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**NEGOTIATING  
INFERTILITY TREATMENT  
DECISIONS**

**A THESIS PRESENTED IN PARTIAL FULFILMENT  
OF THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF SOCIAL WORK  
MASSEY UNIVERSITY  
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## Errata

Page	Line	Correction
ii	19	'for' instead of 'fro'
1	12	'fertilisation' instead of 'fertililisation'
14	18	delete 'a'
17	11	add 'an' before 'unexpected'
18	8	add ':' after '2001b'
43	13	'compromised' instead of 'comprised'
70	3	apostrophe after 's' in participants not before
84	11	'and' not 'is'
137	16	add apostrophe after 'counsellors'
140	13	delete 'on'
143	3	add apostrophe after 'participants'

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# ABSTRACT

The focus of this thesis is on how couples make infertility treatment decisions, from infertility diagnosis through the maze of available options, until they decide to stop treatment and move on, either with or without children. The decisions required along the infertility treatment path are dazzling in their breadth, detailed in their technicality, physically daunting, emotionally demanding and ethically stretching.

The research was qualitative and involved two studies. The preliminary study involved six couples who were understood to have 'moved on' from infertility treatment, although it emerged that most had not clearly stopped. The main study involved twenty couples who had undergone a minimum number of either donor insemination (DI) or *in vitro* fertilisation (IVF) cycles in Christchurch, New Zealand. The research was longitudinal, with three interviews held over two and a half years. This enabled the development of an original model of treatment status, in which participants were categorised as 'active', 'non-active', 'in limbo' or 'stopped' with their treatment. The model aids in understanding the positioning and movement of people's infertility status over time. Limbo was relatively common, despite being under-recognised in the literature.

The major factors influencing how couples make infertility treatment decisions were examined. Childless women were found to drive couple's treatment decisions, while parents were more likely to make joint decisions. Emotional strain, age, and cost were factors that affected the decision to have more treatment, and got extended over time. The "lure of a cure" (May, 1995:236) through an advancing and increasing range of assisted reproduction techniques tended to delay the decision to move on from infertility treatment, as did 'anticipated decision regret' (Tymstra, 1989). Counselling, though valued, was not found to have assisted many participants in their decision-making. The decision to stop treatment was therefore often prolonged and difficult, especially for those who were still childless.