The Relationship Between Fertility Intentions and Fertility Success
and its Effect on a Woman’s Identity

By

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Abstract

This study examines the relationship between fertility intentions and fertility successes and its effect on a woman’s female identity and the meanings and standards she associates with that identity. Two groups completed an online survey; one group of eight women has been successful in having children while the other group of four has been unsuccessful in conceiving for over a year. The study found that women who have been successful conceiving have more of a balanced identity standard comprised of femininity and masculinity than women who have been unsuccessful for over a year. It was also found that the women who have been unsuccessful conceiving have much less consistency among their gender identities as a group than the group who has been successful.
**Introduction**

The original goal of this research was to explore the evolving definition of the family, specifically how children contribute to this definition in various familial structures. In order to determine the factors to be considered, a literature review was completed which focused on the reasons women and/or couples choose to try to conceive. To do this most effectively, the research was divided into three overarching perspectives: biological, psychological, and sociological. The intention was to examine the research question from multiple viewpoints to provide insight into what influences the decision to try to conceive.

In the process of completing this literature review, the research revealed strong themes that suggested that the definition of family is highly influenced by the fertility intentions of women and their partners. It became clear that even before the evolving definition of family could be considered, the woman’s role in the family needed to be evaluated in order to fully understand the definition of a family unit.

Being a female in this unit is just one of many identities that women possess. According to Structural Identity Theory, the combination of an individual's identities equate to the “self” (Burke and Stets 10). Different identities (i.e. Christian, mother, athlete, woman) within the self become salient in different situations. When an identity is stimulated, a feedback loop begins which is based on the standard set by the collection of meanings attached to that identity. The self adjusts its behavior (outputs) based on feedback from others (input) in order to match the standard set for that particular identity (Burke and Stets 50). Women’s identity standards, for example, determine how feminine and/or masculine they believe they should be. Individuals attempt to match these identity standards by adjusting behavior to live up to expectations of being strong or gentle, aggressive or passive. When this is not possible, the individual will alter
the identity standard itself and do whatever it takes to relieve the tension caused by incongruity (Burke and Stets 51). For some women, this incongruity is particularly strong when “mother” is part of a woman’s identity standard. She believes that being a mother is vital to her identity of being a woman or wife, but if she is unable to conceive, her identity is not verified, which causes tension. However, trying to conceive is not always a behavior that can be corrected. Biology can make this attempt difficult for some women, and for others, impossible. It is this separation between a woman’s identity standard, her need for identity-verification and her inability to conceive that may have a negative impact on a woman’s identity as a female.

**Literature Review**

*Biological perspective*

Women are thought to have a biological urge to reproduce, regardless of other environmental or social factors. For this reason, much of the literature in this area addresses the specific issue of whether or not a pregnancy is unwanted, mistimed, or born to a woman who is “okay either way” to understand the specific connection to the health of the mother and child.

Kristen Montgomery’s article “Women’s Desire for Pregnancy” focused on 16 women between the ages of 25 and 40 who had given birth in the previous five years. The purpose of this study was to identify factors that influenced their desire to become pregnant. The results of this study may help to provide an understanding for health-care providers to develop interventions to assist women in wanted conceptions as well as prevent unplanned pregnancies.

An important distinction to make is the difference between an unwanted pregnancy and a mistimed pregnancy. Regardless of the level of desire for the pregnancy, the article points out that “unplanned pregnancies are more likely than planned pregnancies to result in low birth
weight, prematurity, and transmission of diseases” (Montgomery 53). Getting to the root of why a pregnancy would be unwanted at the time of conception, or ever, could ultimately help prevent putting the women and children at risk of long-term effects from an unwanted or mistimed pregnancy. Montgomery et al. identified five main themes from the analysis of the data: timing related to finances and housing, spacing, meeting personal criteria, desire for the experience of pregnancy and birth, and parenting and extended family in close proximity.

Julia McQuillan, Arthur L. Greil, and Karina M. Shreffler did a study, “Pregnancy Intentions Among Women Who Do Not Try: Focusing on Women Who Are Okay Either Way” using data from the National Survey of Fertility Barriers (NSFB) telephone survey which included 4,712 women ages 25-45 and some of their partners. McQuillan, Greil, and Shreffler focused on the 3,771 who are currently sexually active including minority women, women with no children, and women with a biomedical fertility barrier. This study highlights a special “third group” of women who are neither trying to get pregnant, nor are they trying to prevent it. These women are “okay either way,” which raises many questions about contraception as well as about how the intentions of these women can be defined. Unlike many other studies on this topic, this study provides insight into the fact that not all women are especially intentional in their attempts to thwart pregnancy or embrace it.

The study concluded that “in some ways, those who were okay either way are more like those who were trying to get pregnant” (McQuillan, Greil and Shreffler 181). These women were found to have more trust in getting pregnant than those who were distinctly not trying to get pregnant. Those okay either way were more like those who were not trying to get pregnant in other ways. Women who were actively trying to get pregnant were more likely to self-identify as having infertility than those okay either way or those not trying to get pregnant.
Overall, women who are okay either way fall in between those trying and those not trying with their motivations and intentions to become pregnant. The odds of conceiving, though, of those trying to conceive versus those who are okay either way, goes down with each child. Aside from their intentions, McQuillan, Greil, and Shreffler concluded that the ideal number of children and wanting a baby distinguish those who are trying from those who are okay either way.

These articles reveal that there is a “third” group of women who are “okay either way” about conception. They do not necessarily intend to become pregnant, but would be “okay” if they did. These women are not taking measures to prevent nor to conceive. They do not feel, at a certain time in their lives, that having children is necessary to their identity standard. This is not to say, though, that they never will. These articles also identified that there is a distinctive difference between having an unwanted and a mistimed pregnancy. An unwanted pregnancy occurs when a woman’s identity standard does not include having children at any time. A mistimed pregnancy occurs when a woman wants to have children, but becomes pregnant at a time she does not consider ideal.

While the articles that focus on the biological perspective provide understanding of the physical effects that trying to conceive can cause or those that are essential to the conception process, it is clear by looking biologically at this issue, that the mind plays an integral part in the way the body reacts when put in this situation. In order to gain a deeper understanding of why women, and/or couples, have children, it is important to combine a psychological perspective with the biological findings to further investigate the body as a whole in terms of pregnancy intentions.
Psychological Perspective

The psychological perspective can help us to understand the many perceptions that women have about becoming pregnant as well as their intentions and motivations for doing so. The following research examines preconceived ideas that women, and couples, have about pregnancy and their relationship to whether or not the woman has been pregnant before. This perspective identifies the reasons why women make certain decisions about their plans to become pregnant.

In the study “Pregnancy Motivations and Contraceptive Use: Hers, His, or Theirs,” Joan Marie Kraft used data from couples in East Los Angeles and Oklahoma City who were between the ages of 18 and 25, had a partner who was at least 18 years old, had unprotected sex without a condom in the last three months, and had one of the following risks: 1. Engaged in risky behavior such as having another partner within the past year, 2. Thought their partners were at risk of STIs or had had sex with men, or 3. Thought they or their partner would engage in sexual activity with someone else while still together in the next year.

The intention of this study was to understand the role of contraception in relation to a woman’s pregnancy motivations and to what degree men’s pregnancy motivations are part of the decision making process. Additional goals of this study were to “assess the overlap between men’s self-reports and women’s perceptions of their partner’s motivations, and the role of women’s and men’s reports of their pregnancy motivations on women’s contraceptive use among young women who were not trying to become pregnant in the next year” (Kraft 235).

Although none of the couples in the study were trying to conceive, only 45.3% were considered effective contraceptive users. Even though 72.8% claimed they did not want a child with their current partner in the next two years, only 59.2% said they believed it was “extremely
important” to not get pregnant, while only 31.3% would feel “very bad” if they were to conceive now (Kraft 237).

D. Hollander reviewed McQuillan, Greil, and Shreffler’s “Pregnancy Intentions” in her article “Distinct Profile Found Among Women Ambivalent About Becoming Pregnant.” While the data is the same, this article provides a different look into the results and, particularly, into the use of the term “infertile.” This study evaluates the difference in attitudes between women who are trying to conceive versus those who would be okay either way. This study is particularly unique because it relates a woman’s desires to be pregnant to whether or not she has ever been pregnant. This factor provides insight into the term “infertile” and shows how it can be used differently depending on the woman’s intentions of becoming pregnant. Hollander concludes that women who are more relaxed about the conception process, or are “ambivalent” at one point, may in fact have fewer obstacles when trying to conceive (Hollander 216-217).

Megan Kavanaugh and Eleanor Bimla Schwarz collected data from English speaking women aged 15-44 who were waiting for pregnancy test results at family planning clinics in Pittsburgh, in their article “Prospective Assessment of Pregnancy Intentions Using a Single-Versus a Multi-Item Measure.” Their intention was to assist health care providers to identify women who were ambivalent toward pregnancy to tailor contraception toward their fertility goals as well as to assist their patients in realizing their own fertility goals and preparing accordingly.

Kavanaugh and Schwarz acknowledge that the decision to become pregnant is sometimes a conscious one, and sometimes is not a decision at all. This study analyzes a woman’s feelings about pregnancy while the respondents are awaiting their pregnancy test results. The researchers concluded that women who were not trying to conceive were more likely than those who were
planning for pregnancy or who were ambivalent to indicate that they planned to have an abortion if their test was positive. They also found that the populations that have high rates of ambivalence toward pregnancy and concurrent low use of effective contraceptives continue to be high among low-income, minority and young women.

“Childbearing Motivations, Desires, and Intentions: A Theoretical Framework” by WB Miller details the findings from Miller’s study that was conducted with 401 married couples. Unlike many other studies in this field, this study incorporates not just the woman, but the man as well.

This study characterizes many different factors that affect one’s desires to become pregnant. Miller analyzes the data in multiple ways that also produce a variety of insights into the motivations among the couples that he interviewed. He not only presents the raw data, but also identifies the connections he found between developing the traits of wanting to become pregnant, how those traits turn into desires, how desires turn into intentions and how intentions ultimately become behavior.

The most powerful predictor of childbearing intentions, Miller found, was childbearing desires, followed by childbearing desires-spouse, parents favor having a child, friends favor having a child, childbearing intentions-satisfactions or childrearing and giving first child a sibling. Results for the dependent variable, childbearing desires-spouse, were closely similar. Childbearing motivations were the primary determinants of childbearing desires, and childbearing desires were the primary determinants of childbearing intentions. These determinants accounted for over 90% of the explained variance of their respective outcomes.

Sarah Hayford and Philip Morgan in “Religiosity and Fertility in the United States: The Role of Fertility Intentions,” used data from the 7,643 women ages 15-44 interviewed in the
2002 National Survey of Family Growth to determine the connection between fertility and religiosity. The most impactful part of this article is the debunking of the common “myth” that religious people, Catholics particularly, have more children than those who are not as religious. Hayford and Morgan identify the connection between religiosity and traditional values with the desire to have more children rather than the absence of contraception.

They found just as they suspected: that women who describe religion as “very important” have higher fertility than women for whom religion is “somewhat important” or “not important.” They “trace these fertility differentials to differences in fertility intentions” (Hayford and Morgan 1179). The level of commitment between the couple has a significant impact on the woman’s fertility intentions. Part of a woman’s decision to conceive is influenced by feelings of being “settled” or that she is ready for children. Her relationship with a significant other is an important factor in this feeling. Women who are highly motivated to become pregnant are often in long-term, committed relationships. Also, they found, women’s fertility intentions can change with each child. The factors that contribute to a woman’s fertility intentions may be different at various times throughout her life. Those factors change, especially after other children are taken into account. A woman’s identity standard, as well, can change after she has children, making her motivations different for subsequent children (Hayford and Morgan 1177).

The articles in the psychological perspective expose that the term “infertile” is often times used differently depending on a woman’s fertility intentions: women who are “okay either way” may feel less tension about conceiving and are, therefore, less likely to use the term “infertile, whereas a woman whose intention is to become pregnant may be more psychologically distressed about the conception process and as a result may be more quick to use the term. A woman who is trying to conceive, but cannot is trying to match her behavior to her identity
standard which would cause her to look for a remedy sooner than a woman who was not 
including children in her identity standard.

While the psychological perspective provides valuable insight into women’s perceptions 
about becoming pregnant and motivations to do so, it does not help us to understand where these 
perceptions originated. In order to grasp the full-circle process that a woman undergoes when 
facing her fertility, it is important to consider the societal expectations, and perhaps even 
pressures, that have formed surrounding this common household topic.

Sociological Perspective

The sociological perspective allows us to consider a bigger scope in terms of a woman’s 
fertility and how that is translated into her motivations to become pregnant. The articles in this 
section offer a comprehension of the social notions that women have about becoming pregnant 
and how they ultimately contribute to both her biological need as well as her psychological need 
to have a child.

Diana Foster’s “Family Planning and Life Planning: Reproductive Intentions Among 
Individuals Seeking Reproductive Health Care” focused on low-income men and women in 
California who were seeking reproductive health care during a health care visit. This study 
examined the degree to which childlessness is voluntary as well as the timing of desired 
pregnancies among men, women, and teenagers. Seventy-nine family healthcare providers 
across 13 counties were randomly selected to be recruiting sites. A cross-section of California 
was represented between these counties.

Foster’s study found that more than 50% of clients in their 30s did not want any more 
children while more than four out of five clients in their 40s wanted no more children or none at
all. Younger clients (teenagers – 7.1 years) wanted to wait longer to have children than the older participants (30s – 2.4 years). More white clients (79%) wanted to delay pregnancy than Latino (52%) and African American (56%). Men were 70% more likely than women to not want any more children. There was no correlation between race/ethnicity and the likelihood of wanting no more children (Foster 354).

Financial reasons were the most common for wanting to postpone or prevent a pregnancy with 24% of participants specifying they were not able to afford another child or a child at all. More men indicated financial reasons for delaying pregnancy while more women specified educational goals as their reason. Whether clients had children already or not also played a part in their decision to postpone or prevent pregnancy. More clients with no children and those women that were younger indicated educational goals and feeling that they were too young as their primary reasons for delaying a pregnancy. Married clients reported financial reasons as their top reason for delaying pregnancy (Foster 354-356).

The method or type of contraceptive that women used had little correlation with their reproductive intentions. More women who wanted to wait more than two years to get pregnant used an injectable method while women who wanted to have a child within two years used short-term methods such as the pill or patch (Foster 356).

Warren Miller and Jo Jones authored “The Effects of Preconception Desires and Intentions on Pregnancy Wantedness” focusing on respondents in the 2002 U.S. National Survey of Family Growth (NSFG). They were interested in the most recent pregnancy of 2,299 women in order to help family planning services and others dedicated to increasing “wanted” and “intended” pregnancies to appropriately place their efforts. Here, the data was collected by
moderators for the survey and then analyzed by Miller and Jones. The NSFG was conducted as a periodic survey of women ages 15-44 in the women’s homes.

The intention of the study was to determine if preconception intentions to conceive add to the prediction of pregnancy wantedness beyond the effect of preconception desires. It was found that there is “no direct effect of intentions on wantedness” (Miller and Jones 343). However, they found, there is some level of predictability in certain areas of intentions on wantedness. The level of predictability is highest when the woman is married at conception, when the woman has not given birth previously, and falls within the two highest income levels.

In “Precursors of Nonmarital Fertility in the United States,” Robert Schoen and Paula Tufis present their finding from their study using data from 1,155 women who participated in the National Survey of Families and Households. These women were unmarried, under the age of 40, and neither pregnant nor sterilized. This data was collected to determine if women who believe that children can provide financial and other social values are more likely to have a nonmarital birth than women who do not see children providing these additional values.

The underlying social impact that a child has on one’s life is of special interest, given the stigma that society places on pregnancies outside of wedlock. This study, although published in 2003, is among one of the more progressive studies because it acknowledges a population that is often overlooked. This research determined that the variable of children as a social value was strongly predictive, “with women in the lowest category significantly less likely to have a nonmarital conception and women in the highest category significantly more likely to do so compared with women in the middle category” (Schoen and Tufis 1036). Also, the career variable was predictive in a woman’s likelihood of having a non-marital birth. The lower the value, the more likely she is to have a child out of wedlock.
Robert Schoen, Nan Marie Astone, Young T. Kim, Constance A. Nathanson and Jason M. Fields used data from non-Hispanic white women aged 16-39 interviewed twice by the National Survey of Families and Households (N=2,812) in their article “Do Fertility Intentions Affect Fertility Behavior?” in order to emphasize the importance of the redirection of fertility research toward studies of the interactions between the individual and society.

They found that whether or not a couple was using contraception was not always indicative of their fertility intentions. Just because a couple was not trying to prevent pregnancy, does not mean they intended to become pregnant. Women who are motivated to conceive often consider measures to conceive more so than women who do not intend to become pregnant consider measures to prevent pregnancy. Women who intend to become pregnant are more likely to be aware of their fertility intentions than those women who are not thinking about conception (Schoen et. al. 795).

Larry Nuttbrock and Patricia Freudiger authored “Identity Salience and Motherhood: A Test of Stryker's Theory” which critiques Stryker’s theories on the salience of the mother identity. Nuttbrock and Freudiger do not believe that identity and behavior can be predicted based on a woman’s readiness to become a mother. They suggest that a woman’s readiness can, however, be impacted by her need to be a good a mother, hence clouding how ready she actually may be. Nuttbrock and Freudiger also believe that Stryker’s theory relies too much on qualitative data rather than quantitative data, also making it difficult to predict a woman’s readiness to be a mother.

Identity Theory

In Identity Theory, Burke and Stets outline the distinction that each identity is an agent, many agents add up to be a person, and that it is the various agents within each person that
interact with others (8). They give the example of Mary: “Mary is a teacher and a mother. Mary may gain information in her role as a teacher that can be passed on to herself as a mother in order to help her children learn something. In this case, the ‘teacher’ is linked to the ‘mother’ by being in the same person. Teacher and mother are each agents that can act independently or jointly or can interact with each other” (Burke and Stets 7). These building blocks are what they believe maintain our social system because the agents within persons interact as well as the agents between persons (Burke and Stets 8). While being a mother is just one of the many identities that a woman can have, it does present as a prominent one (sometimes called a Master Status) that many women feel they need to possess in order to interact appropriately not only between persons, but within as well.

When a woman feels tension from the inability to meet her identity standard, she is in a constant state of limbo. She is not only trying to interact with others, some of whom have had their identities verified, but is also trying to find stability within herself. When this occurs, the woman can be stunted in the social system because of the mismatch. It is the relationship between a woman’s fertility intentions and fertility successes or failures that can ultimately affect a woman’s ability to interact without tension in the social system.

Women without children who have decided that they want to have children, know that they want to add the “mother” identity to their list in order for their identities to interact smoothly within themselves as well. If one of their identities is missing, they may feel incomplete and unable to affirm themselves in a way that makes them feel whole:

People who view themselves as ‘good’ want to get feedback that they are ‘good.’ And there is evidence that people become upset and suffer symptoms of stress when they are not able to achieve this congruity between situationally-based self-perceptions and their identity standards or when it becomes difficult to do so. (Burke and Stets 76)
Aside from the pressures from family and friends around them, they are likely feeling a self-imposed pressure, as well, knowing that they want to fulfill a core identity.

The combination of these various perspectives provides a valuable understanding of the many facets that influence women’s fertility intentions and motivations. From this literature review a few clear conclusions can be made.

The most applicable conclusion is the revelation of the existence of a group of women who is neither trying to conceive nor trying to prevent pregnancy. This important distinction is the key to understanding the overall spectrum of where women fall when it comes to fertility intentions and motivations. These women, while not actively trying to conceive, would be “okay” if they were to conceive and are not using any contraception to prevent a pregnancy from occurring.

And finally, this evaluation of research helped to reiterate that there are innumerable factors that contribute to a woman’s connection between her behavior and her identity standard. While not all women find the same factors of equal importance, there are multiple factors for each woman, and/or couple, which play an integral role in the decision of whether or not to conceive.

Unmarried women face a social stigma of having children out of wedlock in addition to other stressors. One of the social expectations is that a woman should be married before conceiving. Although the data supports that a long-term, committed relationship is often a factor in a woman’s decision to become pregnant, marriage does not seem to be any different from other types of committed relationships.
Methodology

This study asks what impact becoming a mother has on the female identity versus struggling with conception for more than a year. To answer the question, I used a written survey with open-ended questions with a purposive sample of women who had conceived and those who had not. A content analysis of the responses then determined the impacts of these two outcomes on female identity standards.

Sample

Participants for this study were recruited by word of mouth. Some were acquaintances of the researcher while others were referred by friends or other acquaintances. Once the 15 potential participants were identified, they were contacted individually by electronic mail. A consent form was attached to the first correspondence (See Appendix B). Once the consent form was signed and returned electronically, participants were emailed a link that took them directly to the online survey. They did not need to sign-in or identify themselves in any way to access the survey. Of the 15 potential respondents, 12 remained in the study. The subjects range in age from 30 to 38. They have all been married for between seven months and nine years. Eight of the women have children and four of them do not. Those who have children range in age from 30-38, while those who do not have children are between 30 and 35 years of age. All of the participants have, or have had at the time of conception, the desire to have children. Demographically, both groups are very similar.

Survey

The survey consisted of 25 questions. Aside from the demographic questions, participants were asked to answer open-ended questions about their identity as a woman and how this related to their fertility intentions.
The online survey was created at SurveyTool.com. SurveyTool is a secure site and can only be accessed by creating an account with a unique user name and password. Only the researcher has access to the login information and the results that were generated using the online survey. All questions on the survey required an answer, but if the question did not pertain to the respondent she was instructed to enter “n/a.”

The survey was designed using previous knowledge acquired from an extensive literature review done prior to beginning this unique research.

**Variables**

The first nine questions were demographic and included questions about the participant’s age, marital status, how long they tried, or have been trying, to conceive, and number of children.

Questions 10-24 were qualitative and were designed to assess the similarities and differences in identity between mothers and non-mothers. Participants were asked when they first knew they wanted to have children versus when they believed they were ready to have children and why. Questions 13, 14, and 15 asked why participants wanted to have children, why their partner wanted to have children, and to explain whether or not they agree.

To assess the outside influences in the participants’ lives, they were asked what messages or comments they are getting from their closest friends and family about having children and/or about motherhood. Question 18 asked the women to think back to when they were 18 years-old and specify at least six of their most important identities at that time in their life, ex. daughter, sister, friend, student, athlete, Christian, intelligent, kid, fun, etc. The following question required the women to elaborate on the qualities and skills they believe were required of them to be successful at each of the identities they specified in the previous question. Question 21 asked the women to describe their definition of femininity followed by a question that asked them to
define their own identity as a female as either a girl, young woman, or woman. The following three questions were reflective and required the respondents to think about their own identity as a female and to reflect on when they first identified as a woman and, if they do, what they thought it meant to be a good woman at the time, and how they define what it means to be a good woman now.

The final question of the survey directed participants to an online gender identity scale. The Bem Sex Role Inventory (BSRI) was created by Sandra Bem in 1974, but “continues to exert a powerful influence in studies involving sexuality and gender. In fact it has formed the basis for gender assessment in hundreds of studies on a wide range of topics” (Bem 159). This version was adapted to an online format where participants rated on a scale of one to seven how closely they relate to an identifying quality. At the end of the list of 60 characteristics, 20 feminine, 20 masculine, and 20 androgynous, the online model generated a femininity score, a masculinity score, and an androgynous (neutral) score. Each score is out of 100 points. Participants completed the inventory in a separate internet browser and recorded their score in the corresponding box on the Survey Tool survey. The website that houses the online identity scale does not retain any of the data entered. This instrument has been widely tested and utilized since the 1970's. In fact, this instrument and the study that tested it changed psychology because it altered the way psychologists, individuals, and entire societies view one of the most basic human characteristics: gender identity. Bem’s research has played a pivotal role in broadening our view of what is truly meant to be male or female, masculine or feminine and, in doing so, has allowed everyone the opportunity to expand their range activities, choices, and life goals. (Bem 159)
Risks

I asked acquaintances to participate. They may have felt an obligation to participate due to mutual friendships. I made it very clear that I had other options for participants so they did not feel obligated or coerced. The consent form states that if a participant should feel uncomfortable answering any of the questions, she may refrain from answering.

Each participant signed a consent form before completing the survey acknowledging the purpose, risks and benefits, and confidentiality of the study. The consent forms were printed and will be retained for three years in a locked file in the researcher’s private home office.

It may be uncomfortable to disclose personal issues such as success or failure with regards to conception. We believe this discomfort was lessened due to the fact that the subjects are all acquaintances of the researcher. In addition, they know that the researcher had difficulty conceiving. The online survey provided anonymity which may also have helped the participants to feel more comfortable opening up about the topic.

This study was approved by the Institutional Research Board at Ohio Dominican University in February of 2013.

Findings

Of the women who have children, it took between “no time at all” and five years to conceive. The average amount of time it took for these women to conceive is 2.03 years. The children of the women in this category are between six months and three years-old. Six of the women have one child and two of them have two children. One of the women with a child, who used surrogacy to conceive her first child, is currently pregnant.

The four women who have not conceived have been actively trying for between six months and seven years with an average of 2.75 years.
Four of the 12 women who completed the survey used various fertility treatments. All of the fertility treatments were to treat the woman’s versus the man’s infertility. All of the women who used fertility treatments in this study have successfully conceived. These women used fertility medications, artificial insemination, In Vitro Fertilization, HSG, surrogacy, acupuncture, and supplements to improve Polycystic Ovarian Syndrome (PCOS) symptoms. None of the women without children in this study have used fertility treatments.

Participants were asked “What messages or comments are you getting from your closest friends about having children and/or about motherhood?” One woman, who does not have children, expressed that she has received negative comments and attitudes from friends about her attempts to conceive because of reasons that may indicate instability to those around her including “people think we don’t have enough money, we don’t have enough time, we just got married.” Another woman, who tried to conceive for more than three years before having her child, also indicated a negative response towards motherhood from her friends. The feedback she referred to was not directed at her, though, as with the other respondent, but rather, she explained that she got “a feeling of resentment [from friends with children] regarding their kids. LOTS of complaining.” She feels that since it took her so long to conceive she “really appreciate[s] what a blessing it is to be a mom.”

The remainder of the respondents, both with and without children, indicated positive and supportive messages from their friends about motherhood. Two women with children indicated the camaraderie with their friends who also have children and that those relationships are supportive. Three women indicated support from their friends in a different way. One respondent without children noted that her friends are supportive of her efforts to want to have children even though she has been unsuccessful. Two other respondents, who do have children,
but tried to conceive for between two and a half and five years, also indicated supportive messages from friends as they learned of their struggles while they tried to conceive.

The following question on the survey asked what messages participants are getting from their family about having children and/or about motherhood. While the answers here, too, indicated support from family, eleven out of the twelve respondents specify either pressure to have children, if they do not already, or pressure to have more children if they already have conceived. One woman with a child said, “In fact, I felt a bit ‘unsuccessful’ before I had a child. They always loved and supported me, but it was not until I had my daughter that I felt like I had accomplished my job as a woman.”

To begin to understand the types of identities the participants held in their lives, they were asked to “Imagine yourself at the age of 18. Please identify at least six of your most important identities at that time in your life.” There were three identities that more than half of the participants noted: student (8/12), daughter (9/12), and friend (10/12). Other common answers included sister (5/12), athlete (4/12), and girlfriend (2/12).

Participants were then asked what they thought it took in order to fulfill each of the identities they had specified in the previous question. While there is no list of “mothering terms,” there are certain characteristics that are typically associated with being a mother. The mothers did use more “mothering terms” to describe the qualities and skills it took for them to fulfill their identities. The mothers used terms such as empathy, support, and generosity. One exception was respondent number seven who does not have children. She used just as many mothering terms as those who had conceived successfully. She has been trying to conceive for seven years, the longest out of any of the respondents.
Mothers also tended to use more typically masculine language than non-mothers such as protective, hardworking, and determined. The word “determined” was the only word used by non-mothers that may be more typically associated with masculinity.

Four women used the Bem-designated feminine term “compassionate” in their definition of femininity. Three of these women have children and one does not. All of the responses, from both women with children and without, were a mix of physical attributes, for example having long hair, beautiful, curvy and “dresses in clothes that are clean and not sloppy” and descriptions of an attitude, for example gentle, soft spoken, strong, and confident. The only stereotypical definition of femininity, “Femininity to me is a ballerina. Pink. Flowers, Soft, Cuddly,” came from a woman with one child.

Four women in the sample have experienced significant loss during their adulthood. All four women have lost a parent. Three of these women do not have children. One lost her mother at the age of 24, one lost her mother when she was 28, and the other lost her father at the age of 33. The fourth participant to experience significant loss lost her mother at the age of 36 and has one child. This respondent also went through a divorce at the age of 30. She had her child with her current husband. She did not have any children with her ex-spouse.

**Hypotheses**

Based on the knowledge acquired from the literature review there were several hypotheses about the projected results from this study:

1. I expected that the women without children would have lower femininity scores on the BSRI scale than the women with children, as failure to conceive would cause them to alter their identity standards related to femininity in order to reduce the tension or incongruence from the feedback loop.
2. I expected that the women with children would use more feminine language (or identity standards) to describe their identities than those women without children. Identity Theory would suggest that these attributes would become more salient with the experience and feedback of motherhood.

*Results – Hypothesis One*

I expected that the women without children would have lower femininity scores on the BSRI scale than the women with children, as failure to conceive would cause them to alter their identity standards related to femininity in order to reduce the tension or incongruence from the feedback loop. However, that is not consistently the case. Overall, the women with children had more balanced scores across the three categories than the women without children (See Appendix A). It is reported that the overall national average of the BSRI masculinity and femininity scores are 98 (4.9 when scores are divided by 20) (Hyde). While this population overall had considerably lower scores than the national average, the femininity scores of the population as a whole were fairly similar to each other, in the low to mid-70s. The women without children, though, had larger gaps between their scores for femininity, masculinity and androgyny. The women who do not have children, but have been trying to conceive for two years or more, overall, have more balanced BSRI scores than those women who have been trying to conceive for less than two years.

This suggests that the identity standard for women with children includes more of a balance between femininity and masculinity than women without children. This data may also indicate that the longer a woman tries to conceive, the more balanced her gender identity standard may become. This could be a result of her attempt to correct the disconnect between her identity standard and her output.
Results—Hypothesis Two

I expected that the women with children would use more feminine language (or identity standards) to describe their identities than those women without children. Identity Theory would suggest that these attributes would become more salient with the experience and feedback of motherhood. On the whole, this was true. The most used term throughout the questions about respondents’ identity was “compassionate.” According to Bem, compassionate is a feminine term (Gaudreau 300). Six of the twelve women used it to describe their identity as a woman or as a part of their definition of femininity. Of the six women, two of them did not have children and four of them did. This suggests that although women with children have more of a balanced gender identity standard between femininity and masculinity, their ability to be a mother has allowed their behavior to match the identity standard of being a female, unlike women who have been unable to conceive. Their behavior, then, is recognized as more feminine because their identities as females have been verified.

Not only did the women without children use less feminine language in their answers, they also used less gender-specific language altogether. All of the women with children used a gendered term at least once in each of their answers to the question about fulfilling their identities and what their definition is of femininity. Between the four women without children there were eight opportunities between two questions to describe their idea of feminine identity. Of these eight opportunities, there were only six gendered terms used throughout their answers. This supports the assumption that women without children, overall, are struggling to match their identity standard with their output, but due to their inability to conceive are unable to do so. This is revealed through the lack of gendered terminology they produce when asked about their identities.
Of the women with children, there were seventeen references to either feminine or masculine terminology to answer the same questions. Each woman with children used at least one feminine or masculine specific term between the two questions. Other commonly used terms included: (masculine) willing to take risks, defends own beliefs and athlete, and (feminine) understanding, loyal, sensitive to the needs of others, and helping. This use of language proves the identity verification that a mother receives as a woman. While women without children possess these characteristics as a female as well, their inability to become a mother as they perceive is expected of them, forces them to continue to try and adapt their behavior to meet the standard.

Unexpected results

Ten of the twelve women were able to identify a particular defining moment that led to the first time they identified themselves as a woman. These occurrences range from significant injury, to loss of a parent, to becoming a mother. I was unsure if women would be able to pinpoint the time when they first identified as a woman. However, this shows that identifying as a woman is a significant milestone in a female’s life. Each of the events that the respondents noted were momentous and clearly changed their perception of their female identity standard, likely contributing to their motivations to conceive.

Connections to literature review

The reasons the women in this study indicated for when they believed they were ready to have children closely mirrored the findings in Kristen Montgomery’s “Women’s Desire for Pregnancy.” She focused on women between the ages of 25 and 40 who had given birth in the previous 5 years. She found five main themes that provided insight into a woman’s desire to have children versus her feeling of readiness to do so. Two of these themes overlap with the
respondents of my study: timing related to finances and housing and meeting personal criteria. The respondents in her study also cited financial stability and sufficient housing as a prerequisite for having children. The couple’s careers and a stable relationship were the main personal criteria that were acknowledged in both studies. All of these factors were explained by Montgomery as the participants’ way to combat some of the potential stressors to the already exceeding amount of pressure associated with parenthood (Montgomery 57).

There were two women in my study that became pregnant without actively trying to conceive. They are among the “third group” of women identified by Julia McQuillan, Arthur L. Greil, and Karina M. Shreffler in their article “Pregnancy Intentions Among Women Who Do Not Try: Focusing on Women Who Are Okay Either Way.” These women are neither trying to get pregnant, nor or they trying to prevent it. This study concludes that “in some ways, those who are okay either way are more like those who were trying to get pregnant” (McQuillan, Greil, and Shreffler 181). Because these women have more trust in getting pregnant they are less likely to identify as having infertility since they are not “actively” trying to conceive. This supports the claim that emotional stress can decrease a woman’s chances of conceiving.

A third woman in my study used several fertility treatments including In Vitro Fertilization in order to get pregnant with her first child after actively trying for two years. While they were not preventing pregnancy for a year, they only tried actively for one month before becoming pregnant with their second child. Another example that illuminates the differences of the “third group” is the participant who used surrogacy after actively trying for three years to conceive. While they were not actively trying, she became pregnant without treatment with their second child, including her in the “okay either way” group. These examples clearly define the difference between a mistimed pregnancy versus an unwanted pregnancy.
Both of these women wanted children and had identified as having infertility with their first child, but once they accepted that they were okay either way, they became pregnant.

Limitations

In order to protect the anonymity of the respondents, the surveys were conducted anonymously online. There were some definite limits to gathering the data this way. There was no ability to ask follow up questions if the answer was incomplete or if the answer led to another question.

Also, the sample size was small. For further research, more could be gained from a larger population. Widening the age restrictions may help to increase the pool of participants.

While there were some definite patterns, there is still the possibility that there are other factors that contribute to a woman of child-bearing age’s feminine identity that are not addressed in this study. There are also biological conditions that can affect women’s estrogen and testosterone levels which may also be a factor in a woman’s feminine identity. There is a lot of consistency amongst the mothers in this study, but not as much with the women who have been unable to conceive.

Discussion

Analysis

While I expected that women who had intentions of conceiving but had been unsuccessful would have a lower sense of femininity and that their sense of their female identity would be weakened due to the struggles of trying to conceive, I found that, on the whole, that is not the case. These women, while honest about the pain and disappointment they have felt during the process of trying to conceive, have maintained a sense of their female identity
standard, specifically the incorporation of the mother identity, and although they have yet to verify their identity as a mother, have considered the qualities that are important once they are successful. Since most of the women tried to conceive for more than a year, their intentions are clear which may encourage them to try harder to match their behavior with their identity standard. Perhaps also, women adapt to failure to conceive by compensating with more and stronger traditional feminine traits in order to confirm the woman identity standard.

Much of a woman’s rooted sense of identity could be attributed to pure biology as well as the woman’s desire and need to have a child. Many of the participants noted these desires and needs in their answers to the questions about why they and their partners want/wanted to have children. While respondents gave answers that included simply the word “familial” and “biological,” it seems these responses arise from a desire to have a family. It is the difference in where the “need” to have a family comes from that is important. Some may feel the “need” to have children due to societal pressures while others feel the “need” to have children from within their bodies. Many of the women cite that they wanted to have kids all their lives or “since childhood.” This also provides insight into the answers three women gave that indicated that their husbands wanted to have children purely to please their wives. In fact, one woman said that her husband “didn’t think it was necessary, but he was willing to have a child because it was something I wanted.” The women who are actively pursuing motherhood, though, are undoubtedly committed to meeting the identity standard perceived for a woman. They identify closely with this identity already, in fact, because “one is more committed to an identity when one strives harder to maintain a match between perceived self-in-situation meaning and the meaning held in the identity standard. Commitment thus moderates the link between identity and behavior making it stronger (high commitment) or weaker (low commitment)” (Burke and
It is this commitment, whether biological or social, that motivates women, and their partners, to try to conceive.

It was not necessarily that these men did not want to have children, but may not have had the same “need” that their female counterparts did to fulfill an identity standard. Not one respondent mentioned any pressure put on their partners, though, only on themselves. This reason combined with the biological feeling of wanting/needling children, indicates that the woman may continue to drive the decision to try to conceive. What is interesting, though, is that when asked “Do you and your partner agree on the primary reason to have children,” all but one respondent said yes even if they said previously that their partner only wanted to have children to please them. It is hard to decipher if the women in this situation needed to convince their husbands to have children or whether certain men are always in the “okay either way” group.

Women undeniably experience more social pressure to have children then men do. Women are, by nature, expected to be nurturing and to want to have children. As Burke and Stets explain

there may be more than one expectation tied to a social position. Further, expectations can be specific or general in the behavior to which they refer. They can require specific performances, or they can simply provide an outline within which much flexibility is possible. For instance, a general expectation of a ‘mother’ is that she be nurturing. Some women may fulfill this expectation by being physically affectionate, while others may fulfill it through encouraging their child and engaging in supportive talk. (114)

Those, then, that do not have children for any reason experience a continuous pursuit of a suitable identity standard based on their perceived expectations. Many of the women in the study who tried for a significant amount of time mentioned secrecy about their attempts to conceive. This is likely because they were in the frequent position of interacting with mothers in which their context was disjointed. These women face situations similar to those Burke and Stets describe in an example they present of a man they call Tom. Because some may consider
him more feminine than masculine, Tom has to adjust his behavior based on the situation he is in to be more masculine or feminine. To make matters even more complicated, Tom has to account for that fact that “behaviors that might be taken as more feminine in one context may be seen as more masculine in another context. [Tom] has to experiment a bit to find the behaviors that result in the desired level of perceived masculinity” (Burke and Stets 67). Just like Tom, women without children have to differentiate their behaviors between other women without children and those women with children. So, not only are they struggling to meet their own identity standard, they are accounting for their environment in order to know the appropriate behavior for the standard. This makes it easy to understand why infertility is often left unspoken.

The balance of masculinity and femininity among the mothers was the most surprising result. These results can be explained if we recognize that, while it does make sense to equate a woman’s female identity with being a mother, mothers have to have many talents which can perhaps contextualize the addition of masculine traits. While these traits are not necessarily present in a woman’s identity standard solely as a woman, although they may be, it is possible they become salient only after a woman becomes a mother. Their identity standard clearly changes as their perceived identities are reevaluated.

Parents need to maintain a balance of both masculinity and femininity. Parents must put themselves second to another and in a way, redefine their identity around the needs of someone else. Instead of being rooted in femininity, perhaps mothers actually lose some of their femininity and gain masculine traits in order to complete their duties as a mother. Physical traits become less important and the strength that can be associated with femininity moves to the forefront for mothers. Their priorities shift and femininity becomes “a blend of your traditional femininity with a quiet strength,” as one respondent with a child explained. She is still holding
on to the outward femininity traits such as "wearing perfume, or wearing lipstick, or having long hair," as another respondent without children explained, but she developed a masculine strength about her that is essential for being a parent.

Unlike the mothers in the study, women who have yet to conceive have not yet embraced a masculinity identity. Masculinity is not likely to be one of the terms associated with motherhood by most, but the results of this study show it should be. The women who have already had children have likely, unknowingly, added the balance between the femininity of being a mother versus the additional masculinity needed to be a parent to their identity standard as a mother. As Burke and Stets point out in a study by Nuttbrock and Freudiger “women with a more salient mother identity are more likely to accept the burdens of motherhood, that is, perform the parenting role without help from others such as their husband, and they are more likely to make sacrifices for their child including spending the necessary time and energy with the child” (48). The balance of feminine and masculine traits is something that is developed once their children are born as opposed to the sense of femininity women are socialized into. These women are forced with the choice, though, that if “[their] expectations are not met, [their] normal identity-verification processes are interrupted, and [they] must find ways of reestablishing the normal identity processes, or else find new identities” (Burke and Stets 77).

While the majority of the answers given by those women with children were similar, the data from the women without children was less consistent. The amount of time spent trying to conceive has an impact on a female’s identity standard as that presents another opportunity for self-awareness. The fact that the women without children not only used less feminine language in their explanations of their inability to match their output with the identity standard, but also used less masculine language supports this likelihood. While there are some outliers that do not
fit with this pattern, it cannot be forgotten that regardless of whether a woman is a mother or not, she is her own person. Some women are going to be, by upbringing, more feminine or masculine. Here, I am purely looking at patterns to determine if and how a woman’s intention to conceive and her ability to do so have an impact as a whole on women’s feminine identity.

As explained in Identity Theory, the many identities within a woman interact with other people, but the identities also interact with each other within each person (Burke and Stets 8). Since these identities add up to create a complete person, it only makes sense that we would notice when one of those identities was missing. Not every woman wants to have children, but the ones who do, know that they do. They want to add “mother” to their list of identities in order to interact correctly with others. This explains the answers the women gave about comments others made to them about having children and motherhood from their friends and family. It seems as though the women without children felt pressure, likely from others that are mothers, whereas those with children interpreted that same interest in their having more children and motherhood as support and camaraderie. Mothers may want their friends to have the same identity in order to interact successfully and to have their own identities confirmed.

*What does mothering do to a woman’s sense of identity?*

Burke and Stets define an identity as “the set of meanings that define who one is when one is an occupant of a particular role in society, a member of a particular group, or claims particular characteristics that identify him or her as a unique person” (3).

While it seems logical that mothers may use more feminine language than non-mothers and score higher on the femininity scale, it may be less obvious that the same would be true of their use of masculine language and their scores on the masculinity scale. Mothers not only need
to display qualities of motherhood, but perhaps their natural ability to relate to masculinity is a biological reaction to the need to identify with both the masculine and feminine traits of their children. This ability creates a more balanced gender identity standard for a mother. The women that used the most masculine associated words were the women who had been trying to conceive the longest, regardless of whether they had been successful yet or not. Those who had been trying the longest have also had the longest amount of time to assess their commitment to reproducing.

Next steps

This study provides valuable information to assess a woman’s fertility intentions versus her fertility success and how the relationship between the two can affect her feminine identity. To further understand this connection, a follow-up study could be completed with the women in this study who have been trying to conceive for more than a year once they successfully conceive. They could then be asked the same questions and re-take the BSRI. The scores would then be compared before and after fertility success.

A more in depth look at the male partner’s role in trying to conceive would be very valuable as well. In fact, it could provide further insight into the effect that the relationship between fertility intentions and fertility success can have on a woman’s female identity. It is quite possible that the husband plays an integral part in this process that is not captured in this particular study.
Works Cited


Appendix A

Results of the Bem Sex Role Inventory (Table 1)
These are the numerical results of the online BSRI survey.

<table>
<thead>
<tr>
<th>Children Y or N</th>
<th>How long TTC</th>
<th>Masculinity Score Average: 62.973</th>
<th>Femininity Score Average: 68.677</th>
<th>Androgynous Score Average: 59.85</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>2 years</td>
<td>70.833</td>
<td>75</td>
<td>71.667</td>
</tr>
<tr>
<td>N</td>
<td>6 months</td>
<td>44.167</td>
<td>72.5</td>
<td>60</td>
</tr>
<tr>
<td>N</td>
<td>1.5 years</td>
<td>83.33</td>
<td>51.667</td>
<td>57.5</td>
</tr>
<tr>
<td>N</td>
<td>7 years</td>
<td>50</td>
<td>71</td>
<td>61</td>
</tr>
<tr>
<td>Y</td>
<td>3 years</td>
<td>82</td>
<td>66</td>
<td>55</td>
</tr>
<tr>
<td>Y</td>
<td>19 months</td>
<td>54.386</td>
<td>72.5</td>
<td>56.6</td>
</tr>
<tr>
<td>Y</td>
<td>0</td>
<td>73</td>
<td>70.3</td>
<td>63.3</td>
</tr>
<tr>
<td>Y</td>
<td>2 years</td>
<td>64.167</td>
<td>51.667</td>
<td>53.333</td>
</tr>
<tr>
<td>Y</td>
<td>2.5 years</td>
<td>64</td>
<td>73</td>
<td>59</td>
</tr>
<tr>
<td>Y</td>
<td>5 years</td>
<td>50</td>
<td>82.5</td>
<td>60.8</td>
</tr>
<tr>
<td>Y</td>
<td>3 years</td>
<td>64.1</td>
<td>63</td>
<td>60</td>
</tr>
<tr>
<td>Y</td>
<td>0</td>
<td>55.8</td>
<td>75</td>
<td>60</td>
</tr>
</tbody>
</table>
**Identities and Femininity (Table 2)**
These are the answers to two of the open-ended questions the participants were asked that provided insight into their feminine identities.

<table>
<thead>
<tr>
<th>Children Y or N</th>
<th>In order to fulfill each of the above identities, what qualities, skills, etc. were required of you?</th>
<th>What does femininity look like to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Fun – able to go out and enjoy myself in most circumstances and to have other people enjoy being with me; Kind – giving, understanding, friendly, caring; Intelligent – street smart, book smart, able to communicate wants and needs, able to stand on my own two feet; Friend – to be there through good and bad days, to care, have fun, communicate; Good Looking – even on my worst day – be able to put myself together so I don’t look like trash – so that I am respectable; Carefree – to be who I am, stand up for myself, not be pushed into things I don’t want, live how I want, earn for myself and not have to worry about being dependable on anyone.</td>
<td>Strong, respectable, and opinionated, to be able to accentuate oneself from being a man, patience, forgiveness, caring, love.</td>
</tr>
<tr>
<td>N</td>
<td>daughter: love, communication. sister: strength, compassion, laughter. student: determination. friend: honesty, trust. sorority sister: bonding, acceptance. naive: limited world view</td>
<td>I think femininity is an attitude. I think it can be anything to dressing a way that makes you feel that way, or wearing perfume, or wearing lipstick, or having long hair. I think it’s a confidence to present yourself the way you interpret femininity</td>
</tr>
<tr>
<td>N</td>
<td>Friend: supportive, listener. Student: focused, attentive. Athlete: endurance, determination. Partier: spontaneous, energized. Busy: tired, stressed. Daughter: expectations, pride.</td>
<td>Standing up for political or social values that advance women. I think of a feminine person as one who pursues advances that benefits women whether it be in the workplace, at home, at church, in education, etc</td>
</tr>
<tr>
<td>N</td>
<td>Each one of these things can be boiled down to one thing, a willingness to give part of yourself up. Daughter, Sister, Friend it is a willingness to put aside your own needs on occasion and be what it is that is needed of you. Listen and pay attention to others and be intuitive at times. The other 3 still require you to be able to let go of things within yourself, fear, inhibition, and ego.</td>
<td>Secure, confident, curvy, physical stereotype.</td>
</tr>
<tr>
<td>Measure my self worth a great deal by what I can give to others.</td>
<td>Femininity to me is a ballerina. Pink. Flowers. Soft. Cuddly.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Daughter: successful, loving, friend: supportive, fun sister: supportive, loving athlete: competitive, in shape, humanitarian: socially conscience, helping others, environmentalist/animal lover: socially conscience, teaching others</td>
<td>feminine has been portrayed as gentle, soft spoken, and almost flowy.... however I tend to think of a blend of your traditional femininity with a quiet strength</td>
<td></td>
</tr>
<tr>
<td>Kindness, empathy, compassion (friend, listener); open to new things, spontaneous (fun); determined, responsible, willing to find/fix mistakes (hard worker, student); Friend: available, fun, similar interests, loyal; individual: free will, not easily influenced; creative: open minded, exploratory, risk taking; active: dedicated, goal oriented, committed; musical: practice, creativity, feeling; outspoken: strong value system, outgoing/extrovert</td>
<td>I don't think it is an exterior look as much as it is a softness, in the eyes, in the voice. Compassion in large amounts, and the ability to set aside things in order to take care of those that you love.</td>
<td></td>
</tr>
<tr>
<td>Friend: loving, understanding, fun Student: smart, hardworking, efficient Kind: generous, friendly Intelligent: well-spoken, well-written, calm Giving: generous with time, put others first Patient: calm, compassionate, empathetic</td>
<td>Loving, caring, strong, gentle, patient</td>
<td></td>
</tr>
<tr>
<td>daughter - respect, love, openness, support. Student: motivation, dedication, time management.</td>
<td>Someone who is feminine takes care</td>
<td></td>
</tr>
<tr>
<td>Christian: love, forgiveness, compassion, resisting temptations. Friend: love, loyalty.</td>
<td>I hate to say it, but I think of femininity as a look and attitude. Someone who is feminine takes care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>communication, willingness to put others first, forgiveness. Roommate: communication, friendship, honesty, respect.</td>
<td>of herself. She dresses in clothes that are clean and not sloppy. She might not wear a lot of makeup, but wears some. Also, she has a certain attitude. She's loving and compassionate.</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
Appendix B

Consent Form

Title: The Relationship Between Fertility Intentions and Fertility Successes and its Effect on a Woman’s Identity

Investigator: Emily Lugg, Ohio Dominican University, 1216 Sunbury Road, Columbus, Ohio 43219; phone 614-893-9790

Purpose: You are being asked to participate in a research project that seeks to determine how a woman’s identity is affected by her intentions and ability to conceive a child. You will be asked about your fertility experiences, your feminine identity, and your feelings about having children.

Risks and Benefits: Due to the subject, it is possible you may feel uncomfortable disclosing personal information which may elicit an emotional response. You may omit any questions that make you feel uncomfortable.

Compensation: Participants will not be compensated in any way for participation in the study.

Confidentiality: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written materials and consent forms will be stored in a locked file in the researcher’s home office and only the researcher will have access to online data with a user name and password. Your response (s) will only appear in statistical data summaries. All materials will be destroyed at the completion of the research.

Right to Withdraw: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

Summary of Benefits: A summary of the results of this research will be supplied to you at no cost, upon request.

Voluntary Consent: I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw consent at any time, for any reason. On these terms, I certify that I am willing to participate in this research project.

This study has been approved by the Ohio Dominican University Institutional Review Board. I understand that should I have further questions about my participation in this study, I may either call Emily Lugg at 614-893-9790 or Dr. Marazita, of the ODU IRB, at 251-4687.

Participant’s Name Printed __________________________________________
Participant’s Signature ____________________________________________ Date _________________
Researcher’s Name Printed Emily Lugg
Researcher’s Signature ____________________________________________ Date _________________