

Exploring the lived experiences of infertility treatment and care by involuntarily childless women

Athena Pedro and Brendon D. Faroa

Abstract

This study explored the lived experiences of fertility treatment and care by South African women with infertility. A total of 21 women from different age and ethnic groups (age range = 26 to 41; whites = 53%, coloured = 47%) were interviewed for the study. The women responded to semi-structured interviews on their lived experiences of fertility treatment and care whilst undergoing treatment. The data were analysed using thematic analysis. Four main themes were identified in the study; including: lack of compassionate care from treatment care providers, the need for infertility clinics to integrate psychosocial support care, a need for continuing education for fertility staff, as well as financial support resourcing. Participants expressed a need for health care staff at fertility clinics to be more attentive to their emotional and psychological needs. In addition, participants perceived a need for psychosocial care as a result of the distressing nature of the treatment process. The women also felt that some health care staff lacked technical knowledge about the fertility treatments and this left them deprived of crucial information. The costly nature of fertility treatment presented as an added burden for participants. Overall, participants seemed to require a more individualised and patient centred form of fertility care.

Introduction

In Africa, infertility prevalence rates range from 30 to 40% (Kamel, 2010). This is a major social concern for families in the patriarchal, pronatalist African societies in which women are valued for their fertility. In this cultural setting, women who are involuntarily without children may find themselves ostracised for lack of motherhood ability by reason of infertility (Ali et al., 2011; Boivin & Kentenich, 2002; Deribe, Anebir, Regassa, Belachew, & Biadgilign, 2007; Kamel, 2010; Mishra & Dubey, 2014; Ombelet, Cooke, Dyer, Serour, & Devroey, 2008; Winkelman, Katz, Smith, & Rowan, 2016). For this reason, women may compulsively seek fertility treatment so that they are totally engulfed by the need for fertility (Inhorn, 1996; 2002; 2003; Inhorn & Buss, 1994; Inhorn & Van Balen, 2002; Gerrits, 1997, 2002). In vitro fertilisation and Embryo Transfer (IVF-ET) is the last treatment option available to women. This fertility treatment procedure often requires mental and physical endurance with regular doctor's appointments, and significant financial costs. In brief, the treatments can be distressing.

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