Walling-Millard (1993) equates the experience of infertility with Post-Traumatic Stress Syndrome and so used the term Infertility Stress Syndrome (ISS). In a study she compared the stress of infertility to that of rape, family trauma and illness, and life-threatening events. Infertility

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stress rated higher than the comparison measures (Frediani, 1999). Having examined the effects of infertility, it is evident that it poses severe implications for individual women. While the psychological impact seems daunting enough, women also have the social context to deal with. In an attempt to understand this context that disempowers women, a critical review of the discursive context will be undertaken.

2.3. Discursive context

2.3.1 Discourses of motherhood

The next section will discuss discourses relating to motherhood. It seems almost natural to discuss motherhood when one discusses womanhood. After a review of literature, certain themes relating to how our society views motherhood and womanhood became evident. Each theme reflects particular discourses:

- Inherent motherhood
- Motherhood is self-less and bears sacrifices
- Motherhood is empowerment

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A discourse refers to "a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event (or person/s or class of persons). Words or sentences do not of themselves belong to any particular discourse, rather it depends on the discursive context in which our words are embedded" (Burr, 1995, p.48).

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One school of thought is that one's identity is constructed through discourses available by one's discursive context and through interaction with other people. A matrix of discourses is constantly shaping and constructing our identity. Therefore, an identity does not originate from within a person but rather is a product of social processes and one's interaction with other people (Burr, 1995). In the same vein, involuntary childless women may struggle with their self-image and identity especially if their culture places a high value on motherhood and bearing children. For infertile women who are born into a culture where dominant discourses dictate that womanhood is equal to motherhood, they probably form a poor self-image. They are unable to fulfill the requirements of their socio-cultural context and therefore may feel a lack of kinship and fellowship with people in the environment that they live.

2.3.1. Inherent Motherhood

In our South African society womanhood is achieved through motherhood. If you are not a mother then you are not a real woman. You are regarded as a woman with a defect and abnormality (Whiteford & Gonzalez, 1995). In our African society, 'real' women are characterised by being healthy and very fertile (Leke et al., 1993). Real women prioritise their needs according to their husband and children's needs. Family and domestic responsibilities precedes work aspirations and all other interests. A woman's success and achievements are judged according to the well being of her family and maintenance of her household. If the children are healthy, reared well and achieving well academically, then the mother is considered to be a good mother and a good mother equals a good woman (Leke et al., 1993).

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The idea that women have a "natural" proclivity and 'expertise' to nurture (mother) has been challenged by feminist for years. Leta Hollingsworth, a feminist, who studied in this area for years disputed the idea that women have a biological desire to become a mother (Marshall, 1993). Furthermore, she rejects the belief that women have a "maternal urge", an inherent feeling to become mothers. Hollingsworth argues cogently that many social devices are utilized to pressurize women to fulfill their prescribed primary roles as mothers. She further insists that any attempts to pursue vocational and educational ambitions are compromised or rather traded-off for their natural seeming motherly role (Marshall, 1993).

According to the discourse of inherent motherhood, the mother is viewed as the better parent to be the fulltime caregiver. The mother is often regarded as the parent who knows best biologically because she has given birth to a child. She has also been groomed all her life to become a nurturer and a mother, and therefore motherly instinct and characteristics are perceived to be inherent in women. As a result, this discourse continues to construct women as predestined to become mothers (Jeannes, 2002).

The social conditions that are created by human activity seem independent of our creating. For example, mothers have no natural instinct or innate tendency to cook for their family, change the baby's nappy or do any other domestic chores. These duties are all assumed to be part of the discourse of womanhood and therefore also of motherhood. Men, fathers and even children are also capable of performing these duties. However, the

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norm or the social arrangement is that if you are a mother then almost naturally these are the duties that should be performed. Women are socialized culturally and reinforced religiously to integrate this role as central to their identity. This social arrangement is beyond the internalization phase and thus becomes externalized. As a result, it is accepted as the social norm and taken-for-granted that this is the way things are done (Marshall, 1993).

Boys are socialized in a way that their primary role is to be providers first, then husbands and fathers. Whereas, for girls/women they are encouraged to be mothers first followed by wife and then only provider. The social and cultural priorities for men and women regarding parenting are different (Elvin-Nowak & Thomsson, 2001). This may explain why the experience of infertility is perhaps more disheartening for women. I am in no way suggesting that men are not emotionally affected by infertility, but rather affected differently compared to women. Information regarding the psychosocial aspects of male infertility is scant and perhaps this is an area that should receive priority in future research.

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2.3.2. Motherhood entails commitment and responsibility

The second theme of inherent motherhood is that of commitment and responsibility. Even though both parents are responsible for the child, it seems almost natural and automatic that the mother assumes the primary responsibility and commitment for the child/children. While women are obliged to be the primary care-taking parent, for men the construct of fatherhood tends to be more elusive and flexible (Jeannes, 2002).

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As a result of this distinction of gender roles, women may find that they are constantly delaying personal goals and ambition, making sacrifices for the benefit of the children and household needs. Many African cultures are very clear about prescriptive notions of motherhood and failure to conform to these expectations can result in severe social ridicule and derision. It is a tacit assumption that women should seriously embrace motherhood and their mothering responsibilities. Therefore, these discourses of ideological gender roles will be perpetuated and maintained by the socio-cultural context in which it is embraced.

According to Hays (1996) intensive mothering is the superior cultural form of mothering. The mothering role should be "exclusive, wholly child-centered, emotionally involving, and time-consuming" (Hays, 1996, p.47). The ideology of mother portrayed in this respect represents a motherly role of caring, self-sacrificing and not an agent with her prioritizing her own needs (Arendell, 2000).

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2.3.3. Motherhood is empowering

Despite the gender differences and gender inequalities regarding parenting, for women achieving the milestone of motherhood can be empowering. In South Africa various cultures co-exist, however it seems that many of these cultures embraced motherhood. From a developmental perspective, achieving motherhood is very reassuring for one's self-image. Reproduction is regarded as a prominent marker of womanhood, so infertility is seen as an impediment to normal development (Erikson, cited in Bliss, 1999).

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Therefore, many infertile women experience shame and a constant sense of failure and inadequacy about themselves.

Attending social functions and being confronted by women who have children can be a very daunting experience because infertile women can be made to feel as outcasts (http://cctr.umkc.edu/user/lawrencew/charactersitics.htm). Women who can easily conceive are not aware and informed about the social pressures and social experiences of childless women. Reproduction is often taken-for-granted and when it is easily achieved, it is easy for a woman to become insensitive and perhaps ignorant about the experiences of infertile women. I am not suggesting that all fertile women are nasty and ignorant but I think that it may be more difficult for them to relate to the experiences of infertile women. Especially because reproduction is often taken-for-granted and because their experience has been problem-free.

At social functions it is common for women who are mothers to gather and talk about their children. As a result, childless women often find themselves in a situation where they are consistently asked and pressured about having children. Common questions are "when are you going to make a plan, what is taking you and your husband so long, let me know if you need any help in that department " (http://cctr.umkc.edu/user/lawrencew/charactersitics.htm). These are only some of the milder remarks endured by childless women. Besides the insensitive comments, body language and gestures by fertile women can make infertile women feel lonely and isolated even if the room is filled with people.

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Motherhood can be very empowering for women who are able to bear children, as they may feel superior to childless women because they as mothers are able to experience and fulfill a role that infertile women cannot. Due to their socialization men may feel less confident about the care-giving role since women are often thought of as having the 'expertise' for parenting. However, men (fathers) still have a choice or an option to parent whereas an infertile couple does not have the opportunity to parent a biological child. Another aspect of mothers feeling empowered is the notion that full-time mothers are better mothers than working mothers. With today's high cost of living, sustaining a household requires a dual income.

Working mothers are sometimes viewed upon as not being a 'good enough' mother (Arendell, 2000). Besides the pressures of juggling work and home commitments, working mothers may sometimes feel guilty that they are not able to be at home with their children in the afternoons after school (Arendell, 1999). Even though they work full days to contribute financially to the home, they may still feel that they are somehow depriving their children. Women undergo tremendous pressure to become mothers and then subsequently pressured again to become 'perfect' caregivers. There is an expectation that women are always available and willing to attend to the needs of the children and husband. Even though motherhood is empowering, there is still a distinction of superiority between fulltime mothers and working (outside of the home) mothers.

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Infertile women may also feel disempowered when consulting a doctor, especially when confronted with a male doctor. Besides the doctor-patient power dynamic, infertile women are also confronted with the gender dynamic. The power dynamic refers to the relationship between the doctor and patient where the doctor is in a superior position because he/she is the one with the expertise. The power dynamic is further compounded when the doctor is a male because the gender dynamic also comes into play. The gender dynamic within the South African (African) context is particularly an important consideration because of the gender differences and gender inequalities that exist in our society.

South Africa is in a period of transition and thus faces many challenges. Gender equality has always been a focal point of the struggle for a democratic South Africa. This priority has been enshrined in the 1996 Constitution of South Africa (Gender Policy Framework, 2000. Despite the significant progress that has been made, South African women continue to face serious inequities and disadvantage in a wide range of spheres: in government, in business, their communities and in their homes. These disadvantages are further compounded by unequal gender relations within the categories of race, class, are disability, sexual orientation, religion and geographic location (Gender Policy Framework, 2000). Given the significance of gender it is imperative to unpack the construct itself as well as the socially mediated nature thereof.

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2.4. Gender

According to Beall & Sternberg (1993), even though one's biological sex dictates one's role reproductively, 'the conception of gender held by one's significant socio-cultural context influences everything else' (e.g. one's name, occupation, preferences and aspirations). They believe that gender is not only based on biological reality but also on the pervasive and complex belief system that little boys and little girls have completely different 'make-ups'. Other theorists hold the view that aspects of gender beliefs and practices are biologically determined, 'the environment may amplify biological tendencies that are pre-existent. In so doing, it only reinforces beliefs and preferences that are already there' (Beall & Sternberg, 1993, p.38). They believe that girls would naturally want to engage in 'feminine' practices e.g. playing with dolls and boys naturally would want to engage in 'masculine' activities e.g. playing with guns. In giving girls dolls and boys guns to play with, as adults we reinforce the pre-existing biological tendencies (Sternberg, 1993). Social constructionists assert that these differences are not solely biologically determined but rather acquired and socially constructed (Burr, 1995).

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Gender schema theory refers to 'an organised set of beliefs and expectations about males and females that influence the kinds of information they will attend to and remember' (Sigelman, 1999). Gender schema theory (Bem, cited in Sharf, 2000) examines the extent to which people view the world from a constructed and organised set of gendered mental associations. 'Gender is a culturally constructed and natural-seeming splitting of the world into masculine and feminine modes of experience' (Deutsch, 1995, p.21-22). Seeing an infant dressed in pink and assuming it is a girl, calling a young girl who is very

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physically active a 'tomboy' and assuming different work categories for men and women are all examples of looking at society via gender schema.

The way people relate to others will depend on various factors like race, gender and class. The social world is not divided into male and female simply based on anatomical or reproductive differences. Each gender category is associated with particular traits, roles, behaviours and occupations that comprise of a stereotype or schema for men and women (Cross & Markus, cited in Beall & Sternberg, 1993).

A social constructionist view of gender asserts that gender comprises of socially defined roles that dictate masculinity and femininity (Beall & Sternberg, 1993). Social constructionism is concerned with how people come to understand the world around them and with how they define reality. From this viewpoint, culture plays a vital role. Culture actively constructs social information all the time. Often when one views the world, it is done from a particular cultural lens. When children are born their primary socialisation agent is usually their parents and other family members who teach them how to view the world through their cultural lens. Therefore, how children view men and women and the roles of men and women will largely be determined by the socio-cultural context they are socialised into (Beall & Sternberg, 1993). It is to the socio-cultural context in South Africa that the ensuing discussion will speak to.

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2.5. Culture, gender inequalities and patriarchy in Africa

Sub-Saharan Africa is characterised by a typical pronatalist culture; many infertile women are regarded as socially deviant (Frediani, 1999). Even when women are not the source of the problem, they are usually the ones to endure the most stress and ridicule. Social consequences for infertility are particularly profound for African women as compared to African men. According to Frediani (1999) marriage has been the social device regulating social relations and reproduction.

Frediani (1999) further asserts that in Africa, a primary factor for many African cultures is the issue of "bridewealth". Bridewealth is the arrangement whereby the groom-to-be needs to pay the family of the bride. The payment can either be a monetary value or payment in the form of cattle (Frediani, 1999). Bridewealth is often paid in accordance with the ability of childbearing, hence the cliché "bridewealth is childwealth" (Frediani, 1999, p.9). Generally, the more fertile the bride, the higher the bridewealth. She (Frediani) discovered that in cultures where bridewealth systems are practiced, marriage tends to be more stable. However, in marriages where the women are infertile, the bridewealth is either returned or in addition to the current wife, the bride's family needs to offer another daughter.

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Furthermore, in many African cultures fatherhood is considered a right and not a privilege (Frediani, 1999). Children tend to provide marital stability. Childless unions result in divorce because a fertile wife and many children are a man's greatest assets (Frediani, 1999).

Furthermore, another important consideration in many African cultures is the amount of children a women bears. The general belief is that the more children she bears, the more she is respected and valued. The more children a woman has, the bigger the farm size she inherits. Failure to bear children means no access to land, no respect and a low social status (Frediani, 1999).

The cultures of Sub-Saharan Africa are extremely patriarchal and women generally have an exceptionally low social and cultural status (Sahara Resource Network, 2002). "Both mothering and family ideologies are embedded in the interrelated ideologies of capitalism (Micheals, 1996, p.54; see Rothman, 1994), liberalism (Abramovitz, 1996; Held, 1993), and patriarchy (Ferguson, 1989). "Intensive mothering ideology both assumes and reinforces the traditional gender-based division of labour" (Fineman, 1995; Hartsock, 1998). The 1996 Census results showed that the Western Cape has a total population of 3.9 million. Women comprise 51.2% of the population.

Furthermore, it revealed that households are predominantly headed by males (72.3%), this suggests a strong patriarchal predisposition (Sahara Resource Network, 2002).

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The Western Cape demonstrates marked gender inequalities, which are reflected in the spheres of education and income. Unemployment rates amongst women are greater and they generally generate less income than men. Women frequently rely on men for income and as a corollary this places them in an inferior position characterised by a sense of powerlessness and low self-esteem (Frediani, 1999). Being in a frame of mind of inferiority and powerlessness makes it almost impossible for women to negotiate or dictate if and when sex should take place never mind how it should occur, for instance whether contraception should be used (Sahara Resource Network, 2002).

According to the Sahara Resource Network (2002), in some SADC countries, women are regarded as their husband's property, have no legal access to property and inheritance rights. From a legal stand point women are considered minors. Widows and their belongings automatically become the possessions of their late husband's brothers.

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Furthermore, because men perceive themselves to be superior to women, they tend to equate having multiple sex partners with virility. This study also revealed that circumcision rites are seen as endorsements for men's sexual behaviour of treating women as sex objects before they decide to settle down and marry.

As discussed previously fertility proves to be an important factor for men, but more so for women. Therefore, in some African cultures women must prove their fertility before marriage. When infertility is discovered, divorce, blame and ridicule are often experienced. In addition, the sexual practice of men in most African cultures promotes

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the contraction of sexually transmitted diseases and HIV/AIDS. African women have the highest rate of disease-induced infertility in the world (Dyer et al., 1999). Thus gender continues to be an important factor within the domains of reproductive health. Women in particular endure a great deal of psychosocial hardship and suffer serious (psychosocial) implications. In an attempt to highlight some of these hardships endured by women, some studies will be examined.

Four South African doctors (Dyer, Abrahams, Hoffman & van der Spuy) from Groote Schuur Hospital in Cape Town, conducted a study that explored the concerns and experiences related to involuntary childlessness of infertile women living in a diverse cultural urban community in South Africa (Dyer et al., 2002). In-depth interviews were conducted with 30 women seeking treatment for involuntary childlessness. Women were interviewed at their first visit to the Groote Schuur Infertility Clinic. Some of the findings revealed in this study were that most of the participants appeared to be defenseless against the threat that infertility poses to their relationships. Also, many of the participants considered fertility as the primary function of being a woman. One participant's response was "I cannot be somebody in the world if I cannot bear children". Another participant explained that marriage is not an option if you cannot bear children.

Some of the Muslim participants expressed concern regarding their husbands wanting to take another wife because of their childless union. In the Muslim religion if the husband wants to take a second wife he must have the blessing of the first wife but if the union is childless then no blessings are necessary (Pedro, 2001). Not all of the women expressed

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discord in their marital relationships; in fact many of the participants reported that their husbands were supportive and understanding. Even though some of the participants expressed concern for their husbands' 'loss', they believed that their husbands were at that time, their only friend. However, some women still felt that if the problem of infertility persisted, this may threaten their marital relationship.

Many of the participants felt ridiculed and stigmatized in their families and communities. These women clearly had different ways of expressing their experiences. Responses like "if you don't have a child it is better to run away or you will be laughed at, if you cannot bear a child you are a thing." Some of the women were sworn at, shouted at, cursed and victimized. Some of them described feeling like they were an outcast especially with their in-laws who regarded them as "idlolo" (barren) and "sjoekoe" (failure). Other than verbal and emotional abuse, many of the participants spoke about their experiences with physical abuse as well. "Essentially, all African cultures see having children as the purpose of marriage. Infertility is recognized as a major cause of divorce and abandonment throughout the continent" (Larsen, 2000; Leke et al., 1993; Sundby, 1997).

Remennick (2000) conducted a study on twenty-six infertile Jewish women, one of the themes that emerged was that women felt that motherhood was important and that it should be their primary role. Some of the other findings were that women do not feel as whole women, they described feeling that something very central in their life is missing. These women felt that nothing else could make up for them not being able to have children and felt as outcasts when having to disclose to other women that they were

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childless. Most of these women defined their longing for a child as instinctive, natural, primordial - a built in feature of every 'normal' human being especially a woman. These women felt that motherhood was the defining feature of their identity and described life as being empty and even meaningless without having children.

These women clearly perceived social pressure towards motherhood. Many of the Israeli citizens subscribe to the ideology that central to womanhood is motherhood and accept that children are given a very high priority in Israeli culture. In fact, the reproduction of children is considered so seriously that the state provides resources to assist couples experiencing fertility problems (Remennick, 2000). It is clear that women in this study constructed a particular meaning of being childless and correlated the constructed meaning in relation to who they are and the role they occupy in society. From the above studies, it is clear that infertility is constructed in an extremely negative and demeaning way, which leaves women feeling stigmatized and disempowered. Since these constructions are so pervasive and enduring, they demand critical reflection. Given the key role that language and discourse plays in these constructions of infertility, it is imperative to discuss these issues.

2.3. Language

Social constructionism asserts that the "human life-world is fundamentally constituted in language and that language itself should be the object of study" (Terre Blanche & Durrheim, 2000, p.149). Constructionism does not view language as if it was objective

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and transparent or as a route to the underlying realities; rather, language helps to construct reality.

From a constructionist point of view, interviews and other kinds of texts are used to trace and identify discourses. Discourse in this sense could be referred to as a widespread socially shared meaning. When attempting to understand social problems, various forms of discourses can be identified; it could be political, psychological, medical and/or various others. Constructionism should not be confused with linguistics though. "Constructionism attends to language as the object of the study but in doing so, it is concerned with the broader patterns of social meaning encoded in language" (Terre Blanche & Durrheim, 2000, p.149). Whereas, linguistics is concerned with highly technical aspects of language use and structure.

Both print and television media are guilty of perpetuating social messages that are constantly promoting the ideas and ideologies of gender inequality. Should commonly read female magazines (Living and Loving, Fairlady, Cosmopolitan) be examined, it will become evident how advertisements are used as a tool to encourage and preoccupy women with physical attractiveness (make-up, clothing, etc), food preparation (all kinds of recipes are provided) and household activities (like modern appliances, interior design). Women are encouraged to perform 'motherly' duties like cooking, cleaning, rearing children and attending to their physical attractiveness (Jeannes, 2002).

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Television programmes and advertisements alike generally depict women and men in alignment with our social arrangements. Women are commonly surrounded by children and a husband (the nuclear family) either in the kitchen cooking when a new cooking product is advertised or cleaning if a cleaning detergent is advertised. Men are usually depicted in a business arena or somehow involved with cars, money, and women or with other discourses confirming their prescribed roles. Both men and women are influenced by these discourses and it is almost as if we (people who read these magazines and watch television) aspire to be what is expected of us. Through discourse we are socio-culturally groomed a particular way and social tools like television and print media are used to reinforce these discourses (Jeannes, 2002). "Social constructionists raise the idea that representations of reality (e.g. scientific accounts, news stories), practices (e.g. marriage proposals) and physical arrangements (e.g. hospital arrangement) are structured similarly according to language or a system of signs. They construct particular versions of the world by providing a framework or system through which we can understand objects and socio-cultural practices, as well as understand who we are and what we should do in relation to these systems" (Terre Blanch & Durrheim, 2000, p.152). The manner in which people engage and function with the world is thus structured by the way in which the world is constructed (Terre Blanch & Durrheim, 2000). "When we act, what we achieve is to reproduce the ruling discourses of our time and re-enact established relational patterns" (Terre Blanch & Durrheim, 2000, p.152).

Constructionism however popular, is not short of limitations. Recent debates within the constructionist paradigm centers around the idea of how far constructionists should go

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with the claim that reality is constructed within language (Parker, 1998). Much of the debate centers around the notion of how constructionism views objective reality and individual agency (Parker, 1998).

In conclusion the area of infertility has been extensively studied over the past twenty years. However, after an exhaustive review of literature it became evident that the focus has largely been on the medical aspects of infertility. With the spate of new advanced reproductive technology (ART) it seems almost plausible that the immensity of the research undertaken has been to gather and disseminate information rather than to build theories.

With the medical fraternity having almost exclusive access to the infertile population, it is not surprising that the vast amount of research undertaken in the area has been medically based. As medical treatment for infertility has increased, much of the research undertaken has been etiologically contextualised. Biomedical interventions and explanations are often portrayed and perceived to be superior and dominant compared to other forms of treatment and explanations. Therefore, people in need of some kind of intervention are more readily available to participate in biomedical research. Infertility is not just a medical condition that requires medical intervention. For many individuals it poses serious psychosocial implications and is often described as a life crisis (Dyer et al., 2002).

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According to Corson (1993) many infertile individuals suffer great emotional distress that may even lead to suicide ideation. There is an immense need for research to be undertaken on the socio-cultural aspects of infertility. In an attempt to understand the different meanings of infertility for different people, a social constructionist theoretical framework has been employed.

2.8. Theoretical Framework

Social construction theory asserts that reality is socially constructed (Burr, 1995). According to Burr (1995) social construction theory is based on the premise of the following four key assumptions:

(1) *A critical stance towards taken-for-granted knowledge.*

Social constructionists encourage individuals to challenge the taken-for-granted knowledge and to question the assumptions of conventional knowledge. This is in direct opposition to positivism and empiricism in traditional science- this refers to the belief that phenomena that can be experienced through one's senses is true reality. Social constructionism further encourages individuals to challenge the beliefs that things are what they seem.

(2) *Historically and culturally specific.*

The way in which we understand concepts and categories are culturally and historically specific. Depending on the context in which these concepts and categories are used, will to a large extent determine the meaning and relational aspects of these

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concepts. The idea is that what is considered true and valid for one context (culture) may not be relevant and true for another culture. Therefore, one should consider concepts and categories like men, women and children to have different meanings in different contexts.

(3) Knowledge is sustained by social processes.

This refers to the idea that our common knowledge and understanding of the world is not a product of the nature of the world but rather a product of social processes constructed between people. Social constructionists are greatly interested in all kinds of social interaction, particularly in language and how it is used and constructed.

(4) Knowledge and social action go together.

Often knowledge about a certain concept makes people react in a particular way. Their reaction to a particular social or medical phenomenon would make them react a particular way. Once knowledge is modified or interpreted differently, per se from another perspective, people's reactions change – their social action and knowledge goes together.

The above assumptions of the social construction theory will be integrated in the discussion so that the dominant discourses of motherhood that is advocated within our society will be clearly identified and understood.

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The social constructionist theory is based on the premise that **a** particular reality does not exist but rather that meaning is socially constructed through the negotiation of intrapersonal and interpersonal processes (Burr, 1995). In other words, individuals negotiate meaning of an event by interacting with other individuals (Gonzales, Biever & Gardner, 1994). Translated to involuntary childlessness, the existence of a physiological impairment in one or both partners (the medical condition) does not in and of itself determine how the individual / couple experience infertility. Rather the process of being infertile is rather dialogical because spouses interpret, respond to and attach meaning to physical symptoms and psychological conditions (Bliss, 1999).

According to Bliss (1999), Greil postulates that the ideology and social structure of the society in which people live will determine how infertility will be socially constructed. This is how Greil (1991) asserts his view:

> …it (infertility) is influenced, among other things, by the nature of medical technology in a given society, by the function of marriage and the family in that society, by role expectations for men and women, and by the social value of children. It is also influenced by beliefs about the importance or non-importance of blood relationships, by ideas about the relevant contributions of men and women to the processes of conception and child rearing, by general theories about the causes and cures of health problems, by societal beliefs about the nature of moral action and the causes of suffering, and so forth. (p.7).

Dominant discourses regarding the role of women in society often portray women as inferior and subordinate in comparison to how dominant discourses portray the role of men. The socialization processes that women undergo shape women to take on as their primary role, the role of mother and nurturer. From a young age girls are socialized to

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adopt and embrace society's constructed view of what the qualities and characteristics of a woman should be. One of the principles of the social constructionist theory is that all conventional knowledge should be challenged and not accepted as the norm (Burr, 1995). From this standpoint, beliefs and norms that are often taken-for-granted should be questioned and not acclaimed as **the** truth or **the** reality, but that one should regard it as **a** truth or **a** reality.

As a corollary of non-conformity infertile individuals experience ostracism and ridicule for being different to social norms (Dyer et al., 2002). For women, whether they present with voluntary or involuntary childlessness, this is often regarded as a challenge to the dominant social conventions of the role of women (Marshall, 1993).

In a prior study conducted, the researcher examined the emotional experiences of infertile couples. This study revealed that infertile women are often terribly stigmatized and perceived as "inadequate" women. They are often thought of and treated as not being fully functioning women. The infertile women in this study found themselves in a position whereby they needed to find a way of accepting their infertility status and yet having to construct meaning of their experience that would be acceptable to normative structure. In so doing, they can feel as if were part of the social system and not as an outcast (Pedro, 2001).

Another principle of this theory is that all knowledge is culturally and historically specific (Burr, 1995). This means that individuals will view knowledge or phenomena

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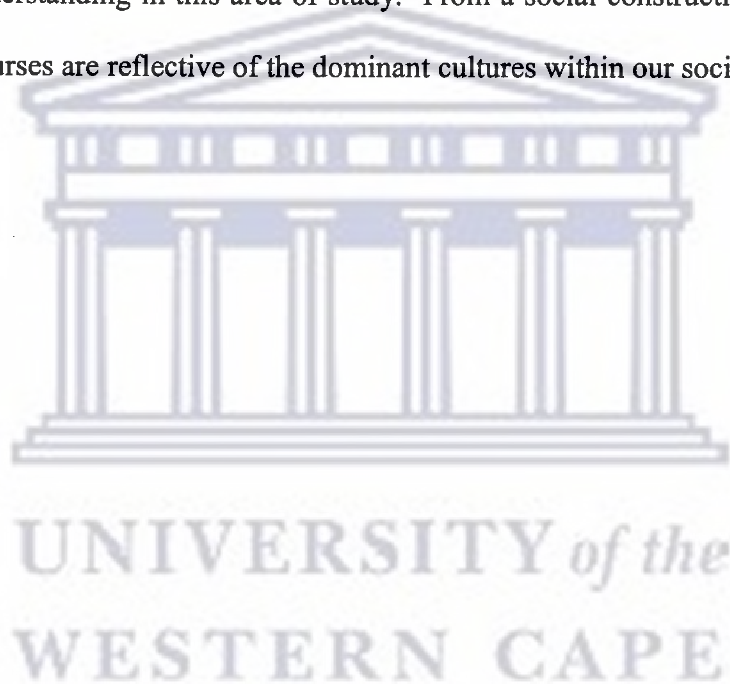
from a perspective relevant to their historical and cultural context. In South Africa we have cultural diversity and therefore different cultures express different interpretations towards phenomena. This principle is very appropriate for this study as the researcher intends to understand how infertile women experience infertility from their cultural and historical perspective. The researcher is located within a similar cultural and historical context as the participants. Therefore, this theory will contribute greatly to the researcher's understanding in this area of study. From a social construction perspective, dominant discourses are reflective of the dominant cultures within our society.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CHAPTER THREE

RESEARCH DESIGN AND METHODLOGY

3.1. Methodology

This study was conducted within a qualitative framework. A qualitative study employs a constructivist approach (Denzon & Lincoln, 2002). This study will explore how a group of South African women construct meaning of their infertility. The researcher's motivation for having selected a qualitative paradigm as the appropriate choice of methodology was three fold. Firstly, as discussed by Mouton (2001), by utilizing a qualitative approach it allows the researcher to study individuals in terms of how they defined phenomena and their experiences with phenomena of the world (the insider perspective). Secondly, the qualitative approach focuses on the subjective experiences of the individual and thirdly, it is sensitive to, and takes into account, the context in which individuals interact with one another.

The central aim of this study was to explore and understand how infertile women constructed meaning and made sense of their childlessness. These individuals were afforded the opportunity to describe their emotional experiences of infertility. They shared their subjective understanding as to how they constructed meaning of their non-parenthood status. This study also allowed the researcher to gain insight into how social pressure impacted on the daily functioning of infertile women, specifically focusing on their interaction with other people in their socio-cultural context. Therefore, the qualitative approach was the appropriate selection.

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The qualitative method seeks insight rather than statistical analysis (De Vos, 2001). Qualitative methods are designed to examine perceptions and provide information that will allow for an understanding of a particular experience (De Vos, 2001), whereas, quantitative methods are designed to measure, generalise or predict outcomes and relationships between variables. Therefore, for the purpose of this study, the qualitative method is more appropriate.

3.2. Research Design

This study utilized Mouton's (2000) typology for research design. According to this typology, an ethnographic case study approach was applicable as it made provision for an in-depth description of a small number of cases. The typical application of ethnographic case studies focused on family, household, a small community or a sub-culture (Mouton, 2000). Therefore, this form of application was appropriate for the study of infertile women who could be regarded as either a small community of women who were unable to bear children or as a sub-culture located within a broader culture.

The meta-theory of social constructionism is intellectually linked to ethnographic case studies. The method for sampling was theoretical as well judgement sampling. In other words, the researcher selected a sample either based on theory or judgement, which was guided by the characteristics of the sample. The method of data collection was semi-

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structured in-depth individual interviews, which was conducted over the duration of an hour.

A structured questionnaire was utilised to collect demographic information of the participants. The qualitative data was analysed by discourse analysis. The design classification was of a text and numeric form. The key research questions were of an exploratory and descriptive nature. The strengths of this design are high construct validity, in-depth insights and establishing rapport with participants. The limitations are lack of generalisability of findings; non-standardisation of measurement, data collection and analysis can be very time consuming (Mouton, 2000).

3.3. A description of participants

Consistent with a qualitative research study, purposeful sampling was implemented. Purposeful sampling relies on selecting participants who are rich with information regarding the research topic so that they can contribute to an in-depth study (Patton, 1990). Participants were recruited by using the snowball technique or 'word of mouth' technique as it is better known. The snowball technique entailed that the recruitment commenced with one infertile woman that met the characteristics of the sample and she then referred another potential participant and the referral process continued in this manner until the allotted amount of seven participants had been replenished (De Vos, 1998).

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The researcher established in a previous study conducted in this area that due to the sensitive nature of the topic, Infertility Clinics are reluctant in assisting with recruitment of participants for a research study. Therefore, the snowball technique has not only been appropriate for this sensitive topic but also served as a more appropriate method for recruitment. This form of recruitment granted the participants an opportunity to initiate the first contact with the researcher. By the participants initiating first contact allowed them leverage to make an independent choice whether to participate in the study or not and it placed them in a position of power. Infertility tends to make women feel powerless, so for childless women to be in a position of power is rewarding and good for their self-esteem.

A limitation of this recruitment method is that it would not ensure a fair representation of a sample. However, the central aim of this study was to understand how a group of South African infertile women constructed meaning of their non-parenthood status and not to generalize the findings of this study to the broader population of infertile women. The researcher acknowledged that by utilizing this method of recruitment that participants located within a professional or middle class location would be attracted to participate in this study. This meant that participants from diverse social class backgrounds might be excluded. However, by including participants who shared a similar social location as the researcher, allowed for the facilitation and interpretation of data to be enhanced.

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As discussed earlier, the theoretical framework assisted the researcher in understanding and relating to the participants experiences that are closely linked to their socio-cultural context.

Seven participants were recruited for this study. Mouton's (2001) above-mentioned typology indicates that a small amount of participants (less than 50) will provide sufficient data for analysis (Mouton, 1999). Participants were primary infertile women who were trying to conceive but were unsuccessful for at least a period of twelve months.

These women ranged in age from twenty nine to forty years of age. The researcher had to take many factors into account when deciding about the age of participants. However, after many hours of deliberation the researcher based her decision on the following train of thought. Even though young girls are socially groomed from a very young age to integrate the role of wife and mother central to their identity, social pressure for women to become wives and mothers are usually imposed upon young women older than twenty-one years of age. It seems that in our [South] African society, young women at the age of twenty-one endure social pressure to become wives and mothers (Frediani, 1999). Generally the idea of a women's biological clock (a woman's reproductive years) is regarded as being terminated at the age of forty years (Sue, Sue & Sue, 1994). Therefore, social pressure experienced by childless women at the age of thirty years and older is usually far more severe.

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The graphs below identify the participants in terms of biographical information like: name, age, education and occupation. Table 1 identifies each participant in terms of diagnosis of infertility, duration, was treatment received and was it at a State or Private Hospital.

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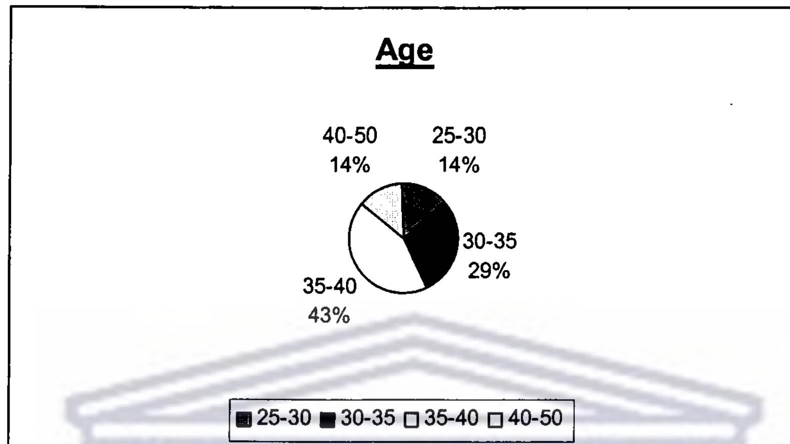
Graph 1

Demographic details of participants



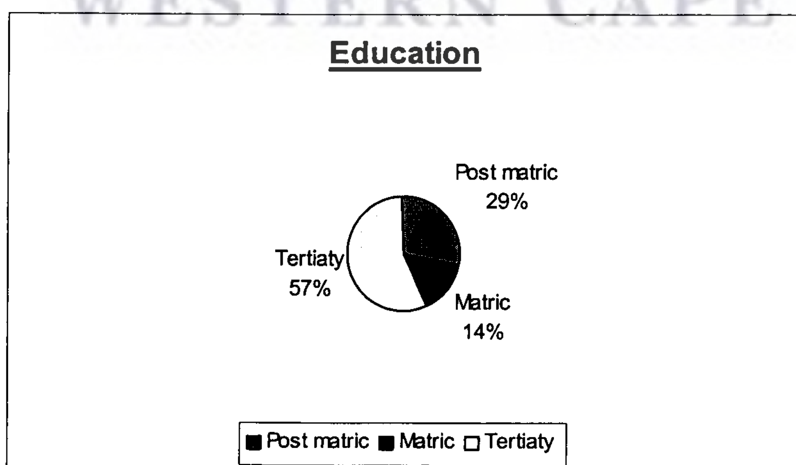


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Table 1

Description of Participants' Infertility

Name	Diagnosis: Infertility	Duration: Infertility	Treatment	Place of Treatment
Mrs A	PCOS	9 years	Yes	Private
Mrs B	Endometriosis	12 years	Yes	State and Private
Mrs C	Tubal abnormalities	10 years	Yes	State and Private
Mrs D	PCOS	13 years	Yes	Private
Mrs E	PCOS	12 years	Yes	Private
Mrs F	Thyroid Problems	6 years	Yes	Private
Mrs G	Endometriosis	12 years	Yes	State and Private

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PCOS = POLYCYSTIC OVARY SYNDROME

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3.4. Measuring Instruments

A structured questionnaire was used to collect relevant demographic information. A structured questionnaire was used to collect specific biographical information like age, education, occupation, duration and diagnosis of infertility, whether treatment was received and where it was received. (See Appendix 1)

A semi-structured interview schedule was utilized to guide the interview process. The interview schedule served as a guide so that the same information could be covered with each of the participants, it was not intended to restrict the responses of participants in any way. (See Appendix 3).

Interviewing allowed the researcher to obtain information and draw on issues pertinent to the focus of the study (Sarantakos, 1998). This method also allowed the participants some flexibility in responding to these questions, as the participants were able to respond freely and not feel restricted to respond in a particular way (Sarantakos, 1998). Both open-ended and close-ended questions were included in the interview.

Constructionists usually employ unstructured, open-ended methods of data collection and they value data collected in context with as little disturbance as possible (Terre Blanche & Durrheim, 2002).

Interviewing proved to be an advantageous method because it allowed the researcher to elicit information directly from participants. This made probing and clarifying

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information possible (De Vos, 1998). Participants conveyed and described their infertility experience in their own words. Constructionists argue that socialisation links individuals to their culture or sub-culture. Through the socialization process individuals integrate and assimilate the norms, values, traditions and values of their culture or society (Burr, 1995). Therefore, by having collected data through interviews, the researcher had the opportunity of understanding the impact of involuntary childlessness experienced by women in terms of their social and cultural context.

In addition, both the interpretive and constructionist paradigms commonly employ interviewing as a data collection method even though the reasons are different (Terre Blanche & Durrheim 1999). The main difference lies in how the paradigms see the role of the interview. According to Terre Blanche and Durrheim (1999), for the interpretive paradigm, the interview is seen as a data collection tool whereby the researcher is able to explore how the interviewee experiences phenomena and the interview should be conducted in a manner that facilitates openness and trust between the researcher and the interviewee. For constructionists on the other hand, they assert that the researcher cannot play purely a facilitative role in permitting the interviewee to give expression to their feelings and experiences. They believe that whatever meanings are created in the interview process are not only co-constructed between the researcher and interviewee but "are products of a larger social system for which these individuals act as relays" (Terre Blanche & Durrheim, 1999, p. 153).

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To ensure content validity of the interview schedule, a pilot interview was conducted before the data collection phase. A pilot interview served as a guide so that the necessary modifications or changes in the interview schedule were made. The disadvantage of using this method is that participants may provide too much or irrelevant information. It was imperative for the researcher to negotiate and strike a balance between what participants' needed to voice and what was considered relevant to this study. Also, interviewees are expected to respond to questions 'on the spot'. Very little time is given to interviewees as they are expected to respond to a question like "how did you feel when you first discovered your infertility status?" It is not always easy to access these feelings 'on the spot' and then still having to articulate it in the context of an interview.

3.5. Setting

All of the participants resided within the Cape Town area. Participants were all given the opportunity to have the interviews conducted either at the participants home, the interviewer's home or at a neutral venue. One of the participants felt uncomfortable having the interview conducted at her home so the interview was conducted at the researcher's home instead. The rest of the participants felt comfortable and happy to have the interviews conducted at their respective homes.

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3.6. Data Analysis

As an extension to the use of the qualitative approach, the researcher used discourse analysis as the method for analyzing the data collected in the interviews. The process of discourse analysis can be described as "the act of showing how certain discourses are deployed to achieve particular effects in specific contexts. Different analyses emphasize different aspects of this definition" (Terre Blanch & Durrheim, 2000, p.154). Some analyses may be conducted to identify the discourses that operate in a text, whilst other may conduct analyses to focus more on how particular effects are achieved in the text, yet other may focus on the broader context within which the text operates (Terre Blanch & Durrheim, 2000).

According to Terre Blanch and Durrheim (1999) two important considerations for researchers employing discourse analysis as a technique are firstly, to strike a critical distance from the text in identifying discourses. Secondly, the researcher should examine what discourses do.

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Constructionists are not concerned with identifying some truth behind the text and asking questions about which versions of events is more accurate and more meaningful. Constructionist analysis are more concerned with linking accounts to actions. "In discourse analysis texts are examined for their effects rather than their veracity (Terre Blanch & Durrheim, 1999, p.159-160). In other words, the focus should be on what do texts do, rather than what to text say.

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From an analytical perspective, Parker appositely defines a discourse as "a system of statements, which constructs an object" (cited in Terre Blanch & Durrheim, 1999, p.160). It means that discourses construct particular realities. Collins also aptly describes discourses as "narratives that organize meaning so as to produce what then show up as facts - gives a related indication of what discourses do: construct particular truths"(cited in Terre Blanch & Durrheim, 1999, p.160). "The main objective of analysis then is to examine how discourses operate in a body of text and this aim is achieved by showing how discourses relate to other discourses, and how they function on different occasions" (Terre Blanch & Durrheim, 1999, p.163). The demographic questionnaires were analysed by using descriptive statistics.

3.7. Procedures

Infertile women already known to the researcher were approached and asked if they wanted to participate in this study. They were then asked to refer other infertile women who potentially met the criteria for participation. This process of recruitment continued until the specified amount of participants was obtained. In all, I ended up talking with over ten women who qualified for the study. Despite qualifying for the study some of the women felt reluctant in sharing their infertility experience with me. They considered their infertility as being too much of a personal problem to participate in the study. Many of these women expressed interest in speaking to me "off the record" about their infertility experiences though. For some of the women who felt that they could not participate in the study, either felt that they were betraying their husbands by speaking about such a personal problem or felt too embarrassed to 'publicly' admit to having such

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a problem. Even though it is not a public statement, the idea of coming forward and admitting this to someone is a very difficult step.

Once all the participants were recruited, the researcher arranged for all the selected participants to meet as a group so that the research study and process could be explained. However, three participants felt uncomfortable to meet with the plenary group so individual appointments were arranged.

Prior to the interview the demographic information was obtained via a structured questionnaire. The structured questionnaire was a means of collecting very specific biographical information. Due to the sensitive nature of the topic the researcher thought about how collecting biographical data first would affect the in-depth data collection process. In other words, would it make a difference to participants' candour in the interview if their personal information were collected before the interview? However, the researcher decided to first collect demographic information with three participants and then conducted the interview. With the remaining participants, the interview was first conducted and then the demographic questionnaire was administered. Participants gave no indication of discomfort and perhaps this is largely attributed to the manner in which the researcher built rapport with each of the participants. The researcher spent half an hour with each participant individually before and after the interview was conducted. As a result, participants expressed a sense of comfort and reassurance.

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In-depth information was collected by means of a face-to-face individual interview. An hour-long interview was held with six participants at their homes. One participant did not feel comfortable to have the interview at her home so the interview was held at the researcher's home. All the participants expressed concern about their identity being compromised. The researcher ensured confidentiality by assigning a letter before the title of the person's name instead of disclosing personal information. A tape recorder was used as a means of data collection, to ensure accuracy and efficacy of the data analysis.

Some of the participants felt uncomfortable having the interview recorded so the researcher relied on meticulous note-taking skills. The tape recorder was only used as a data efficacy tool and not regarded as a prerequisite for the study. However, some of the participants were happy to have their interview recorded. The researcher only used the tape recorder after permission had been obtained.

3.8. Ethical Considerations

All the participants voluntarily participated in this study; nobody was coerced or manipulated to share their subjective experiences of infertility. Participation was voluntary with informed consent. Participants were assured that their identity would remain anonymous and all personal details would be held confidential. The data collected on the tape recorder was held confidential. After the completion of the study and after the findings is conclusive, the tape's data will be destroyed or handed back to participants.

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The researcher also acknowledged that particular questions could have triggered unresolved emotional conflict; therefore the researcher ensured that the services of a psychological counselor were accessible to all participants.

Despite qualitative studies being more concerned with in-depth understanding and subjective perceptions of the participants; specific measures were taken in this study to increase validity or authenticity. A brief discussion on descriptive validity, trustworthiness, transferability, and confirmability will follow.

3.8.1. Descriptive Validity

The initial concern for many qualitative researchers is the measure of factual accuracy as questions of validity are dependent on these facts (Maxwell, 1990). "Description is the foundation upon which qualitative research is built" (Wolcott, 1994, p. 27). As a means of ensuring factual accuracy, all individual interviews were audiotaped, transcribed verbatim, and rechecked for accuracy.

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3.8.2. Trustworthiness

Trustworthiness in qualitative research increases the validity of the study. From a philosophical point of view the researcher must believe and trust the participants who were recruited for the study are in fact the 'true experts' on the topic under investigation.

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3.8.3. Transferability

Transferability also known as applicability parallels with external validity. Given that this study does not intend to generalize the findings of this study to other populations, but rather to explore findings specific to the sample population, controlling the transferability was not a major priority in this context.

3.8.4. Confirmability

Confirmability also known as objectivity has long been a criticism of qualitative research. To ensure objectivity, the participants were informed about my infertility status. The transcriptions, lengthy descriptions, quotes and expressions from the participants were documented and thus could be compared back to the data obtained. Also, to ensure objectivity the researcher arranged for two independent coders to assist with the data analysis.

3.9. Background of coders

Both independent coders were currently completing their Masters degree in research psychology. Coder A is currently attending the University of Western Cape and has a background in theology and psychology. Coder B is completing an internship at the Medical Research Council and has a background in anthropology and psychology. Both these coders were able to provide objective and independent input

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3.10. Reflexivity

This area of study has been selected because the researcher has a personal experience of infertility. As a South African infertile woman I have first hand experience of the social pressure endured by infertile women. As a married woman I find myself drawing on the dominant discourses of infertility presented in our socio-cultural context. It is an arduous task for me to redefine my identity as a woman when my whole existence has centered around that of motherhood. For a long time I thought of myself as being less of a woman and not equal to women who have children.

Infertility has also been very disempowering experience for me in the sense that I would constantly question the decision I make found that I would always want reaffirmation. Infertility has affected my status as a woman and as a person. My religion is my foundation in life and when I discovered that I was infertile, I immediately withdrew from all religious gatherings. Partly because I felt betrayed by God and partly because I felt I wasn't worthy of the blessings. Like all of the participants in the study, I thought God was punishing me for something I done wrong.

It is only with time and wisdom that I realized that God is not punishing me and that me being infertile was not my fault. This experience has really made my relationship with God much stronger. My marital relationship has also been strengthened as my husband and I have from the beginning faced this challenge as a couple and not as individuals.

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I acknowledge that the experience described by the participants is one that I can relate to and that it may impact on the research process. As a means of accommodating for this perplexity I included certain measures to ensure validity of the research findings. Firstly, participants had access to a qualified psychologist throughout the duration of the study. I kept a journal to document personal thoughts and feelings throughout the study. Independent coders assisted with data analysis and provided independent input with regards to the identification of discourses.

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CHAPTER FOUR

RESULTS: PRESENTATION AND DISCUSSION

4.1 Introduction

The following discussion considers the main discourses of how women perceive, make sense of and experience their infertility. The discourses particularly reflected themes around motherhood. Whilst analyzing the transcripts it became apparent that most of the discourses employed reflected gender inequality as inherent to the construct of motherhood and thus womanhood.

In so doing, the dominant discourses of womanhood and motherhood within a particular socio-cultural context was examined. As discussed earlier, South Africa is in a period of transformation and thus faces many challenges. Gender equality has always been a focal point of the struggle for a democratic South Africa. This priority has been enshrined in the 1996 Constitution of South Africa (Gender Policy Framework, 2000). Despite the significant progress that has been made, South African women continue to face serious inequities and disadvantage in a wide range of spheres: in government, in business, their communities and in their homes. These disadvantages are further compounded by unequal gender relations within the categories of race, class, disability, sexual orientation, religion and geographic location (Gender Policy Framework, 2000).

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Many of the discourses identified were the prevailing discourses of inequality. The power of these prevailing discourses were brought to the fore in this study as it showed how discourses impact and affect the identities of individuals and in this context particularly infertile women.

4.2 The Discourses of Infertility

Three socio-cultural discourses pertaining to infertility largely centered around womanhood and motherhood. The predominated discourses in the narratives were identified and analysed. Within each of these broad discourses, more specific discursive variations were recognized and each of these are discussed further. The respective discourses were concluded with a summary in an attempt to further clarify the contradictions and similarities therein.

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The discourses are as follows:

- Womanhood equals motherhood
- Infertility is disempowering
- Children constitute a family
- Infertility is punishment

4.2.1. Womanhood equals motherhood

One of the dominant discourses pertaining to infertility is imperative motherhood. In South African and many African societies, womanhood is achieved through motherhood.

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Infertile women are viewed as not being fully functioning women and often regarded as social deviants (Dyer et al., 2002). A woman's success and achievements are judged according to the well being of her family (children) and maintenance of her household.

a) Fertility is normal and natural

Fertility is often a concept that is considered normal and natural. The prevailing discourse is that women are supposed to fall pregnant naturally – it is the natural thing to do.

i) Reproduction is taken-for-granted

The socialization processes that women undergo shape women to take on as their primary role - the role of mother and nurturer. From a young age girls are socialized in accepting society's constructed view of what the qualities and characteristics of a woman should be. Infertility is often regarded as a biological defect that presents severe psychosocial implications. Fertility is often taken-for-granted, so the initial discovery thereof is characterized by shock, anger, despair and gloom.

When participants were asked: "what was it like for you when you first discovered your infertility?" Below are some of the responses given by participants. From this we can see how shocked and taken aback the participants were to discover their infertility.

Mrs B's response:
"I felt really something in me died the day when I heard that so I went home and I closed the door and just like you cry for somebody that's dead, it was like that. Betrayed, I felt there was something wrong with me. It was all just ... I couldn't

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accept it, I didn't want to know something was wrong with me. If I was normal why was I then different whereas everybody around me and I could not hear of anybody not having children. It was all natural so then what then was wrong, something was then very wrong, something was then very wrong with me. I felt very angry, very very angry."

Mrs A's response:
"I felt lonely, I felt poor ...you feel poor without children and em... I really can't remember what I felt."

Participants expressed feelings of loneliness and sadness and likened their infertility experience to death. A definite sense of loss is portrayed and acceptance of their infertility diagnosis seems to be very difficult. As in the experience of losing a loved one, a participant described feeling 'betrayed'. Very often people experience betrayal and anger when a loved one passes on and leaves them behind. This participant clearly experienced similar feelings with regards to her infertility. A major loss experienced by infertility is the loss of not being able to bear a biological child (Cook & Dworkin, 1992). Very often infertile individuals particularly women equate the loss of a biological child to the death of a loved one. For infertile women, the loss experienced is profound because it represents the loss of 'hope' for a biological child, loss of experience of pregnancy, childbirth, breastfeeding; loss of parenting, loss of control and the loss of a parent-child relationship (Conway & Valentine, cited in Bliss, 1999).

Reproduction is frequently viewed as a development milestone and not seen as a privilege. The reaction of shock, anger and betrayal that participants expressed is largely attributed to the belief that women grow up get married and have children. When this

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does not materialize, women tend to question their identity because from an impressionable age imperative motherhood is embraced (Remennick, 2000).

Mrs D's response:
"Em, it was awful, and I felt terrible. I was sad and I felt alone, em I was angry, em I was very very angry with everybody em, ja. For sure, em I always thought that I would be a mother and when I got married and I realized that we having difficulty in conceiving, em... I really questioned who I was and my role as being a woman. I felt angry, I felt angry at the world and I felt angry at the fact that I can't have a child – that is my role. Em, I felt very very sad, I felt as if something had been taken away from me."

Many of the participants reported feeling that "something" (they could not quite articulate exactly what it was) was taken away from them. All of the participants perceived fertility as a right. Getting married and bearing children falls in line with normative structure. As shown by the above excerpts, the discovery of infertility can be (to say the least) a shocking and heart-wrenching experience that causes total disillusionment. Many infertile individuals progress through the four stages namely; surprise, denial, anger and bargaining as presented in the Kubler-Ross theory. One's ability to reproduce is hardly ever given a second thought because fertility is often taken-for-granted. Perhaps this is evident as can be seen in our upbringing and the socio-cultural context that we are reared in (Pedro, 2001). In many South African cultures, teenage pregnancy is often rebuked. In fact, teenagers' especially young girls are often advised by elders to refrain from sexual activity or use contraceptives so that unwanted pregnancies can be avoided. It seems that the concern and effort is more to avoid pregnancies.

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ii) Women's identity are based on motherhood

For some women failure to reproduce is often an indication of what they as women are worth. Sometimes infertile women tend to have a low self-esteem and self-worth. Various authors also revealed that infertile women may develop "spoiled identities" because they often feel incomplete, diseased, and experience catastrophic role failure (Whiteford & Gonzalez, 1995; Greil, et al., 1989).

Participants were asked 'how has infertility affected your status as a woman'?

"Its not something that you have in your mind but you feel that you are only really a woman when you bear a child and if you don't get to that stage yet then you are not really fulfilled as a woman… until that time comes I suppose so."

(Mrs A)

I explored this belief further and asked: "but why is that, did somebody tell you that?"

She replied: "No, because its something that's in my mind, because I am suppose to as a woman, it's the way things are suppose to be. I am suppose to bear a child when I get married, to fall pregnant and things like that and if doesn't happen then they think something is wrong, you know with you."

Clearly this participant is aware of the social pressure to bear a child and she is cognizant that people look at her differently as if she is not 'normal'. She expresses the need to bear a child otherwise people would question that something is wrong with her and perhaps declare her a defective woman. Also, she is aware that she will not be considered a fulfilled woman. The deeply entrenched ideology of women getting married and bearing children is evident in her expression. According to Jordan (1995), participants in their study shared similar feelings of personal defect and anomaly.

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Mrs D's response:
"For years I felt that as well you know, I am less a woman than others because I am not a mother because in the environment that I was in the job it was important to have children and talking about kids, seeing pictures about little babies them just emphasized the fact that em, I wasn't there to that... I wasn't a part of that inner circle, this inner group and it made things worst for me."

Mrs D also expresses how difficult it has been for her to function as a childless woman (and teacher) in a context where she constantly dealt with children and mothers. She shares her experience of not feeling part of the inner circle and inner group (i.e. mothers). For many infertile women this feeling of being tangential can be very disempowering. In a study conducted by Dyer et al., (2002), the participants also expressed feelings of social isolation and shared experiences of how they were often treated as outcast.

Summary

The participants have all illustrated that the discourse of womanhood equals motherhood is an essential part of who they are. When these participants discussed their infertility, they expressed feelings of shock, anger, betrayal, disbelief and sadness.

The participants experienced difficulty when they initially discovered their infertility because they did not consider the possibility of being unable to conceive. They were reared in a [socio-cultural] context whereby imperative motherhood is embraced.

These participants centered their whole identity and existence around the prescriptive roles of marriage and motherhood. The dominant discourse of imperative motherhood is

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largely embraced by many South African cultures. Motherhood in our society is highly revered and valued (Frediani, 1999).

4.2.2. Infertility is disempowering

Infertility is also disempowering because infertile women are often exposed to censored conversations. They feel that they are excluded from certain conversations and endure negative and insensitive remarks about their sexual lives and practices.

(i) Motherhood is empowering

Infertile women also endure hardship for special social events like Mother's Day, Father's Day and baby showers. Despite these occasions being celebrated as a commercialised event, involuntary childless women still feel hurt and disillusioned.

For many infertile couples, social and family gatherings are usually the platform where family members meet and spend time together. For many childless couples these gatherings tend to be very stressful because they feel the heart-felt absence of their own biological child / children. In an attempt to understand how these participants experienced social functions, the following question was asked:

"What is it like for you when you attend social functions?"

"[Absolutely] when I look at other women who have children, em, they so confident and they have this sort of unspoken unity among them and when, when I put myself next to them its like I can't talk the language they speaking and I feel terrible, I feel

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excluded. Em... I don't feel equal to them because they able to bear and they fertile and all these things and here I'm not... absolutely."

(Mrs D)

Mrs D eludes to the 'unspoken unity' that she perceives as existing between fertile women and she further highlights the 'divide' of 'them' and 'us'. She also highlights the difficulty in relating to women who are mothers and she makes reference to the fact that these women are fertile and therefore she feels 'not equal' to them because she is infertile. She used the word 'confident' to describe women who have children. In so doing, the implication is made that infertile women's ego and self-esteem are affected by their [infertility] condition. This implies that [some] infertile women have a lower self-esteem than fertile women (Remennick, 2000).

Another participant responds to the question and describes her experience at a baby shower:

"In the beginning I did feel uncomfortable then they started with em... you know penalizing the to-be-mom like if she cannot do certain things what must she do, one of the ladies came to me and said come on think of something that we can penalize the mother with so I said well 'ask her if she can see her toes' because her bulge is big, ask her if she can see her toes but without bending and she must touch it, she must try to touch her toes. It was all little games that went on and the baby shower went along."

Once again a participant eludes to the 'divide' of women who are mothers and infertile women. However, this participant uses humour to endure the discomfort that she felt.

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"You feel cut off, cut off from everything and everybody. Em, you have friends and family who have children and you try to say something to fit into the conversations but you feel as an outcast, you don't fit in. And the family just look at each other and they fall pregnant and the couples will just look at each other like that. And em…you come home and you try it and it doesn't work for you.

Women experience social pressure to get married and bear children. Infertile women are regarded as social deviants. As a corollary of non-conformity infertile individuals experience ostracism and ridicule for being different to social norms (Dyer et al., 2002). For women, whether they present with voluntary or involuntary childlessness, this is often regarded as a challenge to the dominant social conventions of the role of women (Marshall, 1995).

(ii) Infertility and dyscontrol

Infertile women tend to experience a sense of dyscontrol because they cannot change their [infertility] condition and thus feel powerless to take control of their lives. This powerlessness often denies an infertile woman her sense of agency.

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Mrs A and Mrs C illustrate this discourse by sharing their sense of dyscontrol.

Mrs A's response:
"He was looking forward like when am I going to miss my period. No… I didn't get my period right for a whole full year and every time we went to the doctor to see if I was pregnant then it wasn't like that."

Mrs C's response:
"You end up crying every time you get your period because you don't want it to come back every month because if you know it don't come then you are probably pregnant and if it does stay, if it takes a little longer like two days later then it goes

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through your mind and you keep thinking maybe this time, maybe this time. It is quite hard."

Mrs A expresses how involved her husband was in monitoring her monthly cycles. She consistently visited the doctor to assess her pregnancy status and each month that passed with the absence of a period presented a time for hope. But, to date no pregnancy has occurred. Each month the practice of monitoring menstrual cycles introduced a little flame of hope, which usually ended in despair for Mrs A and Mrs C alike. Both Mrs A and Mrs C from month to month had no control over their physiological functioning and felt that they possessed no power to change their situation.

Mrs E's response"
You just keep on trying and keep on trying and every time it is like a piece of limb or something like ... it is a hell of a big loss and you go through a different stage. Its like you leave something behind and it is really difficult for you to let go. Its like piece of your heart is ripped out, it's a piece of your heart that is ripped out and it is very... it's a effort for you even to go through the day

Mrs E describes how she experienced infertility and how it has impacted on her daily functioning. The manner in which she describes her experience clearly illustrates the discourse of dyscontrol.

ii) Stigmatization and abuse

In a study conducted by Dyer et al. (2002), it was revealed that many of the participants felt ridiculed and stigmatized by their families and members in their communities. These women clearly had different ways of expressing their experiences. They offered responses like "if you don't have a child it is better to run away or you will be laughed at,

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if you cannot bear a child you are a thing." Some of the women were sworn at, shouted at, cursed and victimized. Some of them described feeling like they were outcasts especially with their in-laws who regarded them as "idlolo" (barren) and "sjoekoe" (failure). Other than verbal and emotional abuse, many of the participants spoke about their experiences with physical abuse as well.

Participants were asked 'how do you feel when you are around women who have children as opposed to women who don't have children?" Some of the responses were as follows:

"Em... only if there is women who don't have children... who have children and they... you know they pass remarks or ask stupid questions."

(Mrs A)

I probed further and asked for an example of the stupid questions and remarks and she replied:

"Oh, when you gonna have a baby? What's going on? Oh I hate questions like that."

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People do not ask '<u>are you</u> and your husband going to have a baby but <u>when</u>.' There is an overwhelming expectation for all married couples to bear children.

I asked Mrs B to describe how she generally felt being around women who have children and she replied:

"I feel left out I feel em... betrayed because ...ja betrayed because you don't know how it feels you can't talk because you don't know how it felt when they had this child or how it feels to be a mother because you don't know how it is, you can't relate to it. You sitting there ag shame ja... how nice but you not that into it and

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sometimes they don't ask you because they know they don't have children, so what do you know? Sometimes the conversation just...a way they will discuss certain things around them but they won't come into your direction of asking you something, so you feel excluded from the conversation."

Mrs B experienced an awkwardness that she describes as betrayal because the people that she was in a conversation with knew that she was childless. They still engaged in conversation about children and she perceived this as purposefully (perhaps for lack of understanding) excluding her from the conversation. Mrs B feels that the undertone of the people's behaviour is indicative of the discourse of infertility being disempowering because infertile women are made to feel that they do not have knowledge of babies and children and are therefore excluded from these conversations.

Another participant, Mrs E expresses a similar experience:

"There are times when you feel excluded especially when they just, when the topic is just children. You know when they talking about groceries you can chime in but now they are talking about the baby, the baby sleeps like three hours then you have to feed it, then it is nappy changes an sometimes he doesn't latch on and you sit there and you just listen and you can't say anything. The others that are probably sitting there just had a baby or there babies are toddlers by now and they say, they say something. You know like tips and things will be given do this and so that and you sitting listening you know and when you take in all this and when you go to maybe another friend's house and there also someone just had a baby or so and then they have a problem and then you say what you heard 'why don't you do this, how do you know. You not suppose to know these things how do you know that you never had a baby. How come you know these things, that hurts, that hurts. Rather give me a slap or you know em... but don't say that.

With Mrs E's experience it seems that people tend to exclude childless women from conversation about children and babies. Mrs E further remarked that people were quite

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insensitive and one person passed a remark when she tried to participate in the conversation. The person commented:

"Gaan kak jou eie kinders uit" (go defecate your own children).

Mrs E was very upset and hurt by the comment. She added that "this is the type of society that we are living in, this is the type of thing that goes around." She also discusses how people who are not affected by infertility cannot relate but if it should affect someone close to them then they would probably be more sensitive to this.

"Yes, society the community can be very ignorant to our feelings and they actually find themselves to be very fortunate, but if they look maybe not today but some time next year or next month one of their children or their daughters may be in the same situation we are in and then they start changing their minds and then they start opening their arms to their less fortunate. You will only feel and you will only know when it happens to you or when it happens to someone close to you. That it show I see the whole situation because with the community that I am with, especially the Indian community they have so many traditions and there is such a lot of stigma attached to what's this like. Everything is hidden in the closet and the more people start telling stories and the more they are open about it, because it is nothing to be ashamed of. I don't think it is anything to be ashamed of, you get different things in life. Sometimes you get a child being born with eleven fingers, does that make him less of a human or you have people that will give birth, something goes wrong and the child has some kind of deformity but like the brain was functioning it's just that there is something wrong with the body, does that make him less human? As long as the brain functions, irrespective of what the body condition, they are human. It doesn't mean that we who don't have babies don't have brains, we don't have feelings, we have all that and probably even much more because the almighty has given us more compassion and more love and we are more sensitive to a lot of issues that other mothers don't have and this is a plus. And there I salute myself first and foremost and then all the other women who don't have children, I salute them because this is something the almighty has given us because this is something we have worked on, we have had the determination to, make other children happy because we don't have children."

(Mrs E)

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As a result of the insensitive comments, many of the participants withdrew from attending family gatherings and social functions and avoided people who constantly insulted them.

iii) Social withdrawal

Social functions and family gatherings tend to be a platform for people to make these insensitive jokes and hurtful comments. Childless women often find themselves in a situation whereby they are consistently asked and pressurised about their childlessness. As discussed above, common questions are "when are you going to make a plan, what is taking you and your husband so long, let me know if you need any help in that department" (http://cctr.umkc.edu/user/lawrencew/charactersitics.htm). These are only some of the milder remarks endured by childless women. Besides the insensitive comments, body language and gestures by fertile women can make infertile women feel lonely and isolated even if they are surrounded in a room full of people.

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When the participants revealed their hurt about the insensitive remarks and comments, I asked them how they reacted to it. They replied as follows:

"I used to block up, out this front up and you want every body just to ignore you and it affects you like it does your communication with other people, you don't communicate with people on a level that you should. So I never used to want to go to anybody, not visit anybody because I used to hate that because I always used to think what are you going to ask me next. So you avoided people that would ask you

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questions. They would say like 'so you don't have children, how long have you been married then I would say five years then they say oh, that's long why don't you have children, now that kind of conversation, I used to hate that. I used to hate, hate that, that's why I kept away from everybody. I used to stay away and don't talk, don't ask me nothing but em...its very difficult, very very difficult. I don't know how I got through all this, how I must go on so...

Another participant reveals how she isolates herself from family functions.

"I used to feel very jealous, I used to hate... I don't go to people, I don't have many friends. Em... I've got a friend that used to be with me since standard three and she fell pregnant with two children, with the first child and I never saw her. She fell pregnant and I never saw her until the child was about two years old. It's only now that I am having telephone conversations with her and now there is nothing to communicate again and because the child is a certain age. But I don't visit her, I just talk to her over the phone then she comes talking about her children and stuff like that. But I never used to ask her so, I avoid subjects where I used to ask her how the children are doing and I don't go near there."

Summary

Infertile women in this study expressed how infertility has disempowered them. They also described how they experienced stigmatization and abuse especially at social and family gatherings. Infertile couples are treated as outcasts and are often at the centre of jokes at these social events. As a result, participants revealed that they often withdrew from family gatherings and avoided contact with the individuals who often made these insensitive jokes and nasty comments.

4.2.3. Children constitute a family

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In the South African socio-cultural context the concept of family is ideologically characterized by a mother, father and children (the nuclear family). Besides the nuclear family other family structures do exist. For instance, single-parent families or extended family structures that comprises of extended family members like grandparents or step-brothers / sisters.

i) *Children transform a couple into a family*

In this social context, childless couples are often just considered that – a couple and not a family. Children are considered an important element that transforms a couple into a family.

One of the questions asked to participants were: "Why is it important for you to have a child?"

Some of the participants responded as follows:

"It's important for me to have a child so that the family can ... so that my husband and I can have a family. Because it's to fulfill our marriage."

(Mrs A)

Mrs A subscribes to one of the dominant discourses about family. She believes that she and her husband is a couple and bearing a child will constitute a family. She also mentions that bearing a child will fulfill their marriage.

Mrs D responds as follows:

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"Em, I think a child completes a family, it completes your marriage and I think it is a way to celebrate a marriage when you have a child. And it is so fulfilling it becomes a part of who you and your husband is. Em, so it fulfills you, it fulfills your marriage."

Mrs D also employs the discourse of a child constituting a family and this is evident by the phrase she uses 'completes a family'. This inherently implies that she considers her family incomplete because of her (their) childlessness. She also mentions that bearing a child fulfills people. This means that bearing a child will complete [fulfill] her.

Furthermore, she remarks, "a child completes your marriage". The dominant socio-cultural discourse that she draws on reflects a particular meaning about the role she identifies with - being a married woman. She is aware that young women get married and bear children and this is evident in her response "and it is fulfilling it becomes a part of who you and your husband is. Em, so it fulfills you, it fulfills your marriage."

She uses the word 'fulfills', this means that in her mind until you have a child you and your husband will not be fulfilled. 'Fulfilled' is a synonym for complete and satisfied and she describes bearing a child as being complete and satisfied. Despite other factors contributing to a happy fulfilled marriage, she identifies children as being the key element to fulfill their marriage.

Mrs F unequivocally describes her (social) position by drawing on the discourse of imperative motherhood in her response to the question " Why is it important for you to have a child?"

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"I think firstly because I have this capacity to love and for me it was always important for me to share my marriage and my life with children, or its --- when I think about it, this was always how my life was suppose to be, you know- marriage and the traditional things, you have a husband and a family a big family and em..."

In her response she uses the word 'suppose' as in the proper way. She refers to the marriage and the 'traditional things in life'.

She continues and responds as follows:

"yes the whole package deal, definitely and secondly I think we have the ability and I'm not talking about material things but I knew I would be good for a child. I'll be a good mother, and I have always been surrounded by children that always played such a major role in my life, it was the obvious next step was to have my own".

Mrs F uses the word 'ability' and the phrase 'I would be good for a child' to describe how she view herself as a caregiver. She probability engaged in a process of self-evaluation and based her conclusion about her ability as a mother on the idea that she has abided and conformed to the dominant discourses relevant to her socio-cultural context. It refers to her making the 'right' decisions and conducting herself in a 'proper' manner (that is in accordance with society's prescriptive roles).

She also adds "A good mother, and I have always been surrounded by children that always played such a major role in my life, it was the obvious next step was to have my own. She describes herself as someone who can be a good mother. Perhaps she draws on the discourse of good enough mother. The discourse of good enough mother refers to mothers who are always readily available and self-sacrificing. She also uses the words

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'obvious next step', this relates to the discourse of prescribed and imperative motherhood.

ii) Marital instability

Children tend to provide marital stability. Childless unions result in divorce because a fertile wife and many children are a man's greatest assets (Frediani, 1999). Many of the participants revealed that having children is a vital step in fulfilling their marriage. Participants were asked, "how has infertility affected your marriage?" Below are some of the responses expressed by these participants.

Mrs A replied as follows:

"I think it did yes, it did affect my marriage, my husband is more irritated and ... skal more and go on more and I am sure when there is a child/ baby then he won't be he won't feel like that.

"Yes, it affects, it affects, it affects you a great deal because when a person gets married there is no more 'me' there is 'us', you and your husband are a family, you know we are a family, whatever decisions you make is us. But now I have to go alone, what happened to the ús'? Why must I just go the doctor for tests, why must I just go to the doctor to go for whatever tests I have to go for and em when it was his turn to put some sperm into the bottle it was an effort. They have this ego that they are not the problem it is always the female, its just the female that has the problem and ... Oh, I hated it and that was the cause of our marriage break up, I hated him. The love that we had turned into hate because when the finger pointed it was just me to blame. I was blamed for everything, I was useless.

(Mrs E)

"The first ... it did, we are married eight years now so the first five years was very difficult for us. The first year I was already packed ready to go to my mother's

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place I was ready to give up hope and then we started again and we went back and then we fixed everything up again and we went on and then from there we... every little thing... there's times in your life when you just give up you don't want to go on you don't want to share anything because you feel its not worth it because there is nothing to share just the love we had was enough but just not enough maybe for the future and whatever without sharing that with anyone else, not having someone to share that with us".

(Mrs B)

Even though these participants reached a resolution, they are still experiencing some kind of marital stress whilst dealing with their infertility. Another two participants are experiencing marital stress but there is no cause for concern about separation or divorce because even though the problem lies with the husbands, the wives are sensitive to the husbands' ego and they do not discuss their infertility at all.

"Well, at first my husband and I had a lot of problems and when I initially discovered my difficulty in conceiving, and I blamed him, he blamed me and we did not communicate properly and I didn't think he would understand because he is a man and men and women they kind of approach these kind of sensitive issues differently. Em, so I did not feel comfortable discussing this with him and that caused a lot of problems for us. And after a year or two, we were separated for about six to eight months and after a year or two we started seeking counseling, we have to have a family therapist and that worked out pretty well. Em, we are back together now and our marriage is stronger than before and and our communication is very good and I am very happy for that".

(Mrs C)

Mrs C is sensitive to her husband's medical condition and shows no evidence of blame. She admits that she sheds tears in private but she refuses to discuss the issue of children with her husband. She is mindful and considerate of his feelings and in no way wants to hurt him.

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However, Mrs F shows a completely different experience. Her response to the question "how has infertility affected your marriage?"

Mrs F Response"
"I think it was the most difficult time of my life, it is not the easiest thing to hear and work through your life, your marriage. A big part of your marriage was that you would have a family. So it was very difficult.

Definitely, em I must say that I'm lucky in the sense that what happened to my marriage was that our relationship just got stronger and my husband and I are just closer than what we would have been if there was a baby in the house. We, I think sometimes I refer to us as being selfish we such a major part of each other's lives at the moment that em, we exclude everybody else. It like em, when when when I can't picture myself without him and em..."

Even though infertility proved to be a challenging and trying time for many couples, Mrs F found that infertility has strengthened their marital bond.

Half of the participants expressed that infertility posed a serious threat to their marital relationship. One participant's marriage ended in divorce, and another two participants were separated from their husbands for a few months but managed to reach some kind of resolution.

Summary

Participants in this study described children as an important element in completing a family and fulfilling a marriage. They also highlighted the dominant discourse of family as representing a mother, father and child/children. Childless couples are often referred

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to as couples. It is only when the union has produced progeny that the couple is considered a family.

4.2.4. Infertility is punishment

From the beginning of time, fertility was regarded as having strong roots to certain religious groups. For instance, Sewell (1999) quotes (The Holy Bible) Genesis 1:28 "Be fruitful and multiply". When individuals were unable to bear children, they were often thought of and labeled as being cursed or punished.

People living in these earlier epochs generally perceived infertility as being God's way of punishing those people who were living sinful and ungodly lives. Fertility was thought of as blessings from heaven, whereas barrenness was thought of as a curse or form of punishment.

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Participants in this study were asked, "how do you make sense of your childlessness?"

i) Mixed emotions

All of the participants expressed mixed emotions in attempting to understand their childlessness. Sometimes they would think about their infertility as being God's will and His plan for them. Whilst at other times they would question their infertility and pursue medical intervention. It seems that the participants experienced a constant psychological 'tug-of-war'.

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Some of the participants replied as follows:

"Okay, you mean like why can't I conceive and someone else can. I really don't know I have mixed emotions. I have mixed emotions you know one moment I think like this the next moment I think why me, May be he did something wrong maybe I did something wrong I don't know. Yes sometimes I do... maybe I... I don't know maybe something in me that don't ... I really have mixed emotions on that one. I can't answer that one. I have mixed emotions man, really you know one moment I think this the next moment I think like that. Yes, one moment I think that may be I did something wrong or I'm not good enough to ... you know and then the next moment I think oh may be this is just God's will and ..."

(Mrs A)

This participant shares her thoughts about her infertility and reveals that she thought she was infertile because perhaps either she did something wrong or she is not good enough to become a mother.

"Oh I don't know that is so difficult. You know sometimes I think that it is God's way, it is God's will. Other times I think this is not nature, this is not the way it suppose to be and em, and sometimes I just feel like doing anything I can you know pursuing all the treatments and doing all that I can so that I can fall pregnant. So I'm so stuck on that one I have not resolved making sense of this childlessness yet."

(Mrs C)

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Mrs C expresses that she too has mixed feelings about why she is infertile. She says 'this is not nature, it is not the way it is suppose to be'. Even though she too feels the tug of war she still pursued treatment and endeavours to do all she can to fall pregnant.

"At first, I could not make sense of it at all. I remember for years, especially if you hear that someone else is pregnant just don't please leave them, just think about your experience when kids whose like thirteen, fourteen. I thought that I was being punished; I must have done something majorly wrong for this."

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(Mrs F)

Mrs F could not make sense of her infertility but thought that she must have done something seriously ('majorly') wrong to be punished like that.

"In the beginning it was extremely difficult, I cried em but I suppose as time goes on and you get to know the Almighty better then you start to study yourself, you look at yourself in the mirror and you say to yourself that 'I haven't created a cell in my body not one cell did I create so how can I take control of creating another life within my body when I didn't even create myself. Everything should be done with the almighty inside and if the Almighty decided that this is not the way it is suppose to be I have chosen you to be barren, so be it. It's out of my hands. In the beginning I hated it, it sort of grows on you, it sort of grows on you because em… whether we childless mothers lets put it that way, whether we childless mothers and fit into society certain times we become the stronger woman, eventually we do survive and come out tops because we are the ones that do more of community work whereas the other ladies that is house bound don't have the time to do that type of thing so we care for other mothers' children that don't have love for the children that is why we do community work because we have so much love and it not that particular time when you are doing community work then your children become our children. Yes, because I feel maybe this is the way that the almighty wanted it to be."

(Mrs E)

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Mrs E refers to herself and perhaps other like her as 'childless mother'. She conveys that she has engaged in some form of self-evaluation and in that got closer with the Almighty. She sees herself as playing an important role in society whereby she can provide love and care for children whose mothers cannot to do. She regards herself as a stronger woman.

"Your child becomes my child. Em, four years ago I would say I would use the word 'inadequate' you know to those who could not have children. I would feel that they have more than I do or that they are luckier than I am because they have children. But five years down the line I am wiser and older and em today as I am sitting here I feel extremely lucky to the extent that em okay I don't have children but I do have so much love in my heart that if I had to get a call now from any

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orphanage and they tell me that they looking for a foster mother I am there. Can any other mother do that when they have children of their own? They have a lot to consider, I can just go I can just make the decision to act on impulse whether I can help that child for a weekend, for a week for a month, I will do it."

(Mrs E)

Mrs E like Mrs F also reveals that they have love for children who cannot receive it from their biological parents.

(ii) Fertility versus infertility

All of the participants illustrated the discourse of infertility being a form of punishment. In accordance with the belief of people living in medieval times, these participants associate believing in God and living good lives with fertility and associated disobedience with punishment and infertility.

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The biblical text "be fruitful and multiply" has promoted this thinking of punishment versus blessings. The Holy Bible also relates stories about women who received punishment in the form of barrenness. These discourses and discursive variations clearly influences and plays a role in how people perceive fertility. These participants all engaged in a form of self-evaluation to assess not if they have been punished but rather accepted that punishment is evident and tried to identify the reason for their punishment. One participant described her assessment as having done 'something majorly wrong'.

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4.3 Conclusion

This chapter has analysed the participants' construction of infertility. Four broad predominated discourses were identified in the narratives. Accordingly, participants in this study constructed meaning of their infertility in terms of womanhood equals motherhood, infertility is disempowering, children constitute a family and infertility is punishment.

The discourse of inequality has been directly linked to each of the discursive variations located within the four broad discourses. The discourse of inequality, which is characterised as a trademark of our South African context, reveals not only gender differences but also gender inequality. Gender is socially constructed and therefore upholds the ideology of a patriarchal society. Women are occupied with fulfilling the prescriptive roles of motherhood whilst men are capitalizing and dominating the economical and financial spheres. As a corollary of this social arrangement, women are discursively excluded and marginalized from public work by virtue of their care-giving and nurturing responsibilities (Marshall, 1995).

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Besides men and women being described as fulfilling different roles socio-culturally, the gendered power dynamic deems men superior to women. Because women are socialized into prioritizing their care-giving responsibilities above that of career ambitions, the discovery of infertility results in them questioning their existence and their identity (Marshall, 1995).

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Men are in the position of power and therefore dominate the corporate world. Women are distracted by the dominant discourses of motherhood embraced by their culture and the society in which they live. As a result, women tend to juggle domestic responsibilities with career commitments. However, for the most part, it seems that the care-giving responsibilities receives more priority.

Despite parenting being a couple's aspiration, women are usually the partners to assume more care-giving responsibilities. Men are not expected to sacrifice any aspect of their career ambitions. Women tend to be more socially stigmatized and ridiculed for being infertile than men. Within the discourse of inequality it is also evident that infertile women in the South African context are disadvantaged in terms of gender dynamics [men versus women] and they (infertile women) are not treated equally to women who are mothers. Infertile women are treated as outcast in society and they are regarded as inferior to women who have children. Therefore, the discourse of inequality is palpable in our South African socio-cultural context.

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CHAPTER FIVE

LIMITATIONS OF THE STUDY AND RECOMMENDATIONS FOR FUTURE RESEARCH

5.1 Introduction

This chapter provides a conclusion to the study. It commences with a brief outline of the findings of the study and proceeds with the limitations and recommendations.

5.2. Summary of the key findings

This study set out to explore how a group of middle class South African infertile women construct meaning of their infertility. A discourse analysis of the narratives of the six individual interviews with these participants revealed four predominant discursive themes: womanhood equals motherhood; infertility is disempowering; children constitute a family; and infertility is punishment. Many of these discourses presented various discursive variations or themes. These themes presented a number of key findings.

Predominate themes reflected a discursive position of inequality. Once again, this study revealed that gender inequality is deeply entrenched in our South African context. Whilst

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exploring how participants constructed meaning of infertility, it became evident that prominent discourses of motherhood were interlinked to the discourses of infertility. This key finding is apparent from the first two discourses mentioned above.

The discourse of womanhood equals motherhood revealed that infertile women in this study feel inferior and unfulfilled because of their inability to conceive. Childless women in this study experienced difficulty functioning in our socio-cultural context because our South African society places a high value on motherhood. Women are preoccupied with achieving motherhood and all work aspirations are secondary because motherhood is revered in our society.

Motherhood and thus womanhood is socially constructed within the discourses of gender differences and gender inequality. Our patriarchal social structure endorses the discourses of imperative motherhood and together with social tools like print and television media perpetuate social messages that persistently promote the ideas and ideologies of gender inequality.

In addition to women being subjected to gender inequality, women in general but infertile women in particular endure a sense of disempowerment. Participants asserted that when they were socializing with women who have children [mothers), they were either being blatantly debarred from certain conversations or experienced censorship of particular conversations. Infertile women in this study also revealed that they experienced a sense

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of dyscontrol because they were unable to change their infertility condition and thus felt powerless to gain control of their lives.

Participants shared their feelings about how important children are in fulfilling a marriage and completing a family. They (participants) also expressed that it is only when a couple has a child that they can be referred to as a family. For many of these participants the absence of biological children challenged the marital relationship. The effects of infertility for many of these participants resulted in either a separation or divorce. However, marital counseling and adoption of children contributed to the couples' reconciling and strengthened the marital bond.

All of the participants expressed mixed emotions about how they made sense of their infertility. They expressed confusion about 'why' they were unable to conceive. None of the participants reached a sense of resolution. They expressed an on-going emotional 'tug-of-war', whereby at one stage they would feel that it is God's will for them to be childless but then at a later stage would feel that it is not normal and natural to be infertile. They often equated infertility with punishment and [equated] fertility with blessings from heaven. In addition to women being socio-culturally groomed they were also religiously reinforced to embrace the discourse of imperative motherhood. For all of the participants in the study, infertility has been a challenging ordeal and affected all aspects of their life.

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5.3. Limitations and recommendations

This qualitative study set out to explore how a group of South African infertile women constructed meaning of their infertility. The sample was selective and purposive and the key findings cannot be generalized to a broader population of women who have experienced infertility.

Only women who spoke English and Afrikaans were included in the study. Therefore, many infertile women who perhaps wanted to participate were excluded due to the language barrier of the researcher.

A further limitation of this study is the homogeneity of the sample. The sample comprised of middle class infertile women. Even though these women are less affected by a discourse of inequality, they nevertheless still experience some discursive variation of inequality. Inequality in this context is not equated with limited or lack of economic resources but rather reference is made to the circumstance of infertile women not being equal to others – it may be men or fertile women. A true indication of the discourse of inequality would include a study on the infertile women who have been historically disadvantaged in our South African society. Infertile women draw on different discourses. The discourses that infertile women draw on are largely dependent on their socio-cultural context. Depending on the dominant discourses embraced by their culture

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will largely determine how women make sense of their infertility. Therefore, a more representative sample of South African society would offer further insight into the pervasiveness of the discourse of inequality and also facilitate and present the diversity of motherhood.

It is recommended for future studies that the recruitment of participants take place very early in the study, perhaps in the planning stage already. Involuntary childlessness is a very sensitive topic and not all infertile individuals are willing to speak openly about it. Also, due to the sensitive nature of the topic, the researcher has experienced that it is important to build rapport with the participants before the interview. Participants in this study were initially very apprehensive. The researcher engaged in a casual conversation with the participants for half an hour before the interview and this proved to enhance the rapport during the interview process. In addition to the casual conversation before the interview, it is also important to debrief the participants after the interview. Participants share their experiences and stories and very often deep-rooted hurt and raw emotion is evident. The debriefing session subsequent to the interview is crucial and researchers should become cognizant and aware of how important it is for participants to reach some degree of closure before participants are sent home. It is always advisable to have a psychological counselor available to conduct these debriefing sessions especially when research on conducted on sensitive topics.

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Furthermore, it is recommended that future studies specifically focusing on the effect of infertility on reproductive health in the developing world utilise a larger sample. It is

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important that such studies inform and develop policies on infertility care, particularly in countries like South Africa. It is imperative that such policies consider the socio-cultural context of involuntary childlessness in a given country that requires cultural sensitivity in the delivery of health services.

This study utilized a social constructionist theoretical perspective as a means of understanding the phenomena of infertility. Even though this framework provided an explanation of the construct, discourse analysis contributed by highlighting the matrix of discourses that come into play. The utilisation of social constructionist ideas have been liberating as it adds a new dimension for individuals who find that they are defined by others (Gergen & Davis, 1997). Social constructionists assert that there is more than one ('proper') way of defining phenomena. The constructionist paradigm primarily focuses on and highlights how the dominant discourses of one's socio-cultural practices influences one's self-definition.

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For all of the infertile women who participated in this study, the infertility ordeal has caused much hardship and impacted negatively on their self-esteem. In terms of the marital relationship, many of the participants experienced marital instability. This study has provided a clear sense of the daily functioning of infertile women. Despite this study having a small sample, the social pressure endured by infertile women and the psychosocial implications are clear. Infertility affects one in every six couples. It is a serious growing problem that demands further attention.

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Appendix 1

A Discourse Analysis Of South African Women's Experiences Of Infertility

Demographic Information

Full Name: ____

Date of Birth:______________ **Religion:**________________

Home Language: ____________ **Education:** ______________

Occupation: ___________________________

How many brothers: __________ **How many sisters:** __________

Your birth order: ____________

Clinic / Hospital: ______________________________________

Date of 1st visit: _____________ **Duration of infertility:** __________

Diagnosis: ____

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Appendix 2

Inform Consent Form

A Discourse Analysis Of South African Women's Experiences Of Infertility

Dear Participant

We would like to request your participation in a research study examining how a group of South African infertile women experience involuntary childlessness. We are particularly interested in learning about how women construct meaning of their infertility and to identify how socially constructed discourses of womanhood affect the daily functioning of infertile women.

If you are willing to participate in this study, we would like to conduct a face-to-face interview with you, which would take approximately an hour. If you agree, the interview will be tape-recorded. A female researcher who is a research psychology master's student will conduct the interviews. The interview will be held at a venue convenient to you and at a time that suits you.

In the interview, questions will be asked about how infertility has affected your status as a woman, your marriage and daily social pressure endured. Some of the questions are very personal, please feel free at any time during the interview to either refrain from answering any questions you deem are too personal or to stop the interview altogether. Should you choose to do so, you can request that all of the data collected about you, including tapes and transcriptions of tapes, be destroyed and they will be.

Should you find that sharing your infertility experience with us brings back painful or difficult memories, we have a psychologist on standby who is willing to assist.

To ensure confidentiality of the research material, no names will be placed on interviews or forms. Each participant will be given a code name. Only the researcher and her supervisor will have access to any of the data, including the tapes and the transcripts. All tapes, transcripts and information relating to the study will be stored inside a safe. Thus all information will be held confidential.

If you would like to participate in the study, please sign below.

____________________ ____________________

Participant Date

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Appendix 3

The Social Construction of South African infertile women .

Interview Schedule

1) What was it like for you when you first discovered you had difficulty with conceiving?
2) What kind of emotions / feelings did you experience?
3) Why is it important for you to have a child?
4) Has the inability for you to have a child affected your marriage? How?
5) How do you make sense of your childlessness?
6) Has the inability to have a child affected your status as a woman? How?
7) How do you feel being around other women who have children?
8) What do you think caused the most distress?
9) Do you feel that you have gained anything from this experience?
10) Would you like to share anything else in relation to this discussion?

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