WANTING CHILDREN BADLY: A STUDY OF CANADIAN WOMEN SEEKING IN VITRO FERTILIZATION AND THEIR HUSBANDS

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Editor's Note — Research on women's experiences of IVF is proceeding worldwide, but as with any new area of research the approaches and findings vary while the bases on which comparisons can be made are not immediately apparent. To encourage research and facilitate comparisons, the *IRAGE* editors proposed a series of questions on methodology and theory to researchers who are currently engaged in, or have completed, studies on IVF.

1. What are the basic findings of your IVF research?
2. Provide details of your research methodology, for example, how many women were in your study? How was the sample obtained? How did you obtain access? How did you measure success?
3. What conclusions do you draw from the research?
4. Do you see any differences in your research and that of other feminists? If so, what are they?
5. Arising out of your research, what strategies for change do you advocate?
6. Are there unanswered questions after the completion of your research? Did new questions emerge? If so, what are they?

The first three contributions are from Canada, Denmark, and Australia. The Editors welcome further contributions, including letters, from researchers and from women who are working at a more practical and/or political level with women who are or have been undergoing IVF treatments.

Synopsis — This paper briefly describes the results of a qualitative exploratory study of 22 Canadian women who underwent in vitro fertilization (IVF) in Ontario, Canada between 1984 and 1987, and the husbands of 20 of these women. IVF and the technologies which it makes possible have the potential to radically change human reproduction and further undermine women's autonomy, but they cannot exist without an eager market. The purpose of this study was to examine the extent to which the parenthood motivation of these couples, and hence the market for IVF, was socially constructed. This research shows that the respondents' reasons for wanting a biological child were both internally and externally created, and the social meanings of parenthood did play a role in the parenthood motivation of some respondents.

My interest in in vitro fertilization (IVF) dates back to the very first reports following the birth of Louise Brown in 1978. In the years that followed, I began to read accounts of women's experiences of IVF in the popular press, and I was struck by how incredibly stressful the whole procedure was, and how some women appeared willing to do almost anything to have a child. The question that fascinated and concerned me, both then and now, was "Why?" Why do some women want children so badly that they are willing to undergo this very stressful, expensive, and dangerous procedure? It is the strong desire of these women to have children, sometimes at almost any cost to themselves, that creates the market for IVF. This desire is generally seen as natural, and is largely taken for granted by the general public and the doctors and scientists who develop and promote this technology. What is almost entirely missing from the public debate on IVF, except among feminists, is any sort of analysis of how a desire for children might be *socially constructed,* at least in part. In other words, how does the society in which a woman lives *create* a market for IVF by placing so many important meanings on fertility that to be infertile indeed becomes an unbearable problem.

THE STUDY

To try and answer this question I undertook an exploratory, qualitative study which examined the parenthood motivation of women seeking IVF and their husbands. I interviewed 22 women who had applied for or undergone IVF in the province of Ontario, Canada, between 1984 and 1987. The husbands of 20 of these women were interviewed separately, for a total sample of 20 couples and 2 individual women. I included the women's husbands for two reasons: because only married or cohabiting women are usually permitted to undergo IVF in Canada (and in most other places), these men are by definition part of the procedure. I also believe that the reproductive decisions of married women cannot be examined as if they were independent of their male partners. Do they go along with IVF to please their wives, do they pressure them into it, or are they truly equal partners in the enterprise? These are important questions, and answering them requires that both spouses be interviewed. Husbands and wives were interviewed separately to facilitate full disclosure and to prevent the more verbal or opinionated partner from dominating the interview. The wife was always interviewed first, because it was she who was actually undergoing the procedure.[1]

All but 2 of these 22 women had experienced at least one IVF attempt, and one had tried IVF six times (see Table 1 for the results of these attempts). Sixteen women were childless, three had an adopted child, and three had a biological child or children. Respondents were located through an infertility support group (n = 7), advertisements in IVF clinics (n = 2), a letter to a Toronto newspaper (n = 22), a radio announcement (n = 4), and personal contact and word of mouth (n = 7).[2]

My questions covered the following areas: reasons for agreeing to be interviewed; demographic data; marital history; fertility history; family background; disclosure of infertility and participation in IVF; reasons for wanting a child; the connection between fertility and gender identity; the impact of infertility on the marriage; feelings and activities concerning adoption; IVF experiences; and awareness of and feelings about criticisms of IVF. All interviews were tape recorded and transcribed. The women's interviews lasted 1 to 3 hours, and the men's from ½ to 2 hours. The women's interviews were longer because they had to fully describe their medical histories and IVF experiences.

As is usually the case with couples seeking IVF, these couples were highly educated and financially well off.[3] Only 5 of the 22 women and 3 of the 20 men did not have any post-secondary education whatsoever. Income data were available for both partners in 16 of the 20 couples, and their so-called family incomes ranged from $40,000 to $260,000, with a median income of $60,000.[4] All of the respondents were white except for one man who was black.

The theoretical framework used in this study is social exchange theory. Social exchange theory, or slight variations of it, has been implicitly and explicitly used by numerous demographers, sociologists, and psychologists to explain fertility rates, and has proven to be one of the most successful frameworks for predicting and explaining fertility behaviour (see Beckman, 1977; Hoffman & Manis, 1979; Thomson, Davidson, & Williams, 1983; Vinokur-Kaplan, 1977, for examples). This framework assumes that all individuals have unmet needs that they are attempting to satisfy. In order to meet these needs, people act in ways that will maximize their rewards and minimize their costs. It also recognizes that they may also have to choose among several alternatives which may be more or less rewarding or costly. Children satisfy certain needs of their parents, while at the same time inflicting certain costs upon them. Consequently, in order to understand a person's motivation for having children, we must understand their perceived costs and benefits of childbearing (Hoffman & Manis, 1979). Thus, the major theoretical idea that underlies this study is that couples who attempt to have a child through IVF are doing so because they believe childbearing will have positive outcomes for them, that is, the rewards of having their own biological child will be greater than the physical, emotional, and financial costs involved in using this technology.

RESULTS

Two distinct categories of motivation for parenthood emerged from these interviews. The first type of motivation, which I have called personal reasons, describes those motivations that seem to come from *within* the individual and are influenced by their own lived experience. These reasons were further subdivided into two categories: the pleasures of parenthood and the advantages of parenthood. The second type of motivation for parenthood involved its social meaning, that is, meanings and values that were socially constructed. Veevers has identified six themes that characterize the social meaning of parenthood — morality, responsibility, naturalness, sexual identity and sexual competence, marriage, and normalcy and mental health (Veevers, 1973). The presence of these six themes in the stated parenthood motivation of these respondents was the primary way in which the social construction of this motivation was identified.

Because the parenthood status of the couples in this study affected their perception of both the rewards and costs of childbearing, and consequently their willingness to try IVF to achieve that goal, their parenthood motivation is described below according to whether or not they had children and how they had become parents. Reasons for wanting a biological child did not differ significantly between wives and husbands, so their answers are not differentiated in the following descriptions.

Childless couples

Personal reasons for wanting a child were stated by 27 of the 30 childless respondents. The pleasures of parenthood were frequently mentioned, and included a strong liking for children, a desire to watch a child grow and contribute to its development, a desire to give love and nurturance to a child, and a wish to recreate oneself in the present or leave

Table 1. Results of All I VF Attempts (number of women = 20, number of attempts = 50)

Subject Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Total Number of Attempts/Woman	1	1	1	5	2	2	3	3	3	1	1	1	1	6	1	1	6	6	4	1
Outcome of Each Woman's Attempts																				
Cancellation		1	1	2			2	1	3					2			1	1	2	
Egg collection, but no fertilization											1						1			
Embryo transfer completed but no pregnancy	1			3	2	2	1	2					1	4		1	3	3	2	1
Miscarriage following diagnosed pregnancy																		2		
Pregnancy, expressed in number of live births/pregnancy										1		3*			1		1			

*This woman had triplets.

something of oneself behind in the future. Thirteen childless respondents also mentioned that they were motivated by such advantages of parenthood as the belief that children help to "keep you young", give life meaning, and provide emotional and practical support in old age. Other personal reasons included the emotional effect of a previous abortion, un-diagnosed infertility, and a strong emotional bond with one's spouse. Not surprisingly, the childless respondents' feelings about having children were influenced by their experiences in their own families of origin. Those with happy childhoods hoped to recreate the experience in a family of their own, and those who had emotionally deprived childhoods hoped to make up for this lack by creating a close, loving relationship with their own offspring.

To what extent were the parenthood motivations of these couples influenced by the social meanings of parenthood, as described by Veevers six themes? Six childless people thought that parenthood was an essential part of marriage, and five believed that childbearing was essential for family formation. Five of the childless women thought that childbearing was an essential part of the female gender role, although this notion was extremely complex and ambiguous and was recognized as irrational. Most of the childless men did not feel that fathering a child was an important part of their masculinity; however, most of these husbands did not have to come to grips with the problem of their own infertility, because the major infertility problem in all but one childless couple rested with the wives. Finally, eight childless respondents also stated that having children is natural or instinctive, and used this belief to explain part of their motivation to become parents.

Most of the childless individuals reported that they had experienced pressure from their parents and/or in-laws to have a child, as well as from other relatives, friends, acquaintances, or even strangers. Wives were more likely to have experienced overt pressure than were their husbands.

All but one of the childless couples were actively trying to adopt a child. However, both spouses generally viewed adoption as a last resort, to be attempted when they had tried everything to have their own biological child. The childless wives were more positive toward adoption than their husbands. Most childless couples who were planning another IVF attempt said that they would accept an adopted child if one became available but would continue to pursue IVF, because the chance of an IVF pregnancy was small, and in any event, they desired a two-child family.

Couples with an adopted child

Three of the couples in this study already had one adopted child when they attempted IVF. Why did they persist in their quest for a biological child through IVF? While adoptive motherhood provided many of the rewards of motherhood for these three women, some of the needs that led them to desire motherhood initially remained unmet. One adoptive mother felt that she was "less of a woman" because she could not bear a child, and feared that her husband would not love her as much. All three adoptive mothers wished to experience pregnancy and childbirth, and the fact that two of them were normal infertiles[5] made it difficult for them to resolve their infertility and contributed to their desire to try IVF. None of the adoptive fathers saw fathering a child as an important part of their masculinity. All three adoptive couples wanted a two-child family, and because they all recognized that adopting a second child might prove difficult or even impossible, IVF was seen as a chance to complete their families. The fact that they would have a genetic bond with an IVF baby seemed less important than the fact that an IVF baby would be *a second child.*[6]

Couples with biological children

Three of the couples in this study had a child or children who were biologically related to one or both spouses. Two of these women had biological children from a previous marriage and had undergone tubal ligations that were not entirely voluntary. Their desire to have a child in their second marriage meant that IVF was their only recourse because their tubal ligations could not be reversed. The third woman had become infertile following the birth of her first child; however, she had ruled out IVF for the foreseeable future because of the extreme stress produced by the medical interventions she had already undergone to try and have a second child. At the time of her interview, she was trying to adopt.

Differences between husbands and wives

Reasons for wanting to have a biological child did not differ significantly between husbands and wives; however, the overwhelming opinion of most of the participants was that the wives had a stronger desire for a child than the husbands. Husbands frequently mentioned that their involvement in their careers compensated somewhat for their lack of a biological child. They consequently required much less emotional support in coping with the pain of infertility than did their wives. Significantly, husbands were much less enthusiastic about making repeated attempts at IVF than were their wives because of the following concerns: (a) the emotional stress of IVF on their wives; (b) the physical pain and discomfort of the procedure; and (c) the potential long-term risks posed by the fertility drug used in IVF. Without question, the major impetus for trying IVF for most couples in this study came primarily from the wives. Pressure from a husband on a wife to attempt IVF or continue trying it was found in only two cases, and was not very strong.[7]

CONCLUSIONS

This study has shown that the motivations that prompted some of these women and men to seek parenthood through IVF did not only come from within themselves, but were also influenced by notions that parenthood is part of the female or male gender role, that parenthood is an essential part of marriage, and the idea that having children is natural and instinctive. Therefore, to a certain extent, the parenthood motivation of some of these persons did indeed appear to be socially constructed. Pressure from family and friends to bear a child was also widely reported. Lack of understanding of the role that social factors play in parenthood motivation reinforces the continued construction of infertility as a medical problem only, which in turn helps to create a market for IVF. In vitro fertilization

provides the human eggs and embryos which are the essential raw materials for human genetic engineering, postconception sex selection technologies, and artificial wombs. Because IVF, and the other technologies that it makes possible, have the potential to radically change human reproduction and further undermine the autonomy of women, it is essential that IVF be examined within its entire social context, and not simply as a medical phenomenon or ethical problem, as is often the case.

CONTRIBUTIONS OF THIS RESEARCH TO THE DEBATE ON IVF

How does this research contribute to the debate on IVF and how does it differ from the work of other feminists? The major contribution of this study is that it has helped to place a technology that is usually perceived as primarily a medical and biological phenomenon by the general public (and by some feminists) in a social context by examining the social construction of the market for IVF.

To the best of my knowledge, this work is one of only a handful of studies which examines *couples* seeking IVF. Most studies, feminist or otherwise, involve only women. Because a woman cannot usually undergo IVF without a male partner, the inclusion of men provides essential information about the whole IVF experience and its social context. This research also directly investigates the question of pressure from husbands as a possible significant factor in women's use of IVF.

This research also highlights the fact that IVF is also used by couples who are not childless, but who may already have adopted or even biological children. Awareness of this expanded use of IVF redefines the scope of this technology, and may have implications for the future expansion of its market and the way in which it is perceived by the public. IVF has generally been presented as a beneficial technology which helps unfortunate infertile couples alleviate the pain of childlessness. This humanitarian image has, I believe, helped to justify the continued development of IVF and contributed to its public acceptance.[8]

This study also examines in a systematic and thorough way the adoption attitudes of couples who seek IVF. The fact that almost all of the childless couples in this study were actively seeking adoption and IVF concurrently undercuts the charge that has sometimes been made that couples who seek IVF are only interested in having a biological child. This was not the case in this study, although adoption was generally viewed as a last resort by both partners. Wives were more accepting of adoption than their husbands.

FUTURE ACTIONS, OR, FIGHTING THE GOOD FIGHT

Although we are beginning to know quite a lot about all aspects of IVF, much more work needs to be done. We especially need to look at IVF *cross-culturally,* as it continues to expand into so-called Third World countries. This is essential, because the factors that influence parenthood motivation, the social perception of infertility, the state of the technology, and the way in which IVF is funded and regulated differ from culture to culture.

The short- and long-term *safety* of IVF for women and for the babies born from this process must continue to be investigated! This is absolutely essential. Based on my own research and that of other women, I believe that IVF is not a safe technology for women or children.

Increasingly IVF research and practice are moving in the direction of eugenics and genetic engineering, and links between IVF and the pharmaceutical and biotechnology industries continue to be exposed. The implications of this trend for all human beings,

but especially for women, are profound and dangerous, and too numerous to mention here. More than ever, we need to monitor all new developments in and applications of IVF. This requires constant vigilance and hard work because the technology changes almost daily.

Most importantly, we must continue to speak out and publicize our findings and opinions in all available forums. To a certain extent, those of us who oppose IVF and the other new (and old) reproductive technologies continue to preach to the converted.[9] We need to think of creative ways to reach the vast majority of people who do not know what these technologies are, how they work, and where they are heading. This is a difficult task, but what else is new? The success of Australian women in fostering critical public debate on IVF in that country shows that something can be done. I believe that there has been a small but perceptible shift in public opinion about IVF in the popular press in North America in the past few years. The situation is far from hopeless, and we must continue our work now more than ever. The forces that we oppose are strong, but so are we. I know that individually and collectively we can make a difference.

ENDNOTES

1. Although separate interviews were preferred in this study, joint interviews can provide important information on the nature the couple's relationship. Are they loving, tense, supportive? Does one partner dominate the other? The statements of one partner can be corroborated, supplemented, modified, or contradicted by the other, and a more complete picture can emerge (Allan, 1980).

1. Initially I had hoped to contact my sample by placing small advertisements in the waiting rooms of four hospital IVF programs and one private IVF clinic in Ontario that could be read and taken home by patients, but only two hospitals granted this permission. Consequently I turned to other methods of contacting prospective interviewees.

2. This situation may have changed in the province of Ontario since I completed my study because most hospital-based IVF programs have been publicly funded, except for drug costs, since 1985. This has made IVF available to lower-income couples and resulted in huge waiting lists. Most of the participants in my study had to pay the entire cost of their IVF treatment, although some attempts made after 1985 were covered by the Ontario government.

4. According to Statistics Canada data for 1985, the average Canadian family income was $37,368, and the median income was $33,384. In that year only 13.7% of all Canadian families reported an income of $60,000 or more (Statistics Canada, 1987).

5. *Normal infertile* is the phrase used to describe persons for whom the cause of their infertility remains undiagnosed even after a thorough medical investigation.

6. The stories of these three couples are described in detail in Williams (1990).

7. It is essential to note that this sample is not representative of couples seeking IVF. This question must continue to be investigated in other studies, *especially cross-culturally.*

8. One of the women in this study who had children from a previous marriage reported that a nurse in the hospital where she underwent IVF became quite hostile when she learned that this woman was not childless. After that incident this respondent never mentioned that she already had children.

9. This observation was made by Alison Solomon at a session on "Women's Experiences with In Vitro Fertilization" organized by Helen Bequaert Holmes at the Fourth International Interdisciplinary Congress on Women in New York, June 1990.

REFERENCES

Allan, Graham. (1980). A note on interviewing spouses together. *Journal of Marriage and the Family,* **42**, 205–210.

Beckman, L. J. (1977). Exchange theory and fertility related decision-making. *Journal of Social Psychology,* **103**, 265–276.

Hoffman, Lois & Mams, Jean (1979). The value of children in the United States: a new approach to the study of fertility. *Journal of Marriage and the Family,* **41**, 583–596.

Statistics Canada. (1987). *Family incomes. Census families,* 1985. Catalogue No. 13-208. Ottawa: Minister of Supply and Services Canada.

Thompson, Elizabeth, Davidson, Andrew R., & Williams, Richard. (1983). Measurement models for the subjective utility of children. *Journal of Applied Social Psychology,* **13**, 528–542.

Veevers, Jean E. (1973). The social meanings of parenthood. *Psychiatry,* **36**, 291–310.

Vinokur-Kaplan, D. (1977). Family planning decision-making: a comparison and analysis of parents'