PERCEPTIONS OF CHILDLESS WOMEN ON SURROGACY AS AN ASSISTED REPRODUCTIVE TECHNIQUE AT CAPRICORN DISTRICT, LEPELLE NKUMPI MUNICIPALITY

BY

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DECLARATION

I, Jerminah Maragane Pheme, declare that the study on **“Perceptions of Childless Women on Surrogacy as an Assisted Reproductive Technique”** is submitted by me in fulfillment of the requirements for the degree of Masters in Social Work.

This study is the outcome of my own effort and all sources used have been duly acknowledged. The study has not been submitted for any degree in this university or any other university.

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DEDICATION

This study is dedicated to my brother, Maropeng Seabi and my mother, Maletjema Seabi who instilled in me a positive inspiration towards education from an early age.

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ABSTRACT

Involuntary childlessness and infertility affects women from various cultural and religious backgrounds. Childless women suffer from social and psychological ailments because of their circumstances. Previous research reveals that women who suffer from infertility and childlessness experience social exclusion and ridicule from their women folk who have children. In South Africa reproduction is a human right and everyone is allowed to make decisions on whether or not they should have children. Surrogacy as an assisted reproductive technique is allowed and governed through the Children's Act 38 of 2005. However, the knowledge of childless women on surrogacy, their belief system and willingness to take up surrogacy as a way to have children is unknown to the researcher. The aim of this study was to explore the perceptions of childless women on surrogacy as an assisted reproductive technique. The study was exploratory and qualitative in nature. The participants were identified through purposive and snowball sampling. Data was collected until saturation point and seven participants were interviewed. Unstructured, face to face interviews were conducted. An audio recorder was utilised during the interviews. Thematic analysis was employed in data analysis and trustworthiness was used to establish the credibility, transferability, dependability and conformability of the study. Most women in this study mentioned that they had heard and were aware of surrogacy but they were not well-informed about the relevant legislation. Women in this study were willing to take up surrogacy as an option to have their own children.

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1.1. INTRODUCTION

Section 9 of the Constitution of South Africa, Act 108 of 1996, states that an individual has the right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction (Act 108 of 1996). This might include, among other factors, the right to choose assisted reproductive techniques such as *in vitro* fertilisation and surrogacy. Surrogacy is accepted as an increasingly prevalent alternative in practice (European Union, 2013).

Various countries, religions and people have different views towards surrogacy. Surrogacy can either be commercial or altruistic. In India, for example, commercial surrogacy is prevalent and is viewed as a survival strategy and a prevailing occupation for some poor rural women (Pande, 2010). In South Africa, however, the Children‘s Act 38 of 2005 allows altruistic surrogacy, and recognises the consequences of surrogate motherhood agreements that were confirmed by the High Court (Heaton, 2015). In Israel, a religion under Halachic law, played a role in the legal availability of surrogacy (van den Akker, 2007) while Catholicism forbids third party reproduction including surrogacy, whether traditional or gestational (Shank, 2012). In this study the researcher investigated the perceptions of childless women on surrogacy as an assisted reproductive technique in Capricorn District, Lepelle Nkumpi Municipality.

1.2. BACKGROUND AND MOTIVATION

In South Africa, surrogacy has been legal since 2006 and was first regulated in 2010 by the Children‘s Act 38 of 2005 (European Union, 2013). Cases of surrogacy have been documented in South Africa since 1987 and became a common topic after Pat Anthony from Tzaneen gave birth to three children through surrogacy (Nicholson & Bauling, 2013). Other cases of surrogacy include that of two males who are Dutch and Danish

citizens who were domiciled in South Africa. They intended to stay permanently in the country and wanted to have a child through surrogacy (Southern African Legal Information Institute, 2011). Another case of surrogacy is that of a couple from Cape Town, Tina Angelos and Jonathan Sher, whose child Geordie was conceived through surrogacy in Jeppestown, South Africa (Geary, 2014), and a gay couple who made headlines in the local newspaper as they waited for a baby girl to be born through surrogacy. Their friend offered to carry their child through full term (Bambalele, 2015). The National Health Act of 2003, introduced regulations for artificial fertilisation of persons and the supply of oocytes and gametes which takes place during the process of surrogacy (National Health Act, 2003). The practice of surrogacy takes place on the basis of the South African Constitution which protects the right to self- determination and the right to make decisions concerning reproduction (European Union, 2013; Act 108 of 1996).

Surrogacy is defined as a medically assisted reproductive technique (Iona Institute, 2012). Colban (2016) argues that surrogacy arrangements are controversial because they present moral, ethical, social and legal concerns for all the parties involved in it. This assisted reproductive technique (ART) goes back a long way to Biblical times where Hagar, a concubine, conceived Abraham's son because of Sarah's infertility (Grossman, 2014). Surrogacy may, therefore, give hope to infertile individuals and couples, especially where natural conception is impossible as in hysterectomised women or women with severe uterine factors (Umeora, Umeora, Emma-Echiegu & Chukwuneke, 2014).

Like adoption, surrogacy enables women to become mothers, and bring up children and create families of their own; it also involves another person, the woman who bears children. However in surrogacy, unlike in adoption, one or both parents may have genetic link with the baby (van den Akker, 2000), whereas foster care is the temporary placement of a child who is not available for adoption and whose biological family cannot take care of him or her (Boning & Ferreira). In some foster care and adoption cases, the children may eventually be re-united with their biological parents.

1.3. RESEARCH PROBLEM

Most South African women who suffer from infertility experience psychological problems which are expressed in marital instability, divorce, stigmatisation and abuse (Dyer, Abrahams, Mokoena, Lombard & Spuy, 2005). The joy of becoming parents is diminished by infertility and women are mostly blamed and carry the main burden for non-conception (Dyer *et al*., 2005).

Infertility can be led by either a female factor, male factor, combined male and female factor or undetermined cause. No diagnosis of infertility can be made before complete investigations are carried out by qualified medical personnel (Stanton &Dunkel-Schetter, 2013). Reports from Health 24, state that, infertility means not being able to get pregnant after trying for a year. If a woman keeps having miscarriages, it is also called infertility. About 15% of South African couples experience fertility problems (Health 24, 2015).

Rahmani, Satterzadeb, Gholizadeh, Sheikhalipour, Allanbekhshian and Hassankhani (2011) argue that the condition of infertility has been viewed as emotionally stressful and psychologically threatening and advances in assisted reproductive technology can offer hope to many couples with infertility (Rahmani *et al.*, 2011). Infertility and childlessness pose a challenge whereby women are ridiculed and excluded from social gatherings in the community (van Balen and Bos, 2009; Dyer, Abrahams, Hoffman & van der Spuy, 2002). Infertility should not be seen as an individual problem which affects a woman only because she is seen as the one who is responsible to carry the baby. The couple should seek assistance immediately after they realise that they stuggle to conceive.

In the Middle Eastern communities, having children is expected and not having them lowers social status. If a couple remains childless, it does not meet socially desired expectations and does not obtain the higher status awarded to parents in their society (Abu-Rabia, 2013). On the other hand, the African society has a vertical conception of family that dates back to ancestry and projects into the future (Umeora *et al*., 2014). In a

country such as Nigeria, for example, pregnancy is celebrated as in other African countries and pregnant women move around with joy in the community displaying their fertility (Umeora *et al*., 2014).

In this study the researcher (a social worker by profession) initially identified childless women from her work caseload in the place of employment. These women were requested to refer her to other women with common problem of childlessness to determine their perceptions of surrogacy as an assisted reproductive technique. Furthermore, the researcher established the women‘s values and beliefs on the issue of surrogacy, that is, on religion and culture, and assessed whether these childless women were willing to consider surrogacy as a solution to their infertility.

1.4. DEFINITION OF KEY CONCEPTS IN A STUDY

1.4.1. Assisted Reproductive Technique

For the purpose of this study, assisted reproductive technique includes all treatment or procedures that include the in-vitro handling of both human oocytes and sperm, or of embryo, for the purpose of establishing pregnancy. This includes, but is not limited to, among others, *in-vitro* fertilisation and embryo transfer and gestational surrogacy (Zegers-Hochschild, Adamson, de Mouzon, Ishihara, Mansour, Nygren, Sullivan & Vanderpoel, 2009).

1.4.2. Surrogacy

In this study, surrogacy occurs when another woman carries and gives birth to a baby for the couple who want to have a child (Human Fertilisation and Embryology Authority, 2014).

1.4.3. Surrogate mother

A surrogate mother is defined as a woman who agrees to bear a child for another woman, either through artificial insemination by the other woman’s husband or partner or by carrying the other woman ‘s surgically implanted fertilised egg (The American Heritage Stedman Medical Dictionary, 2002).

1.4.4. Childlessness

Childlessness is defined as an inability to produce offspring (The American Heritage Roget's Thesaurus, 2013).

1.5. PRELIMINARY LITERATURE REVIEW

Literature review refers to a scrutiny of all relevant sources of information (de Vos, Strydom, Fouchè & Delport, 2011). A thorough scrutiny of literature allows and assists the researcher to learn about the history, origin and scope of the research problem (de Vos *et al*, 2011). Review of literature in this regard is necessary in order to have a clearer understanding of the nature and meaning of the problem which has been identified. Literature review saves time and ensures that there is no unnecessary duplication of what others have already done (de Vos *et al*, 2011).

The researcher, in compiling the research proposal consulted various scholarly journals, articles, the internet and dissertations. In order to gain more knowledge and understanding on the topic of surrogacy there was no research article in which the researcher came across whereby the topic, "Perceptions of childless women on surrogacy as an assisted reproductive technique in Lepelle Nkumpi, Capricorn District" was conducted.

Surrogacy is often portrayed as a generous and altruistic action meant to help couples who cannot naturally have children and to offer them the joy of parenting (Iona Institute, 2012). It refers to a contract in which a woman carries a pregnancy for another couple (Saxena, Mishra & Malik, 2012; Nicholson & Bauling, 2013). In India, surrogacy is commercial and there are no laws governing the practice (Pande, 2010). However in South Africa, altruistic surrogacy is legal (Section 295, Children's Act 38 of 2005).

Authors such as Saxena, Mishra and Malik (2012); Nicholson and Bauling (2013); Limon (2013) and Umeora *et al (*2014) hold similar views in understanding and explaining surrogacy as an assistive reproductive technique. In this study, surrogacy involves the reproduction of a child by a woman for another woman or a man who

experiences infertility or any challenge which makes it impossible for them to carry a child.

In Tanzania, older women marry younger women specifically to bear children for them. This might be because they are childless or their children have grown up and left home, and that older woman cannot have more children. This practice is called "*nyumba ntobhu*" in Western Tanzania (Majani, 2014). The service of a man in this regard is paid to impregnate the younger woman. After birth, the child keeps the older woman's surname and the hired men enter into an agreement that he will not demand paternity to any children born out of the agreement (Majani, 2014).

The main purpose is for a younger woman to bear children so that the family name is sustained. This practice is different from surrogacy in that in the latter, medical and legal procedures are involved, but the main purpose is to bear children. In Nigeria as in other African countries, womanhood is fulfilled through motherhood that acts to cement a woman's place in the family and society. Moreover, the only true meaning of marriage is seen as fulfilled if the couple conceives and bears children (Umeora *et al.,* 2014; Tabong & Adongo, 2013).

Surrogacy is depicted as an alternative and acceptable type of family formation in cases where a person desires to have children but is unable to have some due to his or her biological inability, or his or her sexual orientation (European Union, 2013). In South Africa, only altruistic surrogacy is allowed and both traditional and gestational surrogacy is recognized by law (European Union, 2013, Section 294, Children's Act, 2005,).

In Nigeria, infertility is viewed as a disability and a loss of something which brings psychological and emotional challenges (Umeora *et al.,* 2014). Furthermore, the prevalence of infertility in the world has led to the advancement of assisted reproductive techniques with surrogacy as one of the alternatives (Saxena, Mishra & Malik, 2012).

1.5.1. Types of Surrogacy

In this study, two types of surrogacy are explained, namely: traditional and gestational surrogacy:

1.5.1.1. Genetic or Traditional Surrogacy

In this type of surrogacy, the surrogate uses her own egg and becomes pregnant through artificial insemination usually using the intended father's sperm (van den Akker, 2010; Imrie & Jadva, 2014). With traditional surrogacy, the surrogate may also be the biological mother of the child (Smotrich, 2016). Traditional surrogates are impregnated through the process of Intrauterine Insemination (IUI). A doctor transfers the sperm from the intended father into the uterus of the surrogate (Ramineni, Ravi, Sindhuri & Venkata, 2014).

1.5.1.2. Gestational or Full Surrogacy

In gestational surrogacy, the surrogate's egg is not used at all. The surrogate carries a pregnancy and delivers a child that is created from the egg and the sperm of the intended parents and or donor egg and or donor sperm and or donated embryos in any combination (van den Akker, 2010; Imrie and Jadva, 2014; Smotrich, 2016). The child will not be genetically related to the surrogate and she only acts as a gestational carrier. Using the gestational type of surrogacy, the embryo is actually formed by using both the biological father's sperm and the biological mother's egg through a process called *in vitro* fertilisation (Ramineni, Ravi, Sindhuri & Venkata, 2014; Smotrich, 2016). *In vitro* fertilisation is a type of assisted reproductive technology (ART) which involves the process of fertilisation by manually combining an egg and a sperm in a laboratory dish, and then transferring the embryo to the surrogate mother's uterus (American Pregnancy Association, 2015).

As stated in Act 108 of 1996 of South Africa, the right to reproduce might be challenged by infertility whereby the individual might be involuntary childless. This might be led to lack of knowledge and information in prevention of early signs of infertility (Rouchou & Forde, 2015. Infertility is seen as a major medical condition that affects many married

couples in Sub-Saharan Africa and is, as such, associated with several social meanings (Tabong & Adongo, 2013). It is thought to be caused by several factors such as abortion, bewitchment or masturbation.

Childbearing is highly valued in Ghana as in other Sub-Saharan countries like Nigeria. Africans consider their child to be a source of power and pride in that children are believed to be acting as insurance for their parents in old age (Tabong & Adongo, 2013).

In gay communities, surrogacy is one of the methods which can be used to bear children and reproduce since men cannot carry pregnancies. Surrogacy is viewed as of particular importance to gay couples in civil unions or marriages, as it allows them to become parents with a genetic link to their offspring (European Union, 2013). Surrogacy remains a controversial topic with the media contributing to its negative image in that it only highlights cases where things have gone wrong. It is only recently that surrogacy became a method chosen by gay and straight celebrities and has thus received positive media coverage (European Union, 2013).

In a study conducted by van Balen and Bos (2009) as well as Dyer *et al.* (2002), it was found that involuntary childlessness is regarded as a major life problem in some communities whereby women suffer the most because they are being ridiculed, and in some cases excluded from communities and social gatherings (Dyer *et al*., 2002; van Balen & Bos, 2009). The problem of involuntary childlessness faced by some women in our communities has instilled interest and curiosity in the researcher to focus on surrogacy as one of assisted reproductive techniques.

1.6. FEMINISTS VIEWPOINTS ON SURROGACY

Surrogacy as an assisted reproductive technique is a controversial topic which attracts analysis from various feminists. Their views will be presented below.

1.6.1. Liberal Feminism

Also called traditional or equity feminism, liberal feminism focuses on freedom or the right of individuals to make free choices. Thus it seeks equal rights of women to enter into surrogacy agreements (Kusum, 2013; Lyosdottir, 2015; Sills, 2016). Liberal feminism also views surrogacy as a new forum for women to exercise freedom to make decisions with regard to the use of the body and bodily organs and to enter contracts the same as men practise it in terms of sperm donation ((Kusum, 2013; Lyosdottir, 2015; Sills, 2016).

In general terms, liberal feminists hold that women should have opportunities and equal rights to those of men. It acknowledges that injustice on the basis of gender does exist for women; therefore, there should be ongoing pursuit of legal, social and educational change that pursues real equality for women (Zastrow & Kirst-Ashman, 2015).

1.6.2. Radical Feminism

The opposition to surrogacy is strong among radical feminists. They see surrogacy as an instrument of patriarchal exploitation of both groups of women, surrogates and women who need surrogacy (Ortenblad, Marling & Vasiljevic, 2017). To radical feminists women's liberation requires the eradication of patriarchy and the creation of women- centered ways of living (Zastrow & Kirst-Ashman, 2015).

Radical feminists are of the view that surrogacy is a reproductive labour which is reduced to a form of alienated labour like any other labour in a market for hire. They compare surrogacy to dehumanised labour. According to radical feminists, the surrogate mother is oppressed and denied to make decisions in the course of pregnancy; is required to abstain from forming motherly attachment with the child in her

womb and is bound to relinquish any motherhood claims and custody over the surrogate child as soon as it is born (Kusum,2013;White, 2015).

The views of the radical school are opposed to those of the Liberals in that it considers that surrogacy is not women‘s choice because no woman can rationally choose it. Surrogacy is viewed as exploitative and coercive in nature (Kusum, 2013; White, 2015; Lyosdottir, 2015).

1.6.3. Cultural School of Feminism

Cultural feminists argue that women have special and unique qualities that differentiate them from men. It contrasts with liberal feminism which views women and men as being essentially the same because they are both human beings. It emphasises greater importance on positive qualities manifested by women including nurturing, connectedness and intuition (Zastrow & Kirst-Ashman, 2015).

This school of feminism opposes surrogacy like radical feminism. According to cultural feminism surrogacy contracts are usually in the name of the intending father, and usually the contract specifies that it should bear the name of the father. This school opposes surrogacy because it is viewed as shaped by patriarchal influence. It believes that surrogacy regulated by contracts largely reinforces patriarchy on women’s reproductive and private spheres (Kusum, 2013).

1.6.4. Post Modern Feminism

Post Modern Feminism claims that gender and sexuality are performances and that individuals modify their displays of masculinity and femininity to suit their own purposes (Zastrow & Kirst-Ashman, 2015).

Post-modern feminists view captures the diversity of motherhood to take into consideration not only the surrogate mother’s perspective on motherhood but also the intending mother‘s perspectives. This school views that assistive reproductive techniques provide the possibility to overcome biological limitations to conceive and to reproduce for infertile women. It enlarges women‘s choices of voluntary and willed

motherhood, that is, to have as many children as they want at the time when they would like to have them (Kusum, 2013).

1.6.5. Marxist or Socialist Feminism

Marxist feminism views surrogacy as an alienated labour available in the market as wage contract for a price and facilitated by commercial agreement as in surrogacy agreements (Kusum, 2013). It further views the oppression of women as just one instance of oppression whereby women are being downgraded as one of the various classes of people devalued by a capitalist society (Zastrow & Kirst-Ashman, 2015).

1.6.6. Utilitarian School of Feminism

According to this school, surrogacy may be regulated but not prohibited. In support of liberal feminism, it views surrogacy as offering a choice of motherhood for intending infertile suffering from biological defect who cannot give birth themselves (Kusum, 2013). This school also acknowledges the potential for exploitation of surrogate mothers and advocates for strict regulation of surrogacy (Kusum, 2013).

Although various feminists differ in their views regarding surrogacy, the United Nations Human Rights Office of the High Commissioner recognises that every woman has a right of freedom with regard to fertility issues. The following definition confirms the statement.

Reproductive rights rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence (United Nations Human Rights Office of the High Commissioner, 2014).

The increase in reproductive choices available to women plays an important role in the development of women's rights Surrogacy as an assisted reproductive to women who are involuntary childless is seen as a positive step in reproductive technology because it

allows for reproduction option and grants women control over their biological processes and decisions that historically defined them (White, 2015).

1.7. SOCIAL WORK IN SURROGACY

For the purpose of this study, surrogacy, like adoption, is one of the techniques which are used by childless individuals in order to have children. The role of social work in surrogacy is as significant as in adoption, as long as the child is involved. Because of cases of surrogacy which take place on a national and international level from country to country, there is a high need to protect the rights of the children involved (Hessle,2016).

In surrogacy agreement, before and after birth, the child is considered vulnerable and might be affected by decisions made by both the surrogate mother and the commissioning parents. The interests of commissioning parents and the surrogate mother may not always align.The parties might have differences as the process continues. During the pre-birth stage it is necessary to identify who has the child's best interests at heart. After birth, the child born out of surrogacy should have the right to nationality and if the parents are from another country apart from the one she or he was born in, should have a legal travel document (Hessle, 2016).

In such cases, social workers have a role to play and take responsibility. For example in intercountry adoptions they are responsible in conducting investigations and compiling necessary reports as required. The social worker is regarded as the first person who should interface with the family and the child concerned. Besides that, social workers can have influence and work with policy makers and lawyers to assist in resolving international surrogacy cases. Moreover, the experience of social workers in child cases has potential to inform and shape the evolution off national and international surrogacy cases in policy and practice (Hessle, 2016).

1.8. THE ROLE OF THEORY IN THE STUDY

The study is based on the liberal feminist theory. The origin of Liberal Feminism can be tracked back to 1792. A woman by the name of Mary Wollstonecraft was identified as a liberal feminist. During Mary Wollstonecraft's times, women's rights were a non-issue and women were viewed as non-persons as a result of matrimonial laws (Tomaselli, 2014). The starting point of feminism is specifically on the lived experiences of women and how they are discriminated and to analyse social structures in the society that influences women negatively (de Vos, Strydom, Fouchè & Delport, 2011). Liberal feminists draw attention to the various forms of oppression which women around the world are subjected to and seek change through the removal of obstacles which hinders gender equality (Butt, 2011). According to Liberal Feminists all individuals should exercise autonomy to secure access to the resources that a society has to offer (Kumra, Simpson & Burke, 2014).

For the purpose of this study, the women who are involuntary childless because of infertility should be allowed to access any type of assisted reproductive techniques they wish to utilise for procreation without stigmatisation and discrimination. In some countries like Austria, Germany, Italy and Switzerland, surrogacy is prohibited. Severe sanctions are applied against doctors who arrange surrogacy for their patients or against mediators who help infertile couples find a surrogate (Svitnev, 2011). Liberal feminists therefore, aim to highlight inequalities faced by women, and to address these through legal and political reform.

Section 12 (2) of the Constitution of South Africa (Act No 108 of 1996), allows for freedom to make decisions on issues of reproduction. This is supported by chapter 19 of the Children's Act 38 of 2005, which recognises surrogacy as a method of reproductive technique. In this study, the perceptions of childless women on surrogacy as a method of assisted reproductive technique (ART) were explored.

According to the liberal feminists, assisted reproductive techniques (ART) provide the possibility to overcome biological limitations to conceive and to reproduce. They also

offer an opportunity for motherhood to previously infertile women and to enlarge women's choices of voluntary and willed motherhood (Neyer & Bernardi, 2011).

People who are directly affected by the scourge of infertility in their social lives understand their situations better than anyone else, but they would continue to be influenced by their cultural and religious beliefs in making decisions regarding assisted reproductive techniques. Religion will also continue to play a role in people's decisions and distinctions related to infertility treatment (Shank, 2012).

Various feminists view surrogacy differently. Radical Marxists feminists believe that surrogacy is a form of oppression and that the choice for a woman to become a surrogate is really no choice at all (Kusum, 2016). Marxist feminists view surrogate agreements as a wage contract with an end product or commodity as a surrogate child (Kusum, 2016). In support of liberal feminism, Post Modern and Utilitarian Schools of Feminism view assisted reproductive techniques such as surrogacy as a possibility to overcome biological limitations to conceive and to reproduce for infertile intending mothers and at the same time offering the choice of motherhood (Kusum, 2016).

Liberal feminists see gestational surrogacy as a legitimate option for infertile couples (Shrage, 2013). According to Baehr (2013), liberal feminists hold that freedom is a fundamental value and that the just state ensures freedom for individuals. They contend that women's needs and interests are insufficiently reflected in the basic conditions under which they live. Furthermore, liberal feminists believe that women should live lives out of their own choosing (Baehr, 2013) and education is viewed as a form of empowerment and also positively associated with the ability to make fertility decisions (Upadhyay,Gipson,Withers,Lewis, Ciaraldi, Fraser, Huchko & Prata, 2014). Liberal feminists are concerned with equal rights and freedom of the individual. Furthermore, they have moderate aims and their views do not radically challenge existing values and, as such, they aim for gradual change in the political, economic and social system (Samkange, 2015).

For the purpose of this study the researcher is of the opinion that parenthood plays an important role in almost every woman and it becomes stressful when a woman discovers that she can not bear children because of problems related to infertility. A woman who desperately wants to have children can practice any method available to become a mother. In surrogacy, a surrogate mother may be motivated by acts of compassion, altruism and empathy to assists intended parents in carrying their baby in her womb (Fantus, 2017).

The perceptions of childless women on surrogacy were explored in this study, and in a way women were enlightened about the issue of surrogacy. The topic of surrogacy was in a way empowering to childless women as they would be able to make informed and befitting choices and decisions regarding their infertility. In this study, the researcher was able to determine awareness and knowledge of childless women on surrogacy. Furthermore, the researcher assessed childless women's willingness towards surrogacy as a choice of assisted reproductive technique.

1.8. PURPOSE OF THE STUDY

1.8.1. Aim of the study

The purpose of this study was to explore the perceptions of childless women on surrogacy as an assisted reproductive technique in rural areas of Capricorn District, Lepelle Nkumpi Municipality.

1.8.2. Objectives of the study

This study pursued the following objectives:

- Identify childless women who want children;
- Determine awareness and knowledge of childless women on surrogacy;
- Ascertain childless women's values and belief systems regarding surrogacy; and
- Verify childless women's willingness towards surrogacy uptake.

- Investigate the role of social work in handling of surrogacy cases

1.9. RESEARCH METHODOLOGY

1.9.1 Research Design

The researcher in this study undertook a qualitative exploratory research to gain insight into a situation affecting childless women, and explored their views on surrogacy.

1.9.2. Sampling

In this study the researcher used purposive sampling. The researcher identified three (3) cases from her work caseload at the place of her employment. Following this, snowball sampling was used to identify further similar cases until saturation point was reached after interviewing the seventh participant.

In this study, ten (10) participants were initially earmarked; however, the researcher stopped at participant number seven as data saturation level was reached. The researcher decided on snowball sampling because the number of childless women in Lebowakgomo was unknown. The participants assisted the researcher in identifying others. In some cases the use of snowball may be the only method of selecting participants particularly if the research is sensitive and involves hard to reach groups (Bhopal, 2016).

The women who had experience of being childless and who were between the ages of thirty five (35) to forty five (45) were identified. The women did not have and never had biological children and would like to have children of their own. Some of the women were single while others were married. All women had matriculation qualification. The study excluded women who already had children. The participants provided informed consent to be interviewed and were recorded.

1.9.3. Data Collection Method

The researcher conducted semi-structured one-to-one interviews guided by questions on the interview schedule. The researcher was able to gain a detailed picture of the participant's perceptions, beliefs and values on the specified topic (De Vos *et al.,* 2011).

The interview schedule was designed in English and then translated into Sepedi. The interview schedule was therefore in English as well as Sepedi. Audio recordings were done in Sepedi and translated back into English.

1.9.4. Data Analysis

Data analysis can be described as the process of bringing order, structure and meaning to the mass of collected data (de Vos *et al.*, 2011). In analysing the data, the process of thematic analysis was followed (Braun & Clarke, 2006). The researcher familiarised herself with data during and after collection. In the process of data collection, recorded data was listened to attentively and notes were taken. The notes were read repeatedly to search for same meanings and patterns. Same themes and subthemes were identified in the process and brought together.

1.10. QUALITY CRITERIA

1.10.1. Credibility

According to de Vos *et al* (2011), the goal of credibility is to demonstrate that the inquiry was conducted to ensure that the participants have been accurately identified and described.

In ensuring credibility, a relationship of trust with the participants in a study was created. The participants were not forced to take part in a study and were allowed informed consent. They were provided with information regarding the benefits of their participation in the research. The participants confirmed to take part in a study by signing the form. After data collection, the researcher played back the audio recorder to the participants in order for them to assess their responses.

1.10.2. Confirmability

In the process of writing, the researcher frequently submitted the work to the supervisor to confirm the data collection and analysis procedures that were used in the research study. The research project underwent external examination whereby the purpose was to evaluate whether or not the findings, interpretations and conclusions are supported by the data. The researcher ensured that the results of the study are not based on biases and motives of the researcher. Electronic records (audio recorded) and non-electronic (field notes) of the whole research study were kept during the whole investigation.

1.10.3. Dependability

According to de Vos *et al* (2011), in dependability, the researcher asks whether or not the research is logical, well documented and audited. For the purpose of this study, data and relevant supporting documents were made available for scrutiny by a study supervisor with the purpose of evaluating whether or not the findings, interpretations and conclusions were supported by the data from the informants.

1.10.4. Transferability

Transferability is a process performed by readers of research in which they note the specifics of the research situation and compare them with the specifics of the research of an environment with whichthey are familiar. If there are enough similarities between the two situations (research situations and reader situations), the reader may be able to gather that the results would be the same or similar in their own situation (Holosko &Thyer, 2011). In this study the researcher provided a detailed description of the participants, location and data collection methods. The data was collected until saturation point.

1.11. SIGNIFICANCE OF THE STUDY

The findings on the study on surrogacy will particularly enlighten individuals and couples who are affected by infertility and whose situations are deemed permanent and

irreversible. The findings in this study will assist the Department of Social Development, the Department of Health and non-governmental organisations (NGO) to empower their social workers in effectively handling cases of surrogacy when they arise.

1.12. ETHICAL CONSIDERATIONS

For the purpose of this study the following ethical issues were taken into consideration:

The researcher ensured that no harm was done to the participants, either physically, psychologically or emotionally.In reseach it is impossible to identify all risks that an individual might encounter during reseach. While it is important that a researcher think about potential risks associated with the study, neither the researchers nor partcipants know what issues might emerge in the process and how they will be responded to by partcipants (Wiles, 2013). In research the partcipants can be subjected to social, psychological and physical harm. Social harm include having something about a participant publicised without prior consent and the participant as a result feel embarrassed or marginalised (Atkinson,2012) while psychological harm result from being deceived in research. Physical harm could eminate from putting people with health problems in conditions that could lead to emotional stress (Loseke, 2013). The participant may be asked to recall or recount uncomfortable experiences without being offered counselling (Atkinson, 2012). During the research, the participants were protected from any discomfort that would emerge from the research project (de Vos *et al*., 2011). The participants were allowed to express themselves as they saw fit regarding the topic of surrogacy. Before the study, the researcher ensured that the participants were well-informed about the process of the investigation.

Voluntary participation of the participants was allowed and no one was forced to participate. (de Vos *et al.,* 2011). In this study the participants were accessible to the researcher and arrangements were made on how to reach them. Each partcipants was interviewed in her own time. Every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. The researcher ensured that meetings with the participants

are held in a private area. The individual interviews were held in an area where the participants were allowed to express their feelings without fear of being heard by other people. The names of participants were kept anonymous and only numbers allocated to them. Data provided during the interview was kept confidential in a lockable cabinet.

In addressing emotional risk in this study, the researcher informed the participants about the topic under investigation beforehand so as to address issues of discomfort that might arise during the interviews. (de Vos *et al.,* 2011). The researcher informed the participants about the role of other stakeholders such as social workers and psychologists who may address their emotional problems where they would arise.

Before a researcher can conduct a research involving humans a review by a Research Ethics Committee is required. Gaining ethical clearance is a necessary first step in the qualitative research journey (Sparkes & Smith, 2014). Before the researcher could embark on the study, a research proposal was submitted to the University of Limpopo Research Ethics Committee (TREC) for evaluation and considerations of ethical aspects. Eventually, an approval of research topic and ethical clearance certificate was granted to the researcher. Moreover, before contact was made with the participants, a request letter and a research proposal were submitted to the Provincial Department of Social Development, whereby permission and approval to conduct the research project in the Capricorn District, Lepelle Nkumpi Municipality was requested. After a period of four months, the researcher was granted written permission to interview the participants.

1.13. DISSEMINATION OF RESEARCH RESULTS

The findings of this study and recommendation made will be kept at the library of the University of Limpopo and a copy will be submitted to the Department of Social Development. The findings from the study will be published in peer-reviews and accredited national and international journals. The findings will also be presented at seminars and conferences.

1.14. GENERAL OVERVIEW OF DISSERTATION

The dissertation consists of five chapters. Chapter 1 gives an orientation and introduction to the study, highlighting the background and motivation of conducting this study and the research problem. Chapter 2 focuses on review of literature on related material. It includes a thorough discussion on the study. It highlights various perspectives that each country has about surrogacy indicating positive and negative aspects. The brief discussion is on United Kingdom, Germany, Sweden, Autralia, Greece and South Afrcia among others. That is followed by the problem of infertility as a challenge for childbearing which has effects on the childless individuals psychologically, emotionally and socially.

Application of research methodology is explained in chapter 3 and research methods utilised are outlined. This is followed by chapter 4 which entails presentation, analysis and interpretation of empirical findings. Lastly in chapter 5, the study will draw to a conclusion by summarising the most important aspects and at the same time highlighting recommendations which focuses on how to assist childless women to be equipped with information on surrogacy and be able to make informed decisions on assistive reproductive technique and make young women aware of the effects of infertility.

CHAPTER 2: LITERATURE REVIEW ON PERCEPTIONS OF CHILDLESS WOMEN ON SURROGACY AS AN ASSISTED REPRODUCTIVE TECHNIQUE (ART).

2.1. INTRODUCTION

This chapter focuses on existing literature pertinent to the subject of perceptions that childless women hold regarding surrogacy as an assisted reproductive technique. This study was guided by a theory of liberal feminism. In this chapter, historical background of surrogacy, categories of surrogacy arrangements, infertility as a challenge to childbearing and factors leading to surrogacy will be explained. The religious, cultural and legal aspects on surrogacy in various countries will be outlined.

2.2. THEORY GUIDING THE STUDY

In this study, the researcher employed liberal feminism to guide the study. Liberal feminists hold that women should enjoy personal autonomy and live lives of their own choosing (Baehr, 2013). Moreover, liberal feminists are of the opinion that when a woman decides to enter into a surrogacy arrangement, she does so knowingly and her decision should be respected (Ainsworth, 2014). This view is consistent with women's reproductive rights as enshrined in the South African Constitution (Act 108 of 1996), and therefore, a tool of analysis in the complexities surrounding surrogacy.

Although liberal feminists view surrogacy in a positive light as a technology that gives women more reproductive choices, socialist feminists on the other hand, view surrogacy as alienation of women's bodies from sexuality, with their labour used as a basic means of production and as a way of exploiting women and continue to define them by their biological capacities (MacMahon, 2013; Gomez and Unisa, 2014; White, 2015). Surrogacy is viewed as a baby manufacturing industry whereby women's bodies are exploited. However, it should be taken into consideration that women are the main decision makers regarding how to use their bodies, and should not be forced to engage in any activity whose aim is to exploit them physically or psychologically. While other women are involved in surrogacy for altruistic and commercial reasons; their decisions taken should be respected. Even though liberal and socialist feminists have different

views pertaining to surrogacy, they share the common notion which is to allow women more control over their reproductive choices (White, 2015).

Inevitably, the issue of infertility is well-understood by a woman who is affected by it than anyone else, and her decision to have a child through any legal means available should be respected. The Constitution of South Africa (Section 12, Act 108 of 1996) allows every person freedom to make decisions regarding reproduction. In the same vein, section 295 of the Children's Act, 2005 (Act No. 38 of 2005)states that the law of South Africa continues to support assisted reproductive techniques such as altruistic surrogacy.

2.3. INTERCONTINENTAL PERSPECTIVES ON SURROGACY

There are many ethical, social and legal issues surrounding surrogacy and its analysis (McMahon, 2013); and political regulation and medical practices vary from one country to the other (Gomez & Unisa, 2014).

In the United Kingdom (UK) the Surrogacy Arrangement Act 1985, makes it clear that surrogacy contracts are not enforceable. The act also criminalises certain activities relating to commercial surrogacy. The Parental Order is utilised for the transfer of legal parenthood from the surrogate mother (and father) to the commissioning parents (European Union, 2013). Furthermore the UK, which enacted the world's first law on assisted reproductive technology (Human Fertilization and Embryology Act-1990) and established a competent authority based on the act, allows the delivery of babies and their parentage from the woman who carried the child (surrogate mother) to the gamete donors (client couple) through a very special procedure named 'parental orders' which comes in a very similar form to adoption. It is effectively a type of fast track adoption procedure providing the *ex post facto* transfer of legal parenthood to the commissioning parents of a child born following surrogacy arrangements (European Union, 2013). The client couple must apply for the parental order within six months after the child's birth, and the surrogate couple must consent to the parental order within six weeks after the child's birth (Ha, 2012; European Union, 2013).

In countries like Germany, Italy and France (Mengual and Wolfe, 2015; Bromfield & Rotabi, 2014), surrogacy is prohibited (Iona Institute, 2012, European Union, 2013). Germany strictly prohibits artificial insemination of a woman who is willing to hand over the child to commissioning parents upon birth in accordance with surrogacy agreement (European Union, 2013). Sweden has not yet concluded regarding the issue of surrogacy and is unclearly regulated (Arvidsson, Johnsdotter & Essen, 2015; Cook, 2016). The report written by Justice Eva Wendell to the government indicated that altruistic and commercial surrogacy should be banned. The reason is that both types of surrogacy are viewed as posing similar risks on women and are seen as a big commitment which involves risks (Cook, 2016). However, the report contradicts the one by the National Council on Medical Ethics in Sweden, which proposed that surrogacy should be acceptable provided that the surrogate mother and commissioning parents had a close relationship (Cook, 2016) and therefore their decisions should be respected. In Italy, third party reproduction including surrogacy is totally banned. The Italian parliament is strict in assisted reproduction and anyone who organises or commercialises gametes or embryos is sentenced to prison (European Union, 2013).

In France, since 1994, all forms of surrogacy, regardless of its purpose, altruistic or commercial are prohibited (European Union, 2013). Among the reasons why surrogacy is prohibited in France is that, there is fear that surrogate mothers could be economically exploited in this arrangement (Legras, 2015:para. 9). However, liberal feminists continue to stress autonomy and free will as most important in a woman's decision to be involved in surrogacy (European Union, 2013). Greece is the only country in the European Union which has a comprehensive regulatory framework regarding surrogacy (European Union, 2013), and only allows altruistic gestational surrogacy. In comparison with South African law on surrogacy, in Greece, medical infertility should be the reason for surrogacy agreement and all parties must give informed consent (European Union, 2013).

In Austria and Canada commercial surrogacy is not permitted (Umeora et.al. 2014). The Iona Institute argues that a child born out of surrogacy is violated of his right to know his

or her origin and identity (Iona Institute, 2012). It is stated that surrogacy usually creates imbalance of power as it takes place between people from different socio economic backgrounds, the surrogate mother being less educated than the commissioning parents (Iona Institute, 2012). In England, Sweden, Finland, Saudi Arabia and China surrogacy is illegal and considered to be against public policy (Iona Institute, 2012; Umeora *et al*, 2014).

The legislation and legality of surrogacy in the United States of America varies from state to state (Umeora *et al.,* 2014), and there is no universal policy governing assisted reproductive technology including surrogacy (Russo, 2016). There is a patchwork of different approaches to surrogacy contracts across the United States (Mazer, 2017). Some states prohibit surrogacy contracts outright regardless of compensation, and impose civil and criminal penalties on the parties to the contract. On the other hand, other states take a hands off approach , whereby it decline to ban surrogacy contracts by statute but allows the court to nullify these contacts as contrary to public policy (Mazer,2017).

Some surrogacy brokers in the United States of America (USA) were found to exploit infertile couples and surrogates to make large profits (Mazer, 2017). It was found that these agencies are not run by medical practitioners but by lay people who are motivated by greed (Nicholson *et al.,* 2013).

Israel only allows Israelites commissioning parents to have children through Israeli surrogate mothers, thus disallowsreproductive tourism (Arvidsson *et al.*, 2015). The surrogate mother and both commissioning parents must belong to the same religion in order to ensure that the child has a clear religious status (Arvidsson *et al.*, 2015). Israel allows both altruistic and commercial surrogacy (Mengual & Wolfe, 2015). Reproductive rights in Israel are considered of paramount importance and are related to strong Jewish traditional religion‘s mission for survival (The Law Library of Congress, 2012).

Israel passed a law called the Embryo Carrying Agreements Law (Teman, 2016). This law made Israel the first country in the world to legalise surrogacy arrangements and

allows and enforces each and every surrogacy contract to be approved directly by the state (Teman, 2016).

Commercial surrogacy has been allowed in India since 2002 subject to the Indian Council for Medical Research guidelines (Mengual & Wolfe, 2015). The guidelines were updated in 2005. In 2008, a decision was issued by the Supreme Court, establishing that commercial surrogacy be permitted in the country with a need for the legislature to pass an appropriate law that regulated it. In that same year, the Lower House of Parliament enacted the Assisted Reproductive Technology Bill (Mengual & Wolfe, 2015). According to the Indian government guidelines, a surrogate contract should be drawn up in which the surrogate mother relinquishes all parental rights to the commissioning parents, and should agree to avoid harming herself and the baby (Arvidsson *et al.*, 2015). As of April 2016, India as with Thailand, Nepal and Mexico had banned international commercial surrogacy (Finkelstein, MacDougall, Kintominas & Olsen, 2016).

In South Korea, there is no legal statement on surrogacy but treatment is carried out in practice. Moreover, there is no statutory law on surrogacy in Korea, meaning that there is no legal provision to ban nor would a person be punished for conducting surrogacy procedure. Surrogacy between sisters is most preferred in South Korea (Ha, 2012). Surrogacy in Asian countries such as Cambodia, Vietnam and Taiwan is banned because wealthy couples pay poorer women to bear them children. Moreover, women are trafficked for illegal surrogacy (Iona Institute, 2012).

In New Zealand, all applications for surrogacy are considered by the Ethics Committee on Assisted Reproduction Technology (Imrie & Jadva, 2014). The relationship between the couple and the surrogate is one of the areas explored by the committee because it is believed that an ongoing relationship may contribute to the child's well-being (Imrie & Jadva, 2014).

Nigeria is yet to recognise the issue of surrogacy and to provide policy guidelines and legislation to formalise and regulate surrogacy in the country (Umeora *et al.*, 2014).

Surrogacy as an assisted reproductive technique is still new in Kenya. The first surrogacy babies in Kenya were born in August 2007 as per records of the Nairobi *In Vitro* Fertilisation Centre (Lumbasyo, 2015). Currently, there is no law regulating surrogacy in Kenya. The lack of legal and ethical framework to regulate surrogacy in Kenya is viewed as exposing the practice to corruption and other exploitative activities (Lumbasyo, 2015). The first successful *in vitro* fertilisation (IVF) procedure in Ghana was conducted in 1995. There are clinics which offer treatment using donor materials and surrogates (Gerrits, 2016). Although there are reports of high demand for surrogacy in Ghana, there is limited information regarding the issue (Gerrits, 2016).

Surrogacy was not recognised in South Africa before the enactment of Children's Act 38 of 2005. However, there have been many reported instances of informal surrogacy being practised (Southern African Legal Information Institute, 2011). These include that of two males who are Dutch and Danish citizens, who were domiciled in South Africa and intended to stay permanently in the country. The couple wanted to have a child through surrogacy (Southern African Legal Information Institute, 2011). The other case of surrogacy is that of a couple from Cape Town, Tina Angelos and Jonathan Sher, whose child Geordie was conceived through surrogacy in Jeppestown, South Africa (Geary, 2014), and a gay couple who made headlines in a local newspaper whose baby girl was born through surrogacy. Their friend offered to carry their child through full term (Bambalele, 2015). Although the cases involved heterosexual and homosexual couples they indicate that freedom to decide on surrogacy is respected in South Africa. The practice took place on the basis of the South African Constitution which protects the right to self- determination and the right to make decisions concerning reproduction (European Union, 2013: 334; Act 108 of 1996).

In South Africa, the National Health Act 2003 introduced a legal framework for advances in fertility treatment and reproductive technology (National Health Act, 2003; European Union, 2013). Although surrogacy was not expressly regulated by this legislation, it was thought to be permissible under subsections (a)-(b) of section12 (2) of the South African Constitution (European Union, 2013). Surrogacy became a topic of interest in South

Africa around 1987 after the surrogate births of triplets by their grandmother, (Nicholson and Bauling, 2013). A 48 year old South African woman from Tzaneen in Limpopo Province gave birth to her own three grandchildren. She acted as a surrogate mother for her 25 year old daughter, Karen Ferreira Jorge, who suffered from infertility. Mrs Anthony was then implanted with her daughter's eggs that were fertilised in a laboratory with a sperm from her son in law. Surrogacy has been recognised and remained a practice since then (Nicholson *et al.*, 2013).

In the South African context, the surrogacy arrangement must be authorised by the high court. Furthermore, there should be evidence that one of the commissioning parent or both of them have a medical condition that is irreversible and permanent which leads them not to have children (Section 295, Act 38 of 2005,). The Children's Act 38 of 2005, does not outlaw the practice of informal surrogacy between individuals such as friends or family members, however where parties are contemplating informal surrogacy and intend to approach a family member or friend to act as a surrogate, a surrogate motherhood agreement is still advised (Section 295, Act 38 of 2005; Nicholson & Bauling, 2013).

Surrogacy has been performed in South Africa before its formal recognition in 2010 in terms of the Children's Act 38 of 2005. According to the reports, the practice was legal since 2006. South Africa's law on surrogacy is more or less the same as that of Greece, for example, in the non-commercial nature of the practice and the enforceability of surrogate motherhood contracts (European Union, 2013).This assists in clarifying the rights and responsibilities of all involved and thus aids in protecting the right of each party (Nicholson & Bauling, 2013). Moreover, in comparison to South Africa, in countries like Ukraine, Russia and Georgia surrogacy is legal.

Nicholson *et al*.(2013) view the prevailing socio-economic landscape of South Africa and the hardship faced by certain groups of women as the one which could potentially create a situation in which agencies could exploit women .Furthermore, the possibility for exploitation is great because of agencies and their advertisement (Nicholson *et al.,* 2013). Although surrogacy is not popular in South Africa like in countries such as India,

the advertisement can lure unemployed young women to be involved in it illegally. Pretorius, in Nicholson *et al.*(2013) sees a risk of commercial surrogacy in South Africa by the way the service is advertised by newspapers, for example, “wombs for hire” and “rent-a-womb” (Nicholson *et al.,* 2013). Such reports are viewed as giving potential surrogate mothers a negative impression that they can earn large sums of money by carrying children for others (Nicholson *et al.,* 2013).

Countries that prohibit or do not have proper regulation in surrogacy and the development of underground grey markets that operate in the absence of rules can lead to deprivation of those in need of their right to procreate (Cui, Li, Adashi & Chen, 2016).

2.4. INFERTILITY AS A CHALLENGE FOR CHILDBEARING

Infertility is a serious psychological, emotional and social challenge for women and married couples. There are occasions when social workers have to deal with the challenge of infertility among clients. Therefore, understanding intricacies of this challenge is critical in providing appropriate intervention. Infertility is a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after twelve (12) months or more of regular unprotected sexual intercourse (Rahmani, Howard, Saltarzadeh, Ferguson, Asgari & Ebrahimi, 2014; Papadatou, Papaligoura & Bellali, 2015; World Health Organization, 2016). It is estimated that one in seven couples suffer from conditions that cause inability to conceive worldwide, irrespective of the level of development in each country (Aluko-Aruwolo and Ayodele, 2014).

Infertility is divided into two types These are primary and secondary infertility.Primary infertility is defined as the absence of a live birth for couples that have been in a union for at least five years, during which a female partner expresses a desire for a child and no partner amongst the couple used contraception (Mascarenhas, Cheung, Mathers & Stevens, 2012). It is mostly caused by anatomical, genetic, endocrinological and immunological problems leading to the inability to have a child (Mumtaz, Shahid & Levay, 2013).

Secondary infertility is defined as the absence of a live birth for couples that have been in a union for at least five years since the female partner‘s live birth, during which neither partner used contraception and where the female partner expresses a desire for a future child (Mascarenhas, Cheung, Mathers & Stevens, 2012). Secondary infertility is usually due to sexually transmitted infections, poor health care practices, exposure to toxic substances and sociocultural practices such as marriages between relatives and female genital mutilation. Unlike primary infertility, secondary infertility is easily preventable (Mumtaz, Shahid & Levay, 2013). The differences between the two types of infertility are that in primary infertility the female had difficulty in conceiving and there is no live birth, while in secondary infertility there has been a pregnancy and a live birth.

Infertility poses considerable challenges for many couples as well as their families and societies (Rahmani *et al*., 2014). Childlessness is becoming more prevalent among young women (Craig, Donovan, Fraenkel, Watson, Hawley & Quinn, 2014) and it might be involuntary rather than voluntary to some women. It might be because of delays in childbearing which might be due to increased participation in the workplaces and pursuit of educational achievements, which then contributes to difficulty in conceiving and infertility at a later stage (Craig *et al*., 2014). Not having a child at a specific age can lead to infertility. A woman’s best reproductive years are in her 20’s and fertility gradually declines in the 30’s, particularly after age 35 (American Society for Reproductive Medicine, 2012).

Infertility can be a psychologically threatening experience that negatively affects multiple aspects of an individual or a couple‘s life, for example, women may suffer from anxiety or depression (Rahmani *et al.*, 2014). Saxena *et al* (2012), emphasises that the prevalence of infertility in the world, has led to the advancement of assisted reproductive technique with surrogacy as one of the alternatives. A reproductive technique such as surrogacy helps infertile individuals and couples to overcome many barriers to procreation, thus offering a chance for parenthood (Bello, Akinajo & Olayemi, 2014). Infertile women in Tanzania, as in Kenya, cite divorce, disinheritance and poor relations with their in-laws as consequences of infertility. In both countries there have

been reports where infertile women faced physical abuse from both their husbands and their in-laws (Fledderjohann, 2012; Lumbasyo, 2015).

The following are common causes of infertility. Sexually Transmitted Infection (STI's) causes infertility and affects both men and women (Health24, 2012, Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2013). Chlamydia is regarded as one of the most common sexually transmitted infections that affect fertility in females. Infertility can also be caused by the following in males: retrograde ejaculation and impotence, hormone deficiency, scarring from sexually transmitted diseases or decreased sperm count. In females the following are the causes of infertility: blocked fallopian tubes, endometriosis, ovulation dysfunction and fibroids.

The Constitution of South Africa (Act 108 of 1996) allows and supports every person to make decisions pertaining to reproduction, and supports altruistic surrogacy as an method of reproduction (Children 's Act 38 of 2005). Furthermore, the Office of the United Nations High Commissioner for Human Rights recognises that reproductive rights include decisions concerning reproduction free of discrimination, coercion and violence (Office of the United Nations High Commissioner for Human Rights, 2014).

According to Hampshire and Simpson (2015), childlessness has to be regarded as a major social and public health issue in a developing country, such as South Africa. For the purpose of this study, infertility can be regarded as a social issue because it may eventually affect the psychological, social and emotional well-being of the childless couple. It can also be considered a public health issue because it affects reproductive right; in that way more care should be exercised on achieving the holistic well-being of the individual (Egede, 2015). In South Africa every woman has a right to make decisions regarding reproduction. Therefore, South Africa, as a democratic country, the responsibility is upon the women who are marginalised and socially excluded because of their condition to stand up for themselves with the support of available resources in the communities. Women can form support groups and non-profit organisations to reach out to others with same challenges as them.

2.5. THE NATURE OF SURROGACY

Surrogacy is explained as an arrangement whereby a woman agrees to carry a pregnancy which is achieved through assisted reproductive technology with the intention to carry it to term and eventually hand the baby to the person or persons for whom she acts as a surrogate (Unnithan, 2013). Surrogacy is both a medical and a legal process (Rudrappa & Collins, 2015).

Developments in the field of assisted reproduction have provided hope to infertile couples and the barriers to parenthood are no longer formidable as they once were. These new reproductive technologies, with surrogacy as one of them, make new reproductive arrangements possible (Rajpal, [no date]). Therefore, surrogacy is viewed as one of the methods of addressing the problems of infertility (Ramineni, Ravi, Sindhuri & Rao, 2014). It takes two forms which are gestational surrogacy also known as host or full surrogacy, where the embryo is the genetic material of the commissioning couple and genetic surrogacy also known as traditional, partial or straight surrogacy, where the surrogate mother is inseminated with the commissioning male's sperm (Sharma, Kumar & Sharma, 2013; European Union, 2013; Petitfils & Sastre, 2014;). Both these forms of surrogacy are accepted in South African law as stated in chapter 19 of the Children's Act 38 of 2005, as long as one of the commissioning parent's gametes are utilised.

Surrogacy may be performed according to the following reasons: firstly, lack of womb. There are some women who have been born with Mayer-Rokitansky Kuster - Hauser syndrome. These women experience congenital absence of the vagina, uterus or both. In that case the woman, due to the absence of a womb, would not experience a period and cannot carry a pregnancy (The American College of Obstetricians and Gynaecologists Women's Health Care Physicians, 2013; Heiser, 2016). Secondly, infertility is due to hysterectomy. This is a surgical procedure to remove a woman's uterus. This can be done to treat a number of conditions affecting a woman's health negatively. In most cases the entire uterus is removed while in others, ovaries and fallopian tubes are removed (Chen, Ren, Li & Li, 2014). Once hysterectomy is performed a person may stop having menstrual cycles and be unable to get pregnant

(Chen, Ren, Li & Li, 2014), as in Mayer-Rokitansky Kuster-Hauser condition and thirdly, risky pregnancy or delivery due to chronic diseases such as heart diseases or cancer and lastly, a frequent miscarriage which results in infertility (Ramineni *et al.*, 2014). In some cases the uterus does not have the ability to maintain the fetus in the early stages of development (Ramineni *et al.*, 2014) and surrogacy might become an option.

Surrogacy as an assisted reproductive technique has its own physical, psychological and social threats which might affect both the surrogate mother and the commissioning parents during the process. Socially, surrogacy is viewed as immoral because it removes the act of procreation from marriage by using artificial means and requires the services of third party (Christianah, 2013). Furthermore, the private act of love, intimacy and secrecy of creating a child is viewed as a public act, a commercial transaction and a professionally managed service (Christianah, 2013). On the other hand, the surrogate mother might be faced with pregnancy complications. And the commissioning parents might be faced with legal and emotional difficulties that may surround the relinquishment of the infant to the commissioning parents (Christianah, 2013). When the baby is born with a disability, the commissioning parents might have problems with the acceptance of a congenitally abnormal infant (Bello, Akinajo & Olayemi, 2014).

Another recent technology developed where there is extraction and utilisation of embryos as in surrogacy, is cloning and stem cell therapy. Reproductive cloning is a process of generating a genetically identical copy of a cell or an organism. It involves the implantation of a cloned embryo into real or an artificial uterus (Rugnetta, 2016: para 1).

Contrary to reproductive cloning, there is therapeutic cloning which is also known as somatic cell nuclear transfer, whereby the somatic cell is taken from a patient who requires a stem cell transplant to treat a health condition or disease (Murnaghan, 2015).Therapeutic cloning does not involve sperm fertilisation nor is there implantation into the uterus to create a fetus (Murnaghan, 2015).

Stem cell therapy is a set of techniques that aim to replace cells damaged or destroyed by diseases with healthy functioning. It can be used in the treatment of diseases such as cancer, eye diseases and spinal cord injuries. (Murnaghan, 2015). While stem cell therapy aims to assist with the replacement of destroyed cells and the treatment of diseases, surrogacy aims to assist individuals who are challenged by infertility to have genetically linked children. Some women cannot carry pregnancies because of non-functioning or lack of uterus and their eggs may be transplanted in a healthy womb of a surrogate. In this way treatment of infertility would be provided through surrogacy.

Stem cells come from either embryonic or adult stem cell. In embryonic stem cell, the stem cell comes from embryos that are three to five days old. At this stage the embryo is a called a blastocyst and has about 150 cells (Mayo Clinic, 2013). These cells are pluripotent which means that they can divide into more stem cells or can become any type of cell in the body. The embryos which are used in embryonic stem cells research come from eggs that were fertilised at *in vitro* fertilisation clinic but never implanted in a woman‘s uterus. The stem cells can live and grow in special solutions in a test tube or petri dishes in laboratories (Mayo Clinic, 2013).

Stem cell technology as in surrogacy has never been without controversy. Opponents of embryonic stem cell research compare the destruction of embryos used to an abortion. They believe that the embryos constitute life because it has the potential to fully develop into a human being (Murnaghan, 2015). It is seen as immoral and unethical to destroy one life to save another. However, those in support of embryonic stem research are of the opinion that the embryo is not equivalent to human life because it is inside the womb. Furthermore, it is said that the embryos used are leftover from in vitro fertilisation and would otherwise be destroyed, and in that case by using them will be of benefit because it advances human health rather than being simply discarded (Murnaghan, 2015). The purpose of surrogacy is to provide a child to individuals or couples who are infertile and there is no intention of destroying embryos, while the aim of stem cell technology and therapeutic cloning is to save lives of individuals with chronic illnesses.

Section 57 of the National Health Act (2003) of South Africa, does not allow reproductive cloning but therapeutic cloning.

2.5.1. DIFFERENCE BETWEEN SURROGACY, *IN VITRO* FERTILISATION (IVF) AND INTRAUTERINE INSEMINATION (IUI)

There is a difference between surrogacy, *in vitro* fertilisation and intrauterine insemination. Here follows an explication:

2.5.1.1. Surrogacy

Surrogacy refers to a contract in which a woman carries a pregnancy for another individual or a couple (Saxena, Mishra & Malik, 2012). It may be the hope of the infertile couple especially where conception is impossible, like in hysterectomised women, women with severe uterine factors and men with low sperm count and other testicular problems (Umeora *et al.*, 2014; Juul, Almstrup, Andersson, Jensen, Jorgensen, Main, Rajpert-Demeyts, Toppari & Skakkebaek, 2014).

There are two types of surrogacy; the gestational and traditional (genetic or partial) surrogacy. In gestational surrogacy, an embryo from the commissioning parents or from a donated oocyte or sperm is transferred to the surrogate‘s uterus. The woman who carries the child has no genetic connection to the child (Soderstrom-Anttilla, Wennerhorm,Loft, Pinborg, Aitomaki, Romundstad & Bergh, 2016) while in traditional surrogacy, the surrogate mother’s eggs are used , making her a genetic parent along with the commissioning father (Soderstrom-Anttilla,*et al.*,2016)

Scientific developments such as in vitro fertilisation and intrauterine insemination have made surrogacy a far more attractive possibility to achieve pregnancy (Rajpal, [no date], Juul, Almstrup, Andersson, Jensen, Jorgensen, Main, Rajpert-Demeyts, Toppari & Skakkebaek 2014).

2.5.1.1.1 Indications for Surrogacy Treatment

The above are conditions with which the individual can undergo surrogacy as a form of infertility treatment:

- Mayer-Rokitansky-Kuster-Hauser Syndrome: which is a malformation complex characterised by congenital absence of the vagina and an absent or undeveloped uterus (Valappil, Chetan, Wood & Garden, 2012; Magowan, Thomson & Owen, 2014; Sills, 2016).

- Young fertile women with normally functioning ovaries might lose their uterus in connection with serious obstetric complications such as intra or post-partum heavy bleeding or rupture of the uterus (Soderstrom-Antilla, *et al.*, 2016).

- Medical diseases of the uterus such as cervical cancer can lead to hysterectomy and uterine infertility (Sills, 2016; (Soderstrom-Antilla, *et al.*, 2016

- Repeated miscarriages (Cui, Li, Adashi & Chen, 2016; Soderstrom-Antilla, *et al.*, 2016) can lead an individual to consider a surrogate mother.

- Unexplained infertility: Infertility is said to be unexplained when a couple fails to conceive and no definite cause can be diagnosed after a complete work-up (semen analysis, tubal patency assessment and laboratory assessment of ovulation (Allabadia & Merchant, 2013).

- Uterine factor Infertility is defined as the presence of structural or functional pathology in the uterus that can reduce fertility and diminish the chance of conceiving through assisted reproductive techniques (Bhattacharya & Hamilton, 2014). The most severe form of uterine factor infertility (UFI) is absence of the uterus or presence of a fully non-functional uterus which has been regarded as a condition with no treatment (Simon & Giudice, 2016). In the United States women of reproductive age felt that surrogacy is a preferred solution for uterine factor infertility (Mo, Tran, Sueldo, Cortez & Sueldo, 2017).

2.5.1.2. *In vitro* fertilisation (IVF)

Assisted reproductive technologies involve combining a sperm with eggs that have been surgically removed from a woman's body and returning the fertilised eggs to the woman's body or to a surrogate (Pelzman, 2013).

In vitro fertilisation is one of the assistive reproductive technologies used in surrogacy. During the process of *in vitro* fertilisation, eggs and sperm are taken from the couple and are incubated together in a dish in a laboratory to produce an embryo. A health care provider places the embryo into the woman's uterus where it may be implanted leading to a successful pregnancy (National Institute of Child Health and Human Development, 2013).

There are several risks associated with *in vitro* fertilisation (Human Fertilization and Embryology Authority, 2014). Much of the risks result from multi-fetal pregnancies. That is, the IVF procedure involves extraction of a number of eggs from the woman (Pelzman, 2013). To do this, a woman is usually given a drug that enables her to super ovulate and produce more eggs in one cycle than she normally does (Pelzman, 2013). Moreover, since the procedure is expensive all the eggs are fertilised in the laboratory (Pelzman, 2013).

During the process of *in vitro* fertilisation there might be a drug reaction to fertility drugs which involves hot flushes, headache and restlessness. Furthermore ovarian hyper-stimulation syndrome may develop. It is a dangerous overreaction to fertility drugs used to stimulate egg production. It can lead to symptoms such as swollen stomach, nausea and vomiting. The person undergoing in vitro fertilisation might be at a risk of miscarriage and ectopic pregnancy. In ectopic pregnancy an embryo develops in a fallopian tube rather than in the womb (Human Fertilization and Embryology Authority, 2014). The first child was conceived via *in vitro* fertilisation in the United States in 1983 (Shaikh, 2015), while the first test-tube (IVF) baby Louise Brown was born in the United Kingdom in 1978 (Shaikh, 2015).

2.5.1.3. Intrauterine Insemination (IUI)

The first known artificial insemination was conducted in 1785 by Scottish surgeon, John Hunter. Intrauterine Insemination is a type of fertility treatment in which a high quality sperm are separated from sperm that is sluggish or non-moving. This sperm is then

injected directly into the womb of a woman. It can either be performed with a partner's sperm or donor sperm (Human Fertilization and Embryology Authority, 2017).

This kind of treatment is most effective for treating the following: women who have scarring or defects of the cervix; men who have low sperm counts; men who have sperm with low mobility; men who cannot get erections and men who have retrograde ejaculation, which is a condition in which sperms are ejaculated into the bladder instead of out of the penis (National Institute of Child Health and Human Development, 2013). Intrauterine insemination in an effective therapy for the treatment of many causes of infertility, namely: unexplained infertility, minimal endometriosis and for those people requesting donor sperm inseminations. In order for one to have success with inseminations at least one fallopian tube should be open (Smith, 2013; American Society for Reproductive Medicine, 2015).

The woman undergoing intrauterine insemination could develop an infection in the uterus and tubes from bacterial contamination (Smith, 2013). Moreover, if a woman is taking fertility medications when she has an IUI she has a chance of getting pregnant with twins, triplets or more children for that matter. The advantage of IUI is that it is less risky and less costly than IVF, and it might be covered by health insurances (Smith, 2013).

In vitro fertilisation is mostly used during gestational surrogacy where both commissioning parents are biological parents while intrauterine insemination is common in genetic surrogacy whereby the surrogate mother is the biological parent (Shaikh, 2015). In gestational surrogacy, the surrogate has no genetic link to the child. The commissioning parents either supply their own or a donor's gametes (Colban, 2016). Alternatively, in traditional surrogacy the surrogate provides the ovum, creating a biological link to the child (Colban, 2016).

However, in South Africa one or two of the commissioning parent's gamete/s has to be utilised (Section 294, Children's Act,. Although when a woman enters into surrogacy contract she does so knowledgeably, there are some processes which she might newly

discover when the procedures are performed on her. Therefore, it is imperative that before a surrogate mother and commissioning parents can engage in surrogacy arrangements, they are alerted of the possible risks brought by the methods of intrauterine insemination and *in vitro* fertilisation.

TABLE 2.1: Differences between *In-Vitro* Fertilisation and Intrauterine Insemination

***In-Vitro* Fertilisation**	**Intrauterine Insemination**
In vitro fertilisation is mostly used during gestational surrogacy where both commissioning parents are biological parents (Shaikh, 2015)	Intrauterine insemination is common in genetic surrogacy whereby the surrogate mother is the biological parent (Shaikh,2015)
Eggs and sperm are incubated together in a dish in a laboratory to produce an embryo (National Institute of Child Health and Human Development, 2013)	It involves placing a sperm directly inside a woman‘s uterus to facilitate fertilisation (American Pregnancy Association, 2017).
Highly recommended when other techniques such as intrauterine insemination have not been successful (Human Fertilization and Embryology Authority, 2017).	Less successful than *in vitro* fertilisation (Human Fertilization and Embryology Authority, 2017).
It can be used to treat total blockage of the tubes which cannot be corrected by surgery (Miron, Provencal and Gingras, 2015)	Intrauterine insemination is an effective therapy for the treatment of many causes of infertility, such as unexplained infertility and minimal endometriosis (Smith, 2013).
The procedure is expensive (Pelzman, 2013)	It is less expensive that in vitro fertilisation (Human Fertilisation and Embryology Authority, 2017)

2.6. CATEGORIES OF SURROGACY ARRANGEMENTS: COMMERCIAL AND ALTRUISTIC

There are two dimensions to surrogacy, viz, commercial and altruistic dimensions. The following is a discussion of both dimensions.

2.6.1. Commercial Surrogacy

Commercial contract motherhood is based on a business relationship between the two parties, the commissioning parent and the surrogate mother (Van Zyl & Walker, 2013). This kind of surrogacy arrangement involves payments to the surrogate mother, which are over and above the necessary medical expenses and other services the surrogate mother would be providing to the commissioning parents regarding the baby. This payment may be regarded as a fee or compensation for pain and suffering (European Union, 2013).

In commercial surrogacy the parties, which involve the commissioning parents and the surrogate mother, enter into a contractual agreement that specifies the rights and responsibilities of each party. Moreover, the surrogate mother typically agrees to undergo a specified list of medical tests and procedures such as routine ultrasound scans and blood tests; as well as more invasive procedures such as amniocentesis and abortion, in the event of serious fetal abnormality, if that is what the intended parents want (Walker & Van Zyl, 2015). The surrogate mother, in the commercial arrangement is expected to refrain from behaviour that could harm the fetus, and the intending parents are considered to be the child's legal parents from the outset (Van Zyl & Walker, 2013). Commercial surrogacy is frequently described as renting a womb which suggests that, by paying the surrogate, the intended parents obtain the right to use her body as the environment in which their child will grow and hence, to make important decisions about things such as prenatal testing and abortion (Walker & Van Zyl, 2015).

In commercial surrogacy, unlike altruistic surrogacy, the relationship between the commissioning parents and the surrogate mother is based on the payment of the services provided. Both parties, which are the commissioning parents and the surrogate

mother, benefit from the service of the surrogate mother in the form of money and the baby respectively. The surrogate is usually recruited through agencies (Soderstrom-Antilla *et al.*, 2016). Commercial surrogacy is widely practised in countries such as India (Panitch, 2013).

While radical feminists view surrogacy as the ultimate form of commodification and technological colonisation of the female body, liberal feminists view the right to enter into a surrogacy arrangement to be part of women's freedom (Reddy & Patel, 2015). In surrogacy arrangement the surrogate mother is not forced to be involved, rather she acts upon the properly informed subject and thus makes a decision regarding that. They go into the process on their own initiative with a strong sense of what it is that they are committing to (Peng, 2013).

2.6.2. Altruistic Surrogacy

Altruism may be regarded as an action whereby an individual shows unselfish concern for the welfare and satisfaction of others. This action must be goal- directed and sets no condition (Smith, 2014a).

The surrogate mother in altruistic surrogacy shows concern for commissioning parents who need to have a child through her. The surrogate mother at this point does not receive compensation for her labour, only reimbursement for expenses related to the pregnancy (Walker & Van Zyl, 2015, Soderstrom-Anttilla *et al.*, 2016). In altruistic surrogacy, the parties usually rely on little more than an informal agreement and the strength of an emotional bond to enable them to work things out (Walker & Van Zyl, 2015).

The altruistic arrangement is based on the gift relationship, motivated by love or altruism. In this form of surrogacy a woman, often a close friend or relative usually promises to have a baby for an infertile couple (Van Zyl & Walker, 2013). In addition to friends and acquaintances, the surrogate can be found through advertisements Soderstrom-Anttilla *et al.*, 2016).

Relationships between parties to an altruistic exchange are usually more informal and more enduring than in a commercial relationship ((Van Zyl & Walker, 2013). Different views regarding a topic of surrogacy have emerged. Radical feminists analyse it as an exploitation of women acting as surrogate mothers, whereby surrogate mothers are perceived as living tools, bread oven or compensated incubators. However, to post-modern and utilitarian feminists surrogacy is viewed as infertility treatment like any other which is aimed at helping women who are in need of children (Kusum, 2013; Gomez & Unisa, 2014).

Choosing when or how to have children has been deemed to be part of liberty. With assisted reproductive techniques, reproductive liberty can become not only the right to have or not to have a child, but the right to have a child by any technologically available means (Cherry, 2014).

Table 2.6. Comparison between Commercial and Altruistic Surrogacy

Commercial Surrogacy	**Altruistic Surrogacy**
Business relationship based on payment of services or material gain	Gift relationship motivated by love or altruism
A total stranger can have a baby for an infertile couple	A close friend, a relative can have a baby for an infertile couple
Liberties are restricted in accordance with the terms specified in the contract	Informal and enduring relationship between the parties
The surrogate is recruited through an agency	The surrogate can be found through friends and acquaintances
The surrogate is reimbursed for medical costs and paid for her gestational services	The surrogate may be reimbursed for medical costs directly related to the pregnancy and for loss of income due to the pregnancy

2.6.3. Compensation in Surrogacy

In surrogacy arrangements types of compensation vary. Compensation is any form of payment to an individual for services rendered. It may be paid as a service rendered or be provided as a privilege (Electronic Code of Federal Regulations, 2016). In commercial surrogacy the relationship is based on payment of the services provided while in altruistic surrogacy, it is based on the gift relationship and motivated by love or altruism, as stated above (Van Zyl & Walker, 2013). In altruistic surrogacy it is acceptable that the surrogate mother is reimbursed for costs associated with her diet, clothing or medical needs and it is illegal that she receives payment for her reproductive services (Van Zyl & Walker, 2013). Commercial surrogacy is prohibited in South Africa and the statutory provisions relating to surrogacy are clear on payments in respect of altruistic surrogacy (Slabbert, 2012). Subject to subsections (2) and (3) of the Children's Act 38 of 2005, no person may, in connection with a surrogate motherhood agreement, give or promise to give to any person, or receive from any person , a reward or compensation in cash or in kind. Expenses allowed in terms of altruistic surrogacy are those related to expenses that relate directly to the artificial fertilisation and pregnancy (Section 301, Children's Act 38 0f 2005,).

Firstly, loss of earnings suffered by the surrogate mother as a result of the surrogacy arrangement. Secondly, insurance to cover the surrogate mother for anything that may lead to death or disability brought about by the pregnancy. Thirdly, any person who renders a professional legal or medical service with a view to the confirmation of a surrogate motherhood agreement in terms of section 295 of the Children's Act 38 of 2005 is entitled to reasonable compensation thereof.

In South Africa, the court will only confirm a surrogate arrangement if it is certain that no promise of payment in cash other than damages, including for diet, medical fees and clothing or otherwise has been made by any party involved to the surrogate mother. Full particulars should be set out in the founding affidavit of how the commissioning parents

became aware of the surrogate mother and exactly why she is willing to act in this capacity. The affidavit should reflect that no facilitation fee was paid to any person for the introduction of the surrogate mother to the commissioning parent (Nicholson *et al.,* 2013). Nicholson *et al* (2013), further argue that the financial arrangements between the parties should be clearly set out in order to protect all parties to the agreement. A surrogate should not suffer any financial loss due to her pregnancy, nor should the commissioning parents be extorted to provide more than what was agreed upon (Nicholson *et al.,* 2013).

Liberal feminists are of the view that the commissioning parents and the surrogate mothers are adults of sound mind and act on full information to contract for the performance of services they desire at a price they are willing to pay and to offer services for a fee they find compensatory (Panitch, 2013). For the purpose of this study, since the Constitution has allowed individuals to make decisions on reproduction, it is up to the commissioning parents and the surrogate mother being guided by the legislation of the country to reach agreement on the compensation that suits them. The compensation should be transparent and not be exploitative to both parties involved. The issue of commercial surrogacy should depend on the choice between the surrogate mother and the commissioning parents; however it should be practised under strict regulations whereby only the citizens of South Africa are involved. This is done to avoid possible exploitation and the commodification of children and enable possible monitoring by social workers and others legal services. Furthermore it should be based on the need to assist others. In altruistic surrogacy the amount of money is not specified and in that case there is a possibility that the money is the same amount as that of commercial surrogacy. In this respect surrogacy can become a form of employment in South Africa but further research is required in this field.

2.7. IDENTIFYING THE CHILDLESS WOMEN

2.7.1. Involuntary childlessness and Infertility

Involuntary childlessness is a state entered into by adults who have never had biological children as a result of physical or situational factors (Shehan, 2016). Physical factors can occur in either the female or male partner, and include conditions that result in infertility or being unable to carry a pregnancy while situational factors are life circumstances that lead to a person never having children such as having an unwilling partner (Shehan, 2016).

According to Moungala (2016), a large majority of childless couples reside in developing countries. In Tunisia, it was found that more than 15 per cent of couples are unable to conceive natural, with 89 per cent of women suffering from depression because of infertility. Moreover, in Sudan, where an usual number of children per woman is high and the use of contraceptives is lowest, it was found that 3 per cent of women presented with infertility (Moungala, 2016). In Nigeria it was found that 800 000 couples were struggling to conceive with more than 30 per cent due to female factors. Moreover, in South Africa during the period 2010-2011, it was found that infertility prevalence was among the HIV infected population in women (Moungala, 2016).

In a study conducted in the United States, an estimated six per cent of married women, 15 to 44 are infertile and among them 12 per cent suffered from impaired fecundity (Strong &Cohen, 2016) .From the same study, it was found that white women, more than blacks, were reported to have had no children. However, white women were likely not to choose to have children than African American women.

One in five women in their mid-40's who have college education have not had children, while women in the same age group with less education than that saw decreases in childlessness (Strong &Cohen, 2016).

Childlessness is seen as a major problem for many women who have been taught that their purpose in life is achieved through the ability to bear children and to experience motherhood throughout their life (Christianah, 2013). For the purpose of this study, a

childless woman who is married can easily be identified by the family and communities as childbearing is a cultural norm and social expectations in most communities.

2.7.2. The Age Factor in Childlessness

Another factor which can identify a woman as childless is age. If a woman reaches a certain age and is still without a child, she can be identified and labelled as childless. For some African women, infertility is seen as a disability and impairment which is defined as the expression of physiological or mental loss. Involuntary childlessness is a potential consequence of delayed childbearing (Haynes, 2016). Delay of childbearing until after the age of 30 can result in involuntary childlessness for many women (Haynes, 2016) and may create malfunctioning of certain body functions (Tabong & Adongo, 2013. As women age their fertility in terms of quantity and quality of their eggs is negatively affected, therefore, the eggs declines as the woman ages (Tabong & Adongo, 2013). A woman's fertility begins to decline in her early to mid-30s with a decline by age 35. A decline in fertility is due to the loss of oocytes from the ovaries (Haynes, 2016). Advancing maternal age which defines women between the age of 35-40 years and above (Kenny, Lavendar, McNamee, O'Neill, Mills & Khashan, 2013) has been found as one of the causes of infertility amongst others (Begun & Hasan, 2014; Shufaro and Schenker, 2014). Age is seen as an important determinant especially for women with increasing age as connected to decreasing fertility (Righarts, Dickson, Parkin & Gillett, 2015).

A woman can be identified as childless when she has passed the age of forty and is without a child. During the ages 18-23, young people are more focused on completing their education or building their careers rather than starting a family (Vidlicka, Hrstic & Kirin, 2012). Biologically, the optimum period for childbearing is between 20 and 35 years of age. After 35 years of age, fecundity decreases and the chance of miscarriage and pregnancy complications increase (Johnson & Tough, 2012). In certain black cultures, if a woman passes 40 years without having a first child, she might be suspected of being infertile. However, there are women who conceive at this age or later (Smith, 2014b). Women over the age of 35 years are said to have an estimated 50

per cent chance of becoming pregnant naturally (Johnson & Tough, 2012). Some women may delay child-bearing purposefully in pursuit of educational or work achievement, however, research revealed that many in a generation of childless women desire to have a baby, it is just that they may underestimate their biological clock (Craig, Donovan, Fraenkel, Watson, Hawley & Quinn, 2014).

The researcher, as a professional social worker has identified childless women during their consultation whereby they complained of stress which was due to inability to conceive. Involuntary childless women are often socially excluded and ostracised because of their inability to conceive. Women are often the ones blamed for infertility, which leads to harsher social consequences than men (Fledderjohann, 2012). Furthermore, depression is greater among women who have no children.

2.7.3. The Impact of Involuntary Childlessness

Childless people especially women, are considered by many most traditional African communities to bear the marks of barrenness, fruitlessness which are considered to be unacceptable within the social context that they live in (Egede, 2015). In African countries they are despised, scorned and labelled negatively (Egede, 2015). In Nigeria among the Yoruba, childless women are described as "*agon*" which means to despise or hold in disapproval. Among the Igbo in West Africa, involuntary childless women are described as *Mgbaliga, Nwanyi-iga*, which is translated as sterile woman, a barren woman or a sterile monster who has maternal organs for decoration (Egede, 2015).

In the Zulu language in South Africa, a married woman who is unable to have children is described as '*inyumba*' which means barren or fruitless. InUganda, East Africa a woman who cannot have children is called '*mgumba*' meaning the infertile one and in Tanzania, a married childless woman is called an infertile chicken by the Tassa tribe (Egede, 2015). In Iran, families without children are termed "cold stove" (Hasanpour-Azghdy, Simbar & Vedadhir, 2015).

In developing countries such as in African countries, children are highly valued for social, cultural and economic reasons and infertile couples may suffer from social

pressures whereby infertility could be a source of social and psychological suffering (Hasanpour-Azghdy, Simbar & Vedadhir, 2015). Infertility in women can also lead to domestic violence, social isolation, loss of social status and ostracised marital lives. Patriarchal beliefs for the necessity of reproduction and lack of social and economic support for many women deepen the sufferings of infertile women (Hasanpour-Azghdy, Simbar & Vedadhir, 2015).

Women can also be identified as childless because of the period they have been within marriage. In that case, psychological consequences of infertility are directly associated with the duration of marital life among childless women. Depression and anxiety are common after four (4) to six (6) years of infertility within marriage (Bista, 2015), while severe depression would be found in those who had infertility for seven (7) to nine (9) years in marriage. It was found that anxiety among childless women increased with the duration of their marriage (Kaur, Kaur, Gainder & Ghai, 2016). Families who are childless within a few years of marriage, experience problems such as quarrelling, unhappiness, suspicion, separation and ultimately divorce (Onoyase, 2017).

Moreover, women who are in advanced age and are without children can be identified on the basis of the type of employment they are involved in. Some may postpone childbearing as they still want to pursue their careers and educational opportunities. According to Lehohla (2015), there is an increase of childlessness among women aged 25 years and over, across all occupations and delay in age at first birth is largely an indicator of increased childlessness among South African women. The postponement of childbearing, because of occupation and pursuance of education, may lead to involuntary childlessness (Munthree & Maseba, 2016).

Infertility within marriage leads to negative treatment as childless women are treated as outcasts from the society, and couples lack opportunities to participate in social events (Sarkar & Gupta, 2016). While in Mozambique a woman does not have a voice if her husband decides to choose another wife, and may live in a polygamous marriage or leave and be forever socially isolated, in Nigeria a divorce commonly follows infertility (Rouchou, 2013. In Ghana, married childless women are faced with challenges of social

stigma and ostracism. Besides being blamed for infertility, they are labelled as worthless and seen as incapable of fulfilling their roles as women (Fledderjohann & Johnson, 2016). In a study conducted in Iran, infertile married women were found to have a number of stressors and were at risk of marital conflict (Pasha, Basirat & Esmailzadeh, 2017).

Involuntary childlessness can be caused by either physical or situational factors and it is not an anticipated condition. Therefore, refusing the women who are in need of children through assistive reproductive technology such as surrogacy can lead to social and psychological ailments. Communities need to be made aware of the causes of infertility so that stigmatisation can be reduced among those suffering from infertility.

2.8 PERCEPTIONS OF CHILDLESS WOMEN TOWARDS SURROGACY: KNOWLEDGE AND WILLINGNESS

Childless women and couples have different views with regard to surrogacy as an assistive reproductive technique. As it involves ethical, legal, social and psychological concerns, infertile couples and individuals strive to find solutions for both infertility and the associated negative effects (Akyuz, Sever, Karasahin, Guvenc & Cek, 2014).

To some childless individuals assisted reproductive techniques (ART) are experienced as highly distressing which most of the time lead to discontinuation of treatment before it is completed (Papadatou *et al.,* 2015). Furthermore as assisted reproductive techniques usually involve daily injections, ultrasounds, difficult treatment choices and possible treatment failure; it brings anxiety which may consume the entire lives of couples in turn affecting their quality of life (Papadatou *et al.,* 2015). However, some women experiencing infertility pursue their efforts to conceive through assistive reproductive techniques until they conceive a child, rather than discontinuation of treatment, and managed their journey by engaging in active coping (Papadatou *et al.,* 2015). Given the fact that some women experience difficulties in childbearing because of fertility challenges, there is a likelihood that they may in future rely on some form of assistive reproductive techniques such as surrogacy (Daniluk & Koert, 2012).

Childless women have either positive or negative views with regard to surrogacy as an assisted reproductive technique. From a study conducted by Rahmani *et al.*(2014), childless women thought that surrogacy should be the last resort and that adopting a child is a better solution for infertile women who want a child. Furthermore, some women thought surrogacy would lead to emotional problems to children born out of it, and that they should not be informed about their birth history (Rahmani *et al.*, 2014). However, contrary to this, in a study by Gerber and O'Byrne (2016), surrogacy is not conflicting to the dignity of the child, provided safeguard are in place to ensure that the child's best interests are paramount. All laws claiming to regulate surrogacy should not discriminate against a child on the basis of the method of his or her conception or birth (Gerber & O'Byrne, 2016).

In a study conducted by Arvidsson, Vauquiline, Johnsdotter and Essen, (2017), surrogacy was seen as an acceptable reproduction method as it provides a childless couple with their own child whom they share a genetic relation, in line with cultural expectation of parenthood. The findings of this study reveal that people perceive surrogacy as a good option for a childless couple. Moreover, in a study by Bello, Akinako and Olayemi (2014), women were aware of surrogacy as an intervention strategy and some considered it as a treatment option to address their infertility.

Olatinwo, Durowade, Raji, Raji, Biliaminu and Ganiyu (2017), found that the majority of respondents were aware of assistive reproductive technique (ART) services and their major source of information was from health personnel, and the duration of infertility was found to influence the awareness of ART. In the same study, the respondents showed a positive attitude in the use of assistive reproductive techniques such as surrogacy, and were willing to personally use it and recommend it to others (Olatinwo, *et al.*, 2017). Daniluk and Koert (2012), indicated that some women were willing to consider assistive reproductive techniques as a family building option. In relation to that in the study by Beck, Knecht and Klotz (2012), Turkish couples accepted and were willing to use surrogacy.

Basic knowledge pertaining to infertility and options to its treatment as in assistive reproductive techniques is lacking to some people (Butt, 2015), while others are aware of them. In Iran, although surrogacy has been available for more than a decade, most couples who use it do not have adequate or accurate knowledge about it. The process of surrogacy is also poorly understood by members of the general public (Zandi & Vanaki, 2016). However, a study by Zalesne (2016) shows that most women making choices on assistive reproductive techniques such as surrogacy do so with extended thought, care and full knowledge. Moreover, in a study conducted in Nigeria, it was indicated that 76.5% of infertile women have heard about assistive reproductive techniques such as surrogacy (Adesiyun, Ameh, Avidime & Muazu, 2011).

Infertile couples' decisions between possible treatments are influenced by their knowledge and attitudes. Although infertile couples may have similar attitudes towards surrogacy, lack of knowledge leads to formation of neutral attitudes about different aspects of surrogacy (Rahimikian, Samani, Zandi & Mehran, 2015). Improving knowledge about surrogacy relieves future negative consequences for infertile couples (Rahimikian, *et al.,* 2015).

Literature and information on the issue of surrogacy can be difficult to understand by some individuals as it is filled with regulations (van den Akker, 2017). Therefore both parties involved in the agreement should be well-informed about procedures involved. According to van den Akker (2017), the majority of surrogates lacked knowledge of legal, psychological and social aspects associated with surrogacy arrangements. In relation to this, among 166 women studied in Nigeria, 51% had knowledge of assistive reproductive techniques while the majority had poor knowledge (Fabamwo & Akinola, 2013).

Women with infertility problems are anticipated to fulfill motherhood role as expressed by the society. The ability to have biological children was of importance to them, and the physical constraints of their bodies would be overcome through access to the use of assisted reproductive technologies in order to overcome the stigma of failed motherhood (Sternke & Abrahamson, 2015). Having no child to send on errands is a

constant reminder of infertility to childless women. In a study conducted in West Africa (Fledderjohann, 2012), infertile women spoke of having no child to send; meaning that they have no child of their own whom they can rely on to run errands. Having no child to send on errands has negative effects on socioeconomic status. A woman who has no child to send is viewed as having no place in society (Fledderjohann, 2012). Adoption as another method to have a child does not satisfy the need or desire to have and or to beget children because every man and woman has an inherent desire to have children of their own blood and flesh (Lumbasyo, 2015).

Many infertile couples endure the distress of their situations for several years, which gives rise to many psychological consequences such as relationship issues, social isolation and feelings of guilt (Malina & Pooley, 2017) Childless women in Sub-Saharan African countries face the most severe negative psychosocial consequences and childless women are frequently stigmatised and isolated (Hampshire & Simpson, 2015; Ndegwa, 2016). In order to cope with infertility, women, prefer to stay away from children and pregnant women. They also prefer to be absent from social ceremonies and events and avoid contact with those who criticise them (Hasanpour-Azghdy, Simbar & Vedadhir, 2015).

Globally, there are involuntary childless individuals and couples willing to have children of their own .To some surrogacy becomes the only option available to give them an opportunity to have a genetically linked child (Nicolai, 2016).

It is likely that when people go through the journey of surrogacy they usually do not have all the required knowledge from the start, which leaves them with questions. In a study conducted by Armuand, Lampic, Skoog-Svanberg, Wanggren and Sydsjo (2017), sixty (60) percent of women preferred legalised surrogacy. Straehle (2015) indicated that a right to surrogacy can be conceived as a right to enter surrogacy contracts. If surrogacy contracts are regulated and implemented with the best interests of the contracting partners and the future child in mind, then the right to surrogacy may be defended (Straehle, 2015). This emphasises the importance of legal knowledge before embarking on the option of surrogacy. According to Nicolai (2016) intended parents and

surrogate mothers are likely to seek information for medical expertise to acquire information which is unique to one's situation.

Detailed knowledge in surrogacy may lead to willingness and interest to uptake surrogacy as an assistive reproductive technique. Some form of knowledge may be received from the media. In the case of surrogacy, advertisement may be in the form of magazines, newspapers and television which create awareness. Audiences are then better able to be aware of the concept of surrogacy (Deekshita, 2015). In order to fully understand surrogacy, there is a need of positive coverage by media on issues related to surrogacy so that women who are interested in it receive information (Deekshitha, 2015).

From the liberal feminist point of view, surrogacy should be viewed as an agreement where parties, the surrogate and commissioning parents enter into it freely with the belief that it will promote their wellbeing, and as an expression of reproductive autonomy and a morally defensible practice (Panitch, 2013). For the commissioning parents and surrogate mothers to enter into surrogacy agreements it requires proper decision making, knowledge and enthusiasm. The parties should be equipped with legal information, and neither party should be enforced into the agreement. The future child should also be protected from negative exposure.

2.9. HISTORY, VALUES AND BELIEFS ON SURROGACY

The discussion that follows confirms that surrogacy is not a new phenomenon. Hence a discussion on its history will shed more light.

Historically, the process of surrogacy goes back to biblical times, with the first known case being of Abraham and his wife Sarah who being infertile,got involved in traditional surrogacy. Sarah, requested Abraham to have sex with her servant girl Hagar so that she could bear him a child (Abu-Rabia, 2013; Grossman, 2014; Lones, 2016; Genesis 16: 1-4).

What happened in this case was traditional surrogacy. In traditional surrogacy, surrogate mothers can be impregnated naturally or artificially (The Gospel Coalition,

2014). Surrogacy, also, has its roots from ancient Egypt where infertile women were allowed to undertake the practice of allowing another woman to bear the biological child of her husband in order to avoid divorce (Sharma *et al.*, 2013). Contrary to surrogacy, in sorority arrangement, a man would marry two or more sisters after the other one had been found to be barren to bear children (Anthropology Guide, 2012), while in levirate, a man would marry the widow of his dead brother to bear children on his behalf (Anthropology Guide, 2012).

2.9.1. Values and Beliefs of Childless Women in Surrogacy

Values are enduring beliefs that a specific mode of conduct is personally or socially preferable to an opposite mode of conduct (Fleischmann, 2014).while beliefs are consciously held cognitive views about truth and reality It is how people understand and deal with the world around them (Deal & Peterson, 2016). The value of a thing, be it an object or a belief is defined as its worth (Idang, 2015). Values are an integral part of culture and culture defines people's identity. Children in most African countries are seen as social security and economic assets and parents took pride in having many of them. A man who marries a woman expects her to give him many children and if she could not deliver on this duty, it gave the man a sufficient reason to consider taking a second wife or third wife (Idang, 2015). The children are expected to provide a workforce in the family. It is desirable for a woman to keep bearing children as long as she is fruitful and childlessness is seen as a curse (Idang, 2015).

Involuntary childlessness remains unequal with society's norms and values. Alongside personal challenges for those affected by involuntary childlessness debates continue on the ethics of such procedures (Fronek & Crawshaw, 2014). When it comes to forming new families through assistive reproductive techniques such as surrogacy, the concepts of free will among childless women is challenged (Fronek & Crawshaw, 2014).

In a study conducted in Greece among infertile women it was found that the positive attitudes towards assistive reproductive techniques can be explained by the sociocultural background which is pronatal and which values the birth of a child with

women who remain childless to be stigmatised (Papadatou, Papaligoura & Bellali, 2015).

Various individuals may have different values and beliefs with regard to surrogacy. Couples who struggle with infertility may choose surrogacy because of their desire to create children who are genetically related to their family while some individuals may pursue it for situational reasons, for example, a person may be a single parent who wants to raise a child alone (White, 2015). Persons in these situations are unable to give birth without the assistance of reproductive technology. Moreover, single people and couples suffering from infertility may choose surrogacy because they prefer to have a biological relationship with the child rather than to adopt one (White, 2015).

Involuntary childless women are likely to value motherhood highly and put pressure on themselves to have children because they have idealised images of what motherhood will be like (Rothwell, 2016). These women are also likely to have high levels of distress and therefore are psychologically affected by their inability to fall pregnant because it is a normative life expectation for women which shapes their identity and life experiences. Infertility is regarded as a deviation from social norms and the stigma attached is particularly potent for women who are more bound by societal expectations with regard to family and motherhood (Rothwell, 2016).

Social perceptions of fertility and motherhood are shaped in part by pronatalist values which are founded to social disorganisation. The effects of women who choose surrogacy may lead to social disapproval, stigma and gender stereotyping. Stigma can be described as an attribute that is deeply demeaning and reduces persons from a whole and usual person to a tainted discounted one (Abrams, 2015). Deviations from group identity norms may give rise to stigma. Stigma occurs when a number of interrelated components come together, and the dominant culture acts to label and stereotype undesirable behaviour or characteristics and these actions may lead to isolation and status loss or discrimination for those identified as others (Abrams, 2015).

In a study by Aluko-Arowolo and Ayodele, (2014), it was found that the majority of people living with infertility did not use assistive reproductive techniques due to religious beliefs, and religion and belief systems hindered the use of assistive reproductive technologies. In Nigeria, the Yoruba, an option of using assistive reproductive techniques to bring conception is not acceptable because of religious interpretations despite the value and dignity attached to motherhood and children (Aluko-Arowolo and Ayodele, 2014).

In a study conducted by Bello, Akinajo and Olayemi, in Ibadan, it was found that religion and culture play prominent roles and may influence the acceptance of reproductive techniques. The strong influence of religion was seen in the declining of assistive reproductive techniques such as surrogacy. People that practise a religion and people that attend church were less accepting of surrogacy (Bello, *et al.*, 2014).

Childbirth is regarded as the natural course of event after getting married. In countries such as India, childbirth is still tied up with religious and moral values. Surrogacy as a practice is seen as a deviation from certain traditional beliefs associated with child birth, family and women's position in society (Ghosh & Ghosh, 2016).

For the purpose of the study, traditionally among black cultures, couples who could not bear children because of infertility sought assistance from their relatives. If a man experienced problems to impregnate his wife another man 's assistance was appreciated to do that while a woman who could not become pregnant was assisted by her sister to give birth on her behalf. This was a norm which was appreciated. The only difference was that it was not done legally and formally through courts. Surrogacy arrangements have cultural and religious origins, therefore women who could not bear children should be provided support in their decisions and not be judged.

The desire for a child is stronger than morals or either religious or cultural beliefs. For some individuals it is better to have a child that is conceived by the use of donors, and to keep this stigmatised conception a closely guarded secret than to remain involuntarily childless (Beck, Knecht & Klotz, 2012).

It is sensible to let women to take their own decision without being dictated to and be given the right to interpret their existence in the way they want. The women themselves should decide to utilise their wombs, either for themselves or for someone else (Ghosh & Ghosh, 2016). Culture and religion should not instill distress in childless women when they want to freely choose and decide on the options made available to procreate and have a family.

Attitudes towards infertility treatment can be affected by religious and cultural beliefs and values as well as ethical and legal factors (Rahmani, *et al.*, 2014). Religion also has a stand on surrogacy as will be evident in the following discussion.

2.9.2. Religion and Surrogacy

Religious institutions have views pertaining to surrogacy. Even though reproductive technologies are relatively new and familiar territory, most major religions have established teachings and philosophies pertaining to the existence of and use of assisted reproduction, each of them drawing from their key guidelines (Shank, 2012).

The focus would be put on the Christian point of view as a dominant religion in South Africa. Christianity is the most common religion among South Africans with 79.9% of black people as believers (Coertzen, 2014). Among Christians are Anglicans, Methodists, Lutherans, Roman Catholics, Presbyterians and Pentecostals (Shaffer, 2012; Coertzen, 2014)). Most Christians are of the view that *in vitro* fertilisation as a technique employed in surrogacy is an intrusion in the divine process of procreation (Opoku & Addai - Mensah, 2014). Furthermore, surrogacy is viewed as an act of selfishness and lack of faith in God.

Christians are not unanimous on surrogacy. The Roman Catholic Church, for example, rejects any reproductive technologies that manipulate human embryos and only condones procedures that assist conception that would happen naturally (Shank, 2012, Opoku & Addai-Mensah, 2014). As in other Christian churches, Protestant churches, for example, Methodists, Anglicans, Presbyterians and Lutherans see children as gifts from God and not a right to the parent. The main concern of Protestant tradition is moving out

of the loving embrace of couples into the medical laboratory because this seems to mechanise and objectify procreation. Therefore, Christians believe that a person who is in need to have a child should wait on God to provide for one and embarking on surrogacy indicates lack of faith in God.

From the above it is clear that the Christian churches are discriminating the use of assisted reproductive techniques such as surrogacy. They are of the notion that pregnancy should take place naturally, and those who wish to have children should wait for God's will. However the Bible in Matthew 7:7 indicates that "keep on asking and you will receive what you ask for". The individuals who have difficulty in conceiving ask those who are able to conceive to have children for them through surrogacy. Furthermore, the bible discourages a judgmental attitude towards others in any form (Matthew 7:1-2, The Good News Bible in *Today's English Version*, 2007). For this reason, those individuals who would like to engage in surrogacy should not be judged and their decisions should be respected as long as it is not exploitative to other parties and the child's wellbeing is guaranteed. However, in the Bible, it is stated that the husband does not have authority over his body but the wife does , and the wife does not have the authority over her body but the husband does (First Corinthians 7:1-40, The Good News Bible in *Today's English Version*, 2007). The bible does not indicate any wrongdoing of getting involved in surrogacy as long as the couple consents to this.

The Executive Council of the Church of Pentecost presented its views on third party involvement in conception. The church fully condemned it, stating that the church believes that physical intimacy between a husband and wife remains the biblical means of producing children. Furthermore, couples are nevertheless allowed to use assisted reproductive technologies as long as they use their own gametes (Gerrits, 2016). Moreover, the Pentecostal Church also took a strong position against discarding frozen embryos as this would mean that human life would be destroyed, which would be tantamount to abortion(Gerrits, 2016).

The alternative to assisted reproduction technique such as surrogacy, to bring about conception is not acceptable in Catholic and Protestant churches, despite the value and

dignity attached to motherhood and children (Aluko-Aruwolo & Ayodele, 2014). Christian churches such Catholics and Protestants in this respect have great influence in decision-making pertaining to infertility and ways of addressing it.

Regardless of the number of women that serve and support the church, the majority of churches are still patriarchal and conservative. This shows lack of support to infertile individuals. Cases of infertility differ from one person to the other; there are those couples who might benefit from IUI and IVF, whilst others might benefit from surrogacy. Religious beliefs deter infertile couples to make proper decisions on reproduction as they will be hindered by their respect toward this. Liberal feminists support the decision that women should make an informed choice about their reproductive options as long as surrogate mothers are neither forced into it nor exploited.

2.9.3. Culture and Surrogacy

The issue of infertility is a social and cultural problem that makes people living with infertility to seek solutions through different means (Aluko-Aruwolo & Ayodele, 2014). Infertility affects people of all races and it is a common condition worldwide which represents an obstacle to the fulfillment of couples 'desire to become parents' (Vidlicka, Hrstic & Kirin, 2012). Surrogacy is not a new phenomenon. Culturally, in biblical times; Abraham was requested by his wife to have sex with her servant so that she could bear them a child because she was infertile. This is a form of informal and traditional surrogacy (Southern African Legal Information Institute; 2011, Genesis 38, Good News Bible, 2007, Deuteronomy 25:5-6, Good News Bible, 2007).

Although surrogacy as an assisted reproduction was recognised in South Africa before the enactment of the Children's Act 38 of 2005 there has been reported instances of informal surrogacy being practised (Southern African Legal Information Institute, 2011). As stated above, in 1987, in Tzaneen South Africa, a white lady, Pat Anthony gave birth to her own grandchildren informally through surrogacy, before the use of Children's Act 38 of 2005 (Nicholson & Bauling, 2013). Nicholson and Bauling (2013) emphasise that

before the Children‘s Act legislated the practice of surrogacy, it was done informally by infertile couples. Informal surrogacy is entered into whereby a surrogacy arrangement or a contract between the surrogate and the commissioning parents is not legally binding (Knappett, 2014).

The African continent in general has rich cultural tradition relating to family issues. Moreover, in some African societies the family involves ancestors, the present generation and the unborn, all blood related in an unbroken sequence (Umeora *et al.*, 2014). For communities in African countries, such as Nigeria surrogacy might be seen as an abomination to deliver a child over to strangers for money (Umeora *et al.*, 2014).

The commissioning parents willing to opt for surrogacy and the surrogate mother may be culturally and socially stigmatised. The issue of surrogacy cuts across all cultures in South Africa and is practised by both heterosexual and homosexual individuals.

Culturally, among black African people sororacy and polygyny were employed to deal with the problem of childlessness in marriages. These methods were used as sociocultural alternatives to address infertility (Graham & Hall, 2012). General and sororal polygyny are methods which enabled surrogacy arrangements in cases where both a wife and husband were infertile (Golomski, 2016). Polygyny is a form of polygamy that allows a man to have more than one wife, in which there is a prolonged association and exclusive mating relationship (Monger, 2013; Topidi & Fielder, 2016). In a study conducted in Swaziland, it was found that a woman in a polygynous relationship may decide to bear a child on her co-wife‘s behalf if her co-wife cannot have a child of her own. Both mothers are seen as mothers of the child (Golomski, 2016).

In African countries, it is uncommon for a woman not to have a child, and the importance of children is a priority (Baloyi, 2017). According to Mahlobogwane (2013), in African customary law, if a woman has difficulty in conceiving, the husband‘s family approach the woman’s family to ask for a substitute to raise the seed in his house,

which means to give birth on behalf of the woman. The substitute has the rights and duties of an ordinary married wife, but the children borne by her belong to the house of her sister. She is seen as the womb of a childless wife and her responsibility is to provide children to the household (Mahlobogwane, 2013). This is in relation to genetic or traditional surrogacy whereby a surrogate mother uses her own gametes and the sperm of the intending father in surrogacy arrangements and the baby is relinquished after birth to intending parents.

In Western approach, to be a surrogate does not require a blood relations and there is no involvement in the family of the surrogate and the intending or commissioning parents. The important thing is that there should be a valid contract between the parties involved, the surrogate and the commissioning parent/s (Mahlobogwane, 2013). In comparison with legal and formal surrogacy arrangements, in African customary law, surrogacy arrangements become valid the moment the surrogate's family and the husband's family agree on the matter.

However, the African approach to surrogacy is found to be patriarchal and patrilineal in nature, and infringes upon women's rights to make decisions concerning reproduction. It also interferes with the women's right to equality and human dignity (Mahlobogwane, 2013).

2.10. SURROGACY AND ADOPTION

Processes of adoption and surrogacy, for some reasons, stem from infertility and offer an option for legal parentage at some stage (Mohapatra, 2016). Both adoption and surrogacy involve third party participation in the reproductive process in that it involves two women with new-born children that they eventually relinquish (Mohapatra, 2016). Moreover, adoption is viewed as a decision made by the mother concerning what is best for her child, while surrogacy is a decision made by potential parents whose primary motivating factor is their own desires (The Iona Institute, 2012) .Furthermore, adoption is a practice whereby a child is provided with a loving and secure home which he might lack in an upbringing (Iona Institute, 2012). Surrogacy is viewed as adult-

centred as adoption which is child-centred. Both surrogacy and adoption fulfill the desires of the individual or a couple to be parents; however adoption may not be genetically linked as in surrogacy. Furthermore, surrogacy agreement is concluded not only before the baby's birth, but even before its conception (Iona Institute, 2012).

Chapter 15 of the Children's Act 38 of 2005 provides that a child may be adopted if he or she is an orphan, if the child has no guardian who is willing to adopt him or her and when the whereabouts of the child's parents or guardian cannot be established. Furthermore, when the child has been abandoned and the parent is no longer able to fulfill her role of being a mother, the child's parents or guardians have abused or deliberately neglected the child, or has allowed the child to be abused or deliberately neglected, that child is in need of a permanent alternative placement (Children Act 38 of 2005). In Kenya, adoption is available as an alternative to having children for couples who suffer from infertility or for same sex couples (Lumbasyo, 2015).

Nevertheless, Louw (2013) argues that the genetic link imposed on commissioning parents excludes couples who are both infertile from using surrogacy. Such infertile couples are left with adoption as their only option which may not always serve the needs of the couple in question. There may be a shortage of new born babies and age disqualification may bar them from qualifying as suitable adoptive parents (Louw, 2013).

A Cape Town woman challenged the Pretoria High Court to outlaw the requirements of genetic link for surrogate pregnancies, as stated in section 294 of the Children's Act 38 of 2005. The woman wanted a child through surrogacy but was made difficult by the requirement as stated in Children's Act 38 of 2005, that allow surrogate birth only where at least one of the commissioning parents contributes their gametes. Section 294 of the Children's Act, excludes single people who are barren and couples whereby both partners are infertile even if they have family members willing to donate an egg or sperm on their behalf (Children's Act 38 of 2005; Narsee, 2014) Refusal and limitations to allow childless people to become parents through surrogacy as a family creating device based on disapproval or prejudice rather than on legitimate fear of risk or harm to either third parties or resulting children is unconstitutionally unsound (Carroll,2013).

Act 108 of 1994 of the Constitution of South Africa, supports the decision of any individual with regard to reproduction.

From the liberal point of view, refusing women who suffer from any form of infertility to reproduce by any means available is against the rights and autonomy of those women. Surrogacy is viewed as a positive step in reproductive technology because it allows women who are infertile to become mothers, and grants women further control over their biological processes (White, 2015).

Surrogacy allows for the possibility that one or both of the commissioning parents may be biologically related to the child, and the commissioning parents are not subject to the age limits associated with adoptive parents. The nine month period of gestation associated with the pregnancy of a surrogate may be far shorter than the waiting period associated with an adoption (Nicholson & Bauling, 2013). Limon (2013) maintains that both adoption and surrogacy have involved a range of practices that are formal and informal, open and closed; and domestic and inter- country. In contrast, adoption has been viewed sociologically whereas surrogacy is largely within a medical framework. Surrogacy is a form of assisted reproduction involving third party contributions, and at the same time a means of family formation involving the creation of a child (Limon, 2013).

Individuals who enter into surrogacy, as in adoption, may be forced into it by unpleasant circumstances, which is mainly infertility. However, in surrogacy, the intentions of commissioning parents are to see themselves having children who are genetically linked to them, unlike in adoption. Advocates for surrogacy are of view that by making surrogacy faster and easier to enter into, surrogate mothers will be able to aid childless couples or individuals to have a family of their own (White, 2015).A similarity between adoption and surrogacy is that in both practices there will be at least one adult involved in the pregnancy and birth, who is not involved in raising the child. There can be risks to an adopted or surrogate child’s health and wellbeing from the physical health of the pregnant woman and the quality of the medical care available or given during pregnancy and delivery (Crawshaw,Fronek,Blyth & Elvin,2014).

2.11. PROCEDURES AND MANAGEMENT OF SURROGACY CASES

Surrogacy has emerged as a possible method to assist couples who struggle with infertility to have a family. However, surrogacy agreements are controversial because they present moral, ethical, social and legal concerns for all parties involved in the agreement (Vidlicka, Hrstic & Kirin, 2012; Arvidsson, Johnsdotter and Essen, 2015; Shaikh, 2015; Colban, 2016; and). What follows below are various procedures and management from various countries wherein surrogacy is legalised:

In the State of Victoria, Australia, surrogacy arrangements must be approved by the patient review panel in terms of Assisted Reproductive Treatment Act 2008, and the requirements involve the following: there should be a medical opinion that the intending parent is unlikely to become pregnant, or that pregnancy would place an intending mother's life or health at risk; the surrogate mother cannot use her egg the surrogate mother should be at least twenty five years of age and has previously given birth to a live child, the intending parents, the surrogate mother and her partner should receive counseling and legal advice (including the consequences of people changing their minds and the social and psychological consequences of the arrangement); criminal records and child protection order checks should be done; and the surrogate mother can only receive reimbursement of expenses and must not receive any material benefit or advantage as a result of the surrogacy arrangement (Limon, 2013).

In India, as per Assisted Reproductive Technologies (Regulation) Bill & Rules (Draft) - 2010, only Indian citizens shall have a right to act as a surrogate and no assistive reproductive technique bank shall receive or send an Indian for surrogacy abroad. An addition in the draft indicates that in case of foreign couples seeking a surrogate in India, they should possess legal document declaring that their countries permit surrogacy and that the child born out of such an arrangement will be the legal citizen of their country.

According to the Bill, only gestational surrogacy, that is, through IVF and embryo transfer will be permitted while genetic surrogacy, that is, through artificial insemination

is not allowed. By ruling out genetic surrogacy, the Bill seeks to foreclose the possibility of any claims of the surrogate mother over the child (The Assisted Reproductive Technologies, 2010). Foreign nationals should visit India on appropriate visa, which is medical visa; one of the partners should be less than 46 years. Furthermore, in India couples are allowed to undergo surrogacy for medical reasons which include uterine, pelvic, and systemic, for example, heart conditions and fertility problems such as failed *in vitro* fertilisation and multiple miscarriages (Iona institute 2012).

In South Africa, according to Chapter 19 of Children's Act 38 of 2005, a formal written agreement between the surrogate mother and the commissioning parent is required. The agreement must be approved by the High Court of the area where the commissioning parents are domiciled or habitually resident before the treatment starts. No surrogate motherhood agreement is valid unless the conception of the child contemplated in the agreement is to be affected by the use of the gametes of both commissioning parents or, if that is not possible due to biological, medical or other valid reasons, the gametes of at least one of the commissioning parents or where the commissioning parent is a single person, the gamete of that person (Carnelley, 2012; Children's Act 38 of 2005; Louw, 2013). Furthermore, the commissioning parent or parents should not be able to give birth to a child and the condition is deemed permanent and irreversible. The surrogate mother shall have a living child of her own and shall not use surrogacy as a source of income. The surrogate mother is obliged to hand the child over to the commissioning parents as soon as it is reasonably possible after the birth (Children's Act 38 of 2005; Louw, 2013).

Section 302 of the Children's Act 38 of 2005, states that the identity of the parties involved in surrogate motherhood agreement may not be published without a written consent. Moreover, no person may publish any facts that reveal the identity of a person born as a result of a surrogate motherhood agreement, and no person is allowed to artificially fertilise a woman in the execution of a surrogate motherhood agreement or render assistance in such artificial fertilisation unless that artificial fertilisation is authorised by a court (Children's Act 38 of 2005). The legislative regulation of the

content, conclusion and confirmation of surrogate motherhood agreements are essential for various reasons: to give effect to the best interests of the child or children born of surrogacy; to minimise the risks attached to surrogacy arrangements; to give effect to the wishes of all parties involved; and to clarify the parental responsibilities of the parties to the agreement of surrogacy (Nicholson *et al.*, 2013).

The high court has stated that in order for them to make assessments regarding whether or not the parties are fit and proper persons, the application must supply proper and full details regarding themselves and that nothing but the utmost good faith would be tolerated (Nicholson *et al.*, 2013). The details necessitated by the court include the identities and full backgrounds of the commissioning parents and proof of their financial position and opposition of their residential situation and their criminal records. A clinical psychologist and a social worker should draft expert assessment reports on the suitability and stability of the commissioning parents (Nicholson *et al.*, 2013).

2.11.1. Global Guidelines in Assessing Commissioning Parents and Surrogate Mother

In the process of surrogacy arrangements, there are guidelines which also involve requirements, which the involved parties, the surrogate mother and the commissioning parents, have to follow as per legal requirements in each jurisdiction. Guidelines can be defined as the recommendations intended to assist providers and recipients to make informed decisions (World Health Organization, 2014).

In South Africa the following guidelines are provided when a person wants to uptake surrogacy as an assisted reproduction technique.

The high court should evaluate the prospective parents' ability to provide a safe environment for a healthy and optimal development of the child. The ability of the prospective parents to provide emotional and financial care should be ensured. Some aspects evaluated during the psychological assessment of commissioning parents may include the presence of existing psychological conditions; the reasons for their desire to have a child; the length and stability of their relationship; and whether or not the parent,

if the child is not genetically linked to one of them, will display a jealous tendency which might cause conflict in the relationship or affect the child in the future (Nicholson *et al.*, 2013). This indicates that in the case whereby the gamete of one of the prospective commissioning parents is used, it might lead to tension in the relationship and the non-biological parent may display jealousy towards the child.

The court desires even more information on the surrogate mother before she will be considered fit to act in this capacity. A thorough medical report concerning surrogate health and physical suitability to bear a child is important to ensure the physical and psychological wellbeing of the anticipated child. The report should include information about the HIV (Human Immune Deficiency Virus) status of the surrogate mother and other illnesses that could possibly be transmitted to the child. The affidavit should contain detailed information pertaining to the surrogates' identity, background and financial position. The court should also be furnished with an extensive report by a psychologist and preferably also a social worker, detailing her background and psychological profile. The report should attest that the surrogate mother is suitable psychologically and will cope with giving up the newborn baby away (Nicholson *et al.,* 2013).

The National Health Act (Act 61 of 2003) of South Africa, in safety requirements, ensures that the surrogate is not infected with HIV through artificial insemination. It orders for a competent person to conduct a thorough check-up prior to the insemination. A competent person in terms of Health Professions Act (Act 56 of 1974) of South Africa refers to a medical practitioner specialising in gynaecology with training in reproductive medicine and others (Jordaan, 2014). Furthermore, if the commissioning father's sperm has not been donated according to regulations it may not be used for the artificial fertilisation of the surrogate mother. In cases whereby the commissioning father's sperm is infected with HIV the process of sperm washing would be utilised to minimize the chance of infection of the surrogate mother (Jordaan, 2014). In addition, a competent person who is to perform IVF on the surrogate mother has a legal duty to disclose the

positive HIV status of the commissioning father to the surrogate mother and the risks thereof (Jordaan, 2014).

Only altruistic surrogacy is allowed in Brazil; therefore the surrogate has to be related to the genetic mother. Although payment is not allowed, the surrogate mother is entitled to receiving care in her pre-natal, childbirth and puerperium (de Souza, 2017). Puerperium is defined as that period from delivery of the placenta to the end of the 6th postnatal week, in which the uterus regains its non-pregnant state (Magowan, *et al.*, 2014; Somkuti, 2014). Also, before the surrogate mother can participate in the process of surrogacy, she should present a well-defined medical condition to be eligible to surrogacy. Both parties, regardless of their marital status should undergo psychological evaluations and to produce a document afterwards which is prepared by a lawyer and signed by the biological parents, and the surrogate mother should describe their arrangements pertaining to their decision (de Souza, 2017).

In Australia, the surrogate mother must be over 25 years old, be able to carry a pregnancy and have a history of a previous childbirth. Participants in this process, which is the surrogate mother and the commissioning parents, should go through criminal record check and must all go through psychological counselling. The parties should also have informed consent (European Union, 2013). Surrogacy legislation in Australia permits commissioning parents in altruistic surrogacy arrangements to apply for a parentage order after the child is born (Trimmings & Beaumont, 2013). The surrogate mother should consent to the transfer of parentage and the transfer is in the best interests of the child (Trimmings & Beaumont, 2013).

In the process of surrogacy arrangements in the United Kingdom, both commissioning parents must be over 18 years at the time of application. Applicants can be married, in a civil partnership or can be two persons who are living together in an enduring stable relationship (Human Fertilization and Embryology Act, 2008; European Union, 2013). As in other countries stated above, formal application must be made to the court and the judge will consider whether all the criteria have been met. As in South Africa, the genetic connection can be with both of the commissioning parents but at least one must

contribute genetic material to the pregnancy. The surrogate mother‘s pregnancy must have been brought about through means other than sexual intercourse, that is, either *in vitro* fertilisation or intrauterine insemination (Human Fertilization and Embryology Act, 2008; European Union,2013).

In Greece, gestational surrogacy is allowed and permitted only when there is a medical problem preventing people from having children by natural means or in order to avoid hereditary diseases (Trimmings & Beaumont, 2013). Surrogacy agreements in Greece require written informed consent of all parties, the surrogate mother and commissioning parents. Candidates for surrogacy maybe married or unmarried. The woman who will bear the child has to submit to medical screening and in particular to a detailed psychological evaluation of her capability to serve as a gestational carrier (Trimmings & Beaumont, 2013).

The most important aspect in surrogacy arrangements is the provision of informed consent and to allow the involved parties self-determination in all phases. The surrogate mother and the commissioning parents should not oppress each other; therefore the involvement of a legal person is vital in this regard for overseeing the finality of the whole process.

2.11.2. Counselling of Surrogate Mothers and Commissioning Parents

In dealing with the physical and psychological impact which might be brought by surrogacy, surrogate mothers and commissioning parents should receive professional counselling before, during and after pregnancy. Surrogate mothers should be followed up during their pregnancies by qualified obstetricians and perinatologists (Taebi, 2014) who are doctors specialising in high risk pregnancies. Furthermore, a consultant team consisting of various professionals who could counsel all aspects of surrogacy, including medical, psychological, social and legal issues to surrogate mothers, should be found in fertility centers dealing with surrogacy (Taebi, 2014).

In the management of surrogacy cases, rather than restrict the freedom of women to have children, conditions that are viewed as exploitative and risky to surrogate mothers

should be identified to enhance the possibility of positive outcomes (Shapiro, 2014). Section 295 of the Children's Act 38 of 2005, asserts that the court may not confirm a surrogate motherhood agreement unless the commissioning parent or parents are not able to give birth to a child and that the condition is permanent and irreversible. Liberal feminists are of the opinion that prohibiting surrogacy restricts the freedom of women to use their capacity to gestate and give birth to a child. They further argue that the contracting couple have the right to procreate and the surrogate has the right to use her body however she wants (Mcmahon, 2013). From the liberal feminists' perspective, there are women who volunteer to become surrogate mothers altruistically and, therefore, should be allowed to exercise their reproductive rights in a legal and fulfilling way. The researcher of this study is of opinion that to reduce exploitation in surrogacy, detailed investigations should be conducted and medical reports presented to ensure that the commissioning parents are indeed perfect applicants for surrogacy.

2.12. THE ROLES OF SOCIAL WORK AND OF COURT IN SURROGACY

Within the context of surrogacy, social workers and the courts play a pivotal role. Social workers are professionals with great experience in child welfare matters (Crawshaw, Fronek, Blyth & Elvin, 2014). Surrogacy involves children as in adoption cases. Social workers are responsible for identifying prospective parents, providing counselling, linking them to court for legal information and relevant agencies dealing with surrogacy. It is important that the social worker assesses the suitability of the commissioning parents before surrogacy arrangements take place to ensure safety of the children anticipated.

As surrogacy is seen by some as an alternative to adoption, social workers may be asked to play their traditional role as they do in adoption by evaluating the fitness of prospective parents or the unfitness of the biological parents or the surrogate mother (Saltzman, Furman & Ohman, 2015). Before a court may approve a surrogacy agreement, it requires a home study of the intended parents by a child welfare agency and a finding by the agency that the intended parents meet the standards of suitability

(Saltzman *et al.*, 2015). In home study factors such as financial, housing, socio cultural, health and educational information are investigated.

In the United Kingdom, social workers are responsible for investigating whether the process of surrogacy arrangements satisfy statutory criteria. They investigate how much money is involved and assess the welfare of the child concerned. The social workers in this regard, are charged with investigating the genetic link ,''no payment" requirements and protecting the child's welfare (Jackson, 2016).

Among the roles in social work are advocacy and change agent, and in executing these roles, social workers identify with the plight of disadvantaged individuals and combat social injustices through social change (Brown, Livermore & Ball, 2015). In that way, social workers have a lead role in advocating for a legal framework by utilising a child's rights framework (Rotabi, Mapp, Cheney, Fong & McRoy, 2017). In addition to that, they may ensure that surrogacy industry is regulated to prevent human rights abuses and other forms of exploitation related. Furthermore, social workers play a role in ensuring that people stand up for their own rights and have access to information that they need to change their situation (Rome, 2015). They act as brokers by linking them to relevant people who have more information regarding the subject of concern. Social workers should ensure that there is no exploitation and mistreatment among parties involved in surrogacy arrangements. Therefore, social work needs to assert its expertise and contribution to policy development and implementation to ensure a better understanding and management of risks and benefits of surrogacy as they relate to the interests of children and families (Fronek & Crawshaw, 2014). For the benefit of surrogacy industry, social workers should be educated about the human rights and begin to take in leadership in this area o reproductive technology. For the purpose of this study, although surrogacy is not popular like adoption in South Africa it is being practised and mentioned in Chapter 19 of Children's Act 38 of 2005. Social workers should be educated on how to handle surrogacy cases when they are brought to the offices.

The High Court plays the role of a facilitator, a gatekeeper and protector of the rights of the parties and the children born as a result of surrogacy arrangements. In its role as a

facilitator, the court recognises that it should not stand in the way of commissioning parents whose only option is to have a child by way of surrogacy (Louw, 2013). Furthermore, the court ensures that the constitutional rights of the commissioning parents and the surrogate mother are respected. These rights as indicated by the court include the right to equal treatment before the law, the right to have one‘s dignity respected and the right to freedom and security of the person, including the right to make decisions concerning reproduction.

The court and social workers have always been legitimate partners in ensuring that children‘s rights and safety are upheld. As a social worker, each case involving a child is handled at court with guidance by statutes of the country of South Africa. Furthermore, the role of social workers has always been a leading one in matters concerning the wellbeing of the children. In its role as a gatekeeper, the court must, in the first instance, ensure that the legitimacy requirements in surrogacy arrangement are complied with in terms of chapter 19 of the Children‘s Act 38 of 2005,. A court may not confirm a surrogate agreement unless it is satisfied, that is, having regard to the personal and family background of all the parties concerned, and above all, the interests of the child to be born (Louw, 2013, Section 295, Children ‘s Act 38 of 2005,). In the process of surrogacy arrangements, the court sees it fit that both parties, the commissioning parents and surrogate mother, are assessed to find out whether they are fit and proper persons. The details required include identities and full background, financial positions and criminal records. It is therefore the responsibility of the social worker to assess the suitability and stability of the commissioning parents (Nicholson *et al.*, 2013).

2.13. SUMMARY OF FINDINGS FROM THE LITERATURE

The following is a summary of findings from the literature:

- Surrogacy is a form of reproduction technique which can serve as one of the options for use by infertile couple, whose conditions are considered to be permanent and irreversible to procreate.
- Advanced aging, occupation and marital status are factors which can give effect to infertility and involuntary childlessness
- The decisions to uptake surrogacy are influenced by values and beliefs of childless women. Culture and religion can have an impact in the determination of the decision to be involved in surrogacy.
- Childless women are aware and have basic knowledge regarding surrogacy; however; they have limited knowledge regarding the legislation on surrogacy
- Women who are faced with irreversible conditions of infertility are willing to uptake surrogacy as an assisted reproduction technique
- Infertility and involuntary childlessness can lead to emotional, psychological and social problems.
- Surrogacy can have a detrimental effect on the surrogate mother and the commissioning parents physically, psychologically, emotionally and financially, therefore counselling is pertinent before, during and after the process.
- Surrogacy as an assisted reproductive technique is a constitutional and reproduction right to individuals and couples who suffer from infertility and who would like to have genetically linked children.

CHAPTER 3: APPLICATION OF RESEARCH METHODOLOGY

3.1. INTRODUCTION

The main aim of this study was to describe how the qualitative research method was used to understand the perceptions of childless women on surrogacy as an assistive reproductive technique (ART). This chapter focuses on the application of research methodology which was employed throughout this study and how the research was conducted and arranged. The emphasis will be on research design, population, sampling, data collection, data analysis and trustworthiness.

3.2. RESEARCH METHODOLOGY

While Vosloo (2014) refers to research methodology as the researcher's general approach in carrying out the research project, Pitse (2010) and van Wyk (2012) denote that research methodology focuses on the individual steps in the research process and the most neutral procedures to be explored. The researcher in this study seeks to explore perceptions of childless women on surrogacy as an assistive reproductive technique in Capricorn District, Lepelle Nkumpi municipality. The researcher employed qualitative research approach in this study based on its advantages. In qualitative research, issues affecting respondents can be received in detail and is in-depth; furthermore the information on human experience is commanding (Anderson, 2010). In qualitative research, the researcher has direct contact with and gets close to people, situation and phenomenon under investigation (Berg, 2012). Unlike quantitative research which was originated from natural sciences, qualitative methods were developed in social sciences to enable researchers to study and understand social and cultural phenomena (Thomas, 2010). Moreover qualitative research aims to explore and to discover issues or problems that the researcher may have little knowledge of (Thomas, 2010).

Therefore, in this study, a qualitative research method was considered relevant to explore perceptions that childless women have on surrogacy as an assistive reproductive technique.

3.3. RESEARCH APPROACH

The researcher of this study focused on the qualitative research approach. According to Pitse (2010), qualitative research is used to answer questions and to make sense about the complex nature of phenomena, often with the purpose of describing and understanding the phenomena from the participants'point of view. The researcher decided on this approach because the study focused on the experiences of the participants regarding their childlessness. Qualitative research involves an interpretive approach to the world. The researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meaning people bring to them ((Denzin & Lincoln, 2013). Qualitative approach focuses on describing a phenomenon in a deep and comprehensive manner. It is generally done in interviews with open-ended questions and in focus groups (Rhodes, 2014). A small number of participants participate because it requires many resources and time.

3.4. RESEARCH DESIGN

Research design is a set of guidelines and instructions to be followed in order to address the research problem (Heyns, 2006; Nghonyama, 2007). Skobi (2016) defines research design as the "blueprint which outlines the approach to be used to collect data and generally provides information about who, what, when, where and how of the research project".

3.4.1. Exploratory Research Design

The researcher of this study opted for exploratory research design. Van Wyk (2012) describes exploratory study as useful for those projects that address a subject where there are high levels of uncertainty, and where the problem is not very well understood. In exploratory research, large amounts of unstructured information is collected in order to explore a new topic or to be responsive to new concerns, to work on topics which very little information is available and to gain a broad understanding about a situation (Strydom,2013). Moreover, exploratory research attempts to identify new knowledge, new understandings and new meanings (Mbambo, 2009). The exploratory research

design was opted for in this study because there was no information regarding the perceptions of childless women on surrogacy as a method of assistive reproductive technique in Capricorn District, Lepelle- Nkumpi Municipality.

3.5. POPULATION

Mbokane (2009) refers to population as an aggregate or totality of all the objects or members that conform to a set of specifications, while Rudhumbu (2014) mention that population comprises the entire group of persons that is of interest to the researcher.

3.6. SAMPLING

In this study the researcher included the following in the sample:

- Women who were childless and were between the ages of thirty-five (35) to forty five (45).
- Women who do not have and never had biological children and would like to have children of their own.
- Childless women, who were single, married or divorced.
- The identified women should have had matriculation qualification.

The researcher focused on non-probability sampling (de Vos, 2011). The reason for selecting this method is because the researcher did not know the population size or members of the population (de Vos, 2011). Furthermore, it is regarded as a good method to use when attempting to question groups or individuals who may have sensitivities to questions being asked (Latham, 2007).

Sampling is the act, process or technique of selecting a suitable representative part of a population for the purpose of determining the characteristic of the whole population (Gentles, Charlo, Ploeg & McKibbon, 2015)). The researcher of this study used both purposive and snowball sampling. The reason for using both methods of non-probability sampling was because there were three (3) known cases of childlessness

from the social worker's caseload selected through purposive sampling. Other cases which were unknown to the researcher were identified through snowball sampling. The difference between purposive and snowball sampling is that in purposive sampling, the researcher is able to select participants based on the internal knowledge of the said characteristics. Furthermore it relates to the is selection of a sample based on your own knowledge of the population (Latham, 2007), while snowball sampling is often used in hidden populations which are difficult to access, where existing study subjects recruit future subjects from among those they have knowledge of (Katz, 2006). Snowball sampling is also known as 'network sampling (Dragan & Isaac-Maniu, 2013).

3.7. ETHICAL CONSIDERATIONS OF PARTICIPANTS IN RESEARCH

The participants were recruited through the use of purposive and snowball sampling (Katz, 2006; Latham, 2007; de Vos, 2011; Dragan & Isaac-Maniu, 2013). The recruitment of research participants is the process by which individuals are recruited as potential subjects in a research study (Turner, 2013). Before making contact with the participants to collect data, the researcher should obtain permission from respectable authorities or gatekeepers (Skobi, 2016). A gatekeeper is a person who will allow the researcher to access the place, people, events or documents he or she wishes to study (Farber, 2006).

Before the researcher embarked on this study, a research proposal was submitted to the institution's Research Ethics Committee (TREC) for evaluation and consideration of ethical aspects. Eventually, an approval of research topic and ethical clearance certificate was issued to the researcher. Gaining an ethical clearance is considered a necessary first step in the qualitative research (Sparkes & Smith, 2014). Before the researcher can made contact with the participants, a request letter and a research proposal were submitted to the Provincial Department of Social Development, requesting them permission and approval to conduct a research project in the Capricorn District, Lepelle Nkumpi Municipality. After a period of four months, the researcher was granted written permission to interview the participants of the study.

3.7.1. Informed Consent

According to Fouka and Mantzorou (2011), research ethics involves the protection of subjects and the publication of information in the research. Researchers are responsible to ensure that the participants are well-informed about the purpose of the research. Informed consent is regarded as a major ethical issue in conducting research. It means that a person will knowingly, voluntarily and intelligently give his consent to participate in a research study (Fouka & Mantzorou, 2011,). Furthermore, informed consent seeks to incorporate the rights of autonomous individuals through self-determination (Fouka & Mantzorou, 2011).

A qualitative researcher who wishes to use tools such as an audio recorder in a research study should take efforts to inform the participants beforehand. The participants must also be notified of the venue, and be allowed to exercise their self-determination by withdrawing from the study at any time if they are willing (Banister, 2007). In research study, researchers are responsible for ensuring that the participants are well informed about the purpose of the research (Fritz, 2008).

For the purpose of this study, the researcher drew an informed consent form (see Annexures) which fully informed the participants about the purpose of the study, the benefits and risks of participating in the research and how the interview is structured in terms of venue and time of the interviews. The participants were given an opportunity to select the language of their preference by completing an Informed Consent form. The participants were also informed about the use of the audio recorder and the right to withdraw at any time of the study and that the supervisor of the researcher will be the one who is going to access their information apart from the researcher. The participants were requested to sign the form which was an indication that they understood the content of the informed consent form. The information of the participants was kept confidential. The contact numbers of the researcher and of the study supervisor were included so that the participants could contact them when they needed clarifications.

3.7.2. Other Ethical Considerations

For the purpose of this study the following ethical issues were also taken into consideration.

The researcher ensured that no harm was done to the participants, either physically or emotionally. During the research, the participants were protected from any discomfort that may emerge from the research project (de Vos *et al*., 2011: 115). The researcher allowed the participants to express themselves as they saw fit regarding the topic of surrogacy.

The researcher allowed voluntary participation of the participants and no one was forced to participate. (de Vos *et al.,* 2011). In this study, the researcher also considered the transportation of the participants to easily reach the place of interviews (de Vos *et al.,* 2011).The participants were accessible to the researcher and arrangements were made with the researcher to reach the participants in this regard.

Every individual has the right to privacy and it is his or her right to decide when, where, to whom and to what extent his or her attitudes, beliefs and behaviour will be revealed. The researcher ensured that meetings with the participants are held in a private area. The individual interviews were held in an area where the participants were allowed to express their feelings without fear of being heard by other people.

The names of participants were kept anonymous and only numbers allocated to them were used. Data provided during the interview was kept confidentially in a lockable cabinet (de Vos *et al.,* 2011). The data obtained during the contact with the participants will only be accessed by the study supervisor and the researcher. Some of the hard copieswill be stored in the library of the University of Limpopo. The hard copies and audio recorder will be secured in a lockable cabinet. The electronic data will be saved in the computer and protected with the password.

In addressing emotional risk in this study, the researcher informed the participants about the topic under investigation beforehand so as to discuss issues of discomfort that might arise during the interviews (de Vos *et al.,* 2011). The researcher informed the

participants about the role of other stakeholders such as social workers and psychologists who may address their psychologicall problems that might arise. The participants were linked with relevant professionals to provide counseling when necessary. The participants were allowed self-determination to choose whether they would prefer to consult other professionals in this regard.

3.8. DATA COLLECTION METHOD

Before the researcher could embark with data collection, rapport with participants was established. The researcher greeted the participants, introduced herself and clarified the purpose of the study. The participants were allowed to ask questions for explanations, to express their feelings openly, and were notified that they were allowed to withdraw from the study anytime if they wish. In research, the ability to establish rapport is regarded as one of the most important skills for effective interviewing. Moreover, it is described as a feeling of connection, mutual comfort and conversational ease (Bell, Fahmy & Gordon, 2016). Furthermore, rapport involves trust and respect for the participant and the information he or she shares (DiCicco-Bloom & Crabtree, 2006). Interviews can be used as a primary data gathering method to collect information from individuals about their own practices, beliefs or opinions (Harrell & Bradley, 2009) and are most appropriate where little is already known about a study phenomenon and where detailed insights are required from individual participants (Gill, Stewart, Treasure & Chadwick, 2008). For the purpose of this study, the researcher conducted semi-structured one to one interview guided by the interview schedule. In a semi-structured interview, a guide is used with questions and topics that must be covered (Harrell & Bradley, 2009; Qu, 2011). Furthermore, an interview schedule provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participants (de Vos, 2011) and is suitable when one is particularly interested in complexity or a process, or when an issue is controversial or personal.

When designing an interview schedule it is important to ask questions that are likely to yield more information about the study phenomenon as possible and to address the aims and objectives of the research (Gill *et.al.* 2008). With semi-structured interviews

the researcher was able to gain a detailed picture of the participant's perceptions, beliefs and values on the specified topic (De Vos *et al.,* 2011). In this study, the main purpose of the semi-structured interview was to explore perceptions of childless women of surrogacy as a method of assistive reproductive technique in Capricorn District, Lepelle Nkumpi Municipality.

The interview schedule was firstly evaluated in the Department of Social Work and then submitted to translators with knowledge of Sepedi language, who translated it from English to Sepedi. The researcher allowed the participants to go through the questions in the interview schedule for familiarisation. It is recommended that the researcher should familiarise the participants with the content of the interview schedule prior to the interviews (Skobi, 2016). The researcher asked biographical information of the participants and after that, open-ended questions. The interviews with the participants were recorded with their consent and all audio recordings were done in Sepedi. Tape recording allows the researcher to go back and analyse the data from the interview, and is seen as the most important part of the interview process (Farber, 2006). The researcher wrote down the interview notes. An interview transcript was written in Sepedi and later submitted for professional translation in English (See Annexure).

According to Skobi (2016), the researcher is the primary instrument in data collection and analysis and requires contact with the participants in their natural settings. Interviews may vary from being highly structured and guided by open-ended questions (Rhodes, 2014). In this study, the researcher interviewed the participants during their spare time in their respective venues. The data was collected through face to face, semi-structured on one-to-one interview (de Vos, Strydom, Fouchè & Delport, 2011). The researcher was guided by interview schedule (de Vos *et al*., 2011) and collected data until saturation point. The researcher proposed to interview ten partcipants however saturation point was reached on the seven participants. In research, data saturation is reached when there is enough information to replicate the study attained (Fusch & Ness, 2015) and no new themes emerging (Lacey & Luff, 2007). Furthermore,

interviews are one of the method by which one study results reach data saturation (Fusch & Ness, 2015).

3.9. DATA ANALYSIS

Data analysis can be described as the process of bringing order, structure and meaning to the mass of collected data (deVos, 2011). In this study, the researcher employed six phases of thematic analysis in analysing data (Braun & Clarke, 2006). Thematic analysis is used to analyse classifications and to present themes or patterns that relate to data (Alhojailan, 2012; Costa, Breda, Pinho, Bakas & Darao, 2016; Javadi & Zarea, 2016).The researcher analysed the data manually.

The researcher familiarised herself with the data by listening to audio recording repeatedly and reading through the data in interview transcript (Gale, Heath, Cameron, Rashid & Redwood, 2013). The researcher immersed herself in the data by repeatedly reading through it, and at the same time searching for its meanings and patterns. The researcher took notes and marked ideas for coding.

Coding allows the researcher to review the whole data line by line, to identify the most significant meaning out of it and to try to understand what the data tells us (Alhojailan, 2012; Gale *et al*., 2013).The researcher worked through the entire data set, giving full and equal attention to each data item and identifying interesting aspects in the data items that may form the basis of repeated patterns (themes). (Braun & Clarke, 2006). The researcher gathered different codes identified into potential themes and used tables and mind maps to gather all relevant data. (Braun & Clarke, 2006). Moreover, the researcher took the following guidelines in consideration during data analysis (deVos, 2011).

- All data should be transcribed in detail
- Read and re-read the text and play and re-play audio recordings

- Critically evaluate the meaning of the words by the participants
- Identify the different topics or themes and code those encountered by means of line by line analysis of each interview transcription. Codes must be descriptive of the data incident
- The researcher should look for similarities between different themes

The researcher, after each interview with the participant, went back and listened to the audio recording to ensure reliability, and submitted the data to the supervisor to check for accuracy by going through the interview transcripts.

3.10. TRUSTWORTHINESS IN RESEARCH

La Banca (2010) describes trustworthiness in research as a demonstration that the evidence for the results reported is sound and the argument made based on the results is strong. In this study, the researcher employed elements of trustworthiness in evaluating the accuracy of qualitative research (Rubin & Babbie, 2009).

3.10.1. Credibility

Credibility establishes whether or not the research findings represent information drawn from the participants' original data and is a correct interpretation of the participants' original views (Anney, 2014). The researcher in this study ensured credibility through the process of prolonged engagement, peer debriefing and member checks (Anney, 2014; Billups, 2014).

In prolonged engagement, the researcher immersed herself in the participants' world. The researcher as a social worker improved the trust of the participants and provided a greater understanding and empathy to participant's background (Anney, 2014).

With peer debriefing, the researcher should seek support from other professionals willing to provide scholarly guidance such as members of academic staff, the postgraduate dissertation committee and the department (Anney, 2014). Furthermore, opportunity for scrutiny of the project by colleagues, peers and academics should be

welcomed and feedback be offered to the researcher. In this study the researcher sought support from the academic supervisor since the inception of the research and the submission of relevant documents for guidance.

The purpose of doing member checks in research is to eliminate bias when analysing and interpreting the results (Anney, 2014). The researcher asks the participants to review the findings in order to assess whether those findings reflect what they expressed to the researcher (Billups, 2014). The researcher, after the recording of the interview, went back and played the recorder so that the participants could verify that it is exactly the information they wanted to share with the researcher.

3.10.2. Dependability

In dependability, the processes in the study should be reported in detail, enabling future researchers to repeat the work if not necessarily to gain the same results (Anney, 2014). It also involves the participants' evaluation of the findings and the interpretation and recommendations of the study to make sure that they are all supported by the data received from the information of the study (Anney, 2014). The researcher in this study clearly outlined the research design in detail and data collection methods. Furthermore, the researcher submitted the research work to the supervisor for external examination.

3.10.3. Confirmability

Confirmability refers to the degree to which the results of the research study could be confirmed by other researchers (Anney, 2014). Moreover, it is based on the perspectives that the integrity of findings lies in the data, and that the researcher must tie together the data and the findings in such a way that the reader is able to confirm the adequacy of the findings (Morrow, 2005).

In this study, the researcher regularly submitted the research to more knowledgeable researchers to confirm the procedures which were undertaken in the research study. The researcher kept electronic records (audio recorded) and non-electronic field notes during the whole investigation. These records assisted the researcher to cross check data when writing the final report on the data (Anney, 2014).

3.10.4. Transferability

Transferability can be achieved when the researcher provides sufficient information about the self (the researcher as the instrument), research perspectives, processes, participants and the researcher-participant relationship to enable the reader to decide how the findings may be transferred (Morrow, 2005). The researcher employed purposive sampling to select the participants because in qualitative research, it helps the researcher to focus on key informants who are particularly knowledgeable about the issues under investigation (Anney, 2014). Furthermore, transferability is concerned with the extent to which the findings of one study can be applied to other situations (Holosko &Thyer, 2011). The researcher for the purpose of this study, provided a detailed research process and findings so that it is possible for the study to be transferable to other situations with similar conditions (Anney, 2014).

3.10. CONCLUSION

This chapter mainly focused on the research process undertaken, and the background of the study on perceptions of childless women on surrogacy as an assisted reproductive technique. The researcher employed qualitative research methodology. The research design, recruitment and ethical considerations of the participants, data collection method, data analysis and trustworthiness were discussed. Chapter four (4) will focus on data presentation.

CHAPTER 4: PRESENTATION, ANALYSIS AND INTERPRETATION OF EMPIRICAL FINDINGS

4.1. INTRODUCTION

This chapter describes the presentation and analysis of data followed by discussion of the research findings. The findings relate to the research objectives that guided the study. A qualitative research was conducted to explore the perceptions of childless women on surrogacy as an assistive reproductive technique. The sample was obtained through non-probability, purposive and snowball techniques. The research findings in this study were drawn from seven (7) participants' through semi-structured one-to-one interviews with childless women. The researcher intended to interview 10 participants however saturation of data was reached on the seventh participant. In qualitative research, data saturation is reached when there is enough information (Fusch & Ness, 2015) and no new themes are emerging (Lacey & Luff, 2007). The interviews were collected in Sepedi as it was the language the participants preferred and understood best.

The seven participants have all achieved a qualification in matric and five of them were employed. Two of the five participants were self-employed, one as a dressmaker and the other one as a hawker. The other three were employed, two of them as assistants at non-government organisations and the other one as a cleaner at a government institution.

The findings from this study are discussed in this chapter, starting with the biographical data of the participants. Empirical findings from the semi-structured interviews are compared with literature and scholarly articles.

4.2. BIOGRAPHICAL DATA OF THE PARTICIPANTS

The biographical data of the participants include their age, marital status and period in marriage, occupational status and religious denomination. To ensure confidentiality of the participant's numbers were used instead of their names. The above will be presented in a table.

TABLE 4.1: Biographical Data of Participants

Participant	Age	Marital Status	If married, for how long?	Occupational Status	Religious Denomination
1	45	Married	Six years	Unemployed	Zion Christian Church
2	43	Married	Nine years	Unemployed	Alliance
3	43	Married	18 years	Dressmaker	Methodist
4	44	Divorced	Was married for two (2) years	Cleaner	Apostolic
5	36	Never married	N/A	NGO Assistant	Zion Christian Church
6	35	Married	13 years	NGO Assistant	Romans Catholic Church
7	43	Never married	N/A	Self-Employed as a Hawker	Emmanuel Bible Church

4.2.1. Age of the Participants

In this study, childless women between the ages of thirty five (35) and forty five (45) were interviewed. These women never had children of their own. Most women (N=5) were in their forties while a minority (N=2) were in their late thirties. Advanced maternal age which refers to women between the age of 35-40 years and above (Kenny, Lavendar, McNamee, O'Neill, Mills & Khashan, 2013), has been found as one of the causes of infertility amongst others (Begun and Hasan, 2014; Shufaro & Schenker, 2014). Age is seen as an important determinant especially for women with advancing age as it is connected to decreasing fertility (Righarts, Dickson, Parkin & Gillett, 2015).

As a woman ages, the chance of her conceiving, either naturally or with the assistance of fertility treatment decreases (Coward & Wells, 2013). An increase in the age of the female is related to the decrease in the ability to produce normal healthy eggs (Maria, 2015). According to Liu, Case, Cheung, Sierra, AlAsiri, Carranza-Mamane, Dwyer, Graham, Havelock, Hemmings and Lee (2011), ovarian function declines as women approach their later reproductive years until menopause. Therefore increasing age in women is associated with lowered fecundity and infertility. In addition to infertility, advanced reproductive age is associated with early and late pregnancy complications (Liu *et al*., 2011).

In order to determine whether an individual is infertile, evaluation and assessment may be initiated by relevant professionals such as primary care physician or obstetrician-gynaecologists if the female partner is older than 35 years (Lindsay & Vitrikas, 2015; Kuohong, Hornstein, Barbieri & Levine, 2015). Biologically, the optimum period for childbearing is between 20 and 35 years of age. After 35 years of age, fecundity decreases (Johnson & Tough, 2012). Women over the age of 35 years are said to have an estimated 50 per cent chance of becoming pregnant naturally (Johnson and Tough, 2012). Consequently, aging is regarded as the highest risk factor mainly among women who want to conceive (Ferri, 2015; Oktay, Turan, Bedoschi, Pacheco & Moy, 2015). The incidence of infertility in women increases with age. The decrease in fertility starts as

early as (30) years and increases dramatically after age thirty-seven (37) until mid-40's (Lindsay and Vitrikas, 2015).

An oocyte is an immature egg and the number of them decreases naturally with age (Gurevich, 2017). The ageing of cells in an ovary which may undergo meiotic division to form an ovum in relation to maternal age faces risks of implantation failure and miscarriage (Korkmaz, Tekin, Sakinci & Ercan, 2015). Women in advanced age between the ages of 35 years and more have a reduced chance of being fertile due to the decreasing number and quality and possibly cell death with regard to oocytes (Korkmaz, Tekin, Sakinci & Ercan, 2015).

Artificial reproductive technology such as *in- vitro* fertilisation (IVF) for women, at an advanced age can lead to age related reduction in the development of the human oocytes (Korkmaz, Tekin, Sakinci & Ercan, 2015). In a study conducted in the United States of America in 2014, it was found that at age 32, fewer than half of childless women who wanted a baby would have one, among the majority of women who wanted a baby, while at age 39, with an estimate of 73%, only 7% would have one (Craig, Donovan, Fraenkel, Watson, Hawley & Quinn, 2014). Moreover, it is indicated that by the age 45, more than 1 woman who wants to have a child will be childless (Craig, Donovan, Fraenkel, Watson, Hawley & Quinn, 2014).

It was also found that women who are 40 years or older have a 39% chance of abnormal embryos as compared to women 20 to 34 years who have 5% chance of abnormal embryos (Craig, Donovan, Fraenkel, Watson, Hawley & Quinn, 2014). Research indicates that more than 10% of couples of reproductive age have a fertility problem in Sub-Saharan Africa (Malhotra, Tank & Haththotuwa, 2012; Pedro, 2015; Chimbatata & Malimba, 2016). In a study conducted by Sarkar and Gupta (2016), it was found that the incidence of infertility increases with the woman's age because there are some processes in the body that have to happen for a pregnancy to take place, such as

ovulation, and if they do not take place disrupted infertility will result (Sarkar & Gupta,2016).

In another study conducted by Qi, Liang, Xian, Liu and Wang (2014), it was found that women who are more than thirty seven (37) years of age were considered as the patients of advanced maternal age due to the fact that female fertility declines dramatically in that age due to the weakening in both the quality and quantity of the oocyte and follicle pool. This, in addition to physical factors, may be the result of social factors. Circumstantial infertility takes place where social and cultural factors limit one's ability to pursue and experience parenthood (Young, 2015).

In other circumstances women may marry late because they are waiting to find the right partner whom they can bear children with. Some late-age biological infertility is a result of not finding a partner until one's fertility is compromised by age (Notkin, 2013). Delayed age at marriage affects completed fertility by reducing the number of years available for child bearing (Palumuleni, 2011).

Contrary to this, women who get married in early years were found not to be struggling with fertility as early marriage is associated with this (Erulkar, 2013) .In this study there were women who got married in early age. However,they were not able to conceive a child. Regardless of childlessness some women are still within their marriages. In a study conducted by Dubey (2012), men in childless marriages supported their wives and appeared to negotiate the transition to a childless lifestyle than their wives who find it more difficult to cope. Furthermore, 92% of women in childless marriages described their husbands as their most important source of support (Karaca & Unsal, 2015). In this study, the researcher did not include experiences of men regarding their wives' infertility and how they have kept their marriages well maintained. This creates a gap in research for further study on perceptions of childless men in marriages. Infertility is regarded as a medical condition (Collier & Haliburton, 2016; Allahbadia, Chawla, Das, Gandhi, Garcia & Merchant, 2017;) that can be caused by physical, behavioural and environmental factors (Maria, 2015).

Women should be aware of the associated risks and the choices they have about assisted reproductive techniques (Lemoine & Ravitsky, 2015). Reproductive autonomy and gender equality should be reflected through societys' ability to remove barriers that prevent women from having children at a time that they find suitable without having to sacrifice their career, academic and life expectations. Moreover, assistive reproductive techniques have the potential to enhance reproductive autonomy in that they open opportunities to women who would like to delay childbearing and rather achieve personal goals, therefore, it should remain as an option to any woman or couple who chooses to use them (Lemoine & Ravitsky, 2015).

4.2.2. Marital Status of the Participants

More than 187 million ever married women of reproductive age in low resourced and developing world such as South Africa (Gomez & Unisa, 2014; Sarkar & Gupta, 2016) suffered from primary infertility. Primary infertility is infertility occurring in individuals who have never conceived a child before while secondary infertility is a failure to achieve pregnancy following a previous pregnancy (Okonofua, 2014; Sarkar & Gupta, 2016; Aziz & Agarwal 2017;) and primary infertility is defined according to the length of the waiting period in which there is lack of fertility after one year of unprotected sexual intercourse (Dovom *et al*., 2014). In this study the participants never achieved pregnancy and suffered primary infertility. About 8% of married women in India were found to suffer from infertility (Sarkar & Gupta, 2016). Both South Africa and India fall under the category of Third World Countries. In this study, the majority of participants were married (N=4) one was divorced and two were single.

Married childless women face numerous challenges with regard to infertility and the majority of people with infertility are residents of Third World countries (Rouchou, 2013). Lehohla (2015) also indicated that the level of childlessness among women who have ever married increased by almost 50% in South Africa from 2001-2011. In less developed countries, such as South Africa and India, lack of knowledge about infertility fuels actions and behaviours of society and leads to stigmatisation of the infertile

couple. In many developing countries, unlike in developed westernised societies social stigma is attached to infertility (Rouchou, 2013).

In a study conducted in South Africa by Rouchou (2013) childless women mentioned negativity within their communities and how their infertility issues were not accepted. The community does not view childless women as adults and thus are secluded from social events and activities (Rouchou, 2013). Moreover, some women felt pressure from families to conceive. In India, affluent women who cannot conceive are stigmatised because the thought is that their careers are more valuable than having a child. In Rwanda, women experience harassment from their in-laws and husband's parents pressurise them to have extramarital affairs with the hope of conceiving a child (Rouchou, 2013).

Infertility within marriage leads to negative treatment as childless women are treated as outcasts from the society, and couples lack opportunities to participate in some social events (Sarkar & Gupta, 2016). While in Mozambique a woman does not have a voice if her husband decides to choose another wife, and may live in a polygamous marriage or leave and be forever socially isolated, in Nigeria a divorce commonly follows infertility (Rouchou, 2013. Married childless women in Ghana are also faced with challenges of social stigma and ostracism. Besides being blamed for infertility, they are labelled as worthless and seen as incapable of fulfilling their roles as women (Fledderjohann & Johnson, 2016). In a study conducted in Iran, infertile married women were found to have a number of stressors and were at risk of marital conflict (Pasha, Basirat & Esmailzadeh, 2017).

Married women are often blamed by husbands, marital family and society in general for a childless marriage (Mumtaz, Shahid & Levay, 2013). In particular women are seen as objects of pressure in childless marriages (Baloyi, 2017) and are expected to conceive and become pregnant and, if that does not happen, infertility is regarded as their problem not of the husband's (Pedro & Andipatin, 2014). This situation arises because the priority of childbearing as the main purpose for marriage brings stress and stigma in marriages (Baloyi,2017) and involuntary childless individuals find themselves unable to

conform to the social norms of motherhood (Pedro and Andipatin,2014). As men have been brought to be rulers and providers in a patriarchal system, they quickly judge and shift the blame of infertility onto women for not conceiving (Baloyi, 2017). This may be the result of lack of knowledge and education on fertility issues.

Ozturk, Taner, Guneri and Yilmaz (2017) found that because of cultural perceptions infertility is seen as problem of women alone, and violence is more common after the diagnosis of infertility. Masculinity and stigmatic beliefs regarding infertility are perceived to influence the experiences of men towards infertility (Arya & Dibb, 2016). Mumtaz, *et al*., (2013) also found that men in childless marriages view themselves and are also seen by society as innocent partners, moreover, pregnancy and childbirth are considered women's territory only.

Infertility affects marriage stability because sexual intercourse is no longer for mutual satisfaction but rather for procreation purposes. It was found that women suffer psychological trauma as a result of infertility and communication is damaged (Nyarko & Amu, 2015). Moreover, infertility poses as a stressful event in marriage whereby it leads to emotions such as disappointments, sense of failure and probability of divorce and polygamy (Yezdani, Kazemi, Fooladi & Samani, 2016).

In this study, the focus was on women's perceptions towards surrogacy as an assistive reproductive technique, and men's experiences regarding issues of infertility were not considered. However, further research on men's experiences regarding infertility and childlessness would be relevant.

4.2.3 Period in Marriage

Marital duration is time elapsed since the day of marriage and is used as a life course measure (Ghoroghi, Hassan & Baba, 2015). In this study the majority of the participants (N=5) had been married for more than one year but never gave birth to a child. Women usually seek assistance alone if they realise they do not conceive two to three years within marital period because they feel socially insecure (Bista, 2015).

Findings in a research by Sophia and Punitha (2017) revealed that not having a child within marriage after seeking assistance on fertility may affect the duration of a couple's relationship. It was found that in addition to the age of a woman, the age of marriage can have influence on fertility (Dovom, Tehrani, Abedini, Amirshekari, Hashemi & Noroozzadeh, 2014). Primary infertility is defined as the absence of a live birth for couples that have been in a union for at least five years, during which a female partner expresses a desire to have a child, and neither partner used contraception (Mascarenhas, Cheung, Mathers & Stevens, 2012). In this study the majority of the participants were married for more than five years. The women have indicated a need to conceive a child and had been living with their partners permanently. Mascarenhas*, et al.,* (2012) indicated that incorporating a five year exposure time was found to be an accurate measure of infertility .A longer exposure period allows for the time it takes to conceive and to bear a child and prevents unreported temporary separations or periods of abstinence from affecting the infertility measure (Mascarenhas, *et al*.,2012).

Psychological consequences of infertility are directly associated with the duration of marital life. Depression and anxiety are common after four to six years of infertility within marriage (Bista, 2015), while severe depression would be found in those who had infertility for seven to nine years in marriage. Another study found that anxiety among childless women increased with the duration of their marriage (Kaur, Kaur, Gainder & Ghai, 2016). Families who are childless within a few years of marriage experience problems such as quarrelling, unhappiness, suspicion, separation and ultimately divorce (Onoyase, 2017). For the purpose of this study, a married couple should jointly seek assistance when they realise that one of them suffers from infertility. Early seeking of assistance from relevant authorities and detection of a problem is commended as soon as they realise that they have been trying to conceive for more than a year without success. The couple should support each other rather than blame one another for failed fertility in a marriage after a certain period. The couple should not be pressurised by the family members in taking decisions about their fertility life.

4.2.4. Occupational Status

Occupation can be defined as an active process of living, from the beginning to the end which includes all the processes of looking after ourselves, enjoying life and being socially and economically productive over the lifespan (Davis, 2014). Within occupational life spheres such as work, self care and education take place. Occupation is also an activity that individuals participate in and engage their attention, interests and expectations (Cutchin & Dickie, 2013).

Five of the participants in this study were occupied and earned a living while the other two were not employed. Two of the participants who were volunteers in a non-governmental institution received a stipend, one was a cleaner at a government institution, and the other two were self-employed as a dressmaker and as a salesperson respectively. According to Lehohla (2015), there is an increase of childlessness among women aged 25 years and over, across all occupations and delay in age at first birth is largely and indicator of increased childlessness among South African women. The postponement of childbearing because of occupation and the pursuance in education may lead to involuntary childlessness (Munthree & Maseba, 2016).

Occupation in this study is relevant because the researcher is able to determine the degree of activity among the participants in relation to the type of work and the level of understanding regarding the topic of surrogacy. The individual's occupation is one of the variables of identifying social status whose relationship with knowledge level is confirmed (Pourmasumi, Mostaghaci, Sabeti, & Ardian, 2016). In a study conducted in India, it was found that occupational status of women does not affect their fertility pattern; rather educational status is an important social factor that affects fertility (Chandiok, Mondal, Mahajan & Saraswathy, 2016). Contrary to this, in a study conducted in Ghana, it was found that female occupations have negative effects on fertility. Furthermore, types of occupation where regulations might not allow time for child bearing can introduce conflict between the roles of women progressing in careers and becoming mothers (Godzo, 2013). According to Rietiker (2017), women have the

right to decide freely and responsibly about when to reproduce and this includes women in all occupations.

4.2.5. Religious Persuasion

All participants (N=7) were Christians from various churches. In a study conducted by Oren-Magidor (2017), religious beliefs were seen as the framework through which modern people understood fertility problems in the sense of seeing infertility as God's plan. This might be one of the ways of coping with the condition. Religion allows people to explain their infertility and provides guidelines on how to ask for children by encouraging prayer and supplication (Oren-Magidor, 2017). Christianity provided hope to women who were faced with infertility by referring to biblical stories about barren women who ended up having children, thereby providing hope that God would hear their prayers (Oren-Magidor, 2017).

In a study conducted in Nigeria, religion was considered to overcome certain diseases and life hazards including those associated with infertility (Aluko-Arowolo & Ayodele, 2014). As in South Africa, most people attend various churches to be cured of different illnesses including infertility. There are also many religious television programmes which people watch with the belief that they would be cured of ailments affecting their physical and social lives. The majority of childless couples in Nigeria, consult healing homes and prayer houses to try to fight childlessness (Aluko-Arowolo and Ayodele, 2014). In India, religion was found to play a significant role in how infertility and efforts to overcome it might be understood (Davis & Loughran, 2017).

Studies have revealed that women with infertility issues use religion to cope with their situation which assists them to be less distressed (Oto-Boadi & Asante, 2017; Aflakseir & Mahdiyar, 2016; Romeiro, Caldeira, Brady, Hall & Timmins, 2017).

Religion is seen as playing an integral part in the life of Africans when dealing with stressful situations such as infertility (Oto-Boadi & Asante, 2017). However many religious foundations and beliefs place a strong emphasis on childbearing (Ray, 2013). Despite support received from religious institutions towards their members, infertile

couples receive marginalising and unsupportive messages from the belief system of their religion (Ray, 2013). For example, young Catholics are taught that having children is central to married life (Ray, 2013). There is a danger; however, in abandoning infertile members of society to their problems on religious beliefs when all attempts to treat infertility has failed (Aluko-Arowolo & Ayodele, 2014). Osei (2016) found that the resort to spiritual and traditional healing worsens the plight of many people living with infertility as they might waste time there. As before, when women reach a certain age, the chance of conception, whether natural or with fertility treatment, decreases (Coward & Wells, 2013).

It is important that infertile couples consult people who are well-trained on the issues of infertility, be diagnosed suitably and receive treatment. The church as a religious institution must be prepared to be a home of healing and hope for women who are rejected by families and communities because of their childlessness. (Baloyi, 2017). Counselling and prayer should be considered as a tool for healing psychological and emotional wounds. Furthermore, in assisting the couple faced with the problem of infertility and involuntary childlessness, pastors should refer these infertile couples to specialists, physicians and social workers to collaborate with them in helping stigmatised women. The church should through its pastoral services and teaching engage in the elimination of gender-based abuse where men are taught not to shift the blame of infertility on women (Baloyi, 2017) but rather encourage support for each other as a couple .

4.3. PRESENTATION OF THEMES AND SUBTHEMES FROM DATA

The purpose of this section is to present the themes and its related subthemes as identified from findings on perceptions of childless women on surrogacy as an assistive reproductive technique (ART). A theme in research mentions some important points regarding the data and shows a pattern or meaning related to data sets (Javadi & Zarea, 2016). The researcher sought the themes from identified codes. Similar codes were brought under the set and a name was given to each set (Javadi & Zarea, 2016).

Themes and subthemes are presented by providing narratives from the literature in order to validate each of them. The themes and subthemes are subjected to literature control

The researcher held a discussion with the study supervisor regarding the outcome of data analysis and agreement on themes and subthemes were acknowledged. The researcher identified four themes and ten subthemes in this study. The following are the themes and subthemes that emerged.

TABLE 4: An Overview of Themes and Subthemes that were identified from Data Analysis

Theme	Subtheme
Theme 1: Knowledge about Surrogacy	Subtheme 1.1: Heard about Surrogacy
	Subtheme 1.2: Understanding on Surrogacy
	Subtheme 1.3: Lack of knowledge of legislation on surrogacy
Theme 2: Values and Beliefs on Surrogacy	Subtheme 2.1.Beliefs on surrogacy as a method of having children
	Subtheme 2.2: Religious values towards surrogacy
	Subtheme 2.3: Polygamy versus polygyny
Theme 3: Social Exclusion and Ostracism	Subtheme 3.1: Having no child to send on errands
	Subtheme 3.2: Feelings of inferiority
	Subtheme 3.3: Psychological impact of infertility
Theme 4: Uptake of Surrogacy as an Assistive Reproductive Technique	Subtheme 4.1: Opting for surrogacy

4.3.1. Theme 1: Knowledge about Surrogacy

4.3.1.1 Subtheme 1.1: Heard about Surrogacy

The findings of this study revealed that most participants (**2, 3, 4, 5, 6,)** had perceptions regarding surrogacy because they have heard about it from other people. The findings are supported by the study that infertile couples and the people around them were more aware about assisted reproductive techniques such as surrogacy (Afshani, Abdoli, Hashempour, Baghbeheshti and Zolfaghari, 2016). The following are responses from the childless women:

*"I heard people talking about it on the street. People like to talk about it." (**2**)*

*"Yes, I heard about it. The doctor explained everything about it, the way it works, I heard about it in the past five years." (**3**)*

*"Yes, I heard about it". (**4**)*

*Yes, I heard about it but I did not read about it". (**5**)*

"*Yes, I heard about it and it is a good thing. I have my uncle who did this and has children". **(6**)*

The findings of this study is consistent with the study by Adesiyun, Ameh, Avidime and Muazu, (2011) conducted in Nigeria which indicated that 76.5% of infertile women have heard about assistive reproductive techniques such as surrogacy. Having heard about surrogacy indicates that the women have perceptions about it.

Basic knowledge pertaining to infertility and options to treatment as in assistive reproductive techniques were found lacking to some people (Butt, 2015) while others are aware of them. In Iran, although surrogacy has been available for more than a decade, most couples who use it do not have adequate or accurate knowledge about it. The process of surrogacy is also poorly understood by members of the general public (Zandi & Vanaki, 2016). However, in the study by Zalesne (2016), shows that most

women making choices on assistive reproductive technique such as surrogacy do so with extended thought, care and full knowledge.).

South Africa, through relevant departments should ensure that people are made aware of the option of surrogacy as an assisted reproductive technique. Brochures should be made available in social workers' offices for childless couples to make informed decisions about the issue. The findings of the study further reveal that people perceive surrogacy as a viable option for a childless couple, something highly desirable for socio-cultural reasons (Arvidsson *et al.*, 2017) .In this study, the majority of participants were aware and have heard about surrogacy.

4.3.1.2. Subtheme 1.2: Understanding of Surrogacy

According to Shaik (2015), surrogacy is a well-known method of reproduction whereby a woman agrees to become pregnant for the purpose of giving birth to a child for another woman. The findings of the study demonstrated that the majority of the participants (**3, 4, 5, 6,)** have knowledge and understanding on what surrogacy entails. This is supported by a study in Nigeria that among 166 women studied, 51% had knowledge of assistive reproductive technique while others had poor knowledge (Fabamwo & Akinola, 2013). Omokanye, Olatinwo, Durowade, Biliaminu and Salaudeen (2017) in Nigeria also found that 87% of participants were aware of ART services and among them 48% were aware of surrogacy.

The participants' were asked what their understanding was about surrogacy and the responses are as follows:

"*Because we live in a situation where people are suffering from diseases such as womb cancer, so in that case people have difficulties in giving birth "It is a better method that will assist many women to have children, because presently many women have problem of womb and reproduction".* ***(6)***

"Surrogacy is when one enters into an agreement to give a child on your behalf especially to those who have difficulties in giving birth. I understand it as a good thing, because some people tried their best, they even went to gynaecologists but they did not

get help. To them, if they really want children, surrogacy is the best method to be applied. " ***(5)***

"This happens when a married woman who has difficulties in giving birth, looks for another woman to give birth on her behalf." They take something from the man and also from me and combine them, and thereafter put them in that woman so that she can bear a child for me. They take the man's sperm and mine. "Yes, even my egg which is going to be fertilised. They take them and also put them in the womb of that woman so that she can be able to fall pregnant and thereafter give birth". ***(4)***

"I understand that one woman keeps your egg in her ovary and gives birth for you. Mine, she keeps my egg in her ovary, be pregnant on my behalf for nine (9) months and gives birth to my child". ***(3)***

The finding reveals that the particpants of the study have a basic understanding of what surrogacy entails and what is involved in the process. Rahimikian, Samani, Zandi and Mehran (2015) indicated that an infertile couple's decision of possible treatment is influenced by their knowledge and attitudes. Lack of knowledge may lead to formation of a disinterested attitude about different aspects of surrogacy. Improving knowledge about surrogacy relieves future negative consequences for infertile couples, potential surrogate and children born of surrogacy (Rahimikian, Samani, Zandi & Mehran, 2015). If the infertile individuals have detailed knowledge about surrogacy and its procedures, they would be able to make decisions about their infertility.

4.3.1.3. Subtheme 1.3: Lack of knowledge of legislation on Surrogacy

There are many ethical, social and legal issues surrounding surrogacy and its analysis (McMahon, 2013) and political regulation and medical practices vary from one country to the other (Gomez & Unisa, 2014). Surrogacy seems to be a less talked about topic in South Africa, as there are no government awareness campaigns to educate couples and individuals affected by infertility besides the inclusion of the procedures in

Children‘s Act 38 of 2005. All surrogacy arrangements in South Africa are legislated in Chapter 19 of the Children‘s Act 38 of 2005 (Nicholson & Bauling, 2013).

The findings of this study show that most participants **(3, 4, 5, 6, and 7)** had no knowledge about basic legislation of surrogacy in the country, which is Children’s Act 38 of 2005. The responses are as follows:

“*Yes, I do not know much about legislation, but what I can say is that there should be an agreement that the woman should not go away with the child”.* ***(3)***

“I do not know them properly. Yes, I just know that legislation (law) allows, but I will not be able to know which ones”. ***(4)***

“No, I have not heard nor read about the legislation or law so far”. ***(5)***

“There is no legislation or laws that I know”. ***(6)***

“I did not hear anything about legislation or laws”. ***(7)***

These findings are confirmed by the study which was conducted by Kumar (2016), which found that 88.6% participants did not know the legal implications of surrogacy. Approximately 60% of women preferred and supported legalised surrogacy in a study conducted in Sweden (Armuand, Lampic, Skoog-Svanberg, Wanggren & Sydsjo, 2017). Section 9 of the Constitution of South Africa states that an individual has the right to make decisions concerning reproduction (Act 108 of 1996). The right to make decisions on reproduction will only be possible when the particular individual has information about rules and regulations covering various topics. This will enable the individual to make informed decisions about reproduction issues. The government should take responsibility in providing information on surrogacy legislation where most of the people affected can access it.

4.3.2. Theme 2: Values and Beliefs on Surrogacy

Values are an integral part of culture which defines people’s identity. Children in most African countries are seen as social security and economic assets, and parents took

pride in having many of them. A man who marries a woman expects her to give him many children and if she could not deliver on this duty, it gave the man sufficient reason to consider taking a second or third wife (Idang, 2015). The children are expected to provide a workforce in the family. It is desirable for a woman to keep bearing children as long as she is fruitful and childlessness is seen as a curse (Idang, 2015).

Involuntary childlessness remains unequal with society‘s norms and values. Alongside personal challenges for those affected by involuntary childlessness debates continue on the ethics of such procedures (Fronek & Crawshaw, 2014). When it comes to forming new families through the assistive reproductive technique such as surrogacy, the concepts of free will among childless women is challenged (Fronek & Crawshaw, 2014).

4.3.2.1 Subtheme: 2.1. Beliefs on surrogacy as a method of having children

Values are enduring beliefs that a specific mode of conduct is personally or socially preferable to an opposite mode of conduct (Fleischmann, 2014). The effects of women who choose surrogacy may lead to social disapproval, stigma and gender stereotyping. Stigma can be described as an attribute that is deeply demeaning and which reduces persons from a whole and usual person to a tainted discounted one (Abrams, 2015). In a study conducted by Rahmani *et al.,* (2014) it was found that attitudes towards infertility treatment can be affected by religious and cultural beliefs and values.

One participant viewed surrogacy as a deviation from traditional beliefs. The response is as follows:

*“In my culture, there is a proverb which says, kgomo ga e latswe namane e seng ya yona which means that you cannot take care of the child who is not yours, the same way as yours”**(7).***

This finding correlates with a study Ghosh and Ghosh (2016) whereby surrogacy as a practice is seen as a deviation from certain traditional beliefs associated with child birth, family and women’s position in society. In African countries, it was seen as uncommon for a woman to not have a child, and the importance of children is a priority (Baloyi, 2017). According to Mahlobogwane (2013), in African customary law, if a woman has

difficulty in conceiving, the husband‘s family approaches the woman’s family and ask for the substitute to raise the seed in his house, which means to give birth on behalf of the woman. The substitute has rights and duties of an ordinary married wife, but the children borne by her belong to the house of her sister. She is seen as the womb of a childless wife and the responsibility is to provide children to the household (Mahlobogwane, 2013). This is in relation to genetic or traditional surrogacy whereby a surrogate mother uses her own gametes and the sperm of the intending father in surrogacy arrangements and the baby is relinquished after birth to intending parents. The issue of traditional surrogacy originates from biblical times when Abraham’s wife requests him to sleep with his wife so that she bears a child on their behalf (Grossman, 2014).

4.3.2.2. Subtheme 2.2: Religious Values towards Surrogacy

Romeiro, Caldeira, Brady, Timmins and Hall (2017), demonstrated that there is connection between religious beliefs and infertility. Religious practices were associated with increased life satisfaction and prayer was identified as a way of overcoming suffering in infertile women. In this study the participants indicated that they are affiliated to different churches which may point out that they pray sometimes when they face different problems in their life.

A study by Oti-Boadi and Asante (2017), indicated that experiences by infertile women prevents them from sharing with others what they go through. Positive religious coping generally rests on a secure relationship with whatever the individual may hold sacred and negative religious coping are those that are reflective of tension, conflict and struggle with the sacred (Oti - Boadi & Asante, 2017).

Religious women could experience discriminating distress from their religious communities which emphasize on childbearing as the ultimate outcome of marriage and this could lead to the assertion that religious beliefs may increase the psychological distress of infertile women.

Some religious institutions think that surrogacy could be practised while others believe that it should not be approved because of the many socio-cultural and legal problems associated with it (Abu-Rabia, 2013). Religious values are commonly understood as a way for infertile couples to find meaning in life and to prevent hopelessness.

According to Romeiro *et al.,* (2017), being a religious woman and having a supportive family was associated with positive coping and finding comfort by infertile women. In this study the participants expressed their beliefs in surrogacy from cultural and religious viewpoints.

The findings in this study revealed that the participants (**2 and 7**) indicated that they rely on their Christianity to cope with their infertility and do not accept surrogacy.

The following are responses from some of the participants:

"We know that everything is made by Him, even when women do not bear children, in my understanding, it is God who knows. Everything is known by Him, because if He has created me and even those who gossip, He will be able to give me a child; that means He has a purpose". *I will not choose surrogacy because I believe that one day God will help me have a child"**(2)***

*"I am able to cope because of the Christianity which I found myself in until today". I will not choose surrogacy" **(7)***

This relates with the study conducted in Nigeria where the majority of respondents believed that assistive reproductive techniques, with surrogacy as one of them, contradicts religious practices and are an affront to God's creative power (Arowolo & Ayodele, 2014). In the same study conducted in Nigeria it is believed that infertile people should wait for God's appointed time for them to have children (Arowolo & Ayodele, 2014). It also correlates with a study among women seeking infertility treatment in Ghana that infertile women coped with their condition by drawing on their Christian faith (Tabong & Adongo, 2013).

The findings contradict with the results in this study from four participants **(3, 4, 5 and 6)** who expressed their religious beliefs in acceptance of surrogacy. The participants responded as follows:

*"Mmm, even the church; I do not have much knowledge about it. I am not sure whether it will allow or not. But I believe the church may not have problem with that method**"**. "Because I know that it is not like I let the other woman sleep with my husband, it is because we have taken my egg and my husband's sperm and put it in the ovary of another woman. The woman is not raped. I believe the church should not be against that as long as we reached mutual agreement and did something better* **(3)**

*"As far as my church, I am not sure if it allows the surrogacy or not. No, I did not hear anything about it". But I believe that surrogacy should be allowed because it is a way of helping others. The bible says when you ask for help you will receive it **(4)***

*"In my church, I have not yet heard them saying anything about surrogacy. But I will keep on asking about it". My belief is that everything happens for a reason, God gave people a mind to bring surrogacy" **(5)***

*"In my mind I am thinking that God allowed surrogacy to happen for his children who suffer from infertility" **(6)***

The finding correlates with a study by (Omokanye, Olatinwo, Durowade, Biliaminu & Salaudeen, 2017) which found that religion has a strong influence on acceptance of surrogacy and other ART methods. Although surrogacy is seen by others as a deviation from cultural and traditional norms, it is seen by others as good for the parties involved (Islam, Nordin, Shamsuddin & Al-Mahmood 2012). Childless women should not be deprived of surrogacy if it fulfills the desire to have children. In this study, although childless women are not aware of how their religions view surrogacy, they accept surrogacy as a method which could assist childless people to have their own children. In a study conducted in Greece among infertile women, it was found that positive attitudes towards assistive reproductive technique can be explained by the sociocultural

background which values the birth of a child, with women who remain childless to be stigmatised (Papadatou, Papaligoura & Bellali, 2015).

Aluko-Arowolo and Ayodele (2014) indicated that rules from churches such as the Roman Catholic Church oppose all kinds of assisted reproductive techniques because they separate the procreative end of the marriage. Assistive reproductive techniques are seen as dissociating the sexual act from the procreative act. Children conceived through this are regarded as born outside marriage. Many Christians are of the view that techniques assisting with reproduction are an intrusion in the divine process of procreation (Opoku & Addai-Mensa, 2014).

For the purpose of this study, people believe in God and attend churches to find comfort, support and face various challenges in their life time. The pastor in the church should act as a counsellor to help infertile women to cope with their childlessness and refer them to relevant people with more knowledge on the matter. The infertile individual or couple would be capable of coming up with decisions to solving the problem encountered relating to infertility when she is provided with information and support in this matter. In liberal feminist view, interference with procreation involves illiberal interference with the person and her choices and the restrictions to the use of assistive reproductive techniques in any form would indicate unequal treatment to those who cannot conceive naturally as required (Aluko-Arowolo and Ayodele, 2014).

4.3.2.3. Subtheme 2.3: Polygamy and Polygyny

Polygamy is a rule allowing more than one partner or spouse (Nanda & Warms, 2015; Olumide, 2016; Aj, 2017). It is a common practice in many cultures in Sub-Saharan countries and is used to overcome infertility and to increase the possibility of having children (Agarwali, Mulgund, Hamada & Chyatte, 2015). Moreover, polygamy is seen as the kindest solution in the case of a wife who is infertile because this was preferable to being expelled from the household and having to look for another husband (Baloyi, 2013). Polygyny is a common form of polygamy (Topidi & Fielder, 2016) and it is a

common practice around the world existing in more than 83% of 849 cultures. It is a system wherein a man is allowed to have more than one wife (Monger, 2013). Such practices are usually sororal meaning men marry sisters.

General and sororal polygyny were seen as practices which can enable surrogate motherhood in cases where both wife and husband are infertile (Golomski, 2016). In a study conducted in Swaziland, it was found that women may make decisions to put her "own child" in the stomach of her co-wife or sister, or to bear a child on her co-wife's behalf if her co-wife cannot have a child of her own. Both women would be seen as mothers of the child (Golomski, 2016). Polygamy is still common in countries such as Swaziland and Kwa Zulu Natal, South Africa as the king is allowed to take as many women as he wishes. Polygyny is seen to hold important implications for reproductive success (McDermott & Cowden, 2014). In a study conducted by Dattijo, Andreadis, Aminu, Umar and Black (2016), 40.4% of the respondents agreed that infertility was a valid reason to take another wife.

This study found that the participants, **(1, 4, 5 and 6)** indicated that culturally, polygamy and therefore polygyny was considered in cases of infertility, and men would be allowed to take a second wife to have children. The responses were as follows:

"Our culture agrees with this, because in the old days, a man used to marry another woman for children purposes. He loved her to be the second wife, but because the first one is unable to have children; the second one should bear children for him". ***(1)***

"They will ask a girl from bride's family to be married to that man so that she can have children, and the family will increase, while on the other side she will be protecting the marriage of her sister. They were just marrying the second wife to assist her sister in giving birth". ***(4)***

"That a woman, who has difficulty in having a child, would enter into agreement with her husband to marry the second wife". ***(5)***

"If that is the case where I am unable to give birth, my younger sister will have sex with my husband so that she can give birth for us ". ***(6)***

The findings are supported by the study conducted by Gwandure (2013) that in some cultures, in case of infertility a woman will allow her husband to marry another woman or several depending on the culture in the family. It is clear that most of the participants are aware of their culturally accepted method which is used to bear a child in the family According to Mahlobogwane (2013), polygamy can affect the socio-economic standing in the family because a man should be financially secure to marry another wife so that he is able to support her. Mahlobogwane, (2013),found that in African customary law, if a woman cannot give birth to any children, the husband's family has a right to approach the woman's family to ask for a substitute. The substitute could be an unmarried sister or another female relative of the barren woman to raise a seed in his house (Mahlobogwane, 2013; Thabethe, 2017). The position of the substitute becomes an additional asset to the house of her sister; she has rights and duties of an ordinary married wife, and the children raised by her would belong to the house of her sister (Mahlobogwane, 2013).

In cases where men are infertile in a marriage, in some African countries, the infertile man is allowed to bring in a brother or a relative to impregnate his wife. In this way the man retains his masculine identity and status in his community's eyes (Agarwal, Mulgund, Hamada & Chyatte, 2015). In a research conducted by Agarwal *et al.,* (2015), males were found to be solely responsible for 20-20% of infertility cases globally. Male infertility is still socially unknown or a taboo and is protected by the wife who if her husband is infertile does not reveal the facts (Rozee & Unisa, 2016).

This relates to the findings by one participant **(6)** whose response is as follows:

"My culture says that the younger brother of the husband (uncle) is the one who should have sex with his brother's wife". It is not good because to have sex with someone shows that you love him". ***(6)***

For the purpose of this study, although polygamy and polygyny are practised in some cultures with the intention of combating infertility and of bearing children in a childless marriage, the practice should not be forceful and oppressive to women. Women should

not be seen as objects to have children in an infertile marriage. For couples who want to use assisted reproductive techniques such as surrogacy, the decision should be made mutually so that the child can receive love from both commissioning parents. In a polygynous culture, where men seem to control women and their reproduction, it further supports and encourages violence within societies (McDermott & Cowden, 2014). For the purpose of this study, women who are married in a polygynous relationship for the purpose of bearing children are at risk of abuse and neglect. The man can marry a second wife without knowing her fertility status, and if she cannot give birth as hoped by the husband she will also be stigmatised and ostracised like the first wife. While giving birth is a choice it is not always possible for most women because of the physical challenges that they may encounter. Even though polygamy is cultural, women should approach it with caution so that they may not in turn be implicated into violent relationships. Reproduction should always be seen as a choice and not be enforced among couples.

4.3.3 Theme 3: Social Exclusion and Ostracism

Childlessness brings negative social consequences to affected women (Abu-Rabia, 2013) and the desire for children remains strong in most parts of Sub-Saharan Africa. Childlessness is considered a tragedy as children are greatly valued (Stock, 2013). In countries like Ghana, Cameroon, Egypt and Nigeria women who are unable to bear children are rejected by their husbands and ostracised by society, often living as outcasts and perceived as inferior and regarded as useless (Fledderjohann, 2012; Tabong & Adongo, 2013; Inhorn & Patrizio, 2015). Infertile women mentioned negativity within their communities and how infertility issues were not accepted (Rouchou, 2013). Women are purposefully excluded from conversations pertaining to child rearing because of their conditions; this exclusion is a particular painful form of ostracism (Fledderjohann, 2012). The other reaction experienced by infertile women was gossip or verbal assault in the form of mocking or insults (Fledderjohann, 2012).

Regardless of the causes of infertility, women receive the major blame for the reproductive setback and suffer personal grief and frustrations, social stigma and

ostracism (Tabong & Adongo, 2013; Saoji, 2014). Women take the blame in cases where their husbands are the ones suffering from infertility and do not reveal the facts (Fledderjohann, 2012; van der Geest & Nahar, 2013; Rozee & Unisa, 2016). Men may also face mocking and name calling if the couple's difficulties conceiving are known to his friends or the community. In this study, men who experienced infertility were not involved and their perceptions are unknown. Further research is recommended in this regard. In a study by Onat (2014), it is shown that in some cultures a diagnosis of male factor infertility is socially unacceptable and male infertility implies a lack of masculinity therefore stigmatising. The cultural norm identification is presumed to protect the male ego and superior role of the male in the society and family (Onat, 2014).

4.3.3.1. Subtheme 3.1: Having no Child to Send

Having no child to send on errands is a constant reminder of infertility to childless women. Ina study by Culley, Hudson and van Rooij (2012) it was found that women who are without children in rural areas are confined to their home and are not allowed to do simple shopping and to run errands.. The infertile woman's budget is reduced as she cannot rely on her children to generate extra income. She has to conduct more work herself to survive other than women who had children (Fledderjohann, 2012). Children are believed to provide economic benefits as an old age security for the parents. (Atang, 2016).

The findings of this study revealed that participants **(1 and 6)** experience negative treatment from their social counterparts because they have no child to send on errands. The responses from the participants are as follows:

"I am not feeling well because of other people's assertions. One person will tell you that hey, do not send my child to do something for you. It affects me negatively. It does not make me feel good, because if one says, no one must send his or her child to do something for him or her while you know that you do not have children, obviously you think that he may refer to me, since I do not have children whom to send because I am looking at his or her child". ***(1)***

*"It affected me negatively**,** to an extent that when I was supposed to send my neighbours children, their parents talked too much about me and they ended up saying I must no longer send their children, I must bear mine". **(6)***

The findings correlate with the study conducted in West Africa by Fledderjohann, (2012) whereby infertile women spoke of having no child to send to on run errands. Having no child to send on errands had negative effects on the childless women because such women were viewed as having no place in society (Fledderjohann, 2012). This finding indicates that women who have no child of their own are discriminated and labelled. The women are identified when they failed to perform simple activities such as running errands for themselves instead of sending children.

4.3.3.2. Subtheme 3.2: Feelings of Inferiority

Childless women insinuated that other women believed that they lacked knowledge, emotions, abilities and attributes that women acquired only upon having children; including not understanding children parenting and being incapable of maturity and selflessness (Turnbull, Graham & Taket, 2016). Infertility is related to feelings of inferiority and worthlessness; and conflicts as well as psychological pain of infertility affect interpersonal relationship and intrapersonal world (Aslzaker, Pourshahbaz, Lankarani, Mohammadkhani & Geranmayepour, 2016).

This findings of this study reveal that some of the childless women **(3)** felt inferior when they were in the presence of other women who had children. The response from one participant is in relation to the literature (Stoyell-Mulholland, 2015; Shehan, 2016; Arem, 2017) and is as follows:

*"Not to have a child is too tough. When people talk about pregnancy and birth you end up not participating because you do not know anything. They share with you and others, the way they became pregnant, and the difficulties they had during pregnancy, labour pains, and you do not know anything, you end up keeping quiet as if you are not part of them". **(3)***

This finding is in relation with a study conducted by Ferland and Caron (2013),which indicated that the majority of women felt inferior when they were in the company of other women and experienced social isolation as others around them are parents.

4.3.3.3. Subtheme 3.3: Psychological Impact of Infertility

Many infertile couples endure the distress of their situation for several years which gives rise to many psychological consequences such as relationship issues, social isolation and feelings of guilt (Malina & Pooley, 2017). Women have negative feelings when they are in the company of other women who have children of their own.

The first reaction to the diagnosis of infertility is normally a disbelief or denial. Men and women going through infertility issues tend to feel guilty about not fulfilling theirs and their partners' needs and can suffer from mood deterioration. The findings of this study reveal that the participants **(4 and 5)** felt negative psychological feelings when they are in the presence of other women who had children. The responses were as follows:

"It really affects me, because when you are with other women busy talking about their children, when you are in the shops, they buy things for their children, when you are in the meeting with other women they talk about their children. You do not say anything because you do not have a child. Then it affects you negatively". ***(4)***

"Ok, to have no children in a community is a shame because they will be talking about their children did so and so and this one does not have a child". ***(5)***

This finding relates to a study in which it was found that experiencing negative emotions is connected to the inability to be a parent, and concerns women especially for whom motherhood is an important aspect of their social role and individual identity (Malina & Pooley, 2017). From these findings, it can be deduced that childless women suffer from humiliation because of their condition; they feel isolated and excluded from meetings with other women who have children. A study by Abasili (2015) confirms that in African cultures there is pressure on childless women to prove their womanhood by giving birth to a child because childlessness leads to social stigmatisation (Abasili, 2015). Childless women in Sub-Saharan African countries face the most severe negative psychosocial

consequences because they are frequently stigmatised, isolated and neglected by the whole family including the community (Hampshire & Simpson, 2015; Ndegwa, 2016;). The reasons for infertile women to face ostracism are that the importance of children for African people has been prioritised above many other reasons in a marriage (Baloyi, 2017) and a woman is needed as a child bearer. Moreover, barrenness is seen as a disgrace, unacceptable and an abnormal state (Baloyi, 2017).

Most African countries are patriarchal (Muhoza, Broekhuis & Hooimeijer,2014) and pronatalist (Bongaarts & Casterline, 2013, Moore,2014) therefore deny women to exercise their decisions in reproduction. When motherhood is framed as natural, social motherhood appears as women‘s natural responsibility and at the same time performed out of natural love (Neyer & Bernardi, 2011). Liberal feminists have regarded women’s acquisition of control over their own reproduction not only as a necessary step to individual freedom and autonomy, but also as a fundamental condition to overcome patriarchal control and to improve the situation of women (Neyer & Bernardi, 2011). Assistive reproductive techniques provide an alternative way to the oppression of the biological family which has always oppressed fertile and infertile women with its request that they reproduce (Neyer & Bernardi, 2011).

Liberal feminists maintain that assistive reproductive techniques provide the possibility to overcome biological limitations to conceive and to reproduce. It offers the opportunity of motherhood to previously infertile women, and enlarges women’s choices of voluntary and willed motherhood, which is to have as many children as they want at the time and when they would like to have them (Neyer & Bernardi, 2011).

For the purpose of this study, married infertile women should not be blamed alone for infertility in order to reduce stigma consequences. They should not be viewed as tools to bear children rather as women who have rights to make decisions regarding their fertility. Infertility care should be seen as a fundamental right (Hampshire & Simpson, 2015) and not be reduced to assisted reproductive technique alone. Other options such as psychological support are vital. According to Hampshire and Simpson (2015), infertility care is seen as the most neglected and underestimated in developing

countries. Infertility care includes, global awareness surrounding the problem of childlessness within the donor community, politicians and research organisations through lobbying and publishing; developing new methods to make infertility diagnosis and infertility treatment including assistive reproductive techniques; simplifying *in-vitro* fertilisation procedures; simplifying diagnostic procedures and to reach general population through information, education and counselling on infertility and its consequences(Ombelet,2013). In South Africa, there is limited information on what public hospitals offer to assist women who are faced with infertility. Further research is recommended to investigate the role of public hospitals in assisting infertile women to deal with their condition.

4.3.4. Theme 4: Uptake on Surrogacy as an Assistive Reproductive Technique

Childlessness is seen as a major problem for many women who have been taught that their purpose in life is achieved through the ability to bear children, and to experience motherhood throughout their life (Christianah, 2013). In a study conducted in the United States, an estimated six per cent of married women, 15 to 44 are infertile and among them 12 per cent suffered from impaired fecundity (Strong & Cohen, 2016).Some women are born withirreversible conditions such as being born without a uterus, while others may be forced to undergo surgicals removals later in their lives. For these women, the option which might benefit them is surrogacy. According to Sher, Davis and Stoess (2013), surrogacy has brightened the lives of many desperate infertile couples.

4.3.4.1. Subtheme 4.1: Opting for Surrogacy

In a study conducted by Arvidsson, Vauquiline, Johnsdotter and Essen, (2017), surrogacy was seen as an acceptable reproduction method as it provides a childless couple with their own child with whom they share genetic relation, in line with cultural expectations of parenthood. The findings of this study reveal that people perceive surrogacy as a good option for a childless couple. Moreover, in a study by Bello,

Akinako and Olayemi (2014), women considered surrogacy as an intervention strategy and others considered it as a treatment option to address their infertility.

Most participants in this study **(1, 3, 4, 5 and 6)** considered surrogacy as an opportunity for them to have their own children

The responses from the participants were as follows:

*"Yes, I agree. It is just because I want to have a child. So that next time when other women say they are the mothers of so and so I will also be able to say that I am the mother of so and so". **(1**)*

*I can choose it; I can even choose it without doubts. Because I will be having my own blood child, it will be my child and my husband's, not a child from outside the family, they will not say that I am making the child to suffer, the child will be mine". **(3)***

*"I have interest in surrogacy. Yes, I will choose it". **(4)***

*"Yes, I do not see that as a problem, it just needs us to have agreement, since she will be assisting you. To get into marriage and not bear a child is tough". **(5)***

*"Yes, (pause) I will choose since it will assist me to have my own child so that I will be able to send her or him wherever". **(6)***

These findings correlate with a study conducted by Kian, Riazi and Bashirian (2014), whereby 26.6% of infertile women considered surrogacy as a method of having children. In a study by Olatinwo, Durowade, Raji, Raji, Biliaminu and Ganiyu (2017), the respondents showed a positive attitude to the use of assistive reproductive technique such as surrogacy and were willing to personally use it and to recommend it to others (Olatinwo, *et al.*, 2017). Daniluk and Koert (2012) indicated that some women were willing to consider assistive reproductive techniques as a family building option. In relation to that in the study by Beck, Knecht and Klotz (2012), Turkish couples were willing to use and accepted surrogacy.

4.4. Conclusion

The findings of this study positively contribute to understanding the perceptions of childless women on surrogacy as an assisted reproductive technique. The results will therefore offer better identificationof childless women, and their social, emotional and psychological challenges that they face. The findings were presented through themes and subthemes in the study. The first theme put focus on knowledge about surrogacy which includes subthemes; having heard about surrogacy, understanding surrogacy and lack of knowledge of legislation. The second theme was about values and beliefs on surrogacy with the subthemes: beliefs on surrogacy as a method to have children, religious values towards surrogacy and polygamy and polygyny. This is followed by social exclusion as a theme with the subthemes: having no child to sendon errands, feelings of inferiority and psychological impact of infertility. Finally, the theme on uptake on surrogacy as an assistive reproductive technique was discussed.

The major finding in this study was that childless women were positively identified taking into consideration their age, marital status, period in marriage, occupation and religious persuasion. Similar to the findings of this study, Righarts, Dickson, Parkin and Gillett, (2015) indicated that age is an important determinant especially for women with advancing age as connected to decreasing fertility. All the women identified were childless and already at advanced ages. The women never had children of their own and suffered from primary infertility as stated earlier in literature review. The limitation was that the cause of infertility was not explored in the interview as the researcher focused much on perceptions on surrogacy.

The findings of this study revealed that the participants had perceptions about surrogacy. Surrogacy is not a new phenomenon to the childless women as they have heard it from other people around them. One participant indicated that she heard it from her doctor when trying to have a child. The childless women therefore have basic knowledge of surrogacy and are aware of it. Most of the women in this study knew that one woman should carry the other woman‘s egg and there should be an agreement between the two parties. Although all the women had completed matric none of them

has read about it. Moreover, the women were not familiar with the legislation about this. This may suggest that they are not aware of procedures and financial requirements involved in surrogacy.

In this study it was also found that childless women have varying beliefs with regard to surrogacy. Most of them accept surrogacy and view it from religious perspectives. The participants indicated that surrogacy should not be refused although they did indicate that their churches did not say anything about surrogacy. Those who did not accept it mentioned that it is against their traditional beliefs. Polygyny was acknowledged as a method in which it is culturally known to assist with the bearing of children in childless marriages.

Willingness to take up surrogacy was recognised as another finding of the study. Most of the participants indicated that they are willing to uptake surrogacy because they would like to have their own children whom they would like to send on errands like other mothers do with their children.

4.5. SUMMARY OF FINDINGS

The following is a summary of findings from the empirical study:

- Childless women were identified based on characteristics such as their age, marital status and period in marriage
- Surrogacy as an assistive reproductive technique was known and accepted by the majority of the participants in this study and they were willing to take it up as an option.
- Although women have basic knowledge of, and have shown interest in surrogacy they are not fully aware of the procedures related to it and the legislation governing it.

- Women have different values and beliefs about surrogacy. Culture and religion were quoted as issues which affect the decision making regarding the use of assisted reproductive technique.

CHAPTER 5: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

This chapter presents the summary of the findings, conclusions and recommendations based on the data analysed in the previous chapter. Perceptions of childless women on surrogacy as an assisted reproductive technique were explored by determining whether the objectives of the study have been achieved. Limitations have also been identified

Most South African women who suffer from infertility experience psychological problems which are manifest in *inter alia* marital instability, divorce, stigmatisation and abuse (Dyer, Abrahams, Mokoena, Lombard & Spuy, 2005: 1942). The joy of becoming a parent is diminished by infertility and women are mostly blamed for non-conception (Dyer *et al*., 2005). Surrogacy is defined as a method of medically assisted reproduction (Iona Institute, 2012: 3). Surrogacy may, therefore, give hope to infertile individuals and couples, especially where natural conception is impossible (Umeora, Umeora, Emma-Echiegu & Chukwuneke, 2014).

5.2. SUMMARY OF THE STUDY

The study is entitled perceptions of childless women on surrogacy as an assisted reproductive technique in Capricorn District, Lepelle-Nkumpi Municipality. The data was collected through face to face, semi-structured interviews from seven (7) participants. Data was audio-recorded, transcribed and translated. Moreover, the data was coded into themes and subthemes through thematic analysis. The study was based on the Liberal Feminist theory. Surrogacy as an assisted reproductive technique is a widely known phenomenon worldwide and each country has its views about this. Assisted reproductive techniques (ART) such as surrogacy provide the possibility to overcome biological limitations to conceive and to reproduce. They also offer an opportunity for motherhood to previously infertile women and enlarge women’s choices of voluntary and willed motherhood (Neyer and Bernardi, 2011). Having choices on the methods of reproduction is a right to women who undergo infertility.

The background of this study was done by studying literature on the situation of surrogacy nationally and internationally. In this study, the background of the research covers the impact of surrogacy on childless women to correct their situation which lead to social and psychological challenges. Women are socially stigmatised and ostracised because of their infertility

Literature study was done in chapter 2 on previous research on types of surrogacy, procedures involved and intercontinental perspectives, viewpoints from various feminists and their effects of infertility towards childless women

The research approach used in this study was a qualitative, non-probability study. The population comprised childless women who wanted to have their own children. The first three participants were obtained through purposive sampling, whereby the researcher, as a social worker identified them from the caseload. The other participants were identified through snowball sampling with the assistance of the first three

The number of participants who took part in this study was seven, and interviews were conducted using an interview schedule. The findings from the interviews with the participants were presented in chapter 4.

The findings of this study revealed that the participants were between the ages of 35 to 45 years and were all females. Most of the participants were occupied in some work (N=5). From those who were occupied, two are self-employed, one as a hawker and the other as a dressmaker. The others were employed as assistants in substance abuse facility, while one was employed as a cleaner in government institution. The other two who are unemployed were housewives and depended on their husbands. The participants who are working can be considered to be members of the middle class because they have monthly income. All the women have completed matric although some of them are still without employment. This may be because they have not acquired jobs because of high rate of unemployment in the country. South Africa is rated as having a high rate of unemployment (Menon, 2017).

All participants belonged to Pedi cultural group, and this could be due to the fact that the study was conducted in the area where the Pedi group is in the majority.

5.3. RE-STATEMENT OF THE AIMS AND OBJECTIVES OF THE STUDY

5.3.1. Aims of the study

The aim of this study was to explore perceptions of childless women on surrogacy as an assisted reproduction technique in rural areas of Capricorn District, Lepelle- Nkumpi Municipality.

5.3.2. Objectives of the study

The study pursued the following objectives:

5.3.2.1. Objective 1: Identify women who want children

The findings of this research revealed that childless women who want children were successfully identified. The researcher was able to identify childless women in the area of work as a social worker in the caseload. The identified women were able to identify others. The women identified were already at advanced age, between the ages of 35-45 years and had no children of their own. The majority of women were married for more than five years and were occupied in work activities. The women identified pursued religion.

The reason the women were at advanced age and without children may suggest that they were not aware of the causes of infertility and have delayed childbearing. Some may have delayed childbearing because of the non-availability of the right partner to have a child with and other situational reasons. This is in line with findings by Young (2015) which indicates that circumstantial infertility takes place when social and cultural factors limit one's ability to pursue and experience parenthood (Young, 2015).

Literature, with regard to this objective, stated that women are identified as childless because they have passed a certain age and they still could not bear children because of advanced aging. Similar to the empirical findings of this study, women who were

included as participants were between the ages of 35 to 45 and they were childless. The above mentioned objective was achieved positively because the researcher was able to identify childless women, as confirmed by the literature.

5.3.2.2. Objective 2: Determine awareness and knowledge of childless women on surrogacy

The findings reveal that the majority of childless women possessed basic knowledge of surrogacy. The women have heard about surrogacy from other people. This may indicate that they only have certain knowledge about it. They were not cognisant of the legislation governing surrogacy in South Africa, which is where detailed information about procedures and guidelines in surrogacy arrangements is clearly outlined.

The basic knowledge which childless women were aware of were that there should be an agreement between the childless woman and the woman who will be carrying the baby, and that the childless woman‘s eggs and the sperm of her husband can be used in the process.

In this regard, it is clear that, although they are aware of surrogacy childless women require detailed information and knowledge for them to make informed consent regarding the topic.

As stated in the chapter on literature review, women were aware of surrogacy as an intervention strategy and some considered it as a treatment option to address their infertility. In this study it was found that the participants were aware of surrogacy because they had heard about it from other people, and the majority were able to explain what the process entails, however it was found that women still lacked knowledge of legislation pertaining to surrogacy. The objective was achieved because women were able to express their awareness knowledge and understanding regarding the issue of surrogacy.

5.3.2.3. Objective 3: Ascertain childless women's values and beliefs about surrogacy

All of the participants in this study are Christians and belonged to various denominations. They also belong to Pedi culture which indicates that they may be aware of its cultural beliefs and values in certain issues.

The findings reveal that the majority of women were not aware of their churches positions about surrogacy as an assisted reproductive technique. However each expressed their own view about beliefs and values in surrogacy. One participant mentioned that surrogacy is against traditional belief and a woman cannot take care of the child whom she did not give birth to. This may suggest that women are used to patriarchy and pronatal systems in society. The majority of the women accepted surrogacy and viewed it as a way of helping women who are involuntary childless to have their own children. The women further indicated that it is a way by God of helping his children. This may suggest that women are desperate to have children. They will welcome any method available to have children in order to avoid stigmatisation and isolation, or it might be that by accepting surrogacy they are exercising their reproductive right to have children using the method of their own choice. The finding may further suggest that women view their culture as oppressive and does not allow them to exercise their own beliefs.

From the findings of the study it is clear that most of childless women have a positive attitude towards surrogacy, regardless of the religious and cultural values and beliefs. Literature review and the empirical findings of this study, demonstrated that values and belief systems may influence childless women's perceptions of surrogacy. Childless women expressed their views regarding their beliefs in surrogacy. Their views were based on culture and religion. In this study some participants indicated that surrogacy should be the accepted method of having children as it was created by God to assist His people who suffer from infertility. However, others mentioned that it should not be accepted as it contradicts with traditional values. The objective was confirmed positively

because the participants expressed their views regarding their beliefs and value systems about surrogacy.

5.3.2.4. Objective 4: Verify childless women‘s willingness towards surrogacy uptake

Most of the participants of this study have indicated that they are willing to uptake surrogacy as an assistive reproductive technique so that they can have their own children. The women mentioned that they would like to have their own children hence the willingness.

This decision to opt for surrogacy may be because of stigmatisation experienced by these women, and the desperation to conceive. Another reason was that childless women had feelings of inferiority, and lack of children leads to psychological challenges. In the literature review and empirical findings it was demonstrated that childless women are willing to accept surrogacy as an assistive reproductive technique. This objective was confirmed because childless women were assessed regarding their willingness to consider surrogacy as an option.to deal with childlessness.

5.3.2.5. Objective 5: Investigate the role of social work in handling of surrogacy cases

The findings of this research revealed that the role of social work in handling of surrogacy cases was investigated. Literature review demonstrated various roles the social workers carry in management of surrogacy; as advocates, change agents and policymakers in surrogacy. Moreover, literature indicated that surrogacy involves taking into consideration the wellbeing of the children concerned, ensuring that the environment theyare brought up in is safe and the commissioning parents are the people who have the best interests of the child at heart. Social workers play a vital role in management of children‘s cases and ensuring that they are properly managed and they are protected. The objective was confirmed because the researcher was able to investigate the role of social workers in handling the surrogacy cases through literature review.

5.4. LIMITATIONS OF THE STUDY

- The study focused on the perceptions of childless women on surrogacy as an assisted reproductive technique in Lepelle-Nkumpi Municipality. Other research on this topic in other cultural and religious groups of childless women might have different findings.

- Some of the items should have been included in the interview schedule. These include distinct causes of infertility, husbands' views of their childless women's or partners on their inability to conceive. The reasons they were not included is because the researcher focused on perceptions of surrogacy rather than infertility on the interview schedule.

5.5 CONCLUSION

From the findings of the study, the following conclusions can be drawn:

- Women between the ages of 35-40 who are without children may suffer from infertility.

- Childless women are aware and familiar with surrogacy as an assistive reproductive technique.

- Childless women are willing to consider surrogacy as an option to have their own children.

- Culture and religious beliefs influence decisions regarding the use of assistive reproductive technique.

5.6. RECOMMENDATIONS

Based on the findings of this study, the following recommendations may be appropriate:

- Childless women should be identified and be made aware about legislation pertaining to surrogacy as an assistive technique. Detailed knowledge of

surrogacy and the procedures involved should be provided. This will assist them to have informed consent in decisions regarding the use of surrogacy

- Young women should be educated about the causes and consequences of infertility
- Values and beliefs of childless women about the use of surrogacy should be respected and stigmatisation should be avoided. Religious and traditional leaders should support childless individuals and couples when they consider surrogacy as an assistive reproductive technique.
- Wives and husbands should jointly seek professional help on infertility
- Further study should be considered on how religious societies assist women who suffer from infertility.
- Further research is recommended to investigate the role of public hospitals in assisting infertile women to deal with their condition.
- Further research in the role of social work towards surrogacy should be considered.

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APPENDICES

APPENDIX A: SEMI-STRUCTURED INTERVIEW SCHEDULE IN ENGLISH AND SEPEDI

SEMI-STRUCTURED INTERVIEW SCHEDULE

SECTION A: BIOGRAPHICAL DATA

1.1. Age : ……..

1.2. Marital Status : ……

1.3. If married, for how long? : ……

1.4. Occupation : ……

1.5. Religious Denomination : ……

SECTION B: SURROGACY AS AN ASSISTED REPRODUCTIVE TECHNIQUE

2. GENERAL UNDERSTANDING OF SURROGACY

2.1 Have you heard or read about surrogacy?

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……

2.2. What is your understanding of surrogacy?

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2.3. What is your knowledge regarding surrogacy legislation (laws) in South Africa?

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2.4. What are your cultural or religious beliefs regarding surrogacy as an assisted reproductive technique? What does your culture and religion say about methods which assist with reproduction like surrogacy?

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2.5. How does your childlessness affect you in the community where other women have children?

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2.6. Would you choose surrogacy as a method which could assist you to have a child? Substantiate your answer.

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2.7 Would you like to make any comment regarding the issue we have just discussed?

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SEKGOMARETŚWA SA A: LENANEO LA DIPOTŠIŠO TŠEO DI SA BEAKANYWAGO KA TATELANO

KAROLO YA A:

1 TAODIŠOPHELO

1.1. Mengwaga: ……

1.2. Maemo a lenyalo: ……

1.3. Ge o nyetše, o nyetše nako ye kaakang? : ……

1.4. Mošomo: ……

1.5. Tumelo ya Bodumedi:……..

KAROLO YA B: BASADI BA BA NGWE BA IME LEGATONG LA BASADI BAO GOMME BA BA BELEGELE BANA E LE MOKGWA WA GO THUŠA PELEGO.

2. KWIŠIŠO YA GAGO KA KAKARETŠO KA GA MOKGWA WA GORE BASADI BA BA NGWE BA IME LEGATONG LA BASADI BAO GOMME BA BA BELEGELE BANA.

2.1 A o kile wa kwa goba wa bala ka mokgwa wa gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana naa?

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…….

2.2. A o kwišiša eng ka mokgwa wa gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana naa?

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……

2.3. Kwešišo ya gago e reng mabapi le melawana ya Afrika Borwa ya gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana
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2.4. Tumelo ya gago e reng mabapi le mekgwa ya go thuša batho bao ba nago le mathata a go belega, go swana le gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana?

Setšo goba kereke ya geno di reng mabapi le mekgwa ya go thuša gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana?

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……

2.5. Go hloka bana ga gago go o ama bjang mo setšhabeng mo o e le go gore bangwe basadi ba na le bana?

……
……

……
……

2.6. A o ka kgetha mokgwa wo wa gore mosadi yo mongwe a go imele ngwana gomme a be a go belegele yena naa? Fahlela karabo ya gago.

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2.7. A o rata go ka bolela se sengwe le sengwe ka taba ye re bego re bolela ka yona naa?

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APPENDIX B: CONSENT FORM OF CHILDLESS WOMEN

INFORMED CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Perceptions of childless women on surrogacy as an assisted reproductive technique.

Thank you for agreeing to participate in this study. I am a Masters student in Social Work, under the supervision of Prof. S.L Sithole from the University of Limpopo. I have been the professional social worker for eight years at Lepelle Nkumpi munipality. This form details the purpose of this study, a description of the involvement required and your rights as a participant.

This research has been approved by Turfloop Research Ethics Committee and the Department of Social Development, The researcher has intended for 10 people to be involved in the study.

Purpose of the Study is

- To explore the perceptions of childless women on surrogacy as an assisted reproductive technique.

Benefits of the research

- The benefit of your participation in this study is that you will be enlightened about the issue of surrogacy so that you make informed decisions regarding problems brought by childlessness.

Risks of being in the study

- The study may subject you to psychological and social risk, whereby you may feel discomfort, sadness and embarrassment when you state your feelings and provide details about your personal information.

Precautionary Measures to deal with Potential Harm

- Counselling services will be provided which are offered by relevant professionals such as social workers and psychologists. Arrangements will be done with you when the need arise.

Your Participation

- One-on-one interview guided by the interview schedule
- A place, date and time for interview will be discussed with you.
- The interview will last for an hour.
- The interview will be recorded where the researcher will also take notes.
- The researcher will confirm data compiled with you after the interview.

You are encouraged to ask questions or raise concerns at any time about the nature of the study or the methods used. Please contact me at any time at the telephone number listed below:

Cell No: Mrs J.M Pheme: 084409 4220

Cell No: Prof S.L Sithole: 082 200 5109

Confidentiality and Anonymity

- Our discussion will be recorded to help me accurately capture your insights in your own words.
- The tapes will only be heard by the researcher for the purpose of this study, and will only be shared with the supervisor.
- If you feel uncomfortable with the recorder, you should ask that it be turned off at any time.

- You also have the right to withdraw from the study at any time. In the event you choose to withdraw from the study all the information you shall have provided will be destroyed and omitted from the final paper.

- This study is anonymous. Your identity will not be disclosed in the study. Insights gathered by you and other participants will be used to write a qualitative research report which will be read by my supervisor, Prof S.L Sithole from the University of Limpopo. Your name and other identifying information will be kept anonymous.

Feedback on Findings

The findings of the research will be shared with you as soon as they are available. If you are interested, you are welcome to contact us regarding the findings of the research.

By signing this consent form below, I acknowledge that I have read and understood the above information. I am aware that I may discontinue my participation in this study at any time.

Signature ……..Date ……..

SEKGOMARETŠWA SA B

FOROMO YA BOITLAMO

THAETLELE YA PROJEKE YA DINYAKIŠIŠO: MAITEMOGELO A BASADI BA GO HLOKA BANA GORE BASADI BA BANGWE BA IME LEGATONG LA BASADI BAO GOMME BA BA BELEGELE BANA

Ke a go leboga ge o dumetše go tšea karolo mo thutong ye. Ke moithuti wa Masethase ka lefapheng la Bodirelaleago, ka fase ga tlhokomelo ya Moprofesara (Prof) S.L Sithole go la Yunibesithi ya Limpopo. Foromo ye e rwele kgwekgwe ya thuto ye, tlhalošo ka moka yeo e nyakegago le ditokelo tša gago bjalo ka motšeakarolo di gona ka mo.

Maikemišetšo a thuto ye ke a

- Go utolla maitemogelo a basadi ba go hloka bana gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana e le mokgwa wa go thuša pelego.

Mehola le Dikotsi tša nyakišišo

- Go eletša basadi ba go hloka bana gore basadi ba ba ngwe ba ime legatong la basadi bao gomme ba ba belegele bana ka morago ga gore ba tšee sephetho sa maleba sa mathata a bona.
- A gona dikotsi tšeo di tsebjwago tša go amanago le go tšea karolo ga gago mo thutong ye.

Go tšea karolo ga gago

- Poledišano ya kgauswi le kgauswi yeo e laolwago ke lenaneo la dipotšišo.
- Lefelo, tšatšikgwedi le nako yeo dipotšišo di tla ahlaahlwiwago le wena.
- Dipotšišo di tla tšea iri ye tee fela.

- Dipotšišo di tla gatišwa e bile monyakišiši o tla ba a ngwala.
- Monyakišiši o tla hlatsela tšohle tšeo a go botšišitšego tšona ge a feditše.

O hlohleletšwa go botšiša dipotšišo goba go laetša pelaelo nako ye ngwe le ye ngwe mabapi le ka mokgwa wa thuto ye goba ka moo mekgwa ye e šomišwago ka gona. Hle ikopanye le nna goba mohlokomedi waka mo thutong ye nako ye ngwe le ye ngwe ka nomoro ya mogala yeo e le go ka mo fase.

Nomoro ya sellathekeng: Moh. J.M Pheme: 084 409 4220

Nomoro ya sellathekeng: Moproferasa (Prof.) S.L. Sithole: 082 200 5109.

Tša Sephiri

- Poledišano ya rena e tla gatišwa go nthuša gore ke kgone go ba le tšohle ka mantšu a gago.
- Digatiša mantšu di tla theeletšwa ke nna feela ka maikemišetšo a thuto ye, e bile ke tla abelana tšona le mohlokomedi wa ka.
- Ge o sa je di theogela mabapi le segatiša mantšu, o ka kgopela gore se timiwe nako ye ngwe le ye ngwe.
- E bile o na le tokelo ya go se sa tšea karolo mo thutong ye nako ye ngwe le ye ngwe. Ge e le gore o kgetha go se sa tšea karolo mo thutong ye, dilo ka moka tšeo o di ngwadišitšego di tla senywa tša ba tša tlogelwa mo pampiring ya mafelelo.

Tšohle tšeo o di kgobokeditšego le batšeakarolo di tla šomišwa go ngwaleng ga nyakišišong yeo e tla balwago ka mohlokomedi waka e lego Moprofesara (Prof.) S.L Sithole wa Yunibesithi ya Limpopo. Leina la gago le tšeo o tsebjwago ka tšona di ka bolelwe, e tla ba sephiri.

DIPOELO TŠA NYAKIŠIŠO

Dipoelo tša nyakišišo ye di abelanwa le wena ka pela pela ge di se no ba gona ge o di nyaka. O amogetšwe go ikopanya le rena mabapi le dipoelo tša nyakišišo ye.

Ka go saena foromo ye ya boitlamo ka mo fase, o amogela gore o tla ba o badile e bile o kwišišitše ditaba tša mo godimo. Ke a tseba gore nka tlogela go tšea karolo nako ye ngwe le ye ngwe mo thutong ye.

Mosaeno: …….Tšatšikgwedi: ……..

APPENDIX C: ETHICAL APPROVAL: TURFLOOP RESEARCH ETHICS COMMITTEE (TREC)

University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING:	**03 March 2017**
PROJECT NUMBER:	**TREC/24/2017: PG**
PROJECT:	
Title:	Perceptions of childless women on surrogacy as a method of Assisted reproductive technique in Capricorn District, Lepelle Nkumpi Municipality
Researchers:	Ms MJ Pheme
Supervisor:	Prof SL Sithole
Co-Supervisor:	N/A
School:	Social Sciences
Degree:	Masters in Social Work

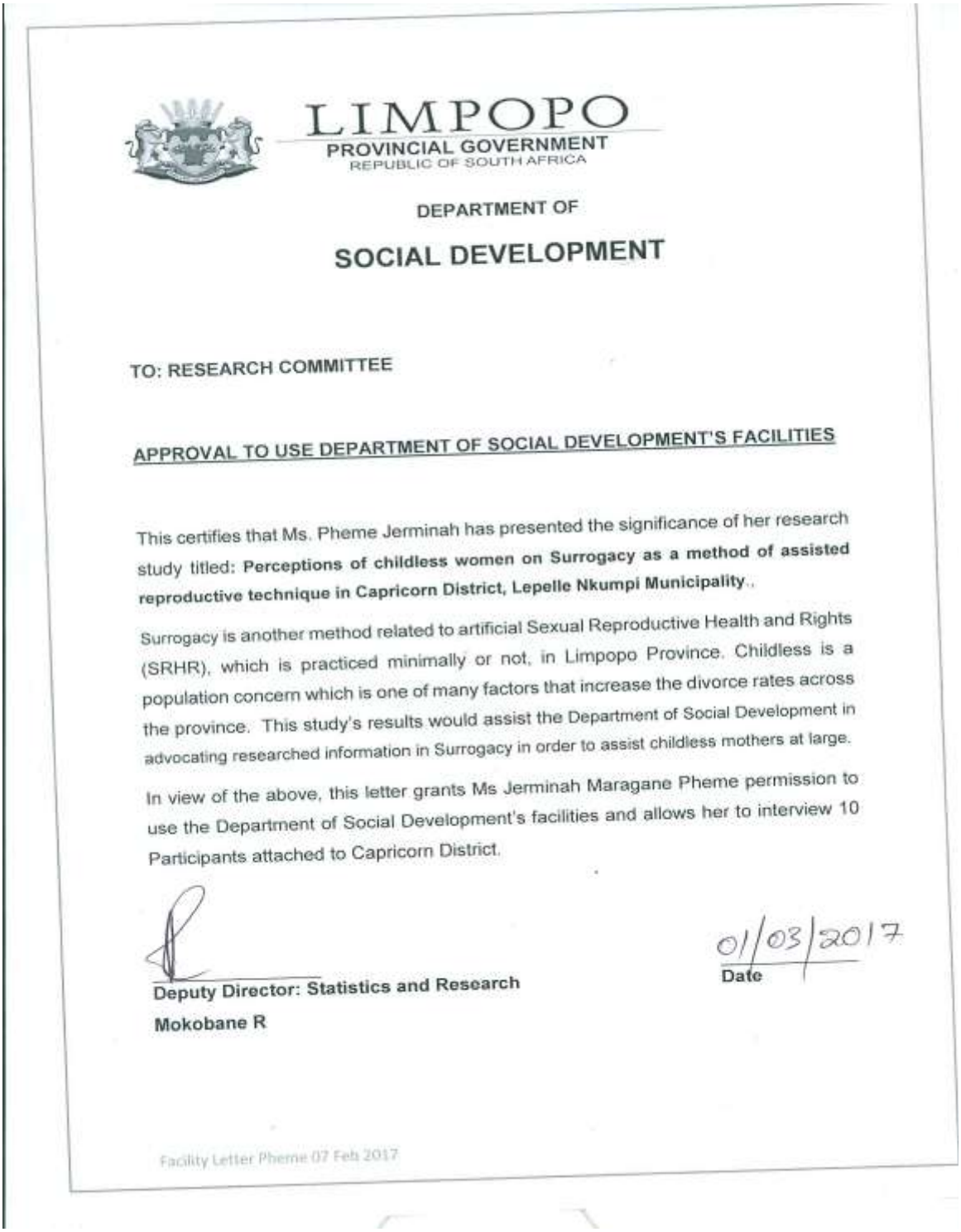
PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:
i) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.**
ii) **The budget for the research will be considered separately from the protocol.**
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

Finding solutions for Africa

APPENDIX D: APPROVAL TO USE DEPARTMENT OF SOCIAL DEVELOPMENT'S FACILITIES



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF

SOCIAL DEVELOPMENT

TO: RESEARCH COMMITTEE

APPROVAL TO USE DEPARTMENT OF SOCIAL DEVELOPMENT'S FACILITIES

This certifies that Ms. Pheme Jerminah has presented the significance of her research study titled: **Perceptions of childless women on Surrogacy as a method of assisted reproductive technique in Capricorn District, Lepelle Nkumpi Municipality**..

Surrogacy is another method related to artificial Sexual Reproductive Health and Rights (SRHR), which is practiced minimally or not, in Limpopo Province. Childless is a population concern which is one of many factors that increase the divorce rates across the province. This study's results would assist the Department of Social Development in advocating researched information in Surrogacy in order to assist childless mothers at large.

In view of the above, this letter grants Ms Jerminah Maragane Pheme permission to use the Department of Social Development's facilities and allows her to interview 10 Participants attached to Capricorn District.

01/03/2017
Date

Deputy Director: Statistics and Research
Mokobane R

Facility Letter Pheme 07 Feb 2017

APPENDIX E: TRANSLATED INTERVIEW TRANSCRIPT

RESPONDENT 1: INTERVIEW TRANSCRIPT

Interviewer: How old are you, mom?

Respondent 1: I am forty – five (45) years old.

Interviewer: What is your marital status?

Respondent 1: I am married.

Interviewer: How long have you been married?

Respondent 1: Six (6) years ago.

Interviewer: What is your occupation?

Respondent 1: I am not working.

Interviewer: (Pause) What is your religious denomination?

Respondent 1: St Engenas Z.C.C

Interviewer: What is your highest level of education?

Respondent 1: Grade 12 (Matric).

Interviewer: We are now starting with questions, have you heard or read about surrogacy?

Respondent 1: I did not hear about it. It is for the first time to hear about it (cough)

Interviewer: Wow, you never heard about it anywhere?

Respondent 1: No.

Interviewer: Even though you did not hear about it, what is your understanding of surrogacy?

Respondent 1: I see it as the best way to help a woman to give birth on behalf of another woman.

Interviewer: Do you see it as the best way?

Respondent 1: Yes.

Interviewer: (pause) Wow, I hear mom. What is your knowledge regarding surrogacy legislations or laws in South Africa?

Respondent 1: I agree with the legislations or laws about surrogacy because they are simple (pause) (Sigh).

Interviewer: Do you want to continue?

Respondent 1: So that she can be assisted to have child.

Interviewer: In other words, you agree with these legislations or laws regarding this.

Respondent 1: (sigh) Yes, I agree with these legislations and laws since they will assist us to have children.

Interviewer: What is does your culture say about methods which assist with reproduction like surrogacy?

Respondent 1: Our culture agrees with this, because in the old days, a man used to marry another woman for children purposes.

Interviewer: Do you think he just married the woman for surrogacy or it was because he loved her?

Respondent 1: He loved her to be the second wife, but because the first one is unable to have children, the second one should bear children for him.

Interviewer: Will these people live peacefully even though the first wife does not bear children? Will the children of the first wife call the second wife mother? Or they will know that first wife is not their mother. How will they call her?

Respondent 1: They will call her aunt because is the wife to their father. The only thing that they should know is a child does not belong to a woman only, also belongs to man, when they are with their mother, even the aunt, they should say our mother because is the same person, since even that one if she had children, they will call each other brother and sister neh, because the aunt does not have a child, they should say mother because they have the same father.

Interviewer: What does your church say about methods that assist people who have difficulties to have children, such as surrogacy?

Respondent 1: Ah, (sigh) I do not know. I am not sure. Even in Christianity, this happens. We can see pastor or priest having two wives.

Interviewer: Yes

Respondent 1: Sometimes, one may find that, the first wife never had children with him, he then takes the second wife so that she can bear children for him. One may find that the second wife also had children and the first wife is proud of them that my husband managed to get the second wife so that she can bear children in the family.

Interviewer: How does your childlessness affect you in the community whereby other women have children?

Respondent 1: I am not feeling well because of other people's assertions.

Interviewer: Yes

Respondent 1: One will say people will say that not to have children is a shame.

Respondent 1: Other person will tell you that, hey do not send my child to do something for you.

Interviewer: Mmm, how does it affect you in that way?

Respondent 1: It affects me negatively. It does not make me to feel good, because if one says, no one must send his or her child to do something for him or her while you know that you do not have children, obviously you think that he may refer to me, since I do not have children whom to send because I am looking at his or her child.

Interviewer: Would you choose surrogacy as a method which can assist you to have a child? Explain your answer

Respondent 1: Yes, I agree.

Interviewer: Mmm. Give reason

Respondent 1: It is just because I want to have a child. So that next time when other women say they are the mothers of so and so I will also be able to say that I am the mother of so and so.

Interviewer: Will this not make you to be ashamed because will not be your own child, even though it is your own egg and the sperm of your husband but the child was produced and born from another woman?

Respondent 1: I will not be ashamed; I will take the child as my own because the child is produced from my egg and the sperm of my husband. It will not make me to be ashamed.

Interviewer: Would you like to make any comment regarding to the issue we have just discussed?

Respondent 1: Yes, I see it as a good thing, because sometimes (sigh) not to have a child (sigh) is a problem.

Interviewer: Yes.

Respondent 1: It is serious problem, and I would like to see others tomorrow, if what I am informed about now has taken place, or it is happening in our country, they will benefit. Not to have a child is not a good thing.

Interviewer: Thank you, mom, for being able to respond to the questions, and be able to express your feelings. Thank you for taking part.

Respondent 1: Pleasure is mine, I plead that I must not be alone, please even others, let them be assisted.

Interviewer: Thank you

RESPONDENT 2: INTERVIEW TRANSCRIPT

Interviewer: How old are you?

Respondent 2: I am forty-three (43) years old.

Interviewer: What is your marital status?

Respondent 2: I am married.

Interviewer: How long have you being married?

Respondent 2: I have nine (9) years in marriage.

Interviewer: What is your occupation?

Respondent 2: I am not working.

Interviewer: What is your religious denomination? Which church do you attend?

Respondent 2: Christian, the name of the church is Alliance.

Interviewer: What is your highest level of education?

Respondent 2: I have passed Matric, Grade 12.

Interviewer: Have you ever heard or read about surrogacy?

Respondent 2: I heard people talking about it on the street. People like to talk about it.

Interviewer: Wow, what are they saying and what do they call it.

Respondent 2: They just say it surrogacy in Sepedi. Since we have people who speak pure Northern Sotho, I did not understand it, but since from today the way you explained it to me, I have started to understand it.

Interviewer: What is your understanding of surrogacy?

Respondent 2: I do not understand it because in my point of view, if things are not possible now, it is not the right time, maybe God is preparing something for me.

Interviewer: Ok, let's go to the next question.

(We open the next page).

Interviewer: What is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 2: It is good to have legislation (laws) because some people like it and are being assisted.

Interviewer: Yes

Respondent 2: Yes

Interviewer: What does your culture say about methods which assist with reproduction like surrogacy?

Respondent 2: Our culture agrees with surrogacy, because it will decrease quarrels or disputes regarding the inheritance; if I die there will be a child who remains.

Interviewer: Where will that child come from?

Respondent 2: According to culture, they thought that surrogacy should be there, the child will be the one who remains at home; there will be no quarrels and fights at home, even my parents when coming to visit me they will know that there is one who will take the inheritance of the family.

Interviewer: As you may not be there, where will the child come from and how?

Respondent 2: As culture accepts the surrogacy, the more it assists the families so that they should not have divorces and quarrels.

Interviewer: Ok. What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 2: The church does not allow, because there is believe that everything comes from God. Now we are at the time of Jesus Christ, we forget the past. Through Jesus every is possible.

Interviewer: Ok. So, in other words, the church does not allow, because you believe that God is there, and we know that everything is made by Him.

Respondent 2: I agree because the church believes in God, everything is made by God; we know that everything is made by Him, even when women do not bear children, in my understanding, it is God who knows.

Since Christ came to earth, he said the past is over, this means that anything can happen at any time.

Interviewer: Ok. The next question, does your childlessness affect you in the community whereby other women have children?

Respondent 2: I do not have problem. People talk and they will not finish talking. The ironies are there, gossips are there but when they say those to me, I do not have problem, because I believe in God. Everything is known by Him, because if He has created me and even those who gossip, He will be able to give me a child, that means He has purpose.

Interviewer: Ok, I understand mom. Will you be able to choose this method which can assist you to have a child? Explain your answer.

Respondent 2: No, I will not choose it, I believe that one-day God will help me to have a child

Interviewer: Now we go to the last question, would you like to make any comment regarding the issue we have just discussed?

Respondent 2: Yes, I want to say something. This method is of importance, to those who are really in need of children, because people have different problems. One may realise that she has waited for many years. One does not have support from the family.

One has problems with rumours from the street, and end up thinking that if I can use this method, I will be assisted. That is the way I think surrogacy can help.

Interviewer: So, they you speak, it means that support is very much important in the family so that you can be able to cope in this situation.

Respondent 2: Yes, I see support being very much important in the family so that one can be able to cope with situation, because many people suffered from this, it can cause diseases, because the more you think too much, and even the heart does not do its function well.

Interviewer: Yes!

Mom, I would like to thank you for your participation.

Respondent 2: Thank you also for your questions.

RESPONDENT 3: INTERVIEW TRANSCRIPT

Interviewer: How old are you?

Respondent 3: I am forty – three (43) years old.

Interviewer: Are you married?

Respondent 3: Yes, I am married.

Interviewer: How long were you married?

Respondent 3: Eighteen (18) years

Interviewer: What is your occupation?

Respondent 3: I am sewing (dressmaking).

Interviewer: What is your highest level of education?

Respondent 3: I did Grade 12, and then I went to do dressmaking.

Interviewer: What is your religious denomination?

Respondent 3: Methodist

Interviewer: Have you heard or read about surrogacy?

Respondent 3: Yes, I heard about it. The doctor explained everything about it, the way it works, I heard about it in the past five years.

Interviewer: Ok.

Interviewer: Then, what is your understanding of surrogacy?

Respondent 3: I understand that one woman keeps your egg in her ovary and gives birth for you.

Interviewer: Can you repeat?

Respondent 3: I understand that one woman keeps your egg in her ovary and gives birth for you.

Interviewer: Whose egg does she keep?

Respondent 3: Mine, she keeps my egg in her ovary, be pregnant on my behalf for nine (9) months and gives birth to my child.

Interviewer: Oh, the next question; what is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 3: Yes, I do not know much about legislations, but what I can say is that there should be an agreement that the woman should not go away with the child.

Interviewer: The agreement is between whom?

Respondent 3: The agreement is between me and the woman who will be keeping my egg in her ovary.

Interviewer: Oh. What does your culture say about methods which assist with reproduction like surrogacy?

Respondent 3: Mmm, I do not have much knowledge on whether culture will allow that, but in my point of view, if there is a method which they understand may be culture may allow.

Interviewer: Mmm. Do not you know anything on what was happening during the old days when a woman does not be able to give birth? Don't you know what was happening?

Respondent 3: No, that one I do not know what was happening. I only know that if one is unable to give birth she will opt take other steps so that at the end she has children.

Interviewer: Mmm.

Interviewer: What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 3: Mmm, even the church, I do not have much knowledge about it. I am not sure whether it will allow or not. But I believe the church may not have problem with that method.

Interviewer: Why do you say the church may not be against that?

Respondent 3: Because I know that it is not like I let the other woman sleep with my husband, is because we have taken my egg and put it in the ovary of another woman, even the sperm of my husband is in that woman. The woman should not have been raped, or otherwise, it will be an agreement, I believe that the church will not be against that, as long as we have reached mutual agreement and did something better.

Interviewer: How does your childlessness affect you in the community whereby other women have children?

Respondent 3: (clear cough) Not to have a child is too tough. When people talk about pregnancy and birth you end up not participating because you do not know anything. They share with you and others, the way they became pregnant, and the difficulties they had during pregnancy, labour pains, and you do not know anything, you end up keeping quite as if you are not part of them.

Interviewer: Mmm. How does it affect your feelings?

Respondent 3: You feel as if you may be pregnant also and start to engage in the discussion, and you feel pains that why you do not have children. Why is it difficult for me to have children? You try many means; you consult the doctors, go different places without help. It is painful because you get promises which are not fulfilled. It is hard.

Interviewer: This method (surrogacy) that we talked about, would you choose it to assist you to have a child? Explain your answer.

Respondent 3: I can choose it; I can even choose it without doubts. Because I will be having my own blood child, it will be the child of yours and your husband, not a child from outside the family, they will not say that you are making the child to suffer, the child will be yours.

Interviewer: Ok. Let us go to the next question. Would you like to make any comment regarding the issue we have just discussed? Just to add.

Respondent 3: Mmm, I wish the government can have campaigns to empower people about this method, so that people can choose surrogacy to assist you because without it means that you have to choose another method which you heard about it which can assist you to have children.

Interviewer: I would like to thank your participation and I believe that your information will assist many people.

Respondent 3: I also thank you; I believe that it will assist them.

RESPONDENT 4: INTERVIEW TRANSCRIPT

Interviewer: How are you?

Respondent 4: I am fine and how are you?

Interviewer: I am fine.

How old are you?

Respondent 4: I am forty –four (44) years old.

Interviewer: Are you married or not?

Respondent 4: I got married and then divorced.

Interviewer: Oh, why did you divorce?

Respondent 4: The reason for my divorce is because of a child.

Interviewer: Ok. How long were you married?

Respondent 4: Two (2) years.

Interviewer: What is your occupation?

Respondent 4: Domestic worker (Cleaning).

Interviewer: What is religious denomination?

Respondent 4: Apostle.

Interviewer: What is your highest school level of education?

Respondent 4: Standard ten (10) Grade 12.

Interviewer: Ok. We are starting with the questions.

Have you heard or read about surrogacy?

Respondent 4: Yes, I heard about it.

Interviewer: What did they say about it?

Respondent 4: If am a woman, my husband looks for another woman who will bear child for him. They take something from the man and also from me and combine them, and thereafter put them in that woman so that she can bear a child for me.

Interviewer: Oh, you just heard them talking like that? Did you read about it?

Respondent 4: No, I did not read about it, I just only heard people talking about it.

Interviewer: What is your understanding of surrogacy?

Respondent 4: This happens when a married woman who has difficulties in giving birth, looks for another woman to give birth on her behalf.

Interviewer: Do you mean only who is married or who needs a child?

Respondent 4: The one who need a child. In my understanding, she must look for someone who will give birth on her behalf.

Interviewer: I heard you at the beginning saying they take something from someone and put inside of a woman, so may please explain in details.

Respondent 4: They take the man' sperm and mine.

Interviewer: What about your egg?

Respondent 4: Yes, even my egg which is going to be fertilised. They take them and also put them in the womb of that woman so that she can be able to pregnant and thereafter give birth.

Interviewer: When the child is born, what is happens then?

Respondent 4: Immediately after the child is born, the woman who gave birth should take the child to the woman who gave her an egg as per their agreement.

Interviewer: Oh, have they have agreed before?

Respondent 4: Yes, they should have agreed, even the man should also have agreed to give the sperm to her.

Interviewer: Ok.

Interviewer: What is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 4: Legislation (laws) allows surrogacy.

Interviewer: Which legislation (laws) that you know that talks about surrogacy?

Respondent 4: I do not know them properly.

Interviewer: Mmm

Respondent 4: Mmm

Interviewer: Do you only know that the legislation (laws) agree?

Respondent 4: Yes, I just know that legislation (law) allows, but I will not be able to know which ones.

Interviewer: ok

Interviewer: What does your culture say about methods which assist with reproduction like surrogacy?

Respondent 4: I do not know whether my culture allows that.

Interviewer: During old days, there were people who do not have children, what was happening so that they can end up having children?

Respondent 4: They will ask a girl from bride's family to be married to that man so that she can have children, and the family will increase, while on the other side she will be protecting the marriage of her sister.

Interviewer: Mmm.

Respondent 4: Yes.

Interviewer: Mmm. Oh, will she be the second wife?

Respondent 4: Be the second wife. The agreement will be entered between the sister, the girl and man.

Interviewer: Initially you talked about taking the sperm and egg. What is going on in that way? What was happening in that way?

Respondent 4: Long ago, it was not used in that way, they were just marrying the second wife to assist her sister in giving birth.

Interviewer: What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 4: I do not know anything about my church as regard to surrogacy.

Interviewer: (phone rings) My apology. We were still on the question about the church. What did you say about the church?

Respondent 4: As far as my church, I am not sure if it allows the surrogacy or not.

Interviewer: Oh, did not you hear anything about the surrogacy?

Respondent 4: No, I did not hear anything about it?

Interviewer: Next question, how your childlessness affects you in the community whereby other women have children.

Respondent 4: It really affects me, because when you are with other women busy talking about their children, when you are in the shops, they buy things for their children, when you are in the meeting with other women they talk about their children. You do not say anything because you do not have a child. Then it affects you negatively.

Interviewer: Mmm

Respondent 4: Mmm

Interviewer: Would you choose surrogacy as a method which can assist you to have a child? Explain your answer.

Respondent 4: I will not choose it, because I do not give birth and the man will divorce me and marry the woman who gave birth on my behalf.

Interviewer: Mmm

Respondent 4: Yes, I do not like it.

Interviewer: There are women who volunteer to give birth on behalf of others using surrogacy method, with the intention of not getting married to your man. There are women who use surrogacy as their job, but if you find someone who volunteers and say I will just give birth on your behalf using surrogacy method, your man also agrees and that woman is married to another man. What will you say?

Respondent 4: No, I do not know her and that is her job, and she will not come and give me problems in the future, I will have interest in surrogacy. It will be her duties to assist people with surrogacy to those who do not have children.

Interviewer: In other words, will you choose this method?

Respondent 4: Yes, I will choose it.

Interviewer: Because of the reasons that you mention.

Respondent 4: Yes.

Interviewer: Ok

Interviewer: Would you like to make any comment regarding the issue we have just discussed? (**Pause**)

Respondent 4: I will comment that, if there is a woman who is intended to assist with surrogacy, she must just continue to assist people in the community because many

women do not have children. If it is her job, they let her continue to assist people who have difficulties in giving birth.

Thank you

Interviewer: I would like to thank you for your participation, and the way you responded to your questions.

Thank you

RESPONDENT 5: INTERVIEW TRANSCRIPT

Interviewer: How are you?

Respondent 5: I am fine and how are you?

Intervierwer: I am fine. How old are you?

Respondent 5: I am thirty-six (36) years

Interviewer: What is marital status?

Respondent 5: I am single.

Interviewer: Ok. What is your occupation?

Respondent 5: I am Substance Abuse Volunteer.

Interviewer: Ok. What is your religious denomination?

Respondent 5: I am a Christian

Interviewer: Which church do you belong to?

Respondent 5: ZCC

Interviewer: OK. I am here to ask you questions with the topic that I have already introduced. The first question is, have you heard or read about surrogacy?

Respondent 5: Yes, I heard about it but I did not read about it.

Interviewer: Ok, you only heard about it?

Respondent 5: Yes. I heard about it, but I have never read about it.

Interviewer: Ok, you heard about it. What have you heard about surrogacy and what is it?

Respondent 5: Surrogacy is when one enters into an agreement to give a child on your behalf especially to those who have difficulties in giving birth.

Interviewer: Is that so?

Respondent 5: Yes

Interviewer: Ok. What is your understanding of surrogacy?

Respondent 5: I understand it as a good thing, because some people tried their best, they even went to gynaecologists but they did not get help. To them, if they really want children, surrogacy is the best method to be applied.

Interviewer: Alright, Thank you. What is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 5: Oh, is that law or legislation or law? If a legislation or law agrees with surrogacy it will be a good thing because some even want to be paid after they do surrogacy. If that is a legislation or law, it will be a very good agreement since it will be done legally so.

Interviewer: Is there any legislation or law that you know that talks about surrogacy in South Africa?

Respondent 5: No, I have not heard nor read about the legislation or law do far.

Interviewer: Alright. What does your culture say about methods which assist with reproduction like surrogacy?

Respondent 5: Ok, Surrogacy is a western issue, and it has just started not very long to our communities, they have not yet understood it properly, it is better if there is workshop or campaign so that people should not be confused, in our culture it is not there.

Interviewer: in your understanding, long ago if a woman was unable to give birth, what was happening?

Respondent 5: Long ago, if a person does not have a child, the uncle will be requested to marry that woman, or that woman who has difficulty in having a child, will enter into agreement with her husband to marry the second wife.

Interviewer: Is that so?

Respondent 5: Yes.

Interviewer: So, is that not the same as surrogacy?

Respondent 5: It was not the same as surrogacy, but the way it was, is just the same as surrogacy. But it was not surrogacy.

Interviewer: How do they differ?

Respondent 5: It differs in this way; he is going to marry the second wife from anywhere so that she should bear children, and you will always remain the first wife or aunt.

Interviewer: Ok. What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 5: In my church, I have not yet heard them saying anything about surrogacy. But I will keep on asking about it.

Interviewer: How does your childlessness affect you in the community whereby other women have children?

Respondent 5: Ok, to have no children in a community is a shame because they will be talking about children did so and so and this one does not have a child. They were supposed to tell you straight that you do have a child maybe one from them will be able to assist you to have a child.

Interviewer: So, how does your specifically childlessness affect you in the community whereby other women have children?

Respondent 5: Oh, now now?

Interviewer: Yes, now now.

Respondent 5: I just do not know what to say because at this time I should have a child, but there is one that does not force me to consult the gynaecologist is that I am not married, but what remains is that years are passing by.

Interviewer: Ok, I am just saying this because you may find that in a community as a human being, they talk about age and it affects you. Ok

Respondent 5: That is true, but according to one's thinking, they may not do that, but you may not ask her the question that why cannot you do this and that.

Interviewer: You cannot know that.

Respondent 5: when we say that one does not have a child is when you have consulted the gynaecologists and you did not succeed, and on the other hand you have, you spent lot of money or wasted money, then you can you can opt for surrogacy.

Interviewer: Would you choose surrogacy as a method which can assist you to have a child. Explain your answer.

Respondent 5: Yes, I do not see that as a problem, it just needs us to have agreement, since she will be assisting you. To get into marriage and not bear a child is tough.

Interviewer: What?

Respondent 5: Yes, people will talk too much. But if you got this surrogacy, it will be much better. Yes, we are happy about it.

Interviewer: Ok.

Interviewer: Would you like to make any comment regarding the issue we have just discussed?

Respondent 5: Ok, what we have been discussing here is understood, this western method of surrogacy is very good, children of God have been struggling to get children not knowing where to go and what to do, which are things that we see them on TV,

listen them from the radio what is happening. But because we have been told about surrogacy and we appreciate researches like these. We are saying they should continue.

Interviewer: I am the one who should thank you mom

Respondent 5: Pleasure is mine.

Interviewer: Thank you for your participation and expressing how you feel about what we have been discussing.

Respondent 5: Thank you.

Interviewer: Respondent 5, There is something that we have forgotten, may ask that what is your highest level of education?

Respondent 5: Ok, I did Grade 12, and continue with my studies; in 2001 I did my Diploma Course in Secretarial in Computer and Word Processing.

Interviewer: Thank you.

RESPONDENT 6: INTERVIEW TRANSCRIPT

Interviewer: How are you?

Respondent 6: I am fine and how are you?

Interviewer: I am fine.

Interviewer: How old are you mom?

Respondent 6: I am thirty - five (35) years of age.

Interviewer: What is marital status?

Respondent 6: I am married.

Interviewer: How long have you been married?

Respondent 6: Thirteen years

Interviewer: What is your occupation?

Respondent 6: I am a Volunteer.

Interviewer: What is your religious denomination?

Respondent 6: I am a Christian.

Interviewer: Which church do you attend?

Respondent 6: Roman Catholic Church.

Interviewer: Ok.

Interviewer: I am going to ask questions as agreed.

Respondent 6: Ok

Interviewer: Have you heard or read about surrogacy?

Respondent 6: Yes, I heard about it and it is good thing. I have my uncle who did this and has children.

Interviewer: Is this method of surrogacy? Did he use it?

Respondent 6: Yes, he used the method of surrogracy (sigh) surrogracy.

Interviewer: It is Surrogacy.

Respondent 6: Surrogacy.

Interviewer: Ok. What is your understanding of surrogacy?

Respondent 6: It is a better method that will assist many women to have children, because presently many women have problem of womb (pause) and reproduction.

Interviewer: Ok, let us proceed, what is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 6: There is no legislation or laws that I know.

Interviewer: Ok.

Respondent 6: Yes.

Interviewer: Have you heard anything about legislation or laws?

Respondent 6: I have not heard anything.

Interviewer: What does your culture say about methods which assist with reproduction like surrogacy?

Respondent 6: My culture does not allow, my culture says that the younger brother of the husband (uncle) is the one who should have sex with his brother's wife, (pause) my culture does not allow.

Interviewer: What is your opinion for having sex with your uncle (younger brother of your husband) in order to have children?

Respondent 6: It is not good because to have sex with someone shows that you love him.

Interviewer: Mmm

Respondent 6: So, Personally, I see the best method being surrogacy.

Interviewer: Ok. What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 6: The church encourages people to do surrogacy, because we live in a situation whereby people are suffering from diseases such as womb cancer, so in that case people have difficulties in giving birth.

Interviewer: Ok, do they even talk about surrogacy in the church?

Respondent 6: Yes, they do talk about it, since there are many women who do not have children.

Interviewer: Mmm?

Respondent 6: Yes.

Interviewer: Ok, do you attend Roman Catholic Church?

Respondent 6: Mmm, that is correct, is Roman Catholic Church.

Interviewer: How does your childlessness affect you in the community whereby other women have children?

Respondent 6: It affected me negatively**,** to an extend that when I was supposed to send children from my neighbours, their parents talk too much about me and they ended up saying I must no longer send their children, I must bear mine.

Interviewer: Mmm.

Respondent 6: So, my feelings are down.

Interviewer: Mmm?

Respondent 6: Mmm (agrees)

Interviewer: Ok, would you choose surrogacy as a method which can assist you to have a child? Explain your answer.

Respondent 6: Yes, (pause) I will choose since it will assist me to have my own child so that I will be able to send her or him wherever.

Interviewer: Ok

Respondent 6: (whisper) I will choose it.

Interviewer: Would you like to make any comment regarding the issue we have just discussed?

Respondent 6: Yes, My plea is that just come to our community and teach people more about surrogacy, because they do not have knowledge, you may even go house to house, or go to the head kraal (*mošate*) and tell them about it. Make people to be aware of the importance of surrogacy and how it is simple.

Interviewer: Do you think is simple (laugh)?

Respondent 6: Yes, it simple, because it also assists those are still going to marry, that not to have children is not the end of the world, there are many options that you can choose from.

Interviewer: Thank you for your participation.

Respondent 6: Thank you very much social worker.

Interviewer: Thank you.

Interviewer: We go back to the Respondent 6, what does your culture say about methods which assist with reproduction like surrogacy? You said another man should have sex with you so that you have children.

Respondent 6: My uncle (younger brother to my husband).

Interviewer: Yes, your uncle will have sex with you in order for you to have children, what about if is you (woman) who is unable to give birth (barren)? What will happen then?

Respondent 6: If that is the case, social worker, my younger sister will have sex with my husband so that she can give birth for us.

Interviewer: If maybe (pause) is both of you who are unable to give birth, what will then happen?

Respondent 6: If is both of us, then my younger sister and my uncle will have sex so that they bear children for us culturally.

Interviewer: Is it possible culturally?

Respondent 6: Yes, culturally is possible.

Interviewer: Which culture is that one?

Respondent 6: Bapedi Culture.

Interviewer: Ok. Thank you Respondent 6

Respondent 6: Pleasure is mine.

RESPONDENT 7: INTERVIEW TRANSCRIPT

Interviewer: Respondent 7, how are you mom?

Respondent 7: I am fine and how are you?

Interviewer: I am fine, how old are you?

Respondent 7: I am forty-three (43) years old.

Interviewer: What is marital status?

Respondent 7: I am single.

Interviewer: What is your occupation?

Respondent 7: I am self-employer.

Interviewer: What is your religious denomination?

Respondent 7: I am a Christian.

Interviewer: Which church do you attend?

Respondent 7: Emmanuel Bible Church

Interviewer: Ok. (pause), mom, I will start with questions, the first question is, have you heard or read about surrogacy?

Respondent 7: I have never heard about it.

Interviewer: Oh, you have never heard about it, may you please talk louder so that we can understand each other.

Respondent 7: Oh, I never heard about it.

Interviewer: Ok, Thank you.

Interviewer: What is your understanding of surrogacy?

Respondent 7: I do not understand anything.

Interviewer: How do see this method?

Respondent 7: It is not good.

Interviewer: Why?

Respondent 7: The reason is, (repeat), no one can be pregnant on behalf of another person. The other reason is that she will not take care to the child the same way as is her own child.

Interviewer: Yes.

Respondent 7: That is the way I understand it.

Interviewer: Oh, here is that a woman gets pregnant and after that she gives you the child, how do you view this?

Respondent 7: Eish, it has little problem.

Interviewer: Yes, explain that problem, mom.

Respondent 7: I will not be able to take care of the child, because I did not feel the labour pains.

Interviewer: Even though that woman will be pregnant and gives the child to the one who does not have a child?

Respondent 7: But, hi! it is not simple, to my point of view it is not that simple.

Interviewer: Is it not simple? Ok, let us continue**.**

Interviewer: What is your knowledge regarding surrogacy legislation (laws) in South Africa?

Respondent 7: I did not hear anything about legislation or laws.

Interviewer: You did not hear anything?

Respondent 7: Yes.

Interviewer: The second question that follows is, what does your culture say about methods which assist with reproduction like surrogacy?

Respondent 7: In my culture, there is a proverb which says, *"kgomo ga e latswe namane e seng ya yona",* which means that you cannot take care of the child who is not yours the same way as yours.

Interviewer: Mmm.

Respondent 7: Yes.

Interviewer: Is there any cultural method that use for surrogacy?

Respondent 7: Eish, there is nothing that I have learnt about that, what I know is the proverb that I have responded with.

Interviewer: May you please explain that proverb?

Respondent 7: It means that you cannot take care of the child who is not yours like the same way as yours.

Interviewer: Like the same way as hers?

Respondent 7: Yes.

Interviewer: Are you trying to say a woman must always take care of her own child?

Respondent 7: Yes.

Interviewer: Even though the egg belongs to the other woman.

Respondent 7: Yes, she has to take care of that child.

Interviewer: Is the one who gave birth to that child? Ok, thank you.

Interviewer: What does your church say about methods that assist people who have difficulty to have children, such as surrogacy?

Respondent 7: We have never talked about it, and I also never heard them talking about it.

Interviewer: Mmm?

Respondent 7: Yes.

Interviewer: In your point of view, how do you assist women who have difficulties to have children?

Respondent 7: Mom?

Interviewer: How do they assist women who never had their own children like you?

Respondent 7: They do not assist us.

Interviewer: Ok.

Interviewer: How does your childlessness affect you in the community whereby other women have children?

Respondent 7: I am not affected anyway; I just see it as without problem, but other women do not feel right, they are amazed and say how this woman like is.

Interviewer: How did you survive or cope not to have children while other women have children?

Respondent 7: It is because of the Christianity that I found myself in until today.

Interviewer: Mmm?

Respondent 7: Yes.

Interviewer: Even though you want children, but are you able to cope or survive?

Respondent 7: Mom?

Interviewer: Even though you want children, but are you able to cope or survive?

Respondent 7: I can cope or survive without having children.

Interviewer: Have you accepted?

Respondent 7: Yes, I have accepted.

Interviewer: Ok.

Interviewer: Would you choose surrogacy as a method which can assist you to have a child? Explain your answer.

Respondent 7: I will not choose it.

Interviewer: What is the reason for not choosing it?

Respondent 7: I will not (laugh) for a woman to give birth on my behalf.

Interviewer: What is the reason? Even if she has volunteered to give birth on your behalf?

Respondent 7: Aaah, it will be difficult for me, and I will not choose it.

Interviewer: Yes?

Respondent 7: To take care of someone's child.

Interviewer: Oh, even though they have taken your egg from the womb and put it inside the womb of another woman?

Respondent 7: No.

Interviewer: Will it be possible?

Respondent 7: No.

Interviewer: Would you like to make any comment regarding the issue we have just discussed?

Respondent 7: I do not have anything.

Interviewer: You have nothing?

Respondent 7: Yes, It is difficult (laugh)

Interviewer: Yes, thank you.

Respondent 7: Thank you mom.

Interviewer: Thank you for your participation. Thank you.

Respondent 7: I am also thankful about today's discussion.

Interviewer: Ok.

APPENDIX F: LETTER OF TRANSLATION FOR INTERVIEW TRANSCRIPT

UNIVERSITY OF LIMPOPO
P / BAGX 1106
SOVENGA
0727
SOUTH AFRICA

Faculty of Humanities
School of Languages and Communication Studies
Translation Studies, Interpreting and Linguistics
Tel. No.015 2682578, Cell No. 0829601214, Fax No. 0866244977, Email:mohale.kgatla@ul.ac.za

03 October 2017

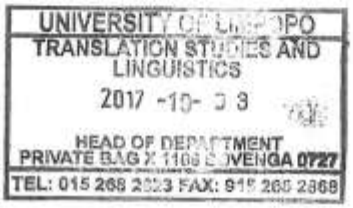
TO WHOM IT MAY CONCERN

This is to certify that; I Kgatla Mohale Edward have translated an Interview Transcript of Ms. Pheme Jerminah Maragane, Student Number 9312174 from Northern Sotho (Sepedi) into English. The title of the research is **"PERCEPTIONS OF CHILDLESS WOMEN ON SURROGACY AS A METHOD OF ASSISTED REPRODUCTIVE TECHNIQUES IN CAPRICORN DISTRICT, LEPELLE NKUMPI MUNICIPALITY.**

Thanking you in anticipation.

Regards

Kgatla ME: Date: 03 October 2017
Acting HOD: Translation Studies, Interpreting and Linguistics



APPENDIX G: LETTER OF TRANSLATION FOR CONSENT FORM AND INTERVIEW SCHEDULE

UNIVERSITY OF LIMPOPO
P / BAGX 1106
SOVENGA
0727
SOUTH AFRICA

Faculty of Humanities
School of Languages and Communication Studies
Translation Studies, Interpreting and Linguistics

22 June 2016

TO WHOM IT MAY CONCERN

This is to certify that, I Kgatla Mohale Edward have translated a Masters Research Project of Mrs J.M Pheme (9312174) from English into Sepedi. The title of the Research Project is **Perceptions of childless women on surrogacy as a method of assisted reproduction technique**.

Thanking you in anticipation

Regards

Kgatla ME: _____ Date: 22 June 2016

Contact No.: 082 960 1214

APPENDIX H: LETTER OF EDITING

Enq. Kubayi SJ
Email. kubayij@yahoo.com
Cell No. 079 484 8449

Po Box 29
Khomanani
0933
29 January 2018

TO WHOM IT MAY CONCERN

This is to certify that the Master of Social Work dissertation entitled '**Perceptions of Childless Women on Surrogacy as an Assisted Reproductive Technique**' by Jerminah Maragane Pheme has been proofread and edited, and that unless further tampered with, I am content that all grammatical errors have been eliminated.

Yours faithfully

Dr SJ Kubayi (DLitt et Phil)

Senior Lecturer (Department of Translation Studies and Linguistics – UL)