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A Phenomenological Study on the Infertility Experience of Women of Childbearing Age in South Korea: Caring for My Marginalized Identity

[1]Young Soon Im, [2]Gie-Ok Noh

[1]Assistant Professor, Dept. of Nursing, Kyungbuk College, Gyeongsangbuk-do, Korea
[2]Assistant Professor, College of Nursing, Konyang University, Daejeon, Korea
cathrina@hanmail.net, nkorn91@konyang.ac.kr

Abstract

Background: *While the application of procedural methods to solve the infertility problem has increased, the decline in the quality of life of women who experience infertility has been disregarded.* ***Methods:*** *This qualitative study used phenomenological analysis of data collected from 13 women with infertility in South Korea to reveal the subjective meaning of physical experiences perceived by women over the course of treatment.* ***Results:*** *Upon analyses of the treatment experiences of women with infertility in South Korea via a phenomenological analysis method, 10 themes were extracted and integrated into four theme clusters ("Perceiving infertility," "The body that gives birth," "A process in an endless tunnel," "Caring for my marginalized identity").* ***Conclusion:*** *The results of this study suggest that women with infertility in South Korea perceived their own bodies as givers of birth living in traditional and patriarchal societies. A contextual flow proceeded to the final stage of women caring for their marginalized identity, which had suffered throughout the course of their infertility journey.*

Keywords: *Experience, Identity, Infertility, Phenomenological Study, Women*

1. INTRODUCTION

The number of women with infertility in South Korea has increased by an average of 7.7% annually since 2005, reaching 228,382 as of 2020 [1]. Worldwide, infertility reportedly affects one out of every seven couples [2]. Since infertility has been recognized as a factor in the decline of the fertility rate, women with infertility have become the subject of medical management as patients who need to undergo pregnancy and childbirth in the midst of medical industrialization for profits and the country's policy of seeking a solution to the low birth rate [3]. In the patriarchal culture of South Korea, women's roles are male-dependent, and pregnancy and childbirth have been regarded as essential life tasks for women [4,5]. Therefore, women with infertility who have difficulty bearing children are branded as guilty or selfish, considering the traditional perception of a woman's body as being obligated to give birth to continue the family lineage [6].

Life improvement, drug treatment, surgery, intrauterine insemination, and assisted reproductive technologies can be used to treat infertility [3]. During infertility treatment, women experience physical symptoms such as abdominal distension, bleeding, pain, nausea, ascites, and bleeding due to drugs used[7,8].

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Corresponding Author: nkorn91@konyang.ac.kr
Tel: +82-42-600-8575, Fax: +82-42-600-8555
Assistant Prof., Dept. of Nursing, Konyang University, Daejeon, Korea

In the process of infertility treatment, women are separated from their personalities and become procreation agents controlled only for the result of childbirth, which must be endured for a successful pregnancy [9]. Emotional symptoms that appear along with physical symptoms include fatigue, restlessness, and anxiety. The higher the level of depression, the more severe the physical symptoms and the lower the coping ability [7].

Recently, the number of cases of assisted reproductive technologies has increased significantly with expanded cost support in line with the childbirth policy for those with infertility. Accordingly, interest is focused on creating a "female body capable of childbirth" through surgical methods. Subsequently, the decline in the quality of life of women who experience infertility while receiving assisted reproductive technology for the treatment of infertility has been disregarded [9,10].

Therefore, this study intends to help improve the understanding of healthcare workers and society by conveying the subjective experiences of women with infertility and to present a new perspective on policy development for social support. This study aimed to explore the treatment experienced by women with infertility in South Korea during the process of infertility treatment. The core question was "What have you experienced as a body while undergoing infertility?".

2. METHOD

2.1 Study design

This qualitative study used phenomenological analysis to reveal the subjective meaning of the bodily experiences perceived by women in the process of infertility treatment in South Korea. This approach was designed to understand and describe the experience in-depth.

2.2 Research subject selection and ethical considerations

This study was conducted after obtaining approval from the institutional review board of the author's university (IRB no: 201703-HRSB-044-01). Voluntary consent was obtained from the participants who experienced pregnancy post the infertility treatment. The participants were informed about the purpose of the study, research process, protection of personal information, recording and transcription of the interview, and additional interviews before the in-depth interview. Since this study involved data collection through in-depth interviews, the participants were selected from among those who could share their experiences with clear consciousness and effective communication.

2.3 Data collection methods and procedures

The data were collected for one year, from April 2017 to March 2018. The study participants were recruited using snowball sampling [11] to get an objective sample. Thirteen women with infertility who were introduced by acquaintances of the author were interviewed. Individual interviews were conducted with those who were willing to participate in the study by setting an appointment after the author verified the appropriateness via phone calls, text messages, social networks, and e-mails.

2.4 Data analysis

Data analysis was performed using the Giorgi data analysis method [12]. First, all the recordings from the interviews were transcribed as quickly as possible, and the recordings were replayed several times while reading the transcriptions thoroughly to understand the overall contents. Second, statements with similar

meanings were extracted from the contents of the interview and re-stated as abstract and general statements to create concrete themes for classification. Third, the organized themes were structurally integrated into the theme cluster, considering their similarity.

3. RESULTS

3.1 Characteristics of the participants

Finally, 13 participants participated in the study. The age distribution ranged from 30 to 43 years, and the length of marriage ranged from three to 16 years. Additionally, the number of participants with religion was 10. Five participants had a job, three were pregnant at the time, and the other ten had one to three children. Six participants did not know the cause of infertility, and the infertility treatment period was as long as eight years (Table 1).

Table 1. Participants' characteristics (n = 13)

No.	Age	Marriage (yr)	Occupation	Children	Treatment (yr)
Participant 1	40	6	Yes	Pregnant	2
Participant 2	39	13	Yes	One	5
Participant 3	42	16	Yes	One	7
Participant 4	40	11	No	One	8
Participant 5	36	5	No	One	1
Participant 6	35	9	No	One	3
Participant 7	35	6	No	One	1
Participant 8	38	6	No	Two	1
Participant 9	32	3	No	One	2
Participant 10	38	8	No	Two	1
Participant 11	43	11	No	Three	1
Participant 12	35	6	Yes	Pregnant	4
Participant 13	35	3	Yes	Pregnant	2

3.2 The meaning of the infertility experience in women

As a result of analyzing the treatment experience of women with infertility in Korea during their infertility treatment via a phenomenological analysis method, 10 themes were extracted and integrated into four theme clusters (Table 2).

Table 2. The meaning of the infertility experience in women (n = 13)

Theme cluster	Themes
Perceiving infertility	Pregnancy that did not come naturally to me (n=11)
	Guilty conscience and sense of defeat due to infertility (n=9)
The body that gives birth	The body that has to fulfill the duty of having a child (n=5)
	Giving birth to our offspring (n=6)
	Being forced to have children (n=4)

A process in an endless tunnel	Body and mind restrained for pregnancy (n=7) Feeling of wandering in an endless tunnel (n=8)
Caring for my marginalized identity	Myself who did the best to endure (n=10) Family comfort and support from those around (n=6) Understanding of others gained through suffering (n=8)

3.2.1 Theme cluster 1. Perceiving infertility

Sub-theme 1-1. Pregnancy that did not come naturally to me

Most participants did not expect to experience infertility. Therefore, it was difficult for women with infertility to accept the fact that they had to undergo infertility treatment. Women with infertility did not know why they should be sorry for not bearing children, but they felt sorry for their husbands.

"I did not know that I was going to be like this, with my body being under such a lot of trouble and stress. [....]" (Participant #7)

Sub-theme 1-2. Guilty conscience and sense of defeat due to infertility

As the participants visited the clinic due to infertility, their self-esteem dropped, and they felt victimized. They developed a guilty conscience and a sense of defeat as if they were not good enough, and they were worried about what others would say. Not having a baby, they experienced the feeling of losing a competition.

"I became oversensitive, felt victimized, and developed a guilty conscience. I was struck with a victim mentality as I was very edgy with a sense of defeat." (Participant #6)

Theme 2. The body that gives birth

Sub-theme 2-1. The body that has to fulfill the duty of having a child

As they entered the social relationship of a "new family" after getting married, they felt obligated to have a child without being forced to. Having a child was a human instinct, a duty, and felt like an assignment. When someone around them had a child, they felt like they also had to have a child.

"I thought I had to have a child when I got married." (Participant #3).

Sub-theme 2-2. Giving birth to offspring

The participants said that having a child was like meeting another version of themselves. Meeting a newborn was like establishing a connection with their husbands for the participants, as they became the parents of the child together, which completed the "family" in their married life as a couple.

"The child is not just my own, but I get to meet this new life through this new home that I have built with my husband. It is like some part of me reincarnated through my child. Another me?" (Participant #2)

Sub-theme 2-3. Being forced to have children

People around them took it for granted and forced them to have children after marriage, regardless of their will. Husbands were waiting for children, parents wanted their married daughters to have children soon, and women were more impatient when they got married at a later age.

"Do you have any good news yet?, I kept hearing this. I could not ignore my mother's words. I took her word for it and decided to give it a shot." (Participant #4)

Theme 3. A process in an endless tunnel

Sub-theme 3-1. Body and mind restrained for pregnancy

Participants who had a job experienced a decline in their mental and physical quality of life due to work-life imbalance and treatment schedules. When their jobs interfered with the treatment procedure, they had to give up treatment. They had to work even when their bodies were sick and tired after the examination. The longer the treatment periods and the more frequent the treatment sessions, the more difficult it was for them to continue working.

"No hair dyes and perms. I also had to get all the dental care that I needed beforehand. All of my life was focused on pregnancy, whatever I was doing, going to the clinic, eating, and dressing up. [...]" (Participant #7)

Sub-theme 3-2. Feeling of wandering in an endless tunnel

The participants felt stuck, frustrated, and sad in an endless tunnel with no promises. If they knew the problem and were not destined to be pregnant, they would give up. When there was still a possibility of pregnancy, they could not let go of it. The participants felt more disappointed and lost as they kept failing, resulting in an increase in the level of difficulty for the subsequent treatment, and the chances of conception appeared to become increasingly slimmer as time passed. However, they could not just give up, and they had to continue their journey.

"It is a dark time for me. I guess everyone feels the same as me. I did not know it would happen to me." (Participant #12)

Theme 4. Caring for my marginalized identity

Sub-theme 4-1. Myself who did the best to endure

When they actually had a child, they wondered why they had put so much time and energy into that moment. It was a little disappointing, but they did not regret it. They did their best while receiving infertility treatment. They wanted to complement and comfortably endure the process. It was a painful journey that had a happy ending with a child. It turned out to be a good memory.

"It was a happy ending. It was not painful and had a good result. However, the process before that point was difficult. I may not have been able to do this if it was not. If I had no baby, and I was still going through the process, it could have been someone else." (Participant #13)

Sub-theme 4-2. Family comfort and support from those around

The participants were grateful that their husbands went through the infertility treatment along with them, despite their husbands being just as lost and hurt as they were in the process. The consideration of their family members and parents was somewhat burdensome, but the participants were still grateful.

"My husband comforted me for having to undergo the treatment, taking shots and drugs. He took care of me well by my side." (Participant #9)

Sub-theme 4-3. Understanding of others gained through suffering

Regardless of childbirth, the participants said they became more empathetic and developed a mindset to care more about others through the infertility procedure. They looked around more and perceived sadness with a different mindset. They thanked others more and tried to help those in need.

"Before I experienced it myself, I may have easily told people not to worry, and that everything would be OK. With the experience of being unable to have a baby, now I can truly understand the people having similar problems." (Participant #11)

4. DISCUSSION

As a result of this study, four theme clusters were extracted from the experiences of women with infertility. The first theme cluster of this study was “Perceiving infertility.” Participants did not expect that they would experience infertility at the beginning of their marriage, and it was difficult to accept this fact when they went to the clinic due to infertility. This was in line with the results of a previous study suggesting that women with infertility experience “loss of relationship” without children and “loss of maternal role” that they were unable to take on the role of mother [13]. Women with infertility experience a sense of emotional and cognitive crisis as they face changes in social relationships, such as changes in marital relationships, and show negative emotions in response to failed treatment [14].

The second theme cluster of this study, “The body that gives birth,” represents the experience of being forced to give birth to fulfill the human instinct and task of childbirth through the infertility treatment process. Society’s view that it is natural for a woman to give birth to a child to preserve her tribe for the well-being of her family and to put the community ahead of an individual is a factor that pressures women [15]. A previous study reported that women with infertility in South Korea start treatment as a result of femininity, motherhood, family conflict, and socio-cultural pressure [16]. In particular, in South Korea, which has a patriarchal culture, cultural expectations for the sex role of women in childbirth are widespread [5], and women with infertility experience greater psychological pain. In this respect, the measure of values for marriage and childbirth must be shifted from focusing on family happiness to putting oneself first [17].

The third theme cluster of this study was “A process in an endless tunnel.” Infertility treatment should be started because of the woman’s own decision, and the ways to provide women with the knowledge to control the situation and their body and allow them to solve problems on their own should be presented. It may also be possible to provide psychosocial interventions to women with infertility to ease their anxiety and improve fertility rates [18]. In order to prepare measures to promote the physical, mental, and social health of women related to childbirth, it is necessary to perceive women as living entities with real bodies who are free to make their own choices regarding pregnancy [19].

The fourth and final theme cluster of this study was “Caring for my marginalized identity.” The participants comforted themselves by caring for their bodies, which had been marginalized in the process of striving for the goal of a successful pregnancy in the final stage of their infertility journey. For a successful life for women with infertility, efforts to strengthen themselves internally with messages such as “I am who I am,” and “I am becoming the owner of my body” must be prioritized. In addition, it should be recognized that women with infertility have control over their own bodies through efforts to change society’s perspective on them.

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