

Experiences of Third Party Reproduction in Utah

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Sample

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Topic of the research:

Infertility is a serious diagnosis experienced by women and men throughout the world. When a person is considered infertile, it signifies the inability to conceive children. For those who wish to create families anyway, third party reproduction is an often-utilized resource. There are several types of third party reproduction, all of which involve biological components (egg, sperm, or ovum) from an outside individual. Although beneficial, it is not without its own problems and complications, both financially, emotionally, and physically.

The purpose of this project is to better understand the overall experiences of women in Utah who have undergone or are undergoing third party reproduction. This study will explore three fundamental questions: 1) What are the experiences of women who use third party reproduction in Utah? 2) How do religion and spirituality affect conceptions of motherhood and third party reproduction among infertile women in Utah? and 3) What sort of psychosocial support are needed for infertile women in Utah who utilize third party reproduction? Interviews with participants will be recorded, transcribed, and analyzed for similar themes.

A better understanding of the effect of third party reproduction and the support it requires will benefit women now and in the future. Findings from the project will be shared with the Utah Infertility Resource Center to better assist women who struggle with infertility and are considering third party reproduction. The information will also be added to the research base for future projects and study.

Literature review:

Based on the dominant culture, there is often a negative stigma attached to infertility, usually caused by a woman's desire to fulfill a social norm. This is especially true when the dominant culture portrays the woman's role as that of a mother (Yazdani, 2016). The availability

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of third party reproduction and assisted reproduction technologies (ART) becoming prevalent in today's society bring options and hope. However, it often lulls individuals into a false sense of control and security over their bodies and future families. The ART process is financially, mentally, emotionally, and physically draining, and usually causes just as much disappointment and pain as does infertility itself (Simon, 2013). Stress levels associated with ART treatments are often compared to those following the death of a family member (Papadatou, 2016). One study even states that the use of assisted reproduction is comparable (in social magnitude) to abortion (Daar and Mutcherson, 2015).

Information on a generalized view of assisted reproduction from a religious perspective is few and far between. Individual circumstances alone negate one sole religious standpoint (Magelssen, 2015). Different religions vary widely on the support or lack thereof towards ART. Within the Christian religion alone, for example, views are divided. The Roman Catholic church does not condone any form of assisted reproduction, as it separates reproduction from sexual intercourse. Several other Christian denominations do support the use of ART: Baptist, Methodist, Lutheran, Mormon, Presbyterian, Episcopalian, United Church of Christ, Christian Science, Jehovah's Witness, and Mennonite (Schenker, 2005). Despite varying doctrinal views, one study done in 2013 proved that religion has no significant influence on an individual's willingness to seek ART treatment (Kessler, 2013).

Sources of support among women experiencing infertility range widely. People experience the most stress when they withhold disclosure of infertility problems from close relationships, such as close family members or friends (Martins, et al, 2013). When support is sought out, it usually comes from a partner/spouse, or medical staff if the woman is undergoing treatment alone (Papadatou, 2016). When a couple is mutually involved in the ART process,

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their emotions (whether positive or negative) affect each other. Social norms often increase the distress of an infertile couple by emphasizing the man's *strong man* role and the woman's *mother* role (Dooley, 2014).

Specific activities to be undertaken and a timetable allotted for each activity:

1. Gather relevant information – In September of 2016, I began studying previous research regarding third party reproduction and assisted reproduction. I created a spreadsheet with abstracts of all the studies which could pertain to the forthcoming research.
2. IRB application – Throughout September and October, I created and assisted with the submission of an application for review by the Institutional Review Board.
3. Recruitment – After receiving IRB approval, Doctor [REDACTED] and I will begin the recruitment process in December. Flyers will be handed out at the Utah Infertility Resource Center to women experiencing infertility. Physicians will also refer patients to the project. They will contact us to set up an interview time and a location of their choosing.
4. Interview Process – Each interview will last approximately one (1) hour. They will be held roughly from January to February. Participants will be asked a variety of questions regarding their personal experiences with third party reproduction, and how it affected them spiritually and socially. Interviews will be audio recorded and transcribed.
5. Data Analysis – Interviews will be analyzed throughout March for concurrent themes such as religion, emotions of distress, or social support. The data will then be published and presented.

Relationship of the proposed work to the expertise of the faculty mentor:

Doctor [REDACTED] is highly experienced in social work research and has a strong background focused on qualitative data collection and analysis. She has previously conducted

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research in the field of infertility with prospective egg donors, surrogates, and intended parents engaged in third party reproduction.

Doctor [REDACTED] will mentor my work throughout the duration of the study. She will be most influential in her training on conducting interviews and analyzing qualitative data. Her expertise will help shape the focus of our research, while also benefiting my course of study in the College of Social Work.

Relationship of the proposed work to the student's future goals:

This research project will act as a catalyst in achieving my future career goals. I plan to graduate from the University of Utah with my Bachelor of Social Work degree in the spring of 2018. My current plan is to apply for the advanced standing program and complete the master's program immediately following graduation. From there, I would like to work in the field of adoption and infertility. This field has always intrigued me due to the beneficial nature of it. Infertility is a life-changing diagnosis and the opportunity to engage in third party reproduction, despite the difficulties involved, offers an alternate option to life without children.

Research regarding the experiences of women who are infertile will not only provide me with very useful and relevant information for my future career, but it will also give me a baseline of understanding. I will be able to apply what is learned in this project to the field of social work, hopefully expanding the knowledge base on infertility. My faculty mentor will greatly enhance my understanding of the research process and the use of resources in research, and help me know how to utilize previous studies in new projects.

The skills I will gain and the knowledge I will learn apply directly to my future goals. As I continue studying social work, I hope to continue learning and expanding the field. I believe new information is key to maintaining up-to-date and beneficial treatment plans. Having an

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empathetic understanding of the experience of infertile patients will allow me to better serve the population as a whole.

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