Making Parents? Human reproduction and family life in contemporary society

BSA Human Reproduction and Families and Relationships groups

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Life is a rollercoaster: Social influences on couples conceiving a child through IVF

Abstract

As technologies improve in the field of assisted reproduction, the number of couples becoming parents through ART is increasing (HFEA 2013). Those who have undergone this are likely to have faced greater psychological, physical and often financial demands which may heighten expectation of parenthood for this group. Whilst having actively sought parenthood there may be pressure on them to be 'good' at it. In addition, previous experiences of infertility (sense of failure and frustration, cyclical nature of hopes raised and dashed) and the associated interventions (high anxiety, medical intrusion, relinquishing of control) may also influence that transition, this is an area as yet poorly explored.

Jauniaux and Rizk (2011) describe IVF as a 'somatic answer to a subjective problem'. Much of the research in IVF focuses on the biomedical, which reduces women to the role of 'vehicle' on which medical teams work (the role of the father being minimised even further). IVF is considered to be a 'good' thing, a medical response to a couple's unwanted situation. Once pregnancy is achieved; and the possibility of it not being is rarely considered, then the 'problem' is considered solved.

The subjectivity of the experience for couples is the focus of my PhD research 'A study to investigate parental expectations and the perceived reality of early parenting in couples with a pregnancy conceived using IVF'. About to start data collection, it aims to gain an understanding of the expectations and experiences of those parents of the transition to early parenthood and whether there are differences between expectation and reality.

Within Western society, much of the discourse on infertility focuses on it as a clinical condition requiring treatment by the medical profession rather than as a social issue, with media reports reflecting society's contradictory views; admiration of technological advances for subfertile couples balanced against a discomfort with the concept of 'manufactured' babies. Since 1991 (the year the Human Fertilisation and Embryology Authority was established) the number of IVF cycles has increased and the live birth rate per IVF cycle has increased from 14% to 25%, equating to 2.2% of all babies born in the UK in 2012. Some have argued that the increasing use of IVF is not clinically justified, that increasingly it is

being used for couples with mild or unexplained infertility, who may have conceived in time anyway (Kamphuis et al 2014). This increase may be influenced by the commercialisation of this health sector where the subsequent child becomes a commodity and the patient a customer. A particular cause of anxiety for couples undergoing infertility investigations and IVF are the financial implications. It could be argued that commercialism may be keeping assisted parenthood the preserve of the affluent (Connolly et al 2009). This has been alleged in the US, with Bell (2010) arguing that access to IVF is a social control mechanism which acts to maintain the stratifications and consequent inequalities within societies.

For many years infertility has been treated as a biomedical 'condition' requiring treatment, albeit one with pronounced psychological effects, and much of the health literature reflects this. Yet Greil et al (2010) argue that infertility is also a social construct and as such the data generating approach of medical statistics needs to be merged with a more sociological approach recognising couples experience of the process. An individual's understanding of the meaning of infertility alters depending upon their own socialisation and expectation, their fertility or fecundity, and their professional perspective. Infertility can be understood as a sense of loss, a loss of hope or expectation of a child, but also a loss of the 'normality' of that experience. It may be that for some women there is a conflict between it feeling 'natural' to want a child but needing to negotiate 'unnatural' ways to achieve this. For couples seeking help with their fertility there is a move from the very personal situation of trying for a child, to the public arena of seeking help (Crawshaw 2009). Infertility is an emotive and psychosocial 'dis-ease' yet the intimate and stigmatizing investigations such as monitoring of sexual activity, masturbation and forced maturation and handling of gametes is treated as a bio-medical process, situated in the scientific arena. Despite the medical model giving that framework, the use of human tissues, and gametes in particular, challenges assumptions of the essence of humanity.

There is evidence that both women and men over-estimate the likelihood of success if they needed IVF treatment and it has been proposed that they may delay parenthood in the belief that IVF can offer them a 'fallback option' (Weston and Qu 2005). The social acceptability of treatment for couples may also be a factor, and this appears to be related to norms and values; as IVF becomes increasingly common, it also becomes increasingly acceptable. As a response to this, it may be perceived by society as the answer to all infertility problems (Schmidt 2009), an incorrect assumption which can increase the considerable stresses on individuals undergoing treatment.

Both fertile and infertile women attempt to conceive within social expectations and with an assumption of control over their fertility (Earle and Letherby 2007). However, this sense of control may be an illusion and for some women 'timing' becomes a dominant influence on their experience. A current media focus on the importance of not leaving it 'too late' to have children, detracts from findings that for many women, they do not feel that they're

currently in the right emotional position to have a child, from either a relationship or financial perspective (Morley 2012). The sociology of the body, as it relates to women and reproduction, is intrinsically linked to female sexuality and its control by religious and secular cultures. The existence of technology per se is not a threat to women's bodies, but its application and the normalising of that may be perceived to be. Birth control, Caesarean section, epidurals, fetal monitoring and screening interventions have all preceded IVF and its associated developments. The rapid increase in IVF implies (wrongly) that the distress of infertility has been eliminated by medical advances. Consequently, for those for whom IVF does not work, the social stigma may be increased, as Heitman (2002) phrases it, they 'fail the treatment' rather than the treatment failing them.

Pronatalism is the view or attitude that having children is a 'good' or 'appropriate' action for a society, and something to be encouraged. Proceeding from this, an individual's social worth becomes intrinsic with their fertility or fecundity. Motherhood remains a key concept of femininity and failure to become pregnant may challenge women's perceptions of self (see Gilllespie 2000 cited in Maher and Saugers 2007). Whilst motherhood is seen as being undervalued in society with little material or social status, non-motherhood is granted even lower prestige (Letherby 2002, cited in Rich et al 2011).

Couples face considerable pressure to have children, even in those countries where there is free choice. That pressure may be intrinsic or individual or it may come from family, community or wider society (Cassidy and Sintrovani 2008). Consequently, couples may not disclose to family or friends that they are having infertility investigations, instead turning to support each other. In addition, contact with friends who have children can be painful and consequently avoided, thus reducing social support (ref). As treatment for infertility can remove the normal connection between the psychological and physical act of intercourse itself, sexual identity may be affected. The lack of control is, for many women, a significant factor in the experience of infertility, Gourunti et al (2012). This is supported by Daniluk (2001) in her study of couples who stop infertility treatments, she found that both men and women described the decision as a 'taking back of control over their lives'. Hjelmstedt (2004) found that negative feelings associated with previous infertility continued to have an effect on some parents. IVF may provide couples with a child but it does not cure the problem - they remain a couple unable to conceive spontaneously and face the stigma of infertility

It is argued by Farrell et al (2012) that sociological research has been slow to respond to the increasing number of families created by IVF and what this may mean for our concept of 'family'. For many couples the increasing realisation that they have fertility problems, and the additional stresses that this causes, precedes successful IVF for several years.

Consequently, despite excitement at the much wanted pregnancy and birth, it can be accompanied by considerable anxiety (McMahon and Gibson 2002, Gameiro et al 2010). Several studies have been conducted on maternal- child relationships which found only minimal differences between naturally conceived children and those from assisted conception techniques (McMahon and Gibson 2002, Gibson et al 2000, Ulrich et al 2004, Holditch-Davis et al 1998). It is interesting to note in Ulrich et al's (2004) research comparing parents of naturally conceived children with those of IVF conceived children that parents who had undergone assisted pregnancy were less open in their responses at interview. It is suggested by Fisher et al (2005) that parents with IVF pregnancies may be reluctant to disclose any negatives, which potentially may lead to a reluctance to seek support if felt necessary.

The transition to motherhood has been described as a 'natural progression and a major transition' (Redshaw and Martin 2009) and a 'time for growth' (Taubman-Ben-Ari et al 2009) however, Miller (2007) highlights how societal expectations and an ideology of perceived 'good mothering' leads to a disjuncture between women's experiences and existing discourses. Hayes (1996) argues that whilst aspirational pursuit guides the rest of women's lives, motherhood is focussed on selfless nurturing. Central to the concept of good mothering is the expectation of selflessness and complete dedication to the role of 'mother'. It is proposed by Darvill et al (2010) that the transition to first time motherhood commences early in pregnancy, this may have implications for those with more 'tentative' pregnancies – those with a history of miscarriage, fetal loss or difficulty conceiving. Miller (2007) suggests that it is in this juxtaposition of what women expected and experienced that the cultural norm is challenged, and the mental adjustment of idealized mother to a mothering that works for individuals is what may prove challenging to new parents.

Being in control appears to be a key aim in adjusting to parenthood (Hjalmhult and Lomborg 2012) and this involves both competence in skills as well as developing a self- image of oneself as a mother - yet we know that couples undergoing IVF have a loss of control in the process. If IVF is characterized by medical intervention and the placing of control into the hands of experts, is it possible that the same coping mechanism be employed in making sense of parenthood - turning to 'experts' rather than using one's own intuition? Parenting is morally loaded, with parents subjected to societal pressures and increasingly, government pressure. It may be that this moral pressure is even greater for those parents of a child conceived by IVF, an assumption that having actively sought parenthood, one should be obliged to be 'good' at it. For those who subsequently become parents following infertility treatment, the positives of a much wanted child is located within a framework of 'luck' albeit luck resulting from considerable efforts and stress on their part (Redshaw et al 2007).

Parents of IVF babies may perceive themselves as 'lucky' to have a child, whilst unlucky to have needed the assistance. During the process, they will have experienced hopes raised and dashed, found comfort in promised medical techniques and been challenged with the practical, psychological and financial demands of those advances. It is from this rollercoaster of emotions that couples commence their experience of parenthood.

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