The Perceptions of Fatherhood for Infertile Men in South Africa

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DECLARATION

I, Suriya Mohamed, know and accept that plagiarism (i.e., using another's work and presenting it as one's own) is wrong. Consequently, I declare that this research report is my own unaided work and it has not been submitted before for any other degree of examination at this or another university.

Signed: _S. Mohamed__

Date: 29 January 2019

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CHAPTER 1

1.1 INTRODUCTION

This study aimed to explore the subjective experiences and perceptions of fatherhood of men who are diagnosed with male-factor infertility, by considering the role of masculinity and how it may have influence their perceptions.

Having children is one of the most common and necessary assumptions about the future that men and women make in their lives (Bulatao, 1981). For most people, the desire to have children is influenced by inborn or culturally determined factors (Fawcett, 1983). Since culture has a strong effect on individual perceptions, most people desire children to fulfil cultural expectations that view children as a source of economic, social, and psychological value to individuals, thus placing importance and desire in having children.

In the case of fatherhood, the prevalence of male infertility across the globe presents a major reproductive health problem since infertility has considerable implications for one's well-being, affecting both the physical and psychological dimensions of health (Bartlam, 2004). However, research of the experiences of infertility exists more for infertile women than it does for male-factor infertility (Inhorn, 2003; Edelmann & Connolly, 2000). Studies that concentrate on men's perception related to infertility are disproportionate to the female perception of infertility and as a result, the experience of male-factor infertility becomes less thoroughly explored outside of the couples' experience of infertility (Fisher, Baker & Hammarberg, 2010).

Research highlighting global trends has found that up to 8% to 12% of couples experience infertility, with approximately half of it due to male-factor infertility (Kumar & Singh, 2015). In less developed nations, infertility is evidently higher, accompanied by infectious diseases, which

are responsible for the higher rates of infertility. According to Agarwal, *et al.*, (2015), at least 30 million men worldwide are infertile, with the highest amounts in Africa and Eastern Europe. This suggests that the experience of male-factor infertility is significant for many men in South Africa.

Gender and infertility are connected and Edelmann and Connolly (2000) argue that the psychosocial effects of infertility are greater for women than for men as a result of gender stereotyping. Throsby & Gill (2004) claim that men are not as open and free to discuss their infertility experience in detail as women are, since they found men to feel more stigmatised and have their masculinity questioned (Gannon, Glover & Abel, 2004). Webb and Daniluk (1999) adds that because there is a social and media connection made between a man's infertility and a sense of lost virility, it makes it difficult for infertile men to participate in studies about infertility because of implications regarding their virility. Some men focus less on health and more on conflicting constructions of masculinity, such as how it compromises their identity of manhood. Ultimately, this is due to the stigma and sensitivity attached to the topic, which makes it difficult for infertile men to talk about their condition without fear or shame.

Greil *et al*., (1988) found that the men's sense of their sexuality, sex role, self-worth, and identity are changed by their experience of their own infertility. Male infertility is also associated with impotence, and as a result, these men experience a sense of vulnerability and emasculation due to their inability to father children (Webb & Daniluk, 1999). Fatherhood represents the achievement of the adult status for a man, confirmation of masculinity, and sexual competence (Sherrod, 2006). The inability to experience biological parenthood becomes a secondary factor to explore for infertile men, as some studies pay more attention to the physical health concerns related to the experience of infertility without the consideration of the social factors that may affect men's experience of infertility. When investigating gender stereotypes of infertile men and women,

motherhood was found to be valued more for women than fatherhood was for men, (Fisher, Baker and Hammarberg, 2010), which emphasized that one reason for this may be that the desire for children in society is considered less central to the sexual identity for men than it is women. Social perceptions, whereby it is viewed that parenthood and the desire for children is more important for women than men, creates perspectives which undermine the desire and right to paternity for infertile men. However, even with gender stereotypes existing, Hadley and Hanley (2011) argue that for some men, fatherhood is very significant to them outside of the social and gender role. Therefore, it becomes an important element to explore in research on male infertility as it is an underexplored component of male-factor infertility and some men may desire fatherhood for personal reasons outside of the gender roles.

1.2 AIMS & OBJECTIVES OF STUDY

The aims of this study are as follows:

- To explore the perceptions of fatherhood by men with male-factor infertility.

  The focus of this point was to investigate the various ways infertile men perceive the identity and role of fatherhood from their positions as infertile men in South Africa.
- To explore the experience of infertility for infertile men.

  The focus of this point was describing the subjective experiences of men diagnosed with male-factor infertility, which may range from personal thoughts to how they think others view them.

1.3 RATIONALE

Research focusing on the perceptions of fatherhood for infertile men in South Africa is fairly limited as most research regarding infertility focuses on infertility as generally a health concern (Cooper *et al*., 2009; Dyer *et al*., 2004), as it is related to anatomical and genetic problems (Bergstrom, 1992).

Daar and Merali (2002) suggest that there are fewer studies in developing countries that have been conducted, especially with focus on the male's perspectives of reproduction (Dyer *et al*., 2004). The present study hoped to explore the various perceptions of fatherhood for infertile men and the meaning it held for them by considering the experience of infertility within a South African context. As such, this study aims to contribute to current knowledge on infertility by adding to our understanding of men's experiences of infertility and their perceptions of fatherhood and masculinity.

According to Greil (1997) and Sherrod (1995), more research focused on the psychosocial consequences of infertility for men is needed beyond that of its incidence, cause, and treatment. Recent studies have focused largely on psychological response and coping strategies of men experiencing infertility (Agarwal *et al*., 2015; Miner *et al.,* 2016; Péloquin *et al*., 2017). These studies have found that mental health was poorer for infertile men, with lower physical health and life expectancy compared to their fertile counterparts.

Less research focuses on the sociocultural effects of infertility in relation to the desire for fatherhood amongst men (Hadley & Hanley, 2011). The majority of studies conducted in western-based, modernised contexts often portray infertility as a medical condition instead of a psychological condition with social consequences, which neglects the sociocultural context of

human experience (Greil, Slauson-Blevins & McQuillan, 2010). However, the effects of infertility on masculinity are imperative to look at as it may help to understand how social factors may contribute to psychological distresses experienced by infertile men, such as the desire for fatherhood. Since the effect of infertility has been found to comprise of gender identity and reduced masculinity, Burton (2014) argues that social constructs of masculinity can be harmful to infertile men in numerous ways. Thus, exploring infertility and the desire for fatherhood within specific contexts where various forms of masculinity exist, may add to literature about the masculine identity of some infertile men and the ways in which it plays a role in how fatherhood is perceived or valued by them. South African cultures are predominantly patriarchal, thus the performance of masculinity present great value for men in such contexts (Ouzgane & Morrell, 2005).

In South African contexts, fatherhood is an important expression of masculinity (Richter & Morrell, 2006). Male-factor infertility presents a major obstacle to the subjective experience and performance of masculinity in an African context (Galhardo *et al*., 2013), as it is considered an important part of the African male identity. However, research concerning men's desire for fatherhood is under-explored (Fisher & Hammarberg *et al*., 2012), especially in South Africa, where fatherhood is considered a valuable part of one's culture and status as a patriarchal figure (Richter & Morrell, 2006). Fatherhood is central to the developmental experience for most men, and the impact of male factor infertility becomes a cause for concern due to their inability to participate in this experience (Hadley & Hanley, 2011). For some infertile men, the sociocultural significance of the identity of being a father is inseparable from the expectations they are pressured to meet, which influences how some infertile men view fatherhood and themselves (Edelmann, Humphrey & Owens, 1994). These are essential factors to explore, as sociocultural expectations

and norms are predominantly focused on reproduction (Burton, 2014; Sylvest *et al*., 2014) and it may negatively affect some infertile men when they feel its pressure.

This study hopes to build upon views on masculine identity (Clatterbaugh 1998), particularly focusing on Sub-Saharan Africa settings, of infertile men. While women have been found to desire bearing children more than men (Bankole & Singh, 1998), social constructions of the fatherhood identity present significant emotional challenges for infertile men (Greil, 1997). In recognition of the emotional challenges, the subjective value placed in fatherhood by infertile men is important to examine as it may indicate whether or not some infertile men are affected more by their infertility because of the desire they have to attain a paternal status.

Considering how research by Gannon, Glover and Abel (2004) has found that men who follow traditional masculine sex roles are more vulnerable to distress from their infertility, this study also aims to explore masculinity in South Africa and how it may have influenced how some infertile men place meaning onto fatherhood. It is intended that by scrutinising perceptions of fatherhood and the subjective value placed in fatherhood by infertile men, this research will address gaps in knowledge related to social dynamics of masculinity and how it influences the way in which the male identity and the desire for children is affected by infertility. It is hoped that this study can contribute to broader studies of infertile men in South Africa, the constructions of masculinity in relation to the desire and perceptions of paternity, and in extension how it consequently affects emotional health. It may also contribute to other cross-cultural studies on the significance of fatherhood for infertile men.

1.5 RESEARCH QUESTIONS

The questions guiding this study are:

• How do men experience male-factor infertility?

• How do infertile men perceive fatherhood?

The following chapter will introduce a discussion about fatherhood and it will contain the literature review, which will discuss the notion of fatherhood, fatherhood as it is understood in South African contexts, and male-factor infertility in relation masculinity and the perceptions of fatherhood. Research on similar topics from other cultural contexts will also be discussed to understand male-factor infertility and fatherhood.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This literature review explores the concept of fatherhood, the psychological effects of male-factor infertility and the perceptions of fatherhood for infertile men. It will include literature on the experiences of male infertility, masculinity and the perceptions of fatherhood for infertile men, bearing in mind a South African context.

2.2 FATHERING AND FATHERHOOD

2.2.1 Definitions of "fathering" and "fatherhood"

In Western societies, it is argued that to become a father, a man achieves this after impregnating women (Dowd, 2003), however, Morrell *et al.*, (2003) states that there is a difference between the concept of fathering and fatherhood, which both contribute to what constitutes a man as a father. Being a father, or the term fathering, is generally related to the biological role and contribution to producing offspring, whereby this role does not include taking on the parenting role of raising and providing for the child and can include artificial insemination. In South Africa, fathering is also related to biologically producing offspring, through natural means (i.e. intercourse). Fatherhood, on the other hand, is understood as the social role of kinship and paternity that does not necessarily have to occur through procreation (Morrell *et al*., 2003). Fatherhood associates fathering on aspects such as nurture and shifts away from the marital role of traditional fatherhood. This includes biological fatherhood and also social fatherhood in terms of adoption or fostering.

In a South African context, the kinship role alone of the father is an expression of masculinity (Galhardo *et al*., 2013). Fatherhood has important implications for how men experience their infertility since cultural and social perceptions of fatherhood stresses the social relationship and desire for children, which excludes the ability to procreate. Fatherhood also involves both the economic and social contribution to a man's identity (Engle, 1997).

2.2.2 Types of Fathering In a South African Context

Social fatherhood is another common practice in South Africa, whereby men experience fatherhood through taking the role and responsibilities of a father when they adopt, take in children from extended families or previous marriages and raise children not fathered by them, as their own (Morrell *et al.,* 2003). These perceptions of fatherhood are represented by the attitudes towards and beliefs about fatherhood combined with the desires of biological fatherhood and social fathering, through caring for children through foster care or adoption.

2.3 FATHERHOOD AS AN EXPERIENCE OF MASCULINITY

The value of children in Africa is related to familial heritage, following religious beliefs of reproduction, having assistance for domestic tasks, and gaining respect and social status, especially for men, who are expected to fulfill the expectations regarding their role as men in their community (Dyer, 2007). In South Africa, fatherhood is valued because of matching reasons (Richter & Morrell, 2006). Becoming a father is considered an important social status towards adulthood that is attained after a man has a child (Lesejane, 2006). In a South African study by Taylor *et al*. (2013), it was stated that children are viewed as a source of meaning, happiness, and fulfillment. This goes on to suggest that fatherhood is related to notions of fulfilling masculinity and social identities, especially as a married man. Furthermore, from many cultural perspectives, it is

believed that the status of being a married man gives couples the duty to have offspring because of traditional masculine roles and beliefs about reproduction (Langdridge *et al*., 2005).

Having children not only represents a sense of accomplishment and pride for men, but it also portrays their virility, giving them social status and recognition, which consequently follows the norms of masculinity in their society (Morrell *et al.*, 2003). The consequence of not having children for men was reported as reducing their masculinity and social status, leading to humiliation and a loss of respect from others (Ratele, Shefer & Clowes, 2012). These views can be assumed to relate to the way these men value fatherhood in South Africa, thus, the desire for fatherhood by infertile men may then be due to adherence to the masculine ideals that it is associated with within its cultures. Being infertile becomes a challenge to masculinity, but for some men, fatherhood may suggest restoration of the lost masculinity as a result of their infertility.

Fisher, Baker and Hammarberg (2010) argue that fatherhood appears less important to the male identity than motherhood is to the female identity. They further contend that it may be an imprecise view that infertile men are not as distraught as women are with infertility since men are likely to accept not being able to have children more than women are. Having offspring is viewed as a natural process of one's life cycle for the majority of people, regardless of gender (Daniluk, 2001). To be able to father children is a very important part of male identity within many cultures as it displays traditional traits of masculinity. Fatherhood is therefore related to ideals of masculinity and social identity, especially for married men. Being a married man comes with expectations of fulfilling social practices and duties, such as reproducing. Children not only provide men with a sense of accomplishment and pride, they also validate their virility, which may enhance one's social status (Mason, 1993). For many cultures, the recognition from having the status of a father confirms one's dominant standards of masculinity in their society (Connell & Messerschmidt,

2005). In South Africa, fatherhood is generally understood as an important development for men in society, which allows them to achieve respect and the status of manhood, regardless of what age they become a father (Enderstein & Boonzaier, 2015; Richter & Morrell, 2006).

Edelmann, Humphrey and Owens (1994) found that some men who could not have children would deny that their infertility had impacted their masculinity, and instead associated fatherhood with sexual identity. However, it was proposed that the men in the study were fathers to children and had already experienced fatherhood prior to their diagnosis (Fisher, Baker & Hammarberg, 2010), suggesting that men who have already experienced being a father may not relate their infertility to masculinity, unlike infertile men who have not experienced fatherhood at all. Ultimately, the study showed that fatherhood is related more towards a drive to achieve a masculine identity for childless infertile men than it is for infertile men with children because they already have children to prove their masculinity.

Webb and Daniluk (1999) found that men who were not yet diagnosed as infertile also experience pressure from their partners, family, friends, and their society to father children. The expectations of having children and fulfilling their role as married men from family, culture, religion, and the media serve as implicit forms of reinforcement and help maintain patriarchal masculine ideals for men (Carrigan, Connell & Lee, 1985). In an American study exploring the desire for fatherhood of infertile men in fertility treatment, men without children strongly believed that having children is an important developmental part of the life (Hadley & Hanley, 2011). In another study in Canada, because of the pressures from society and cultural expectations, men felt that fathering children was also an essential part of their lives as men in society (Webb & Daniluk, 1999). These studies indicate that socio-cultural factors play a major role in some infertile men desiring children.

It becomes difficult for some infertile men who long for but cannot achieve fatherhood to reconstruct their identity since they feel as though they are at a loss (Fisher, Baker & Hammarberg, 2010). Unable to fulfill their desire of reproducing leads to emotions of inadequacy and negatively affects their masculine identity. This is because they fail to fulfill their duty in marriage as well as the perceived responsibility of being a man who must carry on his bloodline (Webb & Daniluk, 1999).

Ultimately, understanding perceptions towards fatherhood is closely related to masculinity, which has meaningful implications for men who are diagnosed with male-factor infertility. By looking at the perceptions of paternity from perspectives that accounts for the cultural, social and interpersonal, in relation to the adherence to masculine ideals, one will be able to explore how fatherhood is perceived by South African men who are childless and to what extent such factors play a role in the perceptions infertile men have of themselves and the desire they place in fatherhood.

2.4 MALE-FACTOR INFERTILITY

According to the World Health Organization (1991), male-factor infertility refers to a man's inability to impregnate a woman after 12 months of consistent and unprotected sexual intercourse, notwithstanding the woman has no difficulties relating to fertility. Infertility is also seen as a socially-constructed process wherein individuals view the inability to have children as a problem with themselves (Greil *et al*., 2010) as opposed to being merely a medical condition (Burton, 2014). Research on male infertility demonstrates a relationship between fertility, masculinity, and virility, which are believed to be the most challenging aspects of infertility for men (Webb & Daniluk, 1999) because of the psychological impact it has on their physical and mental health.

Sub-Saharan Africa is stated to have one of the highest male infertility rates around the globe (Agarwal *et al*., 2015). In some areas, up to one-third of couples are infertile (Daar & Merali, 2002).

2.4.1 Psychosocial Effects of Male-factor Infertility

For many men, the impact of infertility negatively affects their psychological well-being (Cousineau & Domar, 2007; Ying, Wu, & Loke, 2015). Emotional reactions to infertility comprised of grief, depression, anxiety, frustration, feelings of inadequacy, humiliation, and guilt were found in many accounts by infertile men (Babore *et al*., 2017). Furthermore, similar feelings such as loss, distress, and isolation were also experienced by involuntary childless men in a study of infertile men undergoing treatment (Hadley & Hanley, 2011). Additionally, negative emotions such as self-blame, shame, anger, low self-esteem, and higher levels of depression were observed in men who viewed themselves as the cause of infertility (Bak *et al*., 2012). Further studies have reported that men who were infertile experienced higher levels of negative emotions when compared to men whose wives were the ones that were infertile (Fahami *et al*., 2011). Bartlam and Woolfe (1998) reported that adults with no children felt isolated from family and friends as well as from broader society. This was found to be similar to infertile men without children, who also reported feelings of exclusion from the workplace (Dykstra & Keizer, 2009). From Dykstra and Keizer's (2009) study, they concluded that as a result of the isolation felt by being childless, engagement in risk-taking behaviours, such as alcoholism and turning to violence increased, in an attempt to manage emotional difficulty in response to perceiving their infertility as reflective of impaired sexual functioning and marital strife. This is believed to be associated with subjective emotional and psychological distress (Dudgeon, & Inhorn, 2003).

Social expectations of gender-roles have an effect on how men and women respond differently to infertility (Greil, 1997, Mabasa, 2002). Men and women may respond differently to infertility due to biological differences, gender-role socialisation, gender role constructions and cultural expectations or practices (Petok, 2006). Throsby and Gill (2004) explored how married men felt infertility threatened their masculinity whilst their wives received more sympathetic reactions, thus affecting their identity differently.

2.4.2 Male-factor Infertility and the Masculine Identity

Burton (2014) has found that infertility is often related to an altered sense of self by infertile men, in terms of their identity as men. Due to the associations between fertility and one's sexual prowess, some infertile men tend to believe that they are inferior, in terms of their masculine identity and sexual virility, compared to men who are fertile (Burton, 2014; Fahami *et al*., 2011). As most men consider paternity as representative of their masculine identity, infertile men tend to experience a sense of emasculation because of their inability to reproduce and fulfil the reproductive role (Dudgeon & Inhorn, 2003).

Enderstein and Boonzaier (2015) found that young South African fathers view fatherhood as a means of recognition of their masculinity, which suggest that the social construction of fatherhood is related to the achievement of the masculine identity. In Middle Eastern studies (Inhorn, 2004), it was found that masculinity was demonstrated by fathering children, especially boys. For these men, masculinity is contested in aspects such as virility and fertility, suggesting that fertility is associated with masculinity for men in Middle Eastern cultures (Inhorn, 2004). The desire for fatherhood consequently becomes important for some men to demonstrate their masculinity. In

terms of the construction of infertility, when a man is labelled infertile, he experiences a subjective loss of masculinity, which is felt by him and by others who also view him as less masculine.

In Pakistan, a qualitative study found that, socially, the identity of fatherhood was not valued the same way as motherhood was to women because infertility for women was more stigmatised in the country, however, it still had significant effects on one's sense of masculinity for men, who felt shame for not being able to impregnate their wives (Mumtaz *et al.*, 2013). Although biological fatherhood is considered as a demonstration of masculinity, in a study by Inhorn (2003), infertile men had reported that their masculinity was not majorly affected owing to their infertility since some of these men described alternative means to express their masculinity, specifically through their successes in sport or at work. For men in such contexts where fatherhood is strongly associated with masculinity, the perceptions of fatherhood differ because in cases where other means are available to express their masculinity, fatherhood is not always desired or perceived as majorly important to express their masculinity (Hadley & Hanley, 2011).

Pleck (2010) presents a Fatherhood-Masculinity model, which describes how there is an interaction between the practices of fatherhood and the definitions and performance of the male gender role. The model describes how the ways in which one defines masculinity and how one performs the role of a father is what determines the way in which fatherhood and masculinity is understood by them. It suggests that infertile men can change the values they place in becoming fathers through their subjective definition and performance of fatherhood and masculinity. It also suggests that one can alter how fatherhood is perceived, and ultimately how men react to their infertility. From this model, it proposes that it is imperative to consider how social aspects may affect the value infertile men place in fatherhood as part of their masculine identity, since it influences how some men define these aspects.

2.4.3 Social Perceptions of Male-factor Infertility

Barnes (2014) states that studies on male-factor infertility have found that there is a higher rate of vulnerability to distress concerning infertility associated with men who adhere more to traditional gender roles than those who do not. This vulnerability is reflected in research on emotional distress in relation to the subjective experience of male-factor infertility by Greil (1997), as the research explored the importance of the sociocultural context and the way men perceived their infertility. Infertility for men is sometimes viewed as a masculine failure rather than considered a medical condition (Burton, 2014), suggests that the social constructions of disease and illness impact upon the experience of infertility for men (Greil *et al.*, 2010).

There is a high level of stigma attached to infertility, primarily due to the way it is considered as taboo to discuss in some cultures (Miall, 1986). In indigenous South African cultures, male infertility tends to be stigmatised more than female infertility (Wischmann & Thorn, 2013). The higher level of stigma associated with male infertility may be due to the fact that unlike men, with female infertility, women are likely to disclose about their infertility problems and seek help more than men are, making it less controversial and thus reduces feelings of shame associated with it (Jordan & Revenson, 1999). Men are reluctant to talk about their infertility and seek help, and consequently suffer in silence, leading to the feelings of shame attached to their condition, which in turn results in psychological consequences. Infertility in men is considered taboo as it presents a challenge to hegemonic norms of masculinity (Burton, 2014). Men who do not accomplish the idealised form of masculinity in their culture are viewed and treated different from other men since they do not meet the ideals of the masculine identity in their society (Dudgeon & Inhorn, 2003).

Galhardo *et al*., (2013) have found that external and internal shame was experienced by numerous infertile men because of desires and pressures to meet hegemonic masculine ideals. Connell and Messerschmidt (2005) define hegemonic masculinity as the arrangement of gender practice, which represents the presently accepted manners of patriarchy, holding the dominant position of men and the subservience of women. A study conducted in South Africa reported that, because of the dominance of patriarchy in many communities, infertility in men was usually hidden and because of this, men were less affected by the social stigma of infertility (Mabasa, 2002), yet these men still felt undermined for their infertility from an internal point of view. Research indicates that many men believe that infertility and sexual dysfunction is synonymous (Lloyd, 1996), thus being infertile is viewed as a shameful condition for men, leading to even more reluctance in being open about it. Furthermore, studies have shown that not having children has become more acceptable for women than it is for men in some societies (Koropeckyj-Cox & Pendell, 2007). This leads to men wanting children in order to avoid the stigma attached to childlessness.

In a Danish study of men undergoing fertility treatment, the participants expressed that their infertility affected their perception of masculinity and that the goal of fatherhood was desired for establishing their sense of masculinity back to them (Sylvest *et al*., 2014). Those who were unsuccessful in treatment and could not have children felt ashamed of their inability to reproduce, however, Hadley and Hanley (2011) reported that a number of men in their study were able to separate their infertility diagnosis from their masculine identity, as they did not believe their infertility was related to their value and identity as a man. This suggests that not all infertile men view their infertility as part of their masculine identity and place fatherhood and being a father (social or biological) as an important goal to achieve for personal reasons.

In South Africa, a study on infertile individuals by Sewpaul (1999) explored how religious ideas can affect how infertility is experienced. The view of infertility was also found to be similar across the religions explored in the study. When looking at religion and fatherhood, it can be seen that religion also places great value in fathering children (Dollahite, 1998). As a result, this places a high value on having children, which can affect how men view their infertility and the desire for fatherhood.

It consequently becomes fair to suggest that the concerns of masculinity play a vital role in how some infertile men perceive fatherhood as reproduction and fatherhood is considered an important part of one's role as a man (Owens, 1982). One perspective of the value placed in fatherhood can be understood by infertile men and the masculine identity.

2.5 MASCULINITY AND MALE-FACTOR INFERTILITY

Masculine beliefs and knowledge of the male and female roles and expectations are practiced by those in particular societies, and they create certain beliefs and expectation for individuals (Ridgeway & Correll, 2004), which they use as standards to live up to. Most men feel that they are expected to live up to traditional masculine ideals while at the same time reflect and also suppress their masculinity. Expectations from the ideals of masculinity and the desire to adhere to them can be detrimental to some men since they use these cultural constructs as standards for validating their identity (Good, Borst & Wallace, 1994).

Pleck *et al*. (1993) describes masculinity as the degree of confirmation and internalisation of sociocultural belief of the male gender role that guide individual behaviour. Masculinity is characterised as a set of identities and practices concerning domination and subordination of genders (Good, Borst & Wallace, 1994) and it incorporates ideals and values from culture that

defines what roles and expectations are for men within specific social contexts (Connell & Messerschmidt, 2005).

Male-factor infertility challenges masculinity, as men are unable to embody the masculine ideals, specifically of reproduction. For some infertile men, the inability to meet the expectation of male reproduction and the gender role of a father can be distressing (Babore *et al.*, 2017). Hegemonic notions of masculinity and of fatherhood often interconnect with the expectation that men have to demonstrate their sexual competency, virility, and masculinity through biological fatherhood (Connell & Messerschmidt, 2005). This presents unattainable ideals for infertile men who are unable to father children)

In patriarchal societies such as South Africa, the expression of hegemonic masculinity is normative and widespread (Ridgeway & Correll, 2004). Men are socialised to attain a particular kind of physique, emotional and behavioural practices, displays of male power and dominance, and expression of sexual prowess, and fertility (Connell & Messerschmidt, 2005). The masculine identity is constructed on these features, which are illustrative of a particular type of male gender role model and aims to assert and maintain power over others. These are what the ideal man should model in order to achieve a desirable masculine identity and gain respect from others (Gannon, Glover & Abel, 2004). Infertility leads men to reconstruct their male identity as they are unable to fit into the standards masculinity, especially that of reproduction (Webb and Daniluk (1999). This can often lead to psychological distress, such as depression, anxiety, stress, and shame, resulting in mental health problems which are prevalent amongst infertile men, (Babore *et al.*, 2017).

When the socially constructed ideals of masculinity are highly valued by men, it becomes harmful to those who cannot perform them and as a result, it alters their subjective perceptions of their own

manliness (Schrock & Schwalbe, 2009). It may also lead to seeking alternative ways to re-establish their masculinity, which can sometimes be seen when men resort to risky behaviours, through substance abuse and violence (Dudgeon, & Inhorn, 2003).

The cultural constructions of one's sexual practice and conditions guide how men may express and perceive their masculinity. As a result, the ideals of displaying a masculine identity may cause vulnerabilities and distress for infertile men if they are not able to accomplish these ideals. Paternity presents and a means for establishing men's masculinity by fulfilling their role in procreation. Men's desires for paternity may be representative of their masculinity in various contexts (Dudgeon & Inhorn, 2003). However, men who are not able to fulfil these ideals of sexual prowess and reproduction, experience their masculinity in conflicted ways (Tanfer & Mott, 1997).

2.6 EXPERIENCE OF CHILDLESSNESS BY INFERTILE MEN

Galhardo *et al*., (2013) demonstrates how the experience of shame based on external and internal factors related to infertility is founded upon negative attitudes by men as well as from others. A Nigerian study found that while infertility is connected to perceptions of lower masculinity, men passed the blame onto their wives and made secret arrangements to impregnate their wives by close family or friends (Dimka and Dein, 2013) in order to shift the shame from them. This also served as a way of conveying their masculine identity using a display of fatherhood from alternative methods of insemination because virility and the ability to reproduce is a vital part of cultural notions of masculinity.

The social fatherhood status is shown to be important for these men, even if it was obtained through non-biological means because how others viewed them was an important factor. This suggests that through the actions to demonstrate biological fatherhood, social fatherhood is perceived as

important to infertile men as much as biological fatherhood. For men suffering from reproductive cancer, this is also the case of desiring social fatherhood, where they felt that becoming infertile due to cancer affected their identity as a man since it led to the inability to become a father (Gardino, Rodriguez & Campo-Engelstein, 2011). Ultimately, infertility in men serves to undermine their male identity because infertility is seen as a loss of a culturally important masculine trait of reproduction and fathering (Burton, 2014).

In a South African study, it was also found that men tend to seek other ways to gain their lost masculinity, similar to findings in the study by Dimka and Dein (2013). It was found that infertile men also allowed other male family members to secretly impregnate their wives to prevent others from knowing about their inability to have children (Mabasa, 2002). This implies that the demonstration of biological fatherhood is highly valued despite men's infertility, and is directly related to ideas of masculinity, which emphasizes male reproduction and fathering. This was also found to occur in India, where it was reported that men who felt ashamed by their infertility and inability to have children secretly resorted to donor insemination as a way to restore their sense of masculinity. Men in this study described how they would allow their wives to be impregnated by another man or through artificial insemination and thus give the impression to others of having a child of their own (Bharadwaj, 2003), as opposed to not having children at all. In the same study, it was seen that adoption was not viewed as a favourable option of fatherhood as it did not serve as a biological connection and display of fatherhood, nor allow them to feel as if they have regained their manhood, as social fatherhood was not a sufficient expression of their masculinity (Dudgeon & Inhorn, 2003). Thus, even if fatherhood is seen as a possible way of re-establishing lost masculine qualities, it is subjective in aspects such as social fatherhood and biological fatherhood

and the cultural values the men upheld. In this context, biological fatherhood appeared to be desired more in order to express one's masculinity than social fatherhood.

2.7 DESIRE FOR FATHERHOOD

A study amongst Xhosa men who are unable to reproduce because they are HIV positive, it was found that these men did not want to adopt an non-biological child into the family despite desiring paternity (Taylor *et al*., 2013). When considering social constructions of fatherhood, Dudgeon and Inhorn (2003), suggests that such beliefs could propose that fatherhood through formal adoption and step-fatherhood is more widespread in Western societies than in non-Western societies because of cultural beliefs. This further suggests that the desire to restore one's lost masculinity through fatherhood is dependent on the social context and cultural factors that construct masculine identities. Thus, fatherhood may be perceived differently depending on the perception of biological or social fatherhood to express the masculine identity within cultures.

In most societies, having children and becoming a parent is highly valued (Gannon, Glover & Abel, 2004; Langdridge, Sheeran & Connolly, 2005). Furthermore, traditional beliefs suggest that children completed the image of a family structure and are viewed as enhancing one's status (Mason, 1993; Owens, 1982). Thus, for men, their ability to have children is considered as evidence of their masculinity (Owens, 1982), thus, not siring any is considered a failure to establish and portray their masculine identity.

Even though Mason (1993) suggested that traditionally, masculinity is viewed as the ability to impregnate women rather than taking the role of a father figure, fatherhood is still one aspect of men's identity in which they tend to define themselves as a masculine figure. This is especially to the culture they are part of, since men tend to focus on the display of masculinity, how they are

judged and what others expect of them. Men tend to have more pressure than women for displaying the appropriate gender role and a failure to reach sociocultural expectations of masculinity leads to negative judgment for men (Connell & Messerschmidt, 2005). A British study on men's attitudes to fatherhood found that men without children tended to associate paternity with masculinity a lot more, whereas women related maternity to self-satisfaction and their female identity (Gannon, Glover & Abel, 2004). The findings suggest that in cases where men attach fatherhood to masculinity, it may influence their perception of themselves as a defective man who cannot reproduce, thus leading to a desire to change that. The desire for paternity consequently becomes a central concern for infertile men as a pathway towards establishing their masculinity.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 METHODOLOGICAL FRAMEWORK

The aim of the study focuses on perceptions of fatherhood by infertile men, thus, to generate rich information about the participants' subjective understanding of their own infertility and perceptions of fatherhood, this study takes on a qualitative orientation, which is defined as an exploratory research approach used to gain a deeper understanding of subjective realities, perceptions and social relations (Willig, 2008). As a qualitative study, this research will be focused on how meaning is constructed by individuals and expresses subjective understanding (Kvale, 2007; Unruh, 2006).

The qualitative framework originates from disciplines, such as anthropology, sociology and psychology (Romanyshyn, 1971; Smith, 2015) and is concerned with the interpretation of subjective meaning, description of social contexts and the application of knowledge on data (Willig & Stainton-Rogers, 2008). Qualitative methodologies describe and explain experiences, behaviours, interactions and social contexts of individuals without quantifying data or using statistical procedures (Strauss, 1990). Unlike quantitative methods, which are depersonalising, it involves a holistic method, which considers relevance of the contexts and subjective experiences (Charmaz, *et al*., 2008).

The qualitative framework is characterised by methods that consists of interpretation and focus on meaning making (Morse & Richards, 2002; Willig & Rogers, 2017). This framework allows for greater focus on subjective meaning and in-depth understanding of lived experiences (Hammersley, 2003) in appreciation of how social perception shape human experience. Qualitative

research honours the subjective and lived experiences of individuals, and values the realities in its context (Bryman, 2012; Kvale & Brinkmann, 2009). It emphasizes the different perspectives of participants from varied circumstances, actively making sense of their experiences (Marks & Yardley, 2004).

A qualitative research is also exploratory and attempts to carry out a flexible approach to exploring insights into the perceptions of infertile men. This approach is appropriate for the aims of the study because it allows the researcher to explore the participants' perceptions and subjective experiences in a flexible manner (Bryman, 2012). As a qualitative study, focus is placed on how meaning is constructed from within the psychological, socio-cultural and linguistic dimensions of experience as it informs subjective understanding (Kvale, 1994).

Qualitative research are contextual and generally use inductive, emic approaches to understand lived experiences and meanings (Morse, 1994). When analysing the data from the emic perspective, viewpoints from the narratives of the participants are taken from the participant's perspectives and the researcher must constantly remain aware of their own beliefs and experiences that may influence the interpretation of data, and try to take the participants' perspective when analysing the data instead of their own (Chapman & Kinloch, 2011). In the qualitative approach, one can also use and established theoretical models after examining data, to explore how emergent findings extend or differ from existing theories and findings (Charmaz, *et al.,* 2008; Willig, 2013).

Within the qualitative approach, researchers engage in culture and context to investigate the particular situations present in the data to understand the lived experiences of individuals (Willig & Stainton-Rogers, 2008). Qualitative data provides insight into cultural activities that might otherwise be overlooked in structured surveys or experiments (Strauss, 1990). Qualitative methods

are ideal to explore topics where information is limited or subjective, to make sense of complex situations and to gain fresh insights about phenomena. This approach ultimately allows one to construct themes in order to explain lived experiences and foster enriched understandings of the phenomena (Morse & Richards, 2002). By adopting a qualitative approach, this study aims to explore how infertile men perceive fatherhood from a personal point of view. Fatherhood and infertility are complex topics in South Africa, thus this approach has been suitable in similar studies (Ratele, Shefer & Clowes, 2012).

Qualitative research aims to give light and privilege to participants' perspectives, subjective meaning, actions and contexts (Smith, 2015) and to generate an understanding of how people come to experience the world and themselves in a particular way (Willig & Stainton-Rogers, 2008). To achieve this, focus is placed on one's language, methods of communication and patterns of interaction within particular social contexts. In addition, focus is also placed on the description and interpretation of subjective meanings attributed to one's experiences (Morse, 1994). The researcher then focuses on theory-building by discovering patterns and connections in the qualitative data in order to attempt describing and understanding phenomena (Smith, 2015). Dense descriptions of subjective experiences tend to yield material that enriches our understanding better than data collected in a quantitative manner (Strauss, 1990).

Qualitative research aspires to address questions concerned with developing an understanding of the meaning and experience dimensions of humans' lives and social worlds, thus, central to qualitative research is how the participants' subjective meanings, actions and social contexts, as understood by them, are explained (Unruh, 2006). This is done by focusing on the thick description of context through describing and interpreting participants' views from one's point of view, which is context-specific (Smith, 2015).

Another aspect of the qualitative approach is narrative inquiry, whereby the stories that are described by participants are viewed as fundamental to understanding subjective human experience (Clandinin, Pushor & Orr, 2007). People reveal the ways they interpret their identities and experiences through their narratives. A narrative approach recognises the subjective position of the participant (Potter & Hepburn, 2005), and relates to human experience as stories which present possibilities for understanding identities (Søderberg, 2006). Lawler (2002), states that through the stories one tells, they are able to see the meaning of the world, and how they relate to the world, with themselves and others, and in turn it produces identities. Thus, narratives serve to construct and shape lived experience. Even when people are dishonest, exaggerate or fail to recall experiences (Riessman, 1993), narrative provides a foundation for understanding how others interpret certain situations and create a reality that they act upon, hence, this study used self-report as a method of data collection to collect the participants own narratives.

Because language and actions cannot be separated from the way knowledge is institutionalised and produced in society, data collection is undertaken in the natural setting with techniques of narrative inquiry. Questions are asked about the social and psychological spheres and processes, which help generate the themes that are identified in individuals' accounts. This approach attempts to interrogate existing psychological theories in the light of qualitative data through descriptions and interpretations (Smith, 2015). The qualitative approach examines broad questions rather than specific hypotheses to be tested, which reflect the aims, allowing for subjective insight and help the researcher achieve depth of understanding (Willig & Stainton-Rogers, 2008). Furthermore, the qualitative approach also inspects structures as grand narratives (Frost, 2011) by exploring how one's narratives are driven by societal systems, expectations, dominant ideologies, assumptions

about the truth and other discourses of power (Eisenberg, 2006) as they may influence one's experiences, perceptions, meaning-making and identity.

One of the reasons for implementing qualitative methods is to give voice to individuals and to allow their own perspective and understanding of their experiences to be expressed. Data analysis in this method is an inductive process with the explicit aim to describe and interpret the range of attributes associated with the phenomena being explored (Lewis & Ritchie, 2003). The qualitative research process is cyclic, as one must continuously engage in understanding the meanings from interpretations (Packer & Addison, 1989). In this approach, interpretation is concerned with understanding rather than with explanation of one's words and actions (Frost, 2011) and it should not be used to produce definitive knowledge and facts. Interpretation becomes fundamental to this approach as it is can amplify certain meanings about the phenomenon of interest. The challenge to qualitative researchers is, therefore, to read beyond what is present in the data, to expose areas of a phenomenon which are concealed whilst at the same time trying not to impose meaning onto the phenomenon, or fit it into pre-conceived ideas and theories (Frost, 2011).

In qualitative methods, the researcher is the instrument since the observations are registered through the researcher's mental and physical processes (Willig & Stainton-Rogers, 2008). As such, self-reflexivity about one's goals, interests and biases is especially important to consider when using the qualitative approach. One needs to write and reflect on the process of collecting the data, analyzing, reflecting, and inquiring (Willig & Stainton-Rogers, 2008). Given that the researcher is the qualitative research instrument, it is important to consider the personality, demographic background, traits, and preferences when conducting qualitative research. However, one can argue that a researcher investigating unfamiliar groups of people can provide a unique outlook on the phenomena by offering insights that an insider would not have (Smith, 2015).

3.1.1 Methodological Approach

This research adopted phenomenological approach in exploring the relationship between the perceptions of fatherhood and the masculine identity of infertile men. The approach involves detailed assessment of one's embodied experiences and personal perceptions as opposed to an attempt to produce an objective account of their experiences (Ashworth, 2003; Finlay, 2009). The aim of phenomenology is to look for novel, multifaceted and rich descriptions of a phenomenon as it is lived from an individual's perspective, done from a meditative manner with the researcher (Wertz, 2005).

In the phenomenological approach, one must adopt an understanding attitude of the data by refraining from introducing external ideas and judgments about the reality of the phenomenon, whilst also having scrutinizing attitude towards the data (Finlay, 2009). This approach uses actual descriptions of lived narrations, trying to understand the general essence of the phenomenon. This is done by reading between the lines of surface descriptions and explicit meanings of participants' narratives and words in order to understand the implicit sections (Mason, 2002, Willig & Stainton-Rogers, 2008). Giorgi, (2009) argues that the phenomenological approach to research encompasses three interconnecting processes, namely phenomenological reduction, description, and search for essences. For these processes to occur, it is important to note the researcher subjectivity constantly present in the study and the researcher must be open and try to see the situation from another view, such as through disciplined naïveté and empathy (Finlay, 2009).

Phenomenology is descriptive rather than explanatory, but the researcher relies on their interpretation of another's experience to understand and describe phenomena (Ashworth, 2003). When one is attempting to capture and explain the meanings of the participants to learn about their

experiences, those meanings are not clearly visible because they must be attained through a continuous engagement with the text and through the process of interpretation (Finlay, 2009).

3.1.2 Theoretical Framework

For this study, the analysis will be more interpretive rather than descriptive because of the limit in data collection. As such, this research was concerned with exploring the perceptions of fatherhood and how masculine identity may influence these perceptions using an Interpretative Phenomenological Analysis. Interpretative Phenomenological Analysis is an idiographic and inductive method that has emerged from hermeneutic thinking (Eatough & Smith, 2008; Willig & Stainton-Rogers, 2008). The goal is to explore participants' personal lived experiences focusing on the individuals' perceptions (Smith, 2004). With Interpretative Phenomenological Analysis, one can explore in detail how participants make sense of their personal and social spheres and understand the meanings of their experiences and perceptions (Brocki & Wearden, 2006). Interpretative Phenomenological Analysis also considers the importance of symbolic interactionism (Denzin, 2001) that focuses on the notion of how meanings are interacting and constructed by individuals within both a social and a personal experiences.

A limit to this approach includes access into the participant's experiences, which greatly depends on and is altered by the researcher's own biases during the interpretative process (Smith & Osborn, 2004). Interpretative Phenomenological Analysis is concerned with trying to understand phenomena from the point of view of the participants but at the same time, analysis can also involve asking critical questions of the texts from participants as a researcher (Smith, 2011). When interpreting data using the phenomenological approach, it is important to notice that people may struggle to express their thoughts and emotions and that they have reasons as to why they do not

want to disclose certain information (Smith, & Osborn, 2004). Hence, the researcher has to interpret people's mental and emotional state from what they say without imposing the reasons behind it.

Interpretative Phenomenological Analysis is a suitable approach when one is trying to find out how individuals are perceiving and making sense of particular situations from their narratives. One must hold a critical position to understand one's personal perceptions. The focus is in learning about the individual's psychological experience in the form of beliefs or constructs that are suggested by their narration, which can represent parts of their identity (Smith, 2004). Meaning is imperative, and the aim is to try to understand the content and complexity of those meanings rather than measure their frequency or generalise them. This involves the engaging in an interpretative relationship with the data.

3.2 SAMPLE

3.2.1 Selection Criteria

In alignment with the aims of this study, the inclusion criteria consisted of men who had been diagnosed with male-factor infertility caused by any form of illness, disease, or complication since the cause was irrelevant to the aims of the study. The age range selected for the study was 25 years old or older. Since the focus for this research was not specifically on men who suffer from sexual dysfunction, such as the inability to achieve and maintain an erection as opposed to the inability to impregnate a woman (Laumann, Paik & Rosen, 1999), childless men due to sexual impotence were excluded from participation in this study.

The difficulty in finding male participants willing to participate in infertility research has been cited by many researchers because of the sensitive nature of the topic in this field (Throsby & Gill,

2004). Due to the challenge of recruiting many participants for this study, only total of 21 participants were included in this study. However, Hollway and Jefferson (2000) suggest that, as a qualitative study, the aim is to gain an in-depth understanding of small samples. For this reason, the researcher believed a minimum sample of 20 adult men diagnosed as infertile would be acceptable for this study. Although Hollway & Jefferson (2000) make reference to interviews and focus group data, the sample size suggested by them was used a guide by the researcher for the choice of the minimum sample size suitable for this study.

All participants are men aged 26 to 43 years old, from Johannesburg, South Africa. The demographic characteristics of the participants are further described in Chapter 4.

3.2.2 Sampling Procedure

Only volunteers who showed interest in the study were included in this research. Volunteer sampling involves selecting respondents who willingly presents themselves to participate in a study (Bloor & Wood, 2006). Only responses from the men who met the criteria of being diagnosed with male-factor infertility, between the ages 25 years old and above, were selected for inclusion. For this study, twenty-two questionnaires were collected, but one was excluded from this study as the participant did not meet the criteria.

From the aims of the study, the target participants of the study were infertile male, and as a result, the private clinics were deemed suitable site for recruiting participants since these sites were where male patients were getting treatment for their infertility, making it easier to recruit participants meeting the selection criteria.

Furthermore, permission to conduct the study in public clinics was more difficult to attain, thus private clinics served as a better option for the recruitment sites because the researcher only

required formal permission from the management of the clinic. Participants were recruited specifically from private fertility-treatment clinics in Johannesburg, where the researcher drove to the clinics in a span of two weeks to get permission to place invitation letters to participate in the study. The locations of the clinics are not specified due to ethical reasons that may possibly reveal the identity of participants.

3.2.3 Sample Description: Characteristics of the Participants

Twenty-one infertile males from Johannesburg, South Africa, between the ages of 26 to 43 years old participated in this study. All of the participants were married, with the exception of one, and employed at the time the study was conducted.

Further descriptions of the participants are excluded as the study only asked for demographics, such as age, relationship status, and employment status, which was believed to be enough demographic information for this study. The limited exploration of the participants' demographic characteristics in the questionnaires are because the researcher believed that it was irrelevant to collect further demographic information about the participants as it was not related to the aims of the study and this information was therefore unnecessary for this study.

3.3 Data Collection

3.3.1 Instruments

Initial instrument for this study was a semi-structured interview schedule, which was later changed due to a failure to recruit participants for interviews.

Arksey and Knight (1999) noted that within some research, data based on self-reported, anonymous questionnaires can be a preferred means for data collection when investigating certain

questions on sensitive topics as compared to doing interviews. As such, in acknowledgement of the sensitivity of the topic of male factor infertility and the potential for emotional distress and discomfort resulting from face-to-face interviews for infertile men, the researcher made use of anonymous, self-completion questionnaires for data collection. Participant anonymity was ensured by including questions that required no identifying information of the participants. Furthermore, the distribution and collection of the questionnaires were handled by the management of the fertility clinics, which ensured participants were unknown to the researcher.

The use of self-report based data allowed for respondents to express their own understanding and feelings in a more honest manner than what they may feel comfortable to do in an interview or focus group in the presence of the researcher (Bell, 2014). Additionally, the level of anonymity ensured that no participant can be identified by the researcher and also ensured a level of confidentiality and room for participants to be more honest and open about their experiences. This allowed for the participants to express themselves without worrying about judgments. Confidentiality was also guaranteed as the researcher removed identifiers from the data-collection instrument, allowing participants greater support in expressing their opinions and describing their experiences without the fear of being judged or identified (Johnson & Clarke, 2003). This was done by only asking for basic demographic information, such as age, relationship status and employment status.

Respondents using anonymous, self-completion questionnaires have been shown to give less socially desirable answers because of the element of anonymity (Bell & Bryman 2007). This is important as this study focuses on infertile men's feelings as well as their sense of personal and social identity. Lloyd (1996) and Schover *et al*., (2002), reported that men are less likely to speak to female researchers about their infertility. This consideration further contributed to the use of

questionnaire-based data collection since initial attempts at entering this research field through interviews resulted in a lack of volunteer-based participation at all sampling sites because the researcher was a young, female student. It is believed that not many participants were willing to volunteer in the study due to the researcher being female in an environment focused on the male experience of infertility.

Questionnaires compromised of a section to collect demographic information related to age, relationship status and employments status. It further comprised of eleven open-ended questions exploring the perception of infertility, fatherhood and masculinity (*Appendix D*). Open-ended questions were used for the questionnaire as they are believed to reduce the consistency of one's thinking (Marks & Yardley, 2004), allowing participants greater opportunity to express their own ideas. Additionally, it allowed the researcher to comparatively analyse the data gathered and interrogate new ideas raised by the participants (Marks & Yardley, 2004), which was done looking at the similarities and differences of each question in the participants' answers.

3.3.2 Data Collection Procedure

Challenges faced during sampling:

This study was initially intended to collect data by at conducting semi-structured interviews with the participants as it allows for richer and in-depth data of the participants' experiences. The researcher had applied for permission from the Ethics Committee to conduct face-to-face interviews with the participants in May 2017 for this research. After receiving permission to conduct interviews in June 2017, the researcher visited the clinics to recruit participants. The researcher had placed a flyer by the receptionist's desk that pointed towards the information letter inviting people to participate in the study. Potential recruits were able to take the form if they

wanted to participate in the study and call or SMS the researcher if they were willing to partake in an interview with her. For one clinic, the researcher sought permission from the staff to ask the men sitting in the waiting area if she could approach them and hand out the invitation letters. The researcher briefly spoke to these men, inviting them to participate.

Within a few weeks, the researcher had received a message from a participant who was interested in the interview; however this participant decided to withdraw after 8 days. No other participant had volunteered to partake in interviews for several weeks thereafter.

Following (a) the lack of any participants willing to participate in the study for about three months into data collection; (b) after receiving advice from a counselor and one staff member at two of the clinics, who said that it would be difficult finding who will speak about their infertility with anyone not part of the treatment process and the researcher should try using another method to collect data; and (c) the counselors told the researcher that they were not able to help the researcher conduct the interviews, the researcher decided to change the method of data collection from interviews to self-report questionnaires. This was done after much consideration and failure to recruit participants for many weeks into data collection.

These questionnaires were designed to cover the main questions that were used for the semi-structured interviews that were initially used for this study. The researcher had thought of using the method of doing interviews via telephone call, but considered what that the counselors said about how the men are very reluctant to verbally speak about their infertility and revoked the idea. Anonymous self-report questionnaires were chosen because it was believed that non-verbal and no direct interaction with the researcher would allow for more male participants to volunteer and talk about their infertility, especially considering how it was a sensitive topic to discuss.

The researcher applied for permission from the Ethics Committee again in August 2017 and received it after a few weeks to send out self-report questionnaires for the study. The researcher then went back to the clinics and commenced by seeking permission to again place another letter of invitation for the study (*Appendix A*). This was done at these sites by contacting the management of the clinics in person and telling them about the details regarding the aims of the study. The researcher explained the change of methods and added the questionnaires with the interview invitation letters for people to look at and take with them. At this point, both the option to participate by volunteering for the interview or filling in the questionnaires was available for data collection. It is also important to note that the staff and councilors were more willing to assist with giving patients the questionnaires to fill in than with the interview process. At one clinic, they had also placed the letter of invitation and questionnaires in the files of patients to assist in drawing participants' attention to the study.

Thus, data collection continued again, whereby the management was asked to assist the researcher by circulating the participation information letters (*Appendix B*) from the secretary's desk that invited patients to participate. These participant information letters outlining the purpose of the study was available to be taken by anyone interested in participating in the study. The letters provided the conditions of participation, the researcher's contact details and attached to it was a copy of the consent letter and questionnaire (*Appendix C and D*) for easy distribution. Each participant was to fill in the consent form and questionnaire and return it back to the secretary's desk at the clinic as instructed on the letter, where the researcher collected them at a later time from the management that was assisting the researcher. Participants who showed interest in the research were able to complete a questionnaire by either taking it home and returning it after completion, or by completing it at the clinic and leaving it with the secretary thereafter for

collection by the researcher at a later time. This information was included in the information letter. The questionnaire is believed to have taken participants approximately 60 minutes to complete.

The researcher contacted the staff through email to ask when would be a suitable time to collect the questionnaires from them. The time spans they had given were generally every two weeks, which depended on when they were available to see me and if they were able to collect a decent amount of completed questionnaires for the researcher to collect in person. When they received no questionnaires from participants, the researcher did not go to the clinics to collect the questionnaires, but still contacted the clinic every two weeks for confirmation. One of the clinics had relocated during the time of data collection from their site, and the researcher had to wait almost 2 months in order to collect the questionnaires. The researcher went to the clinics in person each time and collected the questionnaires in file directly from the staff member assisting with collection.

Data collection for the questionnaires began in September 2017 and ended in January 2018. This was close to the last month before submission of the thesis because the researcher only collected a small number of data and was hoping more questionnaires will be completed by participants to increase sample size for the study before the deadline. The last questionnaire was collected in the first week of January.

3.3.3 Ethical Considerations

Ethical guidelines for research with human subjects and the guidelines of the consent forms were strictly adhered to (Brinkmann & Kvale, 2008). Prior to any data collection, permission to conduct the study with human participants was obtained from the Wits Humanities Research Ethics Committee (*Appendix E*, Protocol No. H17/06/33). The sample comprised of voluntary

participants who were informed about the aims of the study and details of participation as per the participant information letter (*Appendix B*).

The letter of information also indicated that by completing and returning the questionnaires, participants will be providing their informed consent. This was included within the beginning of the questionnaire, where participants were provided with spaces in which they were asked to tick in order to indicate that they understood what their participation entailed. Participants were assured that confidentiality of personal information and responses would be maintained by the researcher at all times. Participants were also informed that the data collected will be included in the research report, in the presentation of findings, and that direct quotes may be used.

The researcher was aware that this sample comprised of potentially vulnerable participants who may have felt uncomfortable about discussing their experiences of infertility with a female researcher. Thus, the use of questionnaires, which were accessible through a third party at the site of collection, ensured that participant responses were not mediated by an awareness of the researcher as a woman.

Participants were also informed that they could ignore any question they did not want to answer. In the event of psychological distress arising as result of participation, contact information for free counselling was provided to all participants as per the participant information letter (*Appendix A*). In addition, the researcher had also arranged with the counselors at the clinics to council any participants who were distressed after completing the questionnaire. Data will be kept on a password-protected computer in the Department of Psychology, University of Witwatersrand. Findings are presented in the final written report and data may also be used in publications and conference presentations.

3.3.4 Researcher Reflexivity

It is important to remain reflexive and aware of personal bias and prejudice as a researcher to allow interpretations which are neutral, factual, and confirmable (Kvale, 1994). In qualitative studies, reflexivity plays a critical role in obtaining findings that are accurate and not influenced by the researcher. For reflexivity, the researcher kept notes of the process of data collection during the research. A reflexive journal serves to make the researcher consciously acknowledge values and experiences that may create forms of bias in the collection and interpretation of the data (Ortlipp, 2008). A journal was kept to enhance self-awareness and to situate the researcher in the research process during data collection (Patnaik, 2013). The researcher noted down the duration it took to collect the questionnaires, emails and the reasons provided by the management of the clinics as to why it was difficult to recruit participants for this study. Reasons that were noted mainly included explanations such as the male patients feeling very uncomfortable discussing their infertility, especially with someone not involved with their treatment.

With regards to the researcher's influence in the research process, it is vital to note that the researcher is a young, unmarried Indian woman with no personal experience of fatherhood, infertility and its impact on one's masculine identity. In contrast, the research sample comprised of infertile men, 25 years and older, from diverse demographic groups. As data collection was done through anonymous self-report questionnaires, the researcher's presence was excluded and consequently ethical concerns around the disparities due to gender and age differences, as well as the power dynamics of the researcher and the research agenda in driving findings were lessened, making the influence of age, race and gender on the research process minimal (Tourangeau, Rips, & Rasinski, 2000). However, in this study, it is believed that there was some influence of the researcher process on the participants, reflected in the brevity of responses provided by

participants. In speculation, this is perhaps because the participants were aware of the fact that the researcher was female due to the information provided in the information letter (*Appendix B*), i.e. the researcher's name, and consequently, as stated by the clinic staff, that male patients tend to feel very uncomfortable discussing their infertility to someone not involved with their treatment.

With regards to data analysis, the researcher's positioning of interpretation in the study was influenced by dominant discourses around masculinity, particularly that of hegemonic masculinity. The researcher made use of the emic perspective (Chapman & Kinloch, 2011), that is when analysing the data, viewpoints from the answers of the participants are taken from the participant's perspectives. The researcher must constantly remain aware of their own beliefs and experiences that may influence the interpretation of data and try to take the participants' perspective when analysing the data. This serves to prevent the researcher, an instrument of interpretation and analysis, from imposing personal notions, interests, and values onto participants' accounts and may facilitate a less biased presentation of the findings (Ortlipp, 2008).

3.3.5 Ensuring Study Rigour and Credibility

For this study, the researcher ensured rigour by making use of the techniques to improve credibility by Creswell & Miller (2000) discussed below. In a constructionist paradigm, ways to improve the credibility can be done by looking at the disconfirming evidence, using member checking, audit-trailing, and using thick, rich descriptions.

Disconfirming evidence process occurs after themes are formed, where the researcher then searches for evidence consistent with or disconfirms these themes (Creswell & Miller, 2000). This was done during thematic analysis, where constant analysis back and forth of the data occurred,

and the researcher tried to explore other reasons as to why participants answered questions in a certain way by looking reasons they provided in other questions which could have explained this. If answers were contradictory, the researcher looked at possible reason as to why it did not match.

Member checking takes the data and interpretations back to the participants allow them to review and check the credibility of the information (Creswell & Miller, 2000). For the current study, this was not possible since the data was collected anonymously. However, because the data was self-reported, the researcher used the emic perspective (Chapman & Kinloch, 2011) to remain mindful of factors that may influence the researcher's interpretation of the data by constantly trying to interpret the data from the subject's point of view and see if there is a correct comprehension of what the quotes are suggesting.

Audit-trailing refers to including individuals outside the research to examine the narrative accounts and confirm its credibility (Creswell & Miller, 2000). For this study, this was done by asking peers to inspect the analysed data and see if the researchers findings were consistent with the data. Since this research takes on a narrative approach, rich descriptions of the data were analysed by extracting direct quotes to discuss each theme, as it is verbatim to the data.

Questions in the questionnaires were developed by the researcher in alignment with the aims of the present study. Questions were chosen by considering research-based literature to assist with identifying key concepts for enquiry that informed the use of open-ended question structure (Hollway, & Jefferson, 2000).

3.3.6 Transparency and Responsibility to the Community

Participants were informed that they have access to the research report after completion from the university's database. The study is also available to the clinics and other organisations that were

involved, affected, or interested in the findings and implications of the study. This will be done by contacting the clinics and providing them with information on where to access the research after completion. They will also be asked to make this information available to the patients at the clinic, so that the participants who contributed to the study may have access to it, too.

3.4 Data Analysis

Verbatim transcriptions of the answers in the questionnaires were used for analysis. Analysis began directly after each collection to allow the researcher to use emergent themes as a guide for analysing newer data collected (McLeod, 2011). The data was analysed using thematic analysis and with a deductive technique relating to the themes. Thematic analysis emphasizes identifying, scrutinising, and recording patterns within data (Braun & Clarke, 2006). Patterns form themes that are important for describing crucial ideas within data. The step-by-step process consists of looking for patterns present in transcripts and using them to form codes and themes.

The analysis was first done on the narratives, by arranging every response under its specified question to explore the diversity of the answers for each question, which was done in a form of a table. This allowed for a summary of similar and differing responses to each question. From each set of questions and groups of answers, the researcher formed codes by looking at specific words and terms frequently used in the data.

To ensure rigour, the findings were coded by hand to pinpoint key words and concepts relating especially to fatherhood and masculinity. This was done by using a deductive technique of analysis in relation to the theories of hegemonic masculinity. A deductive technique focuses on analysis using existing theoretical ideas as a basis that the researcher applies to the data (Marks & Yardley, 2004). This allowed the researcher to explore some underlying constructionist theories of

hegemonic masculinity and its influence on perceptions of fatherhood from existing literature. Engagement with literature on the data was useful for enriching the analysis by exposing the researcher to subtle theoretical features in the data (Tuckett, 2005).

The codes that were identified were then assigned to categories that had similar meaning or arguments. The categories created were finalised at the point of saturation until it no longer elicited new ideas. These categories were then divided into the themes. To reduce bias and ensure the integrity of the data, the codes, categories, and themes were reviewed by a peer before the researcher continued with any further analysis. The themes were then reviewed several times to check for consistency and suitability with the data. Themes were further divided into subthemes from the initial themes after further analysis. This was to ensure that emerging ideas that were present and important were explored in more depth.

Following suit was analysis involving constant back and forth examination between the transcript, the coded abstracts, and the entire analysis of the data that is formed (Braun & Clarke, 2006). There are 6 phases (Braun & Clarke, 2006), which were used, namely, familiarising oneself with the data that was done by reading the transcripts several times, generating initial codes that were done by looking for repetitive phrases and terms, and looking for themes, which were developed from the codes. Thereafter was the process of reviewing the themes, which was done by comparing and contrasting each theme with each other to make sure they were not too similar. Lastly, the researcher defined the final themes and produced a report in sections. Writing down of new ideas and coding patterns continued throughout the entire analytical process.

Following that, data provided from the demographic information were considered to explore possible relations and influences on the themes that were observed. Possible extraneous and

external threats to the validity of findings in the analytical process were discussed in order to ensure trustworthiness and credibility of the findings during the analysis process. Reflexivity was dealt with by taking an interpretive approach to the study, suggesting that the finding will be an interpretation of phenomena by the researchers (Darawsheh, 2014).

CHAPTER 4

FINDINGS

4.1 CHARACTERISTICS OF PARTICIPANTS

Twenty-one infertile males between the ages of 26 to 43 years old participated in this study. All of the participants were married, with the exception of one, and employed at the time the study was conducted. The status of marriage possibly suggests that these men were at the stage in life where having children is common and probably intended.

4.2 THEMES

The self-report questionnaire sought to explore the perceptions of fatherhood and the experience of male-factor infertility for the participants. Participants were asked to write about their experiences of infertility by looking at how their infertility has affected their emotional state, the attitudes and beliefs towards themselves and how others view them and their perception of fatherhood. The participants' answers grouped around three common themes. These themes prevalent in the findings include: the experience of male-factor infertility; fathering and masculine identity; and perceptions of fatherhood, which includes numerous sub-themes.

4.2.1 The Experience of Male-Factor Infertility

All of the participants provided a mixture of responses regarding their experience of infertility. For all but two of the participants in this study, the emotions that they expressed about discovering their infertility were feelings of fear, shame, depression and disappointment.

Participant 20 responded, "*It makes me both angry and sad because I don't have much of a chance to change it*", which expresses his negative feelings.

4.2.1.1 Health Concerns

A concern for physical health was more important for three participants. Participant 4 expressed minimal emotions towards his infertility as he described he had "*no intentions of having children*" and emphasized that his infertility would affect him negatively if he did want children. This answer mediates his negative attitude towards his infertility since it was described as not a very distressing experience for him. Instead, he stated feeling "*insecure*" because people will think of him as an "*unhealthy man*" shifting his focus on to health concerns.

Two other participants expressed that being diagnosed as infertile was viewed more neutrally and less devastating psychologically because infertility was not their main concern.

Participant 5: "*I am only concerned about my health.*"

Participant 14: "*It was distressing, obviously, but it otherwise didn't affect my health and I am looking into other methods of having kids i.e. IVF, so my infertility is not as a big deal than I thought it was*."

For these participants, physical well-being was more important, which reduced the psychological impact of their infertile diagnosis.

4.2.1.2 Personal Concerns

Negative views towards themselves were the most common finding that was expressed by the entire group in the study, which is consistent with research on the psychological effects of infertility on men.

Participant 1's account described fear and shame, also expressed by some of the participants:

"*…I'm afraid to find out what my family will say about my infertility. Not having children at this age is not good in my culture because I'm a married man which is why I haven't told anyone except my wife about my problem…She feels sorry for me and I don't like it*."

Feelings of apprehension, shame, fear caused by cultural and familial expectations and anxiety towards of how people may view him upon learning of his infertility were expressed. Participant 1 was also the only one who had articulated a physical impact on his health as he expressed his infertility is "*...taking a toll on me both emotionally and physically",* suggesting that the emotional experiences of infertility were connected to physical consequences too (Bartlam, 2004).

4.2.1.3 Family/Partner/Social Concerns

Shame was also expressed concerning the social spheres. Participant 15 responded that he was afraid of "*being judged by other people*" for not impregnating his wife as well as being pitied by family members for this reason. This speaks to a sense of shame and a sense of inadequacy to meet the expectations of people in their lives, as well as society. Similar feelings of shame were also brought up by Participants 5, 7 and 15, who described pity from family and humiliation towards themselves or their wives (Participant 7). The negative emotions reported by these participants essentially appear to be caused by the internal disappointment they felt towards themselves and from those around them as they spoke about being a "*disappointment*". This disappointment could relate to themselves and to external expectations.

Participant 16 responded: "*I needed time to sort things out since this was not just about me but also my wife and family."* This expresses concerns about the experience of infertility being an emotional challenge not only for the participant but for his family too. Participant 17 also expressed that he has not felt pressure to have children because of his infertility, however, "*watching my wife*

feel it makes me feel it too", suggesting that he is apprehensive about his infertility affecting his partner, similar to Participant 16's account. This proposes that the experience of infertility for other members one's family, seem to contribute to the negative emotions these participants felt. Similar worries were expressed by the majority of the participants in the study who spoke of their wives and what they feel about their infertility. For example, Participant 18 responded: "*I've become worried that one day my wife will want children and I will not be able to give her one*". This relates back to the notion of fear expressed by several participants, which relates largely to meeting and fulfilling expectations.

Participant 16's concerns focused mainly on the perceptions of other's towards his infertility. He described how his family sees his infertility as "*a somewhat unfortunate condition"* and that they *"persuaded me to seek medical help and treatment, except if it's really incurable*". By mentioning what his family thought about his condition, there is a suggestion that the opinion from family members seem to have an effect on how this participant felt about his infertility. He also mentions that "*some people thought that I was an unfortunate man since I couldn't have any children*". There is a sense of shame and guilt that arises from how outsiders perceive him because of his inability to have children, which he may have mentioned to emphasize this point. His description of how "*some people"* thought about his condition possibly relates to how he also saw himself from their views, which appear to add to the negative emotions related to his infertility.

Fear was expressed in another way for Participant 10 who reported that "*My best mate spoke to me out of concern, but even his mildly funny comment went to heart*", which suggest he was very sensitive to his infertility and feared mockery and judgement even from people close to him.

For Participant 3, the opinions of people outside his family played a minimal role in the emotional impact of his infertility. He responded: "*Bringing other non-professional opinions into the equation is only extra worry."* This suggests that he believed concentrating on the opinions of other people about his infertility will cause unnecessary distress. However, Participant 3 had reported that he was "*Devastated and equally confused as having children was a significant part of my future plans and so there's a dream that was crushed because of my infertility. My partner also wanted children, so it was two dreams gone at the expense of one*." This was a powerful statement about his infertility and desire for children for both himself and his wife since he considered it as a great loss for himself and his wife in terms of their future dreams.

The personal effects of infertility for this group seemed to depend largely on whom or what it affected. For those who emphasised their partner's and family's reaction to their diagnosis, more negative feelings of fear, guilt, and shame were expressed with their own feelings of disappointment. Alternatively, participants who were concerned with their own well-being reflected less negative emotions, although there still were feelings of apprehension towards their health and negative emotions about their infertility. Considering how Participant 4 expressed very little negative emotions related to his infertility, and how he did not focus on others' reactions to his infertility, it suggests that when not focusing the reactions or opinions of others or how it affected them, the negative psychological effects of infertility was reduced for him.

For the remaining participants, aside from one's personal distress, social factors such as the reactions, expectations, and judgments from others in their lives had played the biggest role in the negative psychological emotions felt by the participants.

4.2.2 Fathering and Masculine Identity

Nine of the participant agreed that their infertility had a direct impact on their masculinity. In addition to the unpleasant emotions resulting from their diagnosis, these men reported that their infertility made them feel "*less of a man*" (Participant 14) and "*I believe masculinity is reduced for men who are infertile*" (Participant 13). Emphasis was placed on the male gender identity since the biggest concern amongst the participants was focused on their lost manhood caused by their infertile status.

Participant 17 reported that he felt "…*one big part of my manhood is lost*" and that, "*I was devastated when I was told there's nothing that can be done to fix it*." Being infertile was largely associated with the loss of the male identity, which in turn led to the feelings of anger, depression and a sense of loss because it could not be restored. The male sex role also becomes a concern for the participants as they felt that they had to have children for their wives but could not.

The act of sex was also introduced in terms of displaying masculinity. "*I worry what women will think of me and about sex*" (Participant 5), "*If you are infertile they think you can't perform in the bedroom, which is a blow to your masculinity*" (Participant 5) and "*People may think I'm incompetent. I think they would undermine me my health and performance*" (Participant 10) were some of the comments expressed about the concern with sex as an infertile man. This relates to how infertility affects the sexual ability of for some men.

4.2.2.1 Fathering Children

Fathering children was regarded as a means to express manhood, from both the social role as a father figure as well from the biological action of producing offspring.

Participant 20 reported: "*I'm not a proper man because I don't have children of my own flesh and blood…Taking care of my wife is not enough to prove that I'm a man. In my community we need children who carry our name to show that were are men*".

In addition, Participant 17 stated: "*I feel judged for having a lower sperm count than other men. I feel like my masculinity is less than other men… one big part of my manhood is lost because I'm infertile…Infertility takes away my masculinity."*

There is a strong perception towards infertility resulting in a negative change in one's masculine identity for this participant. There is a comparison to fertile men and it was believed that because he cannot have children like these men, he has lost some of his masculine characteristics.

For the men who perceived fatherhood and fathering children as an important part of their masculine identity, their infertility led to major negative consequences on their emotions and sense of manhood. This was can be connected to feelings of shame and the stigma of their infertile status.

Participant 15: "*Sometimes I think I'm being judged by other people for not making my wife pregnant. My father-in-law and brothers-in-law think I'm sick because they know it's my fault she is not having children. They are disappointed and angry although it's not my decision for this to happen….They think I am not a good enough husband for her because I'm not a man who can have his own children…They have lost respect for me*."

There is an emphasis on the sense of blame from others felt towards oneself and their manhood because of the inability to have children. Participant 15 mainly focuses on the judgements of male family members, which shows that he is affected by the blame which comes from the masculine figures in his life. This emphasizes the negative emotions he felt as a man in consideration to other

men. The participant felt ashamed for losing the respect as a man by his family, especially because he cannot father children like the other men in his family.

The same participant later added that, "*By having children, I feel like I can achieve something great…I have a family of my own that I brought into this world. This makes me a man…I have power to pass my genes and this power is important for all men…The power to have children is something all men want and should have*."

Fatherhood and the ability to have children are associated with the notion of having power, whereby having this power is viewed as a significant part of masculinity, especially for this participant. He argues that fathering children is important and that all men desire and have the right to have this power.

"*I want the treatment to work so that I can get my wife pregnant and have my own biological children…If my wife gives birth to my child, my pride with my family will be restored…I will no longer feel ashamed as a man. My wife and our family won't judge me anymore*."

Such notions suggest that having children is considered as a way of re-establishing one's masculinity, for both himself and for other family members. He seemed to also believe that it can act as a means of regaining his pride and respect from others, which he views have been lost by his infertile status. Even though Participant 15 strongly wants to have children, he places a lot of value in the ability to have his own biological children as opposed to the role of being a father as what determines his masculine identity. Emphasis is largely placed on a man's ability to reproduce, which earns him his lost manhood as an infertile man.

This is also discussed by Participant 10, who responded: "*For a married man, what better way is there to show your masculinity than to have many children*?"

Participant 12 had also reported: "*Younger men don't care about having children as older men because they are not expected to have children yet. They are young and can already show off their masculinity because of their youth. When you get older, you do this by taking care of your family. Without children, you can't do this*."

He believed that the display of one's masculinity through fathering was important for older men than younger men who had alternative means to display their masculinity.

Alternatively, for 12 of the participants, it was reported that infertility did not necessarily connect to their masculinity to a large extent. When discussing the societal influences for men to have children, Participant 14 responded: "*I don't let those affect me so they are irrelevant to me*". The same participant later stated, "*It's not the be-all and end-all of manhood no, it's possible to be a strong masculine individual and never have a family at all*." He believed that fatherhood is not imperative to manhood or is something that determines one's masculinity. He also added that he does not believe infertility affects one's masculinity and criticizes the notion when he responded: "*...people who promote that POV are idiots. Just because you can't produce kids biologically doesn't make you any less of a man*". Participant 3 similarly believed that the relationship between fatherhood and manhood "*...depends on the individual and society. Not necessarily correlated*."

With regards to his manhood, Participant 16 also noted that "*Putting other people's opinions aside, I don't think it [infertility] affected it much."* The opinions of how others viewed his masculinity were disregarded as he felt his opinion of himself was more important than society's construct of masculinity on his identity. The same participant added that "*There are so many more aspects to be viewed to be called as 'masculine'*". This suggests that the constructs of masculinity differs and was subjective, thus the inclusion of fatherhood as a determinant of masculinity is not an important

part of the male identity for him since he believed that there are other means to define one's masculinity.

Participant 16's comment related to Participant 12's earlier statement regarding how younger men can "*show off their masculinity because of their youth*". Participant 16 was younger than participant 12 by 6 years, which could suggest that Participant 12's statement did hold some truth to younger, childless men feel less concerned about their masculinity because they are able to demonstrate it through other means as opposed to older, childless men.

Participant 3 responded: "*Certain opinions do get to me but I say why do these have to swing at your gender? My infertility could have easily been caused by illness or cancer or my weight. I'm still a man even if I am an infertile man*." He argues that infertility should not change the views of one's manhood because it is a medical condition that has little to do with one's masculine identity.

More of participants in the study felt that infertility did not affect one's masculine identity. Those who argued that it was related, concentrated on social expectations and a display of masculinity of through fathering children. Those who argued that masculinity is not changed by infertility stated that masculinity can be expressed through other means.

4.2.3 Perceptions of Fatherhood

Personal desires for fatherhood that were mediated by expectations and pressure from family and society were significant influences on their desire for some of the participants, which in turn affected how they viewed fatherhood. All participants except for Participant 4 had intentions of having children. For those who wanted to have children, the desire for fatherhood was more popular for men who took into consideration their partner's wish for parenthood and those who felt pressures from family. Only a few of the men in this study spoke of societal influence, such as

expressing their masculinity, on their desire to have children. Personal and inborn desires for fatherhood were also present.

The majority of the participants preferred having biological children as opposed to adopting, although both options were considered by the participants. For one participant, the desire to have children did not only relate to wanting biological children. Participant 14 reported that "*I don't have a lot of pressure to produce children biologically. Raising adopted kids is just as being a father as producing them yourself*." This suggests that biological paternity can be compromised for legal paternity for the participant. Furthermore, Participant 6 also reported that "*I have started to look into adoption and the benefits of being an adoptive parent. I've learned that biological children and adopted children can give you the same rewards as a parent, so I am happy with either form of parenthood*". This participant believed that raising children, whether adopted or biological, was sufficient for him as they led to the same parental benefits.

There was both a preference for social fatherhood and biological fatherhood, although biological fatherhood was desired more. Participant 6 is the only one who emphasizes the role of a father over the title one gains from being a biological father:

"*In the past, society has made men think of fatherhood as an important bridge to cross, but today being a father is not that amazing. Anyone can be a father, but not anyone can be a dad. What's more important is not the ability to have children but the ability to raise one properly. I'm not a lesser man if I can't have children. I am a lesser man if I can't raise my children right. As an infertile husband, I think of fatherhood as a duty and responsibility as a parent over something that defines me as a man to the world*."

To him, fatherhood is viewed as a responsibility that requires effort. His perception of fatherhood is constructed with little influence from society's constructs of masculinity gained through reproduction. He disregards his infertile status and perceives fatherhood as a duty as a parent rather than a biological role to fulfill. Parenting is more important to him than social constructs related to the identity gained by fathering offspring.

Ultimately, all but one participant expressed a desire for fatherhood, which suggests that they perceived fatherhood as something valuable to them, as well as their family.

4.2.3.1 Examples of Social Expectations on the Perception of Fatherhood

Evidence for the desire for children being influenced by external factors was present. This was described by the pressures and expectations from family and society. These were discussed in terms of comparisons to other men, upholding to tradition, and performing their masculine role.

The majority of the participants pointed out societal pressures adding to the desire to father children. Participant 16 discussed family traditions as his reason to want children, "*Since I grew up in a traditional Asian family*" was the reason he gave, implying that adhering to cultural ideals is the reason as to why he wanted to be a father.

Participant 14 also noted that there's "*obvious societal pressure after you reach a certain age to produce children",* but he also stated that it *"doesn't affect me because I don't really care what society thinks of me. If I was someone who did care however then this may make matters more stressful*." He believed that men who care about the pressures from society are more likely to want to be a father than those who do not.

"*I have a lot of anger and depression because of this. I look at other men who have children and I am jealous."* (Participant 7)

There is also a sense of envy towards other men with children, which arrives from the desire to have children of their own. This may be due to experiencing a sense of loss or inferiority towards fertile men. The comparisons to others suggest that external factors of conformity also influenced how fatherhood was perceived by this participant.

For a number of participants who had intentions of having children before their diagnosis, their reasons related to getting married or wanting to start a family. "*I got married 3 years ago to have children…I wanted to raise a family with my wife*", Participant 1 had written. He later added that: "*I hate not being able to start a family with my wife…I feel like I'm holding her back from having children of her own…I want children for my wife more than I want one for myself. She's very supportive even with how miserable my condition is and I feel guilty for letting her down."*

His desire for fatherhood initially came from his personal wishes to be a father, but he also felt a need to fulfill his duty to his wife by giving her the opportunity to have her own biological children.

Participant 10's reason for wanting children was influenced by external factors too. He responded, "*My siblings and friends all have children, which makes me want them too*", suggesting that since everyone close to him has children, he felt the urge to become a parent too, perhaps to feel included and able to relate to them. It may also relate to a desire to fulfill and conform to the social role.

For these participants, they considered what their partner or family wanted in their decision to become a father, as well as what others in their position have, which was expressed through envy towards what other fathers experienced with their children. It is suggesting that their desire for fatherhood arises largely from social aspects, such as meeting expectations, giving into pressure

and being the same as other men. These are opposed to an internal and personal desire to have children.

Participant 3 was the only one who described feeling no pressure from anyone. In terms of experiencing pressure, he described that he felt "*None whatsoever from both parties. They consider my infertility and avoid making me feel bad for something out of my control*." However, he stated that he had had intentions of having children, which is suggestive of the notion that he perceived fatherhood as important to him and probably changed his mind after his infertile condition.

4.2.3.2 Examples of Personal/Emotive Desires on the Perception of Fatherhood

Although some of the participants felt pressured by family and other fathers to have children, which added to their desire to be a parent, three participants seemed to have a desire for the father status based on reasons that were selfish and more personal.

For Participant 1, it was reported that "…*losing the ability to have children pressures you into wanting children…I want to be a father, too, even more so after learning about my infertility.*" There is a higher desire for parenthood for this participant, which can be related to the sense of loss that comes with no longer being able to become a parent. According to him, the inability to have children seems to cause men to desire fatherhood more.

When discussing their intentions to have children, Participant 16 responded: "*I liked the idea of it. Especially if they're my own descendants. Watching them growing up is fascinating in my opinion."* He appears to be concerned with his own desires to be a father rather than focusing on what others wanted. He views fatherhood as an interesting process of carrying out his legacy as opposed to a cultural or social duty. The thought of having biological children in this case related to being part of his existence. Participant 8 responded, "*I love children and wanted a few of my*

own to call my own." This participant also appears to value fatherhood to fulfil his own yearnings of having something that belonged to him. These participants emphasize personal ownership, which proposes that it is an intrinsic aspiration to have children. To them, fatherhood is perceived as a personal accomplishment and fulfillment rather than an obligation to others. Thus, desires for parenthood expressed by these men related to a firm personal desire for biological fatherhood.

Participant 20 reflected these views when he responded: ''*I desperately need to have a child before I die…I really want the opportunity to be a father and start a family and be proud of this achievement".* It appears to relate to his desire to achieve something in life as well as experience parenting, which he feels very strongly for. Having children also invoked the idea of creating a family, wherein having children is considered as personal sources of pride and achievement.

Participant 21 had a different reason as he stated that fatherhood to him was: "*a part of life and a responsibility for men to add to the future population for when you die.*" His perception of fatherhood appeared to be influenced by his belief that producing children is a duty to mankind as a man in society. This reflects the notion that he viewed fatherhood in terms of carrying out a personal belief.

Only two participants did not want to have children. Participant 16 was conflicted about parenthood as he reported, "*I am struggling to decide if I might want to be a parent anymore*". It was as though his infertility has changed his initial intentions to have children. His indecision seems to imply that infertility has changed his perception and desire for fatherhood. At some stage, he may have wanted to be a father, but because of his condition, he may had to re-think his desire to be a parent, thus changing how he perceives fatherhood.

Participant 4 responded, "*I don't plan on marrying. I've never imagined myself having kids or a family*." Because of this position, it is clear that his desire for fatherhood was absent and that his infertile status has not made changed his views on wanting to be a father, unlike Participant 1, who reported, "…*losing the ability to have children pressures you into wanting children".* This participant instead felt no changes in his desire for fatherhood, suggesting that his initial perception of fatherhood remained unchanged after being diagnosed as infertile.

The majority of the men in the study had stated that they had intentions to have children with the popular the reason being: wanting to start/have a family. Although the desire to start a family were seen as influenced by various factors such as expectations and pressure from other people in the lives, it can also be considered a very personal motive to fulfill their own wants in conjunction with meeting the expectations and wants of others. For these participants, there were desires for both biological children and adopted children. For the participants who did not want children, their motives related to either a change in their desire because of their infertility (Participant 1) or no changes in their desire for parenthood after their diagnosis (Participant 4). This suggests that fatherhood is perceived differently by the participants, and it depended on the reasons they desired or did not desire children.

CHAPTER 5

INTRODUCTION

This study was one of the few studies aimed at to exploring the self-reported perceptions of fatherhood of infertile men in South Africa. The findings showed that there was a range of unique responses and feelings that guided participant's perception of fatherhood as a man with male-factor infertility. There was a split of opinions differing on whether being infertile and not having children played a part in how the masculine identity is defined for them was present in the findings.

From this group of participants, it was found that the younger participants held the view that fatherhood was not always important to manhood, which suggests that with time, the notion of masculinity defined by fatherhood shifted. However, the desire for fatherhood was high for participants on both sides of the opinion.

By considering their stance on fatherhood relating to masculinity, it can be seen that men who separate fatherhood from masculinity, desired fatherhood less than men who thought that being a father brands you a man. The desire for fatherhood seems to increase more when social and personal pressures to meet masculine standards are meaningful to the participants. However, there were also several participants who did not believe fatherhood was central to masculinity, and yet they still desired fatherhood. These desires focused more on satisfying personal desires for parenthood and to make their wives and family happy through fathering children. This suggests that fatherhood is perceived in several ways for infertile men. Some viewed it as an important part of being a masculine figure and considered it as a means to regain their masculinity. Others viewed fatherhood as a personal desire for themselves and their families that had little to do with their identity as a man in society.

5.1 DISCUSSION

This study provides qualitative understandings and insights into the perceptions of fatherhood for infertile men in regards to the questions they answered. Three main findings emerged from the present research which explored the perceptions the infertile participants had of fatherhood.

With regards to how men experience male-factor infertility, the data looked at the experience of infertility, reporting the emotions expressed by the participants. This included feelings of distress, depression, loss, shame, fear and anxiety. The findings suggest that there were more negative feelings towards one's infertility and inability to have children, similar to studies by Gannon, Glover and Abel (2004), and Babore *et al*., (2017), which mainly related to meeting external and internal expectations and ideals of masculinity and the male gender role. The negative feelings are believed to occur in part by the fact that male factor infertility commonly appears to be more stigmatised than diagnoses of infertility in women because it relates to the male identity (Mason, 2003; Wischmann & Thorn, 2013), which is why the participants were distressed about their infertility. For example, Participant 15 responded: "*Sometimes I think I'm being judged by other people for not making my wife pregnant",* which focuses on his infertility that is being scrutinised and judged.

Because of the awareness of the stigma towards fatherless husbands, the resultant feelings manifested in the form of anger, distress, shame and a desire for fatherhood for the participants, similar to finding by Bak *et al*. (2012) and Babore *et al*., (2017). Several participants had spoken of hiding their infertility, except towards their wives or close family. Participants 1, 15 and 20 had described not telling others about their infertility because of the fear of shame, which suggest that currently there is still stigma attached to infertility in men. According to Miall (1994), the acts of

secrecy may add to the negative feelings, especially of shame. These feelings of embarrassment are believed to be related to masculinity and how the participants' infertility may be hindering it. Studies by Fisher and Hammarberg (2012), Mabasa (2002), Mumtaz *et al.* (2013) and Inhorn (2003) also explored this when exploring at ways men hid their infertility.

The data further propose that men who reported the most negative emotions reflected on the expectation from external factors to have children were more affected by their infertility, which is similar to findings by Fahami *et al*. (2011), in which infertile men showed more negative emotions when compared to men whose partner was infertile. Being the cause of the inability to father children, thus adds to emotions of inadequacy they feel towards themselves. Participants mainly spoke of social factors that made them worry about being childless, such as family expectations. The study by Webb and Daniluk, (1999) also found the expectations from family in their study as a source of pressure towards infertile men. The pressures participants felt by the family to have children had led to a greater desire for fatherhood, seen by how several participants spoke of wanting to meet their families' or communities' expectation, especially because they are married men.

The negative emotions experienced by this group points out mental health concerns for infertile men, which appear to relate to the external pressures they face because of their inability to have children. This also suggests that infertility, as explored by Greil *et al*. (2010), is also a very socially-constructed process, whereby men end up viewing their failure to produce offspring as a problem, thus resulting in internal negative emotions.

Another major finding in this study was that infertility was associated with masculine identity for the minority of the participants, which were influenced by factors such as tradition and reaching a

specific stage in life. Participants mentioned *"tradition*" (Participant 16) and getting married (Participant 1 and 10) as part of expressing their cultural identity as men. Those who did not associate their inability to father children with a lost masculine identity did not express as many negative emotions about their infertility as much as those who did, which could suggest that hegemonic masculinity has a negative impact on mental health for infertile men (Babore *et al*., 2017). For these participants, fatherhood was perceived as important as it allowed them to follow the gendered masculine role, which they believed can be expressed through fathering. This may relate to men trying to compensate for their masculinity, whereby having children will help reduce the negative feeling and stigma attached to infertility or low sperm count. Vandello, *et al*., (2008) states that if manhood is considered as elusive or tenuous, men may experience anxiety and may try to portray their manhood through action especially when it feels challenged. In terms of infertile men, perhaps this related to the urge they feel to sire children, because according to masculinity, having achievements and agency through one's own actions, are related to manliness,

One study has found that some men may compensate when their masculinity is threatened because of the pressures to live up to the ideals of masculinity (Cheryan *et al.,* 2015). Perhaps men who fall short of meeting their ideals of fathering children may place more value in fatherhood and perceive it as very important and desirable because they wish to reassert their masculinity through fathering children. In this study, the findings reflect that the urge to father children can serve as a way to show the world a part of their virility and masculinity, and as a result, the action of having children may be seen as a useful tool for infertile men to display their masculinity.

This relates to the second aim of the study which focused on how fatherhood was perceived. A key finding was that fewer participants in the study associated fatherhood to masculinity. There was a split between the beliefs that masculinity is defined by paternity, whereby there were more

participants in the study who said being a father does not demonstrate one's masculinity, such as Participant 6, who stated that "*masculinity is subjective*" and Participant 19 who said that it is "*a narrow-minded way of thinking*". However, social influence such as one's family and culture, creates expectations to conform to certain expressions of masculinity through fatherhood, which can reinforce and uphold the hegemonic and patriarchal masculine ideals for men (Connell & Messerschmidt, 2005), as it did for a few participants.

The desire to adhere to social expectations of the ideal masculinity can be detrimental to men since they use these cultural constructs as standards for validating their identity (Good, Borst & Wallace, 1994). These participants largely emphasised their duty as a husband to father children and performing their expected gender roles. Not being able to have children was perceived as a threat to their masculinity because they believed that fatherhood represented masculinity. This led to a sense of lost masculinity, which they believed can be gained through fatherhood, as expressed by Participant 14, who viewed himself as "*less of a man*".

The notion of lost masculinity was associated with how fatherhood was perceived. Infertile participants who had intentions of having children for reasons related to masculinity had a heightened wish to have children, perhaps as a way to restore their lost masculinity. Since infertile men are worried about their infertile status, challenges faced by their own masculinity is more apparent to them, making them view fatherhood as a goal to attain in order to restore their lost masculinity. For men who place importance in portraying a masculine identity that views being a father as imperative to one's manhood, fatherhood is perceived highly desired and as means to regain lost masculinity.

In regards to the perceptions of fatherhood, for some participants, fatherhood was valued as it demonstrated one's masculinity. For these men, biological children were important because it affirmed their masculinity. This is similar to the opinions of Xhosa men in a South African study, who expressed wanting biological over adopted children (Taylor *et al.*, 2013). There was evidence of feelings of loss and bereavement for a number of participants as they felt robbed of the opportunity to be a biological father someday (Lechner, Bolman, & van Dalen, 2006). For these participants, adoption did not seem to represent their masculine identity as a father as much as having biological children, however, one participant noted that fatherhood was valued for its role in society as opposed to the biological connection to children.

The perceptions of fatherhood for most of the participants were influenced by personal desires for fatherhood more than socio-cultural influences, although these expectations were expressed by all of them. Social influences on how the participants perceived fatherhood were related to upholding and demonstrating masculine ideals. This resulted in participants who valued cultural masculine ideals, perceiving fatherhood as a means to re-establish their lost masculinity for themselves and regain their sense of masculinity. For those men who believed infertility was not related to their masculinity, they perceived fatherhood as a personal desire not relating to external influences. Thus, to them, fatherhood was perceived as a valuable part of life for themselves and their family.

One significant finding of this study was the manner in which the desire for fatherhood is high for both men who associated masculinity to fatherhood and those who did not. For this group of participants, fatherhood was an important factor of their lives, not only because it contributes to being a man in society, but also because having children was important to them on a personal level and to those around them. This suggests that infertile men valued fatherhood regardless of the reasons to have children.

Participants tried to shift their belief that being a father is highly representative of their masculine identity and focus on health concerns. Since it was found that more negative emotions are expressed by the men who associated masculinity to fatherhood, it is fair to suggest that a shift in this belief can reduce the emotional distress they experience. Because these men are infertile, believing that fathering children is the only way to reestablish their lost masculinity, it can be very detrimental to their health as it is can be difficult or impossible for these men to achieve success in reproduction. Fatherhood can be encouraged to be perceived as a desire for parenting in society to reduce the effects it has on men who value it as a masculine achievement.

In the current study, fewer participants believed that fatherhood related to masculinity. This is perhaps because of the shift in what masculinity is today. Masculinity has changed over time and men believe that there are other ways to prove your masculinity, such as expressing virility through accomplishments at work, with education or in sports (Inhorn, 2003).

Personal desires for fatherhood were facilitated by expectations from one's partner, family, friends and society, which served as significant influences on the desire for some of the participants, which in turn affected how they perceived fatherhood. Most of the participants wanted children prior to their diagnosis, with the most popular reason being "*wanting to start a family*". It was viewed as a means to satisfy their partner's desire to start a family. Influences from social expectations on the perception of fatherhood were reported from the data, whereby, participants had expressed the influence of family and sociocultural expectations, and felt pressure to father children because of these factors. Similar findings were discovered in the study by Webb and Daniluk (1999) that focused on men pre-diagnosed as infertile. Perhaps this relates to the cultural value of having children in South Africa, where fatherhood created a sense of accomplishment, higher social status in the community and pride. It also represented virility and power, which relates to the norms of

masculinity in their society (Ratele, Shefer & Clowes, 2012). It may also relate to the notion that fatherhood is an important milestone for men, or perhaps just a personal desire for men in this age group.

The age of the participants was found to be related to this view of masculinity. The younger participants argued that infertility and fatherhood do not define masculinity while the older participants were found to describe a connection between the two. This is perhaps because of the change in expectations of modern fathers, which can be argued as being different for the participants in the study. As the fatherhood role and identity changes over time, so does the perceived importance of masculinity related to fatherhood.

One participant noted that he no longer wanted to have children because of his infertility. This perhaps relates to the notion that individuals may change their desires and decisions to have children if they believe that these desires have little opportunity to be achieved, similar to a finding explored in studies with women (Gray, Evans, & Reimondos, 2013).

Burton (2014) points out how male infertility is rarely looked at as being only a medical condition, and in relation to research by Morrell *et al.*, (2013), culturally-influenced masculinities in South Africa have been found to undermine men's health and well-being because of its importance to some men. In line with this notion, there were participants who had not reported major negative feelings due to their infertility, however, these participants instead focused on concerns about their health, such as Participant 5, who responded: "*I am only concerned about my health*." It is uncertain if they are trying to cope with their infertility by focusing on health reasons, but it can suggest that for some men, infertility might simply be a medical condition to worry about as

opposed to its social effect on well-being. This suggests that when men are mainly concerned about their masculinity, it could significantly affect their well-being.

In this study, the desire for fatherhood seems to be important for most infertile men, similarly in studies such as Inhorn, (2003). The findings also suggest that fatherhood is perceived as important to infertile men, not only because it relates to masculinity. However, one can argue that men may focus more on paternity when they are diagnosed as infertile and possibly that changes their perception of fatherhood because children become a central factor to ponder about. More research in this field needs to be carried out to explore this notion.

The findings propose that fatherhood is perceived in terms of one's desire to father children, which are influenced by social and personal factors. These factors consequently affect the way infertile men perceive fatherhood as something desirable or not desirable to them. In this study, fatherhood was seen as desirable for almost all the participants because of influence of hegemonic masculinity, societal expectations as well as one's own personal and extant desires to be a father. It was also found that the perception of fatherhood can change after experiencing infertility, as one participant described no longer wanting to be a father and another describing that he had a stronger desire to have children now that he can no longer have them due to his infertility. Ultimately, how fatherhood is perceived lies in why infertile men desire (or do not desire) having children and the factors that mediate it.

5.2 LIMITATIONS

Several limitations of this study must be acknowledged.

A major limitation of this study is the small sample of participants recruited for this study. Only 21 participants were willing to take part in this study, which limits the findings based on the topic of fatherhood. Even though this was a qualitative study, it is believed that a larger sample size would have allowed for a broader collection of opinions of infertile men in Johannesburg, South Africa. A larger sample size in this study could have enabled more valid inferences about the population (Marshall, 1996), especially when considering the limits regarding the method of collecting data, which was done using a self-report questionnaire. A larger sample size may have been useful for this study because it is important to understand infertility for men. Furthermore, it has been argued that infertile men remain reluctant to discuss their infertility (Lloyd, 1996). Consequently, with a small sample of this population, such as in this particular study, has led to limited data being collected by use of questionnaires. Limited responses to some questions also limited enrichment of data collected.

Another limit to this study includes the number of questions in this study were either left unanswered or answered very briefly by several participants. With a larger sample size of infertile men, however, it is believed that the researcher could have compensated for the brief answers as more data from more participants will be used for analysis, even if answers were to be given briefly by each participant. Thus, a larger sample size could have enriched the data of this study.

Furthermore, one possible reason for the unanswered questions could include how participants may have felt uncomfortable sharing the answer to the questions. Another reason for this was found in the data, in which a number of participants stated that they had already expressed the idea in previous questions. Furthermore, it can be possible that one question in the questionnaire (Question 8) was difficult to understand, which is why participants had left it blank.

The question was:" *How would you say external factors influenced the ways in which you view fatherhood*?". It may have been difficult to understand because external factors may have been a broad term to discuss. This question is also a leading question which would have resulted in greater response if appropriately worded such as: "*Could you tell us about any other factors which influence the way you feel about fatherhood*?".

Potential methodological weaknesses of this study should be mentioned. This is related to the format of data collection, which is an anonymous self-reported questionnaire with open-ended questions. The questionnaire may not have been sufficient to ascertain the participants' experiences. It is probable that the questions did not probe participants for enough insight or explanations to their answers, as most answers were brief.

A mixed-method questionnaire with more questions would have been a better option for this topic and target population as it probes for more opinions and positions on how fatherhood is perceived. With mixed methods, researchers can explore epistemological and methodological possibilities and they are able to conduct more effective research (Johnson & Onwuegbuzie, 2004). The researcher observed that one of the questions in the questionnaire (particularly Question 8) was not very useful for this study, and it was possibly an unclear question for the participants as several of them had left it blank.

In addition, no computer-based data-analysis software, such as ATLAS.ti, was used for thematic analysis, which would have assisted in expanding on findings, unidentified thematic categories and increased support for rigour in data-analysis and credibility of findings since the researcher relied on coding on data manually, using MS Word.

As the questionnaires were printed in English, participation was limited to those who were able to read and write in English. Second language English speakers may have expressed themselves differently had they been able to write or verbally respond in their mother tongue (Dörnyei, & Taguchi, 2009). They may have experienced problems of translating and writing down their thoughts accurately when answering the questions. This may have compromised the information gathered and interpreted.

Another limitation includes the participants of the study. The sample consisted of participants who were receiving treatment for their infertility from fertility-treatment clinics based in Johannesburg, therefore findings may not be representative of men in dissimilar settings and other South African populations. This study is also limited in its representation of men's perceptions of fatherhood as it is based on men who are seeking treatment for infertility. As a result of their help-seeking behavior by going for treatment at infertility clinics, it may be suggested that these participants already have a desire for fatherhood to some extent, which does not represent the views of infertile men who do not perceive fatherhood as desirable or meaningful to their lives.

Further limitations of this study would include not having explored demographic characteristics of the participants, such as race, religion, adherence to spiritual or religious tradition, and sexual orientation, as this provides a more comprehensive understanding of factors informing perceptions of fatherhood for South African men who are infertile and how they may construct or adhere to masculinity. Furthermore, the societal norms and expectations related to fatherhood that younger men experience is not explored in the data. Questions relating to these could have helped with analysis as such information may provided useful insight on their position(s) on masculinity and fatherhood (since one's culture and background can influence how these two concepts are

perceived). These limits in the study merit further consideration for additional research on the topic, especially in regards to the questions asked.

Lastly, a key limitation of the research design is due to the time constraints caused by changing in the data collection method and re-applying for Ethics Clearance, which probably contributed to the number of responses for the questionnaires.

5.3 CONSIDERATIONS FOR FUTURE RESEARCH

Further research should focus on exploring infertile men's adherence and opinions on masculinity to see if it relates to their perceptions of fatherhood. This would allow for a comparison between social constructs of masculinity and subjective perceptions of fatherhood. Additionally, research should consider demographic factors of the participants, such as race, religion, adherence to spiritual or religious tradition, and sexual orientation, in order to understand how these sociocultural factors may influence the value infertile men of various demographic backgrounds place in fatherhood. Considering the findings of this study, emphasis should be placed on cultural/religious factors since masculinity differs according to these, as well as age since the view on masculinity changes over time, which consequently results in masculinity meaning different things to men of different age groups. It would also be useful to view how infertility and hegemonic masculinity influences to the perception of fatherhood by considering the various attitudes men have towards masculinity (Pleck, Sonenstein & Ku, 1993) since this study has found different views of what is considered as masculine was as a determent of what manhood meant to the participants. Furthermore, questions about infertile men's desires for fatherhood not related to masculinity should also be explored to see if their perception of fatherhood is motivated by an

internal parental desire. This would be useful for exploring the perceptions of men who separated their infertility from their masculine identity.

5.4 CONCLUSION

This study has suggested that infertile men in South Africa may view fatherhood in relation to masculinity, although not as much as similar research has suggested. Instead fatherhood is highly valued by infertile men in South Africa and this is not necessarily related to following masculine ideals, which proposes that to be a man one should be able to reproduce.

The desire for paternity for the participants were related to a personal desire for parenthood more than the external pressures guiding it. The majority concerns for fatherhood are due to family pressures and the male identity. This extends to traditions that carry masculine value. Hegemonic masculinity seems present in the desire infertile men have for fatherhood and the way they perceive fatherhood because of the expectations they wish to meet as men in society. However, it is important to consider that not all men value masculinity the same way and so masculinity should not be measured as a very significant factor that infertile consider when thinking about what fatherhood and infertility means to them.

There are implications that some infertile men perceive fatherhood more as a desire to fulfil the wishes of starting a family and being a parent. This is opposed to thinking of it as a way to regain one's manhood that they felt was lost because of their infertility. In this light, one can suggest that for some infertile men, the negative psychological impact infertile men may face relations more to a sense of personal loss of not being able to reproduce than the identity loss as a masculine figure in society.

Fatherhood desires are influenced by social and personal factors, which may can shape how infertile men perceive fatherhood as either desirable/undesirable or significant to them. Fatherhood can be seen as desirable and valuable for infertile men who adhere to masculine ideals for reasons such as displaying or reestablishing lost masculinity. On the other hand, fatherhood can also be seen as desirable and valuable for infertile men in terms of fulfilling a personal desire for parenthood and making family members happy. Thus, it can be argued that the perceptions of fatherhood for infertile men in South Africa relates strongly to one's motives and desires as to why they want to have children, which is believed to be something subject to change after experiencing infertility.

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APPENDICES

APPENDIX A – PERMISSION TO CONDUCT RESEARCH

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

Dear Sir/Madam,

My name is Suriya Mohamed, and I am a Psychology Masters student at the University of the Witwatersrand. I am conducting a research project focused on understanding the experiences of infertile men and I would like permission to carry out this study at your clinic.

The proposed topic of my research is: "The Perceptions of Fatherhood for Infertile men in South Africa". The objectives of the study are to explore the perceptions of fatherhood of by infertile men and to examine how these perceptions are shaped by dominant ideals and constructions of masculinity.

I am hereby seeking your consent to recruit participants from your clinic and asking for assistance from the staff to circulate a notice for my study to potential participants.

To assist you in reaching a decision, I have attached to this letter:

(a) A copy of the ethics clearance certificate issued by the University *(Protocol Number:)*

(b) A copy of the interview schedule which will be used to guide the research interview

Upon completion of the study, I undertake to provide you with information to access the written report. Should you require any further information, please do not hesitate to contact me or my supervisor. Our contact details are as follows:

Researcher (Suriya Mohamed)

Email: 678174@students.wits.ac.za

Cell: 0607507669

Supervisor (Leonie Human)

Email: Leonie.human@wits.ac.za

Tel: (011) 717 5408

Your permission to conduct this study will be greatly appreciated.

Yours sincerely,

Suriya Mohamed

APPENDIX B - PARTICIPANT INFORMATION LETTER

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559
Human Ethics (Non-medical) Research Office: 011 717 1408

Dear Sir,

My name is Suriya Mohamed, and I am a Psychology Masters student at the University of the Witwatersrand. I am conducting a research project entitled "The Perceptions of Fatherhood for Infertile men in South Africa", focused on understanding the experiences of infertile men and I would like to invite you to partake in this study.

For the study, participation will include filling in a questionnaire about your experience of infertility in relation to the perceptions of fatherhood and masculinity, which should altogether last approximately 20-30 minutes. By filling in the questionnaires, you will be providing consent to use the information written for this study. I wish to assure you that all your information will remain confidential and no personal details that could identify you will be used in the study. Participation is entirely voluntary and you do not have to answer questions you are uncomfortable with. You may withdraw from the study at any time, without any negative consequences. This study does not aim to cause harm or put you at potential risk, and there are no disadvantages or advantages associated with participating in this research. If, however, any of the questions cause any discomfort or emotional distress, please contact a free counsellor at the following numbers below.

If you would like to participate, please complete a questionnaire and return it to the front desk of the clinic at which you collected it from.

Should you require further information, please contact me or my supervisor.

Sincerely
Suriya Mohamed

Contact Details:

Researcher (Suriya Mohamed)
Email: 678174@students.wits.ac.za
Cell: 0607507669

Supervisor (Leonie Human)
Email: Leonie.human@wits.ac.za
Tel: (011) 717 5408

Lifeline: (011) 715-2000
National Counselling Line: 0861 322 322
SA Depression & Anxiety Group: (011) 262-6396
Family and Marriage Association of SA: (011) 975-7106/7

APPENDIX C – CONSENT FORM

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559
Human Ethics (Non-medical) Research Office: 011 717 1408

Participation in the study of "The Perceptions of Fatherhood for Infertile men in South Africa" by Suriya Mohamed

Consent Form for Participation

By answering this questionnaire, I provide my consent (i.e. agree) to participating in this study and I declare that I have read the information and understand what my participation involves.

I also understand that: (please tick the box)

- ☐ My participation in this study is voluntary and I am able to withdraw at any time, without any negative consequences.
- ☐ I can refuse to answer a question at any time if I feel uncomfortable.
- ☐ The information I provide will be included in the research report, in the Results section, where direct quotes might be used.
- ☐ I am guaranteed that all identifying information I give throughout this research study will remain confidential to protect my identity in the reporting of the results of this study.
- ☐ There are no advantages or disadvantages associated with choosing to participate in this study.

APPENDIX D - QUESTIONNAIRE

Please complete the following information:

Age: _____

Relationship Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Employment status:
- ☐ Employed for wages
- ☐ Self-employed
- ☐ Unemployed
- ☐ Student
- ☐ Retired
- ☐ Unable to work

QUESTIONS

1. How do you feel about being diagnosed as infertile?

2. How do you think being infertile affects the way others view you?

3. How have the views others have of you as infertile affect the way you view yourself as a man?

4. Do you believe that infertility affects your masculinity? Please explain your answer.

5. Have you had any intentions of having children before your diagnosis? Please explain why.

6. How has being infertile affected your life in terms of how you feel about becoming a parent?

7. How do you feel about not being able to have children because of your infertility?

8. How would you say external factors influenced the ways in which you view fatherhood?

9. Have you felt any pressure from friends and family to have children? Please explain your answer.

10. Have you felt any pressure from society or the media to have children? Please explain your answer.

11. Do you believe that fatherhood is an important part of manhood? Please explain your answer.

Thank you!

Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Mohamed

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: H17/06/33**
PROJECT TITLE	The perceptions of fatherhood for infertile men in South Africa
INVESTIGATOR(S)	Miss S Mohamed
SCHOOL/DEPARTMENT	Human and Community Development/
DATE CONSIDERED	30 June 2017
DECISION OF THE COMMITTEE	Approved
EXPIRY DATE	13 September 2020

DATE 14 September 2017 **CHAIRPERSON** _____
(Professor J Knight)

cc: Supervisor : Ms L Human

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

_____ _____/_____/_____
Signature **Date**

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES