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**Representation of Male Infertility in Newspaper Reports**

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## ABSTRACT

Infertility is a global issue. It is defined by the World Health Organization as the inability for sexually active couple who are not on contraceptives to achieve pregnancy over a period of a year. Infertility affects both men and women and has been found to result in feelings of anger, shock, denial, frustration, loss of control, isolation, guilt, lowered self-worth, and poor life quality. Although infertility affects men and women, it has throughout history been viewed as a woman's problem. The media is frequently identified as being the central platform in the production and reproduction of rules of masculinity. The media shape the social representations in public spaces. Newspapers provide insight into community discussions and debates. Male infertility forms part of these discussions and debates. Traditionally for men, the ability to have children is associated with masculinity more than the role of being a father. This study used thematic analysis that was informed by procedures from grounded theory to explore the representations of male infertility in South African news reports. In the 43 news reports that were analysed, three global themes were identified. The first global theme was Risks and it was divided into two subthemes, *environment* and *lifestyle*. The second global theme was Stigma. The third global theme was Remedies and it was divided into two subthemes, *supplements* and *biotechnology*. The themes identified are important in adding to the literature on the psychosocial aspects of male infertility.

**Keywords:** gender, grounded theory, male infertility, media representations, newspapers, thematic analysis, social representation theory

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## CHAPTER 1: INTRODUCTION

### 1.1 Reflexive preface

Male infertility and its cultural undertones have intrigued and aroused my curiosity, first, as someone who grew up in an African rural area and then, as an adult, through particular media representations. As a Black South African Pedi woman who grew up a rural village in the province of Limpopo (South Africa), I was often exposed to the views of elders around me as a young child. I had a neighbour (a man) who married a woman who was often referred to as '*moopa*' which means 'barren'. The term was often used in a derogatory manner which made me question why there was so much stigma around it. Eventually, the couple separated, and it was rumoured in the village that it was due to the woman's inability to have children. However, some years after, the man remarried a woman who already had children from a previous relationship. The two have been married for over a decade at this point but the pair still do not share any biological children between them and this is believed to perhaps be due to an issue with the man.

It was from growing up in the village that I came to understand that there was much stigma connected to infertility and that women are often presumed to be the problem. In the case I have discussed above, it appears that the woman may not have been the problem or, at least, not the sole problem. I cannot confirm this since she moved away after the separation and I am not able to report on whether or not she ever did have her own biological children. However, the neighbour and his current wife have been married for long (over a decade) but do not have any children, which is questionable especially after being rumoured to have separated from his first wife due to infertility. This leads me to believe that perhaps he was the one with the problem.

As a fanatic of local South African soap operas, I have also observed that stigma on infertility is perpetuated in the media and that when it is discovered that the problem lies with the man, cautionary measures are taken to ensure that people outside of the family do not find out. One of these soap operas that I loved watching is called '*Generations*' (drama series that informs and entertains South Africans on weekdays). In the year 2016, one of the male characters (Mazwi), who was from a very affluent family married, following which he was advised to have a child (a boy) so that the child could one day take over the family legacy. The couple



struggled to conceive and decided to investigate, following which they discovered Mazwi was infertile. One of the phrases used to describe the infertility was that he was ‘shooting blanks’. As he was the eldest son and the only one of two brothers who was married, he had to agree to the family custom where the unmarried brother (Smanga) would be requested to impregnate his wife so that his infertility would not bring shame to the family and potentially end the family line (Moroka legacy). This soap opera portrays many South African cultural values and principles. It sparked the idea that this portrayal of male infertility was indicative of how this topic is viewed in the country.

In my first year of the Master’s course, I did not have clear plan of what I was going to use as my research topic and so, when the class was presented with a list of possible topics to choose from, infertility was the one that stood out for me. I decided that the focus would be on male infertility as a result of the experiences detailed above. Although not personal to me, this was a topic to which I believed I would be able to contribute.

## **1.2 Rationale and context of the study**

Infertility is a global issue, it is defined by the World Health Organization (WHO) as the inability for sexually active couple who are not on contraceptives to achieve pregnancy over a period of a year (Dohle, Weidner, Jungwirth, Colpi, Papp, Pomerol, & Hargreave, 2004). Clinically, there are two kinds of infertility. The first, primary infertility, is as a result of either genetic, immunological, anatomical and/or endocrinological problems which have resulted in infertility. The second, secondary infertility, is often caused by factors such as poor health care behaviours, untreated STIs, exposure to substances that are toxic, and sociocultural practices such marriages between relatives (Mumtaz, Shahid, & Levay, 2013).

Primary infertility can further be divided into four categories. The first category is the female factor category where the woman carries the issues of infertility. The second category is the male factor category and, in this category, the man carries the issues of infertility. The third category is the combined factor category, and this category refers to cases where both the man and woman contribute to the inability to reproduce. The last category is the unexplained factors category and, in this category, there is no known explanation for the cause of the infertility (Nowoweiski, 2013). This research study is concerned with psychosocial experiences of male infertility rather than the medical, as researchers have expressed that since infertility manifests mainly in psychosocial ways, it may be more suitably conceptualised as a social, not a medical

condition (Sangster & Lawson, 2014). Additionally, there is vast literature relating to the clinical component of male infertility and not nearly as much qualitative literature (Hanna & Gough, 2015).

Infertility affects both men and women and has been found to result in feelings of anger, shock, denial, frustration, loss of control, isolation, guilt lowered self-worth, and poor life quality (Jordan & Revenson, 1999). Although infertility affects men and women, it has throughout history been viewed as a woman's problem (Inhorn, 2003). According to Agarwal, Mulgund, Hamada, and Chyatte (2015), one factor that contributes to infertility being considered a female problem is that men have often been excluded from population surveys. In cases where men are included, it is in the context of the couple. This implies that there are many infertile men who are not included in data. Consequently, many of the results from these surveys are biased. This is what often leads to the conclusion that infertility is a woman's problem. Another contributing factor according to Agarwal et al. (2015) is that male infertility is seldom reported, and this is usually due to cultural principles and patriarchy. This is the reason why it is difficult to obtain data on male infertility, especially in countries that are governed by strong patriarchal values. Agarwal et al. (2015) also highlighted that male infertility has never been defined as a disease. This results in male infertility figures being inaccurate. Lastly, Agarwal et al. (2015) revealed that large numbers of women have been studied; however, only the men who visit fertility clinics have been studied.

The media is frequently identified as being the central platform in the production and reproduction of rules of masculinity (Gibbs & Jobson, 2011). The media play an important role in influencing the social representations that are spread in public spaces (Campbell & Gibbs, 2008). In other words, media play a role in forming people's understanding about health (Campbell & Gibbs, 2008). What people believe about health, illness, and disease is developed in part, from how these are portrayed by the culture and societies from which people come (Lyons, 2000). For instance, media reports on sperm decline equate infertility with impotence although it is widely known that infertility has no impact on the physical aspects of sexual functioning (Wischmann & Thorn, 2013). Newspapers and other forms of media contribute to the development of our beliefs and ideas about health and illness (Lyons, 2000). Newspapers provide insight into many of the discussions taking place in the broader public sphere (Campbell & Gibbs, 2008). Male infertility, as a topic of social interest, forms part of these discussions. Traditionally, for men, the ability to have children has often been associated with

masculinity rather than the actual undertaking of the role of being a father (Gannon, Glover, & Abel, 2004).

### **1.3 Study aim and research question**

This study aims to explore how male infertility is represented in South African newspaper reports. The newspapers have been selected on their readership in the country and therefore speak to what the majority of South African are exposed to. The research question of the study is:

- What do South African newspapers report about male infertility?

### **1.4 Study outline**

#### **Chapter 1: Introduction**

This section will provide an introduction of the topic, provide a reflexive preface, discuss the background to the study, and outline the aim, objective and motivation of the study

#### **Chapter 2: Literature review**

This section will discuss available empirical studies on male infertility, specifically the social factors that play a role in representations of male infertility. This section will also discuss the theoretical underpinning of this study which is Social Representation Theory (SRT). Detailed in this section will be SRT defined, key components of SRT, and criticisms of the theory.

#### **Chapter 3: Research methodology**

This section will explain the approach that will be used in conducting this study and explain the method of analysis.

#### **Chapter 4: Findings and discussion**

This section will report on the findings obtained from the analysis, engage the findings with the literature and offer interpretive comments on the findings.

#### **Chapter 5: Conclusion**

This section will be a summary and evaluation of the research study.

### **1.5 Chapter summary**

This chapter commenced with a reflexive preface which inspired the selection of the topic of male infertility for this minor dissertation. This chapter then provided some background information on male infertility and the rationale of the study. This chapter then outlined the study aim and the research question. This chapter then concluded with an overview of what each of the chapters discuss.



## CHAPTER 2: LITERATURE REVIEW

### 2.1 Introduction

This chapter discusses the theoretical framework that underpins this research study. The theory discussed hereunder is Social Representations Theory (SRT). The theory will first be defined after which a brief history of the theory will be provided. The chapter then provides some criticisms of the theory and is concluded with the gender, sexuality and reproduction aspects which are the focus of this research study.

### 2.2 Gender and infertility

Gender refers to socially created roles, activities, behaviours, and attributes that societies assign for women and men around the world (Mumtaz, Shahid, & Levay, 2013). According to Mumtaz et al. (2013), gender is one of the sociocultural institutions that influence ideas around infertility. Men and women perform gender roles on a daily basis, they act out the gender roles and norms that societies map out for them. Women and men, from birth, internalise these gender ideologies, and they become deeply rooted in them (Mumtaz et al., 2013). As a result, these ideologies play an important role in identity formation and offer people their sense of self that cuts across all social and class divisions (Mumtaz et al., 2013).

Courtenay (2000) agrees that gender is one of the factors that are linked to and influence behaviour. This author claims that in comparison to men, women take part in behaviours that promote health and healthy lifestyles more often than men do. This is in part, due to institutionalised social structures such as media and other structures with which men interact (Courtenay, 2000). These structures produce various health related beliefs and behaviours and therefore aid with the development of harmful beliefs and behaviours by men (Courtenay, 2000). Research indicates that men are reluctant to seek help because they view help-seeking as a vulnerable act and further associate this act with femininity (Fairweather-Schmidt, Leach, Butterworth, & Anstey, 2014). Fairweather-Schmidt et al. (2014) reported that men believe that appearing vulnerable therefore threatens the appearance of strength and the ability to restrain emotions which they view as masculine. Hanna and Gough (2016) add that in research, men are portrayed as believing that their masculinity depends on their fertility and therefore being a real man is linked to sexual performance and whether or not they can reproduce.

Throsby and Gill (2004) confirm the association between beliefs about infertility and masculinity. Men's inability to have children creates a set of challenges that have been associated with a perceived threat to their masculinity. According to Throsby and Gill (2004), men who are not able to impregnate their partners feel that their sense of self is called into question. This self-doubt and self-criticism are often exacerbated by other men who often react negatively and single out those struggling with infertility (Throsby & Gill, 2004). This way of acting is referred to as hegemonic masculinity (Carmeli & Bireubbaum-Carmeli, 1994; Throsby & Gill, 2004). Hegemonic masculinity can be understood as a pattern of actions that enables men's dominance over women and other kinds of masculinities to continue. In addition to masculinity, male infertility has also been associated with causing other problems such as marital problems and family life problems (due to the inability to create a family) (Inhorn, 2004).

According to Pujari and Unisa (2014), it is important for men in rural Andhra Pradesh in India to start a family as this is viewed as a major and important developmental task to fulfil. Success at fulfilling this task gives a man a sense of importance and satisfaction. According to Pujari and Unisa (2014), children complete a family, they provide later-life companionship, and they are regarded as enhancing and maintaining a man's status in the family and the community. Therefore, a man is expected in many societies to marry and take over certain familial responsibilities including procreating offspring that will connect him to his own family, ethnic group and other larger components of life (Pujari & Unisa, 2014). Therefore, a man's desire to have children relates more to fulfilling a social role (Ying, Wu, & Loke, 2015).

Similarly, Webb and Daniluk (1999) stated that it is important for a man to transition from being somebody's child and becoming a father himself. Without a doubt, this transition can only be brought about by the fathering of a child (Webb & Daniluk). For most men, this feels more significant when the child is biologically theirs (Webb & Daniluk, 1999). This means that this role transition can have far-reaching implications for a man and his relationship with others in his life. Webb and Daniluk (1999) claim that this role transition or lack thereof, influences how a man conducts himself and also how he understands his life and purpose. This is therefore why the inability to make this transition can result in a several challenges for any man that has the viewpoint presented by these authors.

Nowoweiski (2013) has highlighted some of the burdensome issues that result from infertility and how these affect women, despite the fact that male factor infertility contributes to half of all infertility problems in the world. According to this author, to this day, women still face social pressure, experiences questions, assumptions, and expectations regarding their ability or inability to reproduce. This often leads to these women withdrawing from events and celebrations that are focused on children or sometimes avoiding family gatherings in general (Nowoweiski, 2013). Infertility also prevents them from being truly happy for close friends and family when they announce their pregnancies. Research reports that these women report feeling a deep sense of sadness and loss when they hear of other people's pregnancies (Nowoweiski, 2013). Infertility, therefore, is much harder on women than it is in men in many societies.

The effects of infertility have been reported to differ between men and women (Edelmann & Connolly, 2000; Jordan & Revenson, 1999). One of the factors that contribute to these differences is that fertility treatment differs for men and women, specifically, women endure more of the fertility treatment (Edelmann & Connolly, 2000; Jordan & Revenson, 1999; Ying, Wu, & Loke, 2015). This is because women need infertility treatment more than men, their treatment is more invasive than that of men and women's treatment is costlier than men's treatment (Jordan & Revenson, 1999). Another factor is men's attitude towards health issues in general. Research has found that men often have inadequate knowledge about health-related matters and are therefore less likely, in comparison to women, to seek help from healthcare professionals when they have a health problem (Gannon et al., 2004).

Another factor that contributes to the differences in how the effects of infertility differ between men and women involves the coping strategies of dealing with infertility. A meta-analysis that examined eight studies found that women turn to social support systems, they do not avoid the issue and they seek positive reappraisal more often than their male counterparts (Peterson, Newton, Rosen, & Skaggs, 2006). Unlike women, men apply more problem-focused coping strategies (Jordan & Revenson, 1999). Research has found that the more effective coping strategy of the two is the problem-focused coping strategy (Jordan & Revenson, 1999). The strategy used most frequently by women has been found to result in poor mental health outcomes which makes it a less effective coping strategy (Jordan & Revenson, 1999). Interestingly, however, although it has been found that infertility is less stressful to men than it is to women, in some cases, women carry an immense amount of guilt even if it is their



spouse who is infertile. They tend to blame themselves and at times take the responsibility for the infertility to protect their partner's self-esteem (Jordan & Revenson, 1999). In Africa however, the blame that women endure often comes from the family and society and not themselves like is suggested by some studies (Naab & Kwashie, 2018).

A systematic review and meta-analysis conducted by Agarwal et al. (2015) focused on the view of male infertility around the globe. The review highlighted issues associated with male infertility research and the calculation of male infertility rates. The study highlighted that most population surveys conducted to determine infertility rates interviewed either the couple or just the female within the couples. The study further highlighted that male infertility is generally underreported, especially in patriarchal societies where women are usually blamed for the couple's childlessness. These authors added that in some of these societies there is a practice where a man struggling to reproduce can bring in his brother to impregnate his wife in an effort to maintain his masculine identity and status in the eyes of his community. Another major issue that the study highlighted is that male infertility has never been defined as a disease, which contributes to statistics being inaccurate. The recommendations from this study are as follows: First, it has been recommended that as a society, we must re-evaluate and reduce stigmas that have been linked to infertility cultural and religious beliefs; second, we must be more proactive in creating formulations that will help us comprehend the commonness of male infertility; last, the study recommends that there be increased awareness about male infertility.

### **2.3 Culture and religion**

Cultural and religious practices have often been identified as causing the stigma that is attached to infertility (Mabasa, 2002). These two systems usually have a great impact on how people view childbearing (Mabasa, 2002). Due to the stigma that is often attached to male infertility, there is often secrecy surrounding male factor diagnosis; which leads to women being obliged to take the blame for the couple's infertility (Wischmann & Thorn 2013). Additionally, because of the stigma, men do not usually agree to get help or even undergo fertility evaluation, which results in male factor infertility being underreported (Agarwal et al., 2015). Male infertility tends to get associated with poor sexual performance and this can be detrimental to a man's ego and self-image (Pujari & Unisa, 2014). Due to infertility being directly related to sexuality, it has been labelled the most stigmatised of all male health conditions (Pujari & Unisa, 2014).



Moyo and Muhwati (2013) reported on male factor infertility in the case of African societies. These authors state that in many African societies, male factor infertility is a greatly dreaded medical condition that is hidden by all means possible. This is because, in these societies, men view paternity as a great achievement and a great source of their masculine identities. Dhont, van de Wijgert, Coene, Gasarabwe, and Temmerman (2010) agree in another study where they stated that African societies highly value human procreation. According to these authors, the inability to procreate has devastating repercussions in African societies in comparison to western countries. In these societies, infertility poses a severe threat to a man's understanding of masculinity (Pujari & Unisa, 2014).

Sewpaul (1999) adds that in the African worldview, interconnectedness is important and marriage is viewed as not only being between two people but also between two clans. Thus, children are viewed as growing generations that enable the continuity of these clans. Therefore, the inability to reproduce, according to this author, implies that one cannot celebrate those relationships that create the continuity of the whole. A couple's inability to reproduce in these societies is not only a disappointment to the couple but also a tragedy for the community as it implies that continuity of the whole and growth of the community will be limited (Sewpaul, 1999). An infertile individual in a society such as this does not only experience a personal deprivation but essentially lets down the whole clan and at large, the community. Additionally, Mabasa (2005) claims that throughout the world children have both personal and emotional value and this often leads to men and women being defined mainly in terms of their ability to reproduce.

Moyo and Muhwati (2013) give an example of the Shona people where the idea of a family means a man, woman and children, and sex is not had for pleasure but primarily for conception. Within this culture, the social construction of masculinity is expressed through fertility and virility. Therefore, a child is viewed as a social norm and expectation after marriage. In this culture, the ability to procreate is central to a man's identity and separates men from boys. Pujari and Unisa (2014) noted also, in a more general sense that in many cultures there is a strong link between masculinity and virility and the revelation of infertility on the man's part would puncture his notion of masculinity and sexual self-esteem. Religion also plays a role in the view of infertility. Sewpaul (1999) provided data obtained from a sample of 24 case studies of infertile participants and 12 religious leaders of faiths of the infertile participants in South Africa. From these studies, she outlined three religious practices and their view on infertility.

These practises were obtained from a study which included African, Indian, Coloured, and White participants. The first is the Judeo-Christian view which views fertility as a gift from God and infertility as punishment from God. From an African traditional religious view, the cause of infertility is the failure to fulfil certain rituals such as *imbeleko* which is a ceremony where families report the arrival of a new child into the family to the ancestors; *umhlonyani* which is a ritual that is held when a female begins to menstruate and *umemulo* which is a coming of age ritual that is conducted when a girl has reached the age of 21. This religious view claims that in cases when these rituals are not fulfilled, the ancestors become angry and cause fertility issues between couples. Additionally, according to Sewpaul (1999), Africans may also view ill-health (including infertility) as a result of witchcraft and as a result will seek traditional forms of help before seeking conventional medical treatment.

Last is the Hindu faith and within this faith is the belief in *karma*. *Karma* signifies that each individual is connected to a past and a future and that all actions produce effects that are recorded in the individual. Therefore, every person is born into a life already shaped by his or her actions and their current actions shape their future life. People with this worldview, therefore, believe that infertility is due to a *karmic* life cycle. Infertility is viewed as a result of past sins. Pujari and Unisa (2014) also reported on the issues of male infertility in India. They reported that according to Hindu mythology, having a biological child is important. Fatherhood in the Hindu religion is viewed as a biological duty and it is viewed as a necessary means of repaying the world (Pujari & Unisa, 2014). Men who are not able to fulfil these obligations were termed as '*kliba*' which is a derogatory term and means 'a sexually dysfunctional non-man' (Pujari & Unisa 2014).

## **2.4 Media and infertility**

The media is frequently identified as being the central platform in the production and reproduction of rules of masculinity (Gibbs & Jobson, 2011). The media play an important role in influencing the social representations that are spread in public spaces (Campbell & Gibbs, 2008). In other words, the media play a role in forming people's understanding of health (Campbell & Gibbs, 2008). What people believe about health, illness and disease are developed in part, from how these are portrayed by the culture and societies from which people come (Lyons, 2000). For instance, media reports on sperm decline equate infertility with impotence although it is widely known that infertility has no impact on the physical aspects of sexual functioning (Wischmann & Thorn, 2013).

Newspapers and other forms of media contribute to the development of our beliefs and ideas about health and illness (Lyons, 2000). Newspapers provide insight into many of the discussions taking place in the broader public sphere (Campbell & Gibbs, 2008). Male infertility forms part of these discussions. Traditionally, for men, the ability to have children is associated with masculinity than the actual undertaking of the role of being a father (Gannon et al., 2004). However, newspapers are not only published to provide people with accurate information; the entertainment value is more dominant in the publishing of the newspaper (Seale, 2003).

According to Hinton, Kurinczuk, and Ziebland (2010), the internet is another media source that is widely used for information on infertility and treatment and receiving support from those dealing with similar issues. Malik and Coulson (2010), add that online support groups also offer empathy and guidance similar to that which is obtained from face-to-face therapy interaction. Understandably, with the stigma attached to certain issues and male infertility being one of and therefore many men turn to online forums and advice columns in magazines for support and guidance from those who are dealing with a similar issue or know more it.

Besides infertility being viewed as failing the society at large, male factor infertility is also associated more often with sexual dysfunction than females factor infertility (Wischmann & Thorn, 2013). Media reports on sperm decline typically equate infertility to impotency although it is widely known that infertility has no impact on the physical aspects of sexual functioning (Wischmann & Thorn, 2013). However, according to Nowoweiski (2013), for couples that are struggling with conceiving, it is not unusual for one or both of the individuals in a couple to feel like a failure which may then result in them having lowered sexual desire and levels of arousal.

## **2.5 Other factors**

According to Ilacqua, Izzo, Emerenziani, Baldari, and Aversa (2018), male infertility has also been linked to factors related to lifestyle. These factors include first, the age of paternity in the sense that due to increased life expectancy, various socio-economic factors and overall change in gender roles in society, many couples start families at a later age. This contributes to a decline in sperm quality. Second, there is increasing evidence showing a direct relationship between poor nutrition and sperm quality. Lastly, physical exercise has been shown to improve

fertility when done correctly and under supervision (Ilacqua et.al., 2018). Furthermore, men have been found to lack knowledge about health (Agarwal et al., 2015; Dyer, Abrahams, Mokoena, & van der Spuy, 2004). In a study conducted by Dyer et al. (2004), African men were found to have limited knowledge about the causes of infertility and even less understanding of the biological process of human reproduction.

Additionally, many men associate their infertility with loss of masculinity and believe it speaks to their virility. For these men, this may result in feelings of depression and low self-esteem. She claims that male infertility is viewed as impotency and this being the real cause, from the perspective of certain societies, that leads to a man's inability to impregnate a woman or to prove one's manhood.

## **2.6 Social representation theory**

### **2.6.1 Definition**

The theoretical underpinning for the study is Social Representation Theory (SRT). Social representations can be defined as “systems of opinions, knowledge, and beliefs particular to a culture, a social category, or a group with regard to objects in the social environment” (Rateau, Moliner, Guimelli, & Abric, 2012, p. 478). Social representations refer to processes of forming collective meaning. This results in common ways of thinking which then produce social bonds that unite societies, organisations, and groups (Höijer, 2011). Social representations are concerned with various ways of forming group perceptions, common sense or thought systems of societies. Social representations are always related to social, cultural, and/or symbolic objects.

SRT can be regarded as a common sense theory, it helps us create explanations for the world around us (Rateau et al., 2012). As people, we seek to make sense of happenings, behaviours, ideas, and exchanges with others, we wish to understand and establish stability around us (Rateau et al., 2012). When we understand the environment around us, we are able to simplify it in order to make it more predictable and familiar. In short, SRT guides groups to think in certain ways as a society., it draws attention to how new social ways of thinking or representations of reality are pushed forward while the old representations are changed through communication (Höijer, 2011).

The word representation refers to an action with an outcome that can be observed (Bauer & Gaskell, 1999). A representation is an individual activity and at the same time, a collective activity. It is an activity that aims to cultivate common sense, expand on it, and both spread and receive it. According to Bauer and Gaskell (1999), a representation can be characterised as the relation between three components. The subjects that carry of the representation; an object, concrete entity or abstract idea that is represented; and a project or pragmatic context of a social group within which the representation makes sense.

In terms of infertility, Lyons (2000) explained that it is important to pay attention to media representations of health and illness for three reasons. The first is that these representations influence individual's beliefs and understandings about health and illnesses which can influence health behaviours, perceptions of health risks and other health-related issues. Second is because representations produce and reproduce meaning which influences how people with certain illnesses are viewed and treated. The third is because representations can mediate individual's lived experiences or and their subjectivities.

### ***2.6.2 Brief history of the theory***

The concept, insofar as its delineations and ability to explain various societal phenomena, was first invented by Durkheim (Rateau et al., 2012). Durkheim defined the concept as a double separation. First, collective representations are to be differentiated from individual representations. Individual representations are unique to each individual and therefore vary and are short-lived while collective representations are impersonal and are not affected by time. Second, individual representations are embedded in individual consciousness whereas collective representations are collectively held by the society from which people come (Rateau et al., 2012). These shared representations serve to preserve what binds the people in society and to prepare them to act consistently. They have therefore been passed down over the years from generation to generation (Rateau et al., 2012).

In the 1960s, Serge Moscovici set out to explain and expand on the social psychology of representations as it was evident that Durkheim's ideas did not adequately allow for interactions between the individual and the collective. As a result, he proposed to replace the term "collective representation" with "social representation" in order to ultimately make representations into a bridge between individual and social domains, by associating them with a changing society (Rateau et al., 2012). This followed a realisation that Durkheim's concept

was too stagnant (Höijer, 2011). According to Höijer (2011), Moscovici stated that individuals do contribute to the creation of social representations in the interaction between social structure and the individual. Within the social representation concept, individuals are released from the traditional binding social structures such as religion, social class, and families from which thinking and behaviour were guided. Within this concept, according to Höijer (2011), Moscovici considers first, that representations are not developed by the society as a whole, but by the social groups forming the society. Second, he considers the processes of communication through which, along with influence, normalisation and conformity processes that go with it, individual beliefs can be the object of consensus at the same time as collective beliefs can impose themselves in individuals (Höijer, 2011).

### **2.6.3 Key components of SRT**

#### *2.6.3.1 Communicative mechanisms*

Höijer (2011) outlined three key components that characterise SRT and these are explained below. The first is *communicative mechanisms*. SRT specifies how collective cognitions are created and changed through communication. On the one hand, all interactions between humans presuppose collective cognitions, which are social representations. On the other hand, individuals and groups create social representations through social interactions and communication. Representations serve two functions and the first is to make people, objects and events conventional via a specific form, place them in a category and slowly establish them as cognitions that are clear and shared. The second function is to prescribe in the sense that they get received via traditions and social structures and traditions. Nevertheless, groups or individuals can revise and change collective cognitions. The two communicative mechanisms of SRT are anchoring and objectification and these are explained below.

#### *2.6.3.2 Anchoring*

The second component that Höijer (2011) explained is *anchoring*. This refers to how social representations are fixed into place over and over, and are joined to existing ones as well. When this occurs, social representations are said to be anchored and have become familiar and adapted within a society. Anchoring, therefore, refers to the act of relating new ideas or phenomena to well-known phenomena or context.

Höijer (2011) further explained the three mechanisms that anchoring is divided into and these are: *naming, emotional anchoring, thematic anchoring, metaphoric anchoring, and anchoring*



*via basic antinomies.* *Naming* refers to giving a foreign or unknown phenomenon a more well-known face. By naming something, we detach it from disturbing anonymity and give a genealogy and include it in a complex of words so it can be located in the identity matrix of our culture. Naming refers to giving an unknown phenomenon some familiarity. usually appears in media headlines and introductions. Höijer (2011), offered an example of a series of Swedish articles about changes in climate in which reference was made where this phenomenon was referred to as, 'weather alarm', and 'the catastrophe'. When the phenomenon is named, anonymity is removed. It is then accorded a history and discourse within a culture. The naming that has been done here transforms the abstract notion into something culturally recognisable. The use of the words, 'alarm', or 'catastrophe' dramatises the issue and, in so doing, anchors climate change in familiar cultural discourses (Höijer, 2011).

*Emotional anchoring* refers to the process of communication by which a phenomenon that was previously unknown, is attached to emotions that are familiar. By doing things, the previously unknown phenomena are recognisable. For instance, something that induces pleasure or something that poses a threat. This is important as psychological research has shown that emotions are key in the interpretation and judgement of socially meaningful objects. Höijer (2011) provided an example of a tabloid newspaper that reported how Brazilian meat and cacao buyers were made to feel guilty for not behaving in a climate-friendly manner. The tabloid said that these individuals are "eating up the forest". This anchors the problem of climate change in both individual feelings and guilt of the group. Guilt is a socially constructed emotion that people aim to avoid as it is related to violations of social codes and norms (Höijer, 2011).

*Thematic anchoring* refers to the use of underlying sets of meaning, the use of antinomies such as life and death culture and nature or the use of metaphors. The notion of theme is used to capture the organisational comprehensive levels of social representations. It is argued that group patterns of thinking interacting with particular contexts create and structure previously unknown representations. These themes are socially and culturally constructed and preserved by social processes. However, since themes never reveal themselves, talks, interviews or media products must be analysed for them to emerge (Höijer, 2011). With the example of climate change above, for instance, the analysis by the media revealed that individualisation and nationalisation were underlying themes where climate change is concerned.

*Anchoring in antinomies* refers to when social representations form from situations where antinomies related to social phenomenon cause tension or problems and make for a public debate. Analysing antinomies or oppositional differences, therefore, brings attention to core strains which may specifically manifest when new social representations develop. In the example of climate change above, antinomies like faith versus doubt, threat versus hope, guilty versus not guilty, nature versus culture, global versus local, may organise the discourse (Höijer, 2011).

Finally, *anchoring in metaphors* occurs when phrases that make something understandable are used to be imagined as another thing. An example is the phrase ‘time is money’. Metaphors are phrases that make things and phenomena understandable by imagining them as something else, for instance, ‘life is a journey’ or ‘time is money’ (Höijer, 2011). Metaphors can be universal. They may also reflect cultural variations or they may be specific to certain situations. This process has both legitimate and ideological values. Climate change, for instance, can be described in metaphors of illness and death, such as ‘the planet is sick’ or ‘on its way to dying’. These metaphors indicate the seriousness of the issue (Höijer, 2011).

#### 2.6.3.3 Objectification

The third component is *objectification*. Objectification transforms the unknown into the known. It refers to materialising abstract ideas into something more concrete phenomena existing in the physical world. Moscovici describes objectification as a more active process than anchoring. It takes more effort than anchoring which happens almost automatically. Using the example of climate change, the use of objectifications becomes clear when a characteristic of nature, such as a short winter is translated in into climate change evidence. A new phenomenon that was abstract becomes put into an everyday frame of reference. Objectification is also portrayed in media when scientific ideas are converted into pictures which become elements of phenomena rather than the original thoughts and ideas. Objectification in SRT is divided into two types. First, emotional objectification refers to an emotional aspect attached to the phenomenon (e.g., when concrete and scary images of forest fires are used to show climate change). Second, personification refers to when an idea or phenomenon that is connected to a person, (e.g., Freud’s personification of psychoanalysis).



#### ***2.6.4 Criticisms of the theory***

There are criticisms around the definition of the theory. Howarth (2006) reported that many that have criticised the theory view the phenomena as too elaborate to be captured entirely in a definition. Howarth (2006) stated, additionally, that these critics believe that the history of the concept is too rich to condense into a single definition. Some of the theory's critics believe that the reason a clear definition is impossible to attain is because the theory itself is not clear (Jahoda, as cited in Howarth, 2006), it has many inconsistencies (Potter, as cited in Howarth, 2006) and is essentially confused (Billig, as cited in Howarth, 2006). The biggest question that many critics ask is what social representations do.

Potter and Linton (1985), also criticised that though social representations are concepts, statements, and explanations that occur daily in inter-individual communications, they are fundamentally collective. Potter and Linton (1985), in their critique, highlighted the relationship between social groups and social representations. Specifically, they wrote about how much of the empirical and theoretical writing on the theory uses social groups as the essential analytic units. This implies that coping with unfamiliar phenomena is shaped by a group's discourses and construction. The danger here is that on the one hand, group categories can be considered as natural phenomena. On the other hand, group categories themselves are representations constructed by people in their sense-making activities of the social world. This can be viewed as problematic because the object of study is also a resource for analysis (Potter & Linton, 1985).

Potter and Linton (1985) also commented on the level and degree of agreement which are deemed important for social representations to develop. Part of the reason that consensus is important for this theory is because it is said to be what discriminates social representations from societally shared collective representations. In empirical studies that have been conducted on social representations, consensus seems to be presupposed and diversity within a social group tends to be camouflaged by using certain analytic measures. Different populations or social groups are presumed to have certain shared social representations. This leads to the placement of emphasis on likeness at the expense of difference. Additionally, this likeness within groups is taken as evidence of the validity of the group in question.

Further problems that have been highlighted by these authors are the issue of context and linguistic construction of social representations. This problem is concealed when membership

to a group and consensus within that group are assumed reasoned, and when social representations are concurrently seen as reasonably stable and enduring group characteristics. Lastly, a critique was made on the language formation of social representations and the significance of certain forms of terminology which Moscovici placed great stress on. According to Potter and Linton (1985), words, in addition to representing things, construct things and pass their properties to them. However, Moscovici does not limit representations to the use of language. They are referred to, at various times, as ideas, imageries, declarations, clarifications, insights, systems, branches of knowledge, and words or mixtures of these. Social representations have also been termed cognitive matrices, ideas, words, images and insights that are all interlinked. The differences or order and range between these different possibilities make the make-up of theory vague.

### ***2.6.5 Social representation of gender***

Social representation of gender is best understood when linked to the key proposition of genetic theories which posits that in order to understand something, one needs to know how it was constructed (Duveen, 1993). As such, in order to understand the social representation of gender, one must essentially view it as the manner in which a child becomes a competent social actor (Duveen, 1993). According to Duveen (1993), every child is born into a world that is already organised by social representations. However, the acquisition of these representation does not depend solely on the spread of the representations around the child, rather, their acquisition is as a result of a developmental process which can demonstrate the organisation or structure of the representation when focused on (Duveen, 1993).

The social representation of gender is not something that cannot be generalised because social representations of gender carry with them a vital duty for individuals to develop a corresponding social identity. Therefore, in order to become competent social actors, we all must develop gender identities. This does not imply that we must develop identical identities, only that we are obligated to develop one. Gender is, therefore, different from other social representations where the identity structure is not vital but prescribed. For instance, there is nothing obliging us to become psychoanalysts, however, should we choose to do so, we must contract into a specific representation field.

At the centre of social representations of gender is a reproductive metaphor that portrays an image of gender at two polar extremes of the masculine and feminine positions (Duveen, 1993).

Sexuality, therefore, is evoked as the union of bipolar opposites and once it has been achieved, it is celebrated through the rituals of marriage and domestic life (Duveen, 1993). Part of what reinforces sexual identity is the media. How men view or assess themselves, how they 'perform' their masculinity is often influenced by what the media portrays (Robertson, 2011). It is due to the media's simplistic and restrictive representations that stereotype such as those that encompass male infertility (Robertson, 2011). This is therefore what contributes to the stigma and most of the issues that exist around this topic, including the secrecy that has been well documented.

## **2.7 Chapter summary**

This chapter commenced with the literature on male infertility. The chapter is divided into different sections which detail male infertility from different perspective. First, the chapter covered the gender aspect of the topic as the dissertation is focused specifically on not just infertility, but also on male infertility. This section covered how socialisation of men influences the ideologies and behaviours connected to dealing with male infertility. The second section covered the different cultural and religious perspectives of male infertility and the third covered the media representation of male infertility. The chapter then touched on other relevant aspects that may play a role in male infertility, such as lifestyle and the age of men. The chapter then then discussed the theoretical framework that underpins this study: SRT. SRT was described in relation to the components that make up the theory, from where it originated and the criticisms of it.

## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This study describes how male infertility is represented in South African newspaper reports. This chapter details and describes the data source or archival material. The research method which is qualitative. The sample, the sampling strategy, the steps of data analysis, the quality of the study, and the ethical considerations.

### **3.2 Archival research**

Archival data was used for this research study. Archival data are data which was gathered and stored before the commencement of the research. Archival data are also stored for later access and use (Das, Jain, & Mishra, 2016). Newspapers form part of archival data, and they are the source of data chosen to answer the research question of this study. Using archival data has a number of advantages which informed the choice of newspapers. First, archival data are easily available and of low cost. Second, archival data are very rich. Third, archival data are mostly suited for certain research questions such as the one that underpins this study (Das et al., 2016).

### **3.3 The qualitative approach**

Qualitative research is concerned with meaning and experiences rather than with the identification of cause and effect relationships (Willig, 2008). Qualitative researchers do not work with variables that are predetermined by the researcher. Doing so would lead to researchers imposing their meaning and taking away from the data or participants providing their own meaning. Qualitative researchers study phenomena as they naturally occur with the objective of describing and possibly explaining events and experiences (Willig, 2008). One characteristic of this research approach, which underpins this study, is that it is inductive. This refers to when the researcher's findings are grounded in the data. A theory may thereafter emerge from the data like a piece of art that is being created rather than a puzzle where the resulting image is already known (Bogdan & Biklen, 1997)

### **3.4 Research materials**

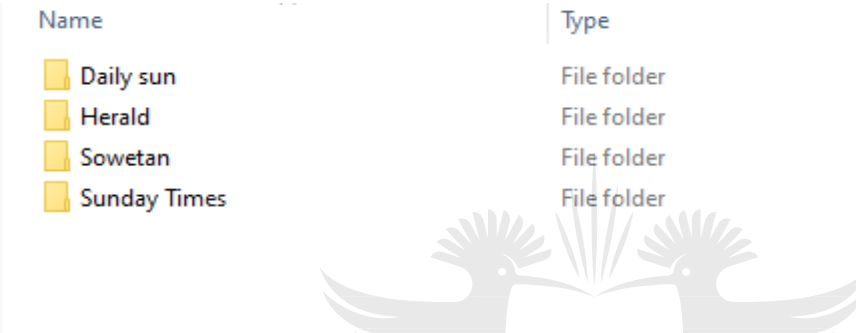
#### ***3.4.1 News reports***

The media play an important role in influencing the social representations that are spread in public spaces (Campbell & Gibbs, 2008). Newspapers in particular are said to have a history

of providing varied perspectives and for playing an active role in debate and social engagements (Campbell & Gibbs, 2008). Additionally, newspapers, particularly those of high circulation, reflect the social mainstream (Mautner, 2008)

News reports were individually sourced from online newspaper websites. Only English-language newspapers were selected as English is the primary language of communication in government and business, and is taught in all South African schools (Campbell & Gibbs, 2008).

### 3.4.2 Sampling



Name	Type
Daily sun	File folder
Herald	File folder
Sowetan	File folder
Sunday Times	File folder

Figure 3.1. Names of data folders

The sampling method was purposeful sampling. Purposive sampling is a strategy through which data is purposefully selected in order to provide important information that answers the research question (Taherdoost, 2016).

To source the data, I visited the four online newspaper websites and I typed the search term, *infertility* in the search box. I opened each article that was produced by the use of the keyword. From the *Sunday Times* website, the keyword “infertility” yielded 181 articles. I saved all the articles onto my computer under a main folder labelled **data** which was further divided into four folders which I labelled the different newspaper names (Figure 3.1). From the *Sunday Times*, 29 articles were relevant and eligible for analysis. The remaining 152 were not relevant and were excluded because they centred around female infertility and the word infertility was mentioned as part of a list in passing (for example, as a word in a list of side effects of certain medications or as a consequence of certain activities such as smoking) (Figure 3.2). There was also one particular article that was not related to infertility in any form but was part of the collection because of a hyperlink title that included the word ‘infertility’. The articles found from this newspaper date back to 14 years ago.

The keyword *infertility* yielded 92 articles results from the *Sowetan* website. From the 92 articles, 10 articles were relevant for analysis. In the *Sowetan*, four of the relevant articles were identical to four articles in the *Sunday Times*. The four articles were written by the same journalist/news agency and were published on the same day on the two newspaper websites. These articles were excluded as well (Figure 3.1). However, the four in *Sunday Times* were included. The articles found from this newspaper date back to 13 years ago.

*The Herald* produced 21 articles but only two were eligible for analysis. The articles from this website date back to 6 years ago. The keyword *infertility* when typed in the *Daily Sun* search box, indicated that there are 35 results ten of which were displayed on the first page but, when I clicked on “load more” to view the remaining 25, the website then displayed just the newspaper’s daily articles. I kept loading more to see whether or not the articles would be capped at the 35<sup>th</sup> result as expected but they were not. They kept loading in descending order date of publication. Therefore, the website only produced 10 relevant articles even though it stated that there were 35 results. I did not save any of the articles after the first page which displayed 10 results as they were irrelevant. Similar to *The Herald*, the *Daily Sun* only had two articles that could be included for analysis. The collective number of saved articles yielded by the search of the keyword was 304 (Figure 3.2). The total number of articles that were analysed is 43 and these are listed in Table 3.1.

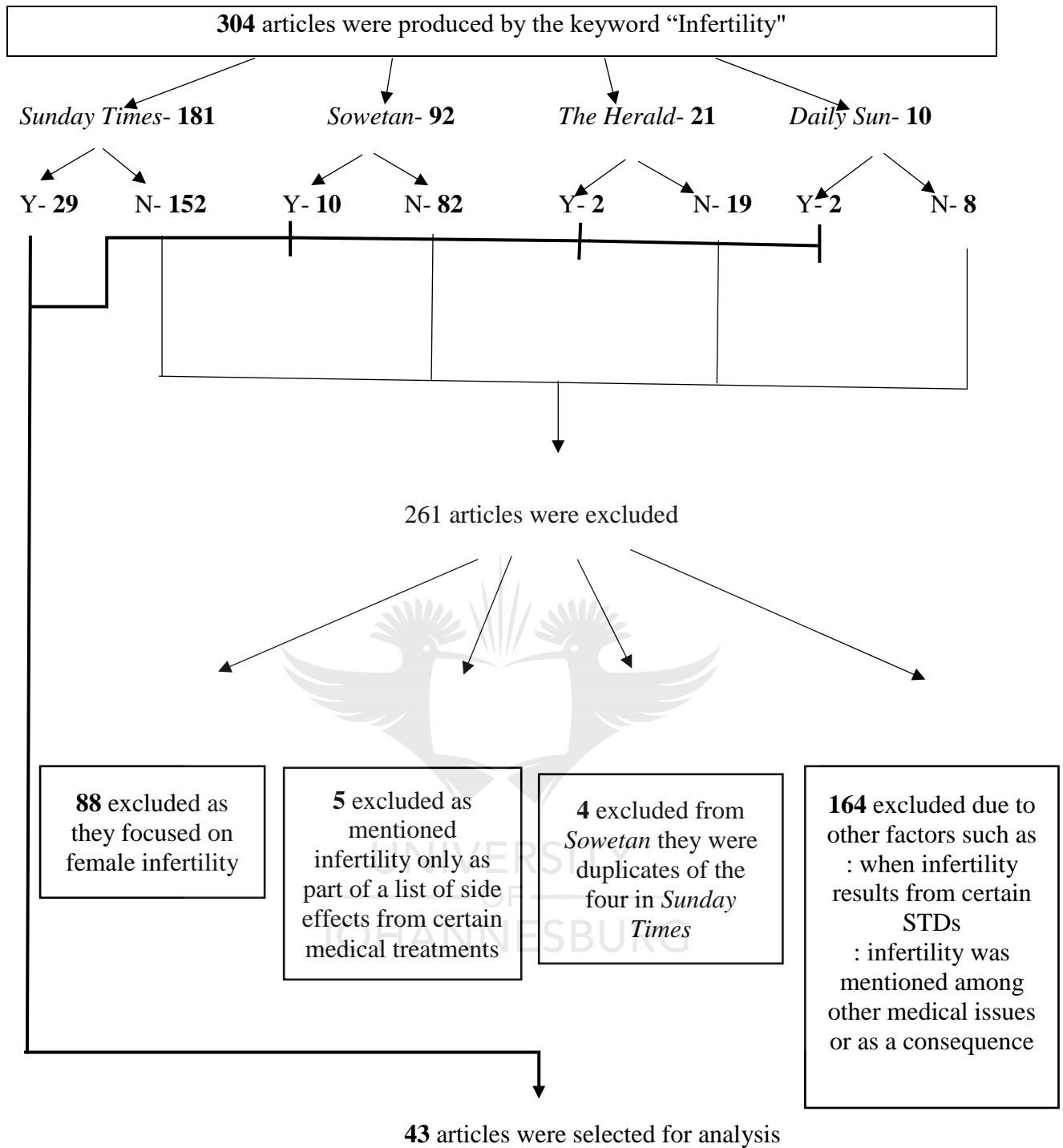


Figure 3.2. The process of refining the sample

Y=Yes (relevant)

N= No (not relevant)

**Table 3.1***Final Sample*

<b>Newspaper</b>	<b>Title of the article</b>	<b>Author and date</b>
<b>Sunday Times</b>	<i>Bollywood movie to test Indian taboos</i>	Reuters (2012, April 19)
	<i>Breakthroughs made, but infertility explodes</i>	Claire Keeton (2005, June 26)
	<i>Can supplements affect sperm quality?</i>	AFP Relaxnews (2018, November 27)
	<i>Cut fat' if you want babies</i>	Mhlabunzima Memela (2013, January 8)
	<i>DIY fertility test: check your sperm quality with a smartphone</i>	AFP Relaxnews (2017, March 23)
	<i>Even for sperm, there is a season: study</i>	Reuter (2013, March 11)
	<i>Fathers anonymous</i>	Leizl Eykelhof
	<i>Fertility crisis: sperm counts plummet along with male egos</i>	Tanya Farber (2017, November 26)
	<i>French sperm count drops by a third</i>	AFP Relaxnews (2012, November 6)
	<i>Germ-killers junked</i>	Katharine Child (2016, September 9)
	<i>Heavy men more likely to have sperm issues</i>	Reuters (2012, March 16)
	<i>How does being overweight affect my fertility?</i>	Karin Hammarberg (2018, May 23)
	<i>Introducing the 'magic' reed that gets rid of beer boeps</i>	Farren Collins (2017, October 20)
	<i>Is there really a link between sperm size &amp; pollution?</i>	AFP.com (2017, November 22)
	<i>Is your laptop cooking your testicles?</i>	Reuters (2010, November 6)
	<i>IVF boys have low sperm count</i>	The Telegraph (2016, October 7)
	<i>Male infertility in Africa: Breaking the stigma</i>	Naledi Shange (2018, July 16)
	<i>Nuts may boost male fertility: study</i>	AFP Relaxnews (2018, July 4)
	<i>Scientists create human sperm in lab, but does it work?</i>	AFP Relaxnews (2015, September 18)
	<i>Sleeping in a noisy bedroom could be contributing to male infertility</i>	AFP Relaxnews (2017, June 30)
<i>Smog makes 'ugly' sperm</i>	The Daily Telegraph (2013, November 8)	
<i>Spanish scientists use skin cells to create human sperm</i>	AFP Relaxnews (2016, May 6)	
<i>Sperm study: sowing seeds in winter bears fruit</i>	Reuters (2013, March 12)	
<i>Stigma adds to pain of male infertility</i>	Sipokazi Folokazi (2018, October 14)	



	<i>Study links IVF to small risk of mental disability</i>	AFP Relaxnews (2015, September 18)
	<i>Synthetic protein offers new hope for male infertility</i>	AFP Relaxnews (2014, August 12)
	<i>Tight undies bad for male fertility: experts</i>	The Daily Telegraph (2016, June 14)
	<i>Want to be a dad? Wear boxers, not skin-tight briefs</i>	AFP Relaxnews (2018, August 10)
	<i>Who should consider freezing their sperm?</i>	Dr Tlaleng Mofokeng (2019, February 17)
<b>Total</b>		<b>29</b>
<b>Sowetan</b>	<i>Babies with aid of donors</i>	Zenoyise Madikwa (2009, November 13)
	<i>Drinks, snacks put male fertility at risk</i>	Unknown (2008, September 23)
	<i>Drive to encourage men to talk health</i>	Nonku Khumalo (2011, June 2)
	<i>Facts about infertility</i>	Unknown (2007, November 22)
	<i>Infertility a huge shame men carry with great sadness</i>	The Daily Telegraph (2015, June 13)
	<i>Men hooked on cell phones risk a 40percent drop in fertility, perhaps because of radiation, reports Mark Henderson, of the American Society for Reproductive Medicine</i>	Unknown (2006, October 27)
	<i>New urology procedure provides hope for male infertility</i>	AFP Relaxnews (2015, February 18)
	<i>'Sperm are healthier in winter, early spring'</i>	AFP Relaxnews (2013, March 13)
	<i>Stressed pregnant moms may mean lower sperm counts: study</i>	AFP (2019, May 30)
	<i>The benefits of sperm washing - How procedure treats infertility</i>	Karabo Disetlhe-Mtshayelo (2016, October 18)
<b>Total</b>		<b>10</b>
<b>The Herald</b>	<i>Fighting male infertility</i>	Herald (2015, June 18)
	<i>Men's part in infertility highlighted</i>	Estelle Ellis (2016, July 25)
<b>Total</b>		<b>2</b>
<b>Daily Sun</b>	<i>Frying pan makes your 4-5 smaller!</i>	Sun Reporter (2018, December 6)
	<i>The man's damaged sperm could be the reason to your miscarriage</i>	Parent24.com (2019, August 24)
<b>Total</b>		<b>2</b>

### 3.4.3 Newspaper description

Four newspapers were selected based on their readership. The *Sowetan* is a newspaper that aims to promote personal liberation, focus on lifestyle development, and entertain its audience

(Tiso Blackstar Advertising Room, n.d.). *Sowetan's* circulation is reported to currently be at 71,797 and its exclusive readership is at 572 000. The age groups readership rates for this newspaper are: 23% for the group 15-24years, 24% for the group 25-34 years, 34% for the group 35-49years and 19% for the group 50+years. The readership in terms of race are, 97% Black, 1% Coloured, 1% Indian and 1% White. *Sunday Times* is South Africa's biggest-selling weekly newspaper (Tiso Blackstar Advertising Room, n.d.). It is described as a part of South Africans' time to relax, interact, socialise and obtain knowledge that aims to help South Africans cope and have a better quality of life. The circulation of the newspaper is currently at 261 024 and the exclusive readership at 2,111 000. The age group readership rates are: 36% for the group 25-34 years old, 56% for the group 35-49 years old and 8% for the group 50+ years old (Tiso Blackstar Advertising Room, n.d.).

The *Daily Sun* is tabloid and has a circulation of 274 165 and a readership of 5, 351 000 (The Media Online, 2014). The *Herald* was originally Port Elizabeth's leading daily newspaper but is currently sold in other cities as well (Tiso Blackstar Advertising Room, n.d.). The *Herald* has a circulation of 17 067 and a readership of 144 000. The age-group readership rates are as follows: 16% for the group 15-24 years old, 24% for the group 25-34 years old, 32% for the group 35-49 years old and 28% for the group 50+ years old. The readership based on race for this newspaper are currently 61% Black, 14% Coloured, 1% Indian and 24 White (Tiso Blackstar Advertising Room, n.d.).

### **3.5 Data analysis**

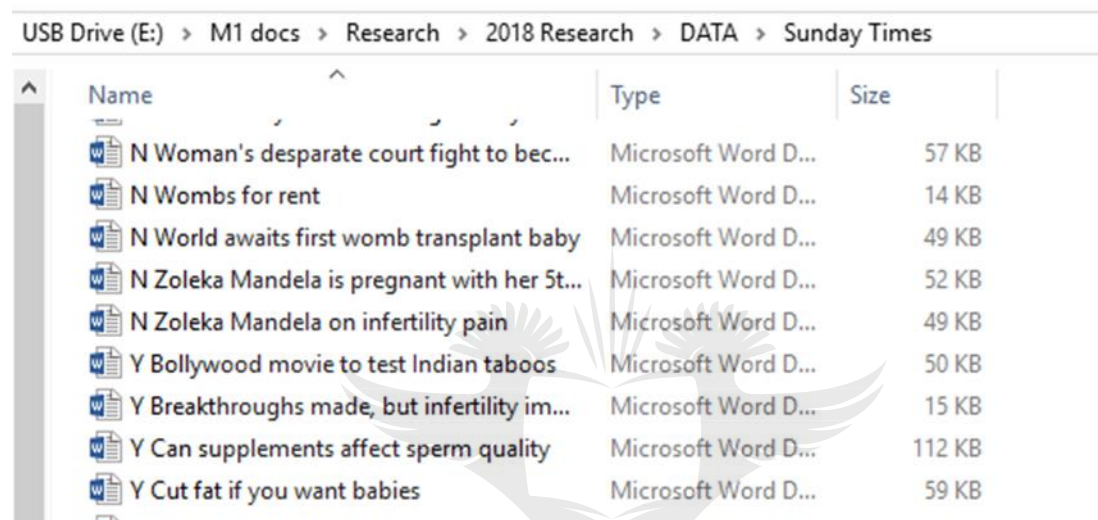
To analyse the data, I replicated Campbell and Gibbs's (2006) method of analysis. In their study on representations of HIV/AIDS management in South African newspapers, Campbell and Gibbs (2006) used Attride-Stirling's (2001) thematic analysis; however, they drew from grounded theory.

#### **3.5.1 Thematic analysis**

Thematic analyses aim to uncover the ideas that are prominent in texts at different levels. Attride-Stirling (2001) makes use of what he refers to as thematic networks which he defines as a method of organising a thematic analysis of qualitative data. Thematic networks provide a technique of breaking down the text into more understandable categories. A thematic network utilises three classes of themes to create an understandable structure of themes. The first class is referred to as the *basic theme*. This is the most basic themes from the data. The second class

is referred to as the *organising theme* which organises the basic themes into clusters of similar issues. The final class is the *global themes* which are the macro themes that summarise and make sense of the clusters of theme that were previously organised. Attride-Stirling's (2001) thematic analysis is comprised of six steps: *coding the material*, *identifying themes*, *constructing the networks*, *describing and exploring thematic networks*, *summarising thematic networks*, and *interpreting patterns*.

### 3.5.2 Steps of analysis



Name	Type	Size
N Woman's desparate court fight to bec...	Microsoft Word D...	57 KB
N Wombs for rent	Microsoft Word D...	14 KB
N World awaits first womb transplant baby	Microsoft Word D...	49 KB
N Zoleka Mandela is pregnant with her 5t...	Microsoft Word D...	52 KB
N Zoleka Mandela on infertility pain	Microsoft Word D...	49 KB
Y Bollywood movie to test Indian taboos	Microsoft Word D...	50 KB
Y Breakthroughs made, but infertility im...	Microsoft Word D...	15 KB
Y Can supplements affect sperm quality	Microsoft Word D...	112 KB
Y Cut fat if you want babies	Microsoft Word D...	59 KB

Figure 3.3. Steps used to narrow down the data

**Step 1:** Step 1 was to narrow down the data to ensure that only relevant data would be analysed. I read all 304 of the articles and eliminated the ones that did not address male infertility or those that mentioned infertility only as a peripheral topic. I did this by categorising the articles into two identifiers. For the relevant articles, I placed the letter “Y” (yes) in front of the title //and for those that were not relevant, I placed a “N” (no) in front of the title (Figure 3.2).

**Step 2:** In this step, as Attride-Stirling (2001) prescribed, I read through all the articles again in order to reduce the data to more meaningful data. This step according to thematic analysis is referred to as coding. For each article, I produced a code which allowed for the prominent ideas from the text to come through.

**Step 3:** In this step, which Attride-Stirling (2001) refers to as identifying themes, I went through all the different codes one at a time to identify themes. Three clusters of themes (global

themes) were identified from the codes. This was done by investigating commonalities within the different codes. This step was guided by grounded theory in that the themes that emerged from the data did so without being subjected to a coding frame formulated before conducting the analysis (Campbell & Gibbs, 2008). Grounded theory requires for researcher to analyse data with as few predetermined thoughts as possible. This makes it possible for the data to reveal happenings without first being filtered pre-existing biases (Mills et al., 2006).

**Step 4:** After obtaining the global themes, I examined the codes contained within each of the three global themes to see if they could be further broken down into subthemes. I did this by reading and re-reading the articles. Attride-Stirling (2001) refers to this as constructing the networks. This refers to organising the codes into lower grade themes to make the data more manageable to describe and interpret. This is useful when the researcher has a large sample. Due to my small sample, I was only able to identify four subthemes.

**Step 5:** As Attride-Stirling (2001) described, this involves the themes and the content supporting them being described. I therefore described the findings. Finally, I interpreted the patterns that emerged from the findings in the discussions section.

### 3.6 Quality of the study

Quality of the research was enhanced by ensuring credibility. According to Anney (2014), credibility refers to the researcher's confidence in the research findings. It determines whether or not the research results represent probable information and interpretation drawn from the original data (Anney, 2014).

Another strategy to ensure credibility was the practice of reflexivity. Reflexivity refers to the continuous practice of awareness and critical self-evaluation throughout the research process (Chouliaraki & Fairclough, 1999). It requires the researchers to be aware of their influence in the creation of meanings throughout the research (Willig, 2008). Willig (2008) made a distinction between two types of reflexivity namely: personal reflexivity and epistemological reflexivity. Personal reflexivity refers to researchers reflecting on how their own values, experiences, beliefs, political commitments, interests, wider aims in life, and social identities influence the research. Epistemological reflexivity refers to a requirement for researchers to engage with questions of how the research question may have defined or limited the research findings, how the design of the study and the method of analysis has created the data and

results, how the research could have been investigated differently, and the extent to which a different investigation would have given rise to a different understanding of the phenomenon. This type of reflexivity encourages researchers to think deeply about assumptions that they have developed during the course of the research. This helps researchers think about what such assumptions imply about the research and its results.

Another measure that was applied to ensure quality of this research was transparency throughout the analysis of the data. I did this by being explicit, clear and open about the methods and procedures that have used. Additionally, I relied on my supervisor's guidance to ensure the trustworthiness and reliability of coding and the forming of themes. Finally, the selection of the sample was based on the readership of the newspaper to portray what the majority of the country is exposed to in terms of news reports.

### **3.7 Ethical considerations**

This research study drew from various newspaper websites. Ethical standards for the use of internet data have not been sufficiently developed (Grinya, 2007). Therefore, as these websites are open to the public, informed consents are not necessary. Nonetheless, the data was treated sensitively and respectfully. Ethical responsibilities will be considered throughout the study. Although the newspaper reports are public material, respect for the information practiced and interpretations will be made with great care.

### **3.8 Chapter summary**

This chapter provided a comprehensive description of the method of analysis used in this study. It explained the research approach, described the data and supported the choice thereof. This chapter then went into the strategies utilised to gather and analyse the data. The chapter finally outlined the measures (including ethical considerations) that were taken to ensure the quality of this research.

## CHAPTER 4: FINDINGS AND DISCUSSION

### 4.1 Introduction

This chapter presents the findings from the analysis. In this chapter, I discuss the themes identified from the texts. First I describe the themes, following which I provide a presentation and general interpretation the themes. Thereafter, I discuss the application of the theoretical framework that underpins this study which is SRT.

**Table 4.1**

*Themes*

Global theme	Subthemes	<i>Sunday Times</i>	<i>Sowetan</i>	<i>The Herald</i>	<i>Daily Sun</i>
1. Risks	Environment	6	1	0	0
	Lifestyle	5	2	0	0
	Other	5	2	0	2
<b>Total under “risks” global theme</b>				<b>23 or 53% of sample</b>	
2. Stigma		5	2	2	0
<b>Total under “stigma” global theme</b>				<b>9 or 21% of sample</b>	
3. Remedies	Supplements	3	0	0	0
	Biotechnology	5	3	0	0
<b>Total under “remedies” global theme</b>				<b>11 or 26% of sample</b>	
<b>Sample total</b>					<b>43</b>

I examined the texts and through coding, I identified three global themes. The three global themes identified were: *risks*, *stigma*, and *remedies*. From the global theme, ‘risks’ two subthemes were derived and these were *environment* and *lifestyle*.

### 4.2 Description of themes

#### 4.2.1 Risks

News reports with this global theme focused on factors that put men at risk of infertility. 23 news reports out of 43, reported on male infertility being associated with or influenced by

certain factors. These factors were categorised under the subthemes environmental, lifestyle factors and other.

#### *4.2.1.1 Environment*

The environment was the main idea in seven news reports. From these, three factors relating to the environment were identified. These were pollution and chemicals, weather changes and noise levels. Three news reports focused on research on how pollution and chemicals in the atmosphere can have an impact on sperm quality. What may happen is “men exposed to fine particle air pollution may risk having smaller, abnormally-shaped sperm”, which “may result in a significant number of couples with infertility” (“Is There Really,” 2017, para. 1).

Dr Li Zheng, from the department of urology at Renji Hospital in the city of Shanghai, China highlighted therefore, that “when the environment is bad, sperm become ugly and even stop swimming” (“Smog Makes,” 2013, para. 4). A research team that analysed more than 6400 Taiwanese men and boys aged 15 to 49 over a 13-year period offered specifications of exposure and said “every increase of five micrograms per cubic metre of air (5ug/m<sup>3</sup>) in PM 2.5 exposure over two years, was associated with a "significant drop" of about 1.29% in normal sperm shape and size (“Is There Really,” 2017, para. 5).

Conversely, according to research reported in the texts, environmental threats do not cause infertility as the decline in quality could be linked to other semen altering factors such as stress or nutrition (“French Sperm Count,” 2012). Therefore, it is doubtful whether pollution has any overall effect on semen abnormality (“Is There Really,” 2017).

In three news reports, sperm health was linked with changes in weather. It has been found that, in winter and early spring, sperm is healthier, has fewer abnormalities, swims faster and is produced in great quantity (“Even for Sperm,” 2013). The lead researcher of a study, which analysed samples from more than 6000 men undergoing fertility treatment, reported that semen patterns analysed in winter and early spring are “compatible with increased fecund ability and may be a plausible explanation of the peak number of deliveries during the fall” (“Even for Sperm,” 2013, para. 3).



It is not known why this improvement in sperm quality occurs during these seasons, however, in animal studies, seasonal changes in sperm production has been linked with factors such as temperature, length of exposure to daylight and hormone differences (“Sperm Study,” 2013). Among human beings, theories of why this could be the case range from sedentary lifestyles to chemicals in the environment that may affect sperm health (“Sperm Study,” 2013). Therefore, for men trying to have a child, a new study suggests that the best time to try conceiving is in winter and early spring as this is when sperm are healthier (“Sperm are Healthier,” 2013).

In one article, infertility has been linked to sleeping in a noisy environment. An 8-year research study, which ran from 2006 to 2013 and was conducted by researchers from Seoul National University in the Republic of Korea, analysed data from 206 492 men aged 20 to 59 to calculate the participants’ levels of noise exposure. The results revealed, after taking into consideration factors such as age, income, body mass index, and smoking, that men who were exposed to noise above 55 dB at night had a higher chance of being diagnosed as infertile (“Sleeping in a Noisy,” 2017). The researchers of this study believe therefore that noise levels should be considered when assessing environmental conditions that contribute to male infertility (“Sleeping in a Noisy,” 2017).

The news reports that show that infertility is linked to environmental threats are confusing as none linking environment to poor sperm quality can definitively state whether or not the environment plays a role in sperm quality or if it causes male infertility.

#### *4.2.1.2 Lifestyle*

Lifestyle choices have also been linked to the decline in sperm quality. Seven news reports had lifestyle as the main idea. From these news reports, three factors relating to lifestyle were identified and these were weight/diet, incorrect use of technological devices and modern choices. Four news reports focused on weight, food and drinks. Unhealthy eating, which often leads weight gain was linked to low sperm count. A Danish study linked saturated fats to lowered sperm concentration (Memela, 2013). The results of the reported study suggested that “men in relationships where women fail to fall pregnant could start by quitting smoking, decreasing alcohol intake and the intake of caffeine-containing drinks, decreasing saturated fat intake and trying to get to normal body weight if obese” (Memela, 2013, para. 12).



Another study in which French researchers combined data from 14 studies. These researchers compared sperm count in samples from normal weight, overweight and obese men and they found the following:

Overweight men were 11% more likely to have a low sperm count and 39% more likely to have no sperm than their normal-weight peers, according to calculations by Sebastien Czernichow and colleagues at the Ambrose Pare Hospital, Boulogne-Billancourt. Obese men, on the other hand, were 42% more likely to have a low sperm count than their normal-weight peers and 81% more likely to have sperm-free ejaculate. (“Heavy Men More Likely,” 2012, para. 6)

Similarly, Hammarberg (2018) explained that obesity is associated with lower fertility. According to Hammarberg (2018), this is because obesity is associated with hormonal problems, sexual dysfunction and other health issues that often develop as a result of obesity.

Certain drinks (beer, wine, coffee) and snacks (nuts) may also contribute to male infertility (Mapumulo, 2008). The Medical Research Council in Cambridge found that “these common drinks and complimentary snacks contain high levels of chemicals called phytoestrogens. Phytoestrogens are naturally occurring plant chemicals that lower sperm count, leading to male infertility (Mapumulo, 2008, para. 2).

Dr Gunter Kuhnle, who headed the preceding study, further discovered, after surveying dozens of foods and drinks to measure levels of estrogens:

Beer, wine, peanuts and coffee powder contained high levels of isoflavones that imitate the female sex hormone estrogen. Isoflavones are commonly used to ease menopause symptoms in women. It is believed that estrogen interferes with other hormonal signals and thus leads to a lowered fertility in males. (Mapumulo, 2008, para. 4)

Another factor that was identified to impact male fertility was the incorrect use of technological devices such as cell phones and laptops. Two news reports addressed this factor specifically. In one news report, it was reported that sitting with the computer on the lap raises the temperature of the genitals, which could affect sperm quality (“Is your Laptop,” 2010).

Laptop use does not necessarily lead to infertility but frequent use of a laptop may contribute reproductive problems (“Is your Laptop,” 2010). Additionally, “men who are heavy users of cell phones have significantly lower sperm counts than those who are not”, according to research (“Men Hooked,” 2006, para.1). A team led by Ashok Agarwal of the Cleveland Clinic in Ohio, found that the interference of sperm production is due to the electromagnetic fields generated by cell phones (“Men Hooked,” 2006).

Another factor that has been linked with increasing difficulties of conception concerned the modern choice of delayed pregnancies or the choice to start families later in life (Keeton, 2005). According to Keeton (2005), more women are choosing to focus more on their careers and goals and therefore choose to conceive only later in life, which then leads to fertility problems in many of the couples from which these women belong.

The good news is, however, that losing seven percent of body weight and increasing physical activity can help improve health and fertility in overweight people (Hammarberg, 2018). Additionally, according to Hammarberg (2018), a good predictor of whether or not a person can change and maintain a different lifestyle is for the romantic partner to change her lifestyle as well.

Environmental factors and lifestyle choices have therefore been identified by this research study to be the main factors that are associated with male infertility. Therefore, men experiencing fertility problems may need to, in addition to seeing a specialist, assess these factors within their lives and make the recommended changes to improve their fertility.

#### *4.2.1.3 Other*

Other factors that also contributed to this global theme include types of underwear. In comparison, research indicated that men who prefer tight-fitting brief over boxer shorts has lower sperm count and concentration (“Want to be a Dad,” 2018). It therefore advised for men to wear loose-fitting boxer shorts as this minimises the risks of fertility problems (“Tight Undies,” 2016).

Another factor linked to low sperm count is conception through IVF (“IVF Boys,”2016). In a study that followed 54 children born using intracytoplasmic sperm injection, which is an IVF procedure that doctors in Brussels pioneered in the 1990s, it was discovered the participants suffered from low sperm count. The doctors who created this procedure were worried that baby boys born using this procedure would inherit their father’s infertility and would need the procedure to have children themselves. The 54 individuals, as men, had 62 percent lower sperm count, almost half the sperm concentration and 66 percent lower sperm motility than men who were naturally conceived (“IVF Boys,”2016).

Another factor that was found to affect sperm quality was stress during pregnancy (“Stressed Pregnant Moms,” 2019). Stressful events such as divorce or job loss experienced in the first 18 weeks of pregnancy have been found to lower sperm count and motility by 12 percent in boy children (“Stressed Pregnant Moms,” 2019). Chemicals that we come across in everyday products such as antibacterial hand washes and sanitisers have also been identified as potential contributors to male infertility (“Germ Killer,” 2016). These products as said to contain triclosan and triclocarbon, which are believed to act in a similar way to hormones and might play a role in early onset puberty, poor sperm quality, infertility and obesity (“Germ Killer,” 2016).

Although infertility can be a result from factors that men have no control over, such as cancer treatment or sport injuries (discussed in the ‘remedies’ global factor), it appears that in cases of lifestyle choices, solutions are available. It appears, however, that research by the general population may be important as some information (such as what certain foods contain) provided here may not be known by the general public but may have a significant impact on fertility health.

#### **4.2.2 Stigma**

News reports that made up this global theme reported on the stigma associated with male infertility. They revealed infertility as one of those topics that are viewed as taboo to discuss in some societies. Nine out of the 43 news reports related male infertility to this global theme. Infertility and sperm donation are among many of the issues that many societies shy from discussing openly and honestly. A Bollywood filmmaker written about in an article, reported that one of the films he created (‘Vicky Donor’), was aimed at making a change in the way in

which these topics were perceived (“Bollywood Movie,” 2012). The film was aimed at Indian audience and, as the people are already torn between rigid social customs and the difficulties of a rapidly modernising society, films with bolder themes are more difficult to accept (“Bollywood Movie,” 2012). As sperm donation and infertility have been found to be challenging to speak about, so has seeking sperm donation. In one of the news reports, a woman details her husband’s discomfort with the process of using a sperm donor:

It was something Chris was completely uncomfortable with. He told me he would go with whomever I chose and was happy with, but it felt to him too much like picking a guy for his wife to 'sleep' with. I think for men it is especially difficult to accept that they can't create a child. They feel like a failure. (Eykelhof, 2011, para. 14)

Three news reports reported on how male infertility is regarded as shameful in African societies. One particular Zimbabwean couple living in SA illustrated this point (Shange, 2018). The couple discovered that the man within the couple had the infertility issue. This was after they had struggled to conceive for six years, which led to the woman going for tests following which she was given a clean bill of health. The couple underwent IVF and were able to conceive. However, the couple chose to conceal the method of conception. The African man further requested not to be quoted in the article (Shange, 2018). Fokazi (2018) further emphasised that, in Africa, infertile men are often shunned to the point of suicidality. Doctors writing in the journal *Nature Urology* reported that because of the stigma and shame that is attached to male infertility, it is challenging to obtain data on male infertility as men who are affected by this problem seldom see medical specialist (Fokazi, 2018). In South Africa, male infertility is reported to account for 40 percent of infertility cases (Khumalo, 2011).

According to the founder of the Infertility Awareness Association of South Africa, Meggan Zunckel, low sperm count has been linked with lack of masculinity in SA (Farber, 2017). This is an indication that there is lack of understanding around this topic. Zunckel shared an example:

Her organisation recently ran a seminar on the psychological effects of infertility, and when a Zulu couple shared their story of infertility, they described how it was seen as something "shameful" in their family - a result of something they had done as opposed to a medical diagnosis. (Farber, 2017, para. 11)

For men, just hearing the words ‘low sperm count’ being directed at them, can be dreaded (Farber, 2017). One man desecrated the news of his diagnosis as “kick in the teeth” (“Infertility a huge shame”, 2015, para. 3). He viewed his infertility as an inability to do what any man should be able to do (“Infertility a Huge Shame,” 2015). According to Farber (2017), men will, at times, use humour to cover the pain caused by their infertility. One such man joked with his friends and said that, at least, he was getting a lot of sex as a result of trying to conceive (Farber 2017). A fertility specialist, Merwyn Jacobson, said that because there are generally no obvious signs or symptoms of male infertility, this tends to reinforce the belief that infertility is a female problem (Khumalo, 2011). Below is an example of the much of a burden men perceive infertility to be:

You grow up in a society where the very essence of being a man is potency and fertility, so if you don't have that it becomes this huge shame that you carry. It really affects your sense of self. It takes a lot of time to admit to yourself you are infertile. (“Infertility a Huge Shame,” 2015, para.10)

Due to the stigma associated with male infertility, men protect themselves from the judgements from others either by hiding their diagnoses or by using strategies to make light of the situation so that they do not appear, to friends and family, to be as hurt as they really are. Besides protecting from judgements, men also seek to protect their manhood and, often at all costs.

#### **4.2.3 Remedies**

News reports that made up this global theme indicated that there are suggestions that aim to improve, remedy, or help prevent male infertility. These include plants, scientific procedures, and technological inventions aimed at treating male infertility. Eleven news reports out of the 43, related male infertility to this global theme. This global theme was further categorised into two subthemes labelled *supplements* and *biotechnology*.

##### *4.2.3.1 Supplements*

Three news reports focused on remedies that men can take to improve their fertility. The benefits of these remedies have been supported by research findings. These include consuming certain supplements that are necessary to boost the production of sperm. Research has found the following:

Taking omega 3 and coenzyme Q10 supplements in either liquid or tablet form were found to have a beneficial effect on sperm count, while supplementing the diet with selenium, zinc, fatty acids, omega-3 and coenzyme-Q10 was associated with an increase in sperm concentration, which is the concentration of sperm in a man's ejaculate (“Can Supplements Affect,” 2018, para. 4)

Supplementing the diet with selenium, zinc, omega-3, coenzyme-Q10 and carnitines appeared to improve sperm mobility, while selenium, fatty acids, omega-3, coenzyme-Q10 and carnitine supplements were linked with a positive effect on the morphology of sperm, which is their size and shape (“Can Supplements Affect,” 2018, para. 5)

Collins (2017), in an article in *Sunday Times*, reported on a plant found in SA that has been found to help with infertility. The plant has been referred to as a ‘magic’ reed that help with a range of issues including helping with aging and reproductive function. The plant is called *typha carpensis* but is known as ‘papkui’, ‘matjesriet’ or ‘palmiet’ in the Western Cape, ‘ingcongolo’ in the Eastern Cape and ‘ibhuma’ in KwaZulu-Natal (Collins, 2017). Although its benefits are now known to scientists, this plant has been used by traditional healer for generations. Tests done on the plant extract revealed that it increased the secretion of testosterone (Collins, 2017). Tests also revealed that this plant “exhibited cytotoxic activity towards prostate cancer cells compared to normal cells” which indicates that it might useful to treat male infertility (Collins, 2017, para. 9).

Additionally, a scientific trial that conducted on 119 men aged 18 to 35, revealed that nuts such as almonds, hazelnuts and walnuts eaten daily have been reported to improve sperm count, vitality, movement and shape (“Nuts May Boost,” 2018).

This subtheme indicates that supplementing certain nutritional deficiencies may help boost men’s fertility. Additionally, the products mentioned under this subtheme are easily obtainable and therefore make it an easy starting point for those struggling with fertility.

#### 4.2.3.2 Biotechnology

Eight news reports involved attempts to treat male infertility by using science to either create sperm, correct poor sperm, or preserve healthy sperm. There have been attempts by scientists

to create sperm cells using the infertile men's skin cells ("Spanish scientists," 2016). The researchers involved in this process said they were doing this to help the 15 percent of couples that have to resort to using sperm donors ("Spanish Scientists," 2016). The process aims to "create gametes in people who do not have them" ("Spanish Scientists," 2016, para. 4). Another research team led by Richard Oko from Queen's University in Canada used a synthetic version of the protein PAWP (postacrosomal sheath WW domain-binding protein), which is found in sperm cells, to induce fertilisation for men whose sperm is not able to initiate fertilisation ("Synthetic Protein," 2014). According to Dr Oko, "PAWP is able to induce embryo development in human eggs in a fashion similar to the natural triggering of embryo development by the sperm cell during fertilisation" ("Synthetic Protein," 2014).

Prevention of male infertility in the form of sperm washing is also offered as a way to help reduce the statistics of male infertility:

The way to look at cryopreservation is as a form of insurance. Though at the end of the day sperm is not the only reason for infertility, the more risks one has of future male infertility the better it may be to consider this method if one wants to have children in future. (Mofokeng, 2019, para. 6)

The risks referred to in the preceding quotation include professions or sport that may be risky and may cause an injury that could affect a man's fertility. Cancer patients who are about to undergo cancer treatment are also at risk of infertility as most cancer treatment cause infertility (Mofokeng, 2019). Transgender people transitioning from male to female who may wish to have a biological child in the future also need to consider preserving their sperm for future use (Mofokeng, 2019). Patients who choose to get a vasectomy may store sperm so that if they later choose to have children, they can have an opportunity to (Mofokeng, 2019). This preservation method is beneficial:

Cryogenic laboratories have been able to maintain cryopreserved human semen in storage for over 30 years and semen stored for 19 years has been used to achieve a pregnancy. Scientific literature shows conclusively that sperm motility, viability and morphology are not affected by proper long-term cryopreservation. (Mofokeng, 2019, para. 8)



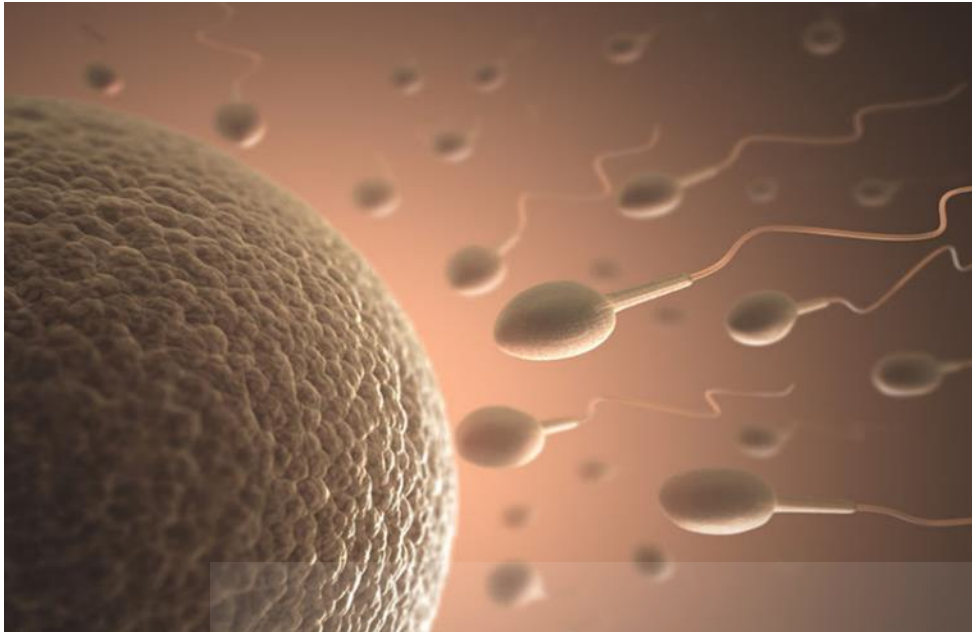
However, there is also an option for the men who already have been diagnosed with infertility and would have been limited to using a donor to have a child. This involves a new urology procedure where the sperm is directly extracted from the testicles of men who either have no sperm cells or whose semen contain very few sperm cells (“New Urology Procedure,” 2015). Sperm can hide in a man’s testicles and therefore fail to move through the reproductive tract as normal sperm is able to do (“New Urology Procedure,” 2015). The extracted sperm cell is then injected directly into the egg using a procedure called intracytoplasmic sperm injection (ICSI). Dr Dabaja, Director of Reproductive and Sexual Medicine at Henry Ford Health System explains what this process, referred to as microsurgery, requires “the use of an operating microscope to assist in the biopsy by identifying which tubules in the testicle are producing sperm cells. This allows us to remove tiny samples of testicular tissue with improved sperm yield” (“New Urology Procedure,” 2015, para. 9).

Technology experts have also made an attempt to contribute positively to the problem of male infertility by creating a test that enable men to check their sperm quality with a smartphone (“DIY Infertility Test,” 2017). The technology aims to offer a simpler and cheaper option for men to test their semen at home just as women are able to take pregnancy tests at home (“DIY Infertility Test,” 2017). The test further aims to reduce the stress, embarrassment, pessimism and disappointment that often result when men have to give semen samples in hospitals. The test is able to analyse undiluted, unwashed semen sample in just a few seconds. The device works by “using a combination of an optical attachment that can connect to a smartphone and a disposable device for loading a semen sample” (“DIY Infertility Test,” 2017, para. 7). The smartphone-based device detected abnormal semen samples, based on World Health Organisation thresholds on sperm concentration and motility, with an accuracy of 98 percent (“DIY Infertility Test,” 2017, para. 9).

Although male infertility accounts for about half of infertility issues, there is much that has been done to combat the condition. Although difficult to accept in most cases, male infertility does not have to mean the end of the road for couples seeking to conceive. If awareness around the issue increases and normality of the issue is established, more people with infertility will be able to seek help sooner and potentially reach their goal of having children.

#### **4.3 Discussion of themes**





*Figure 4.1.* Picture of sperm swimming towards the egg

Through the analysis and description of the news reports, it was apparent that research reports on male infertility have not deviated too much from the traditional medical reporting of male infertility. Although social scientists continue to advocate for a more qualitative understanding of this condition, it is clear that there is still a long way to go. Nevertheless, this reluctance to move away from the medical components of male infertility, still communicates plenty and indicates how male infertility to this day is represented as something to shy away from, hence the focus on the factual or research supported medical findings rather than challenging the stigma and psychological impacts and consequences of the condition.

#### **4.3.1 Risks**

The global theme Risks, even at first glance is a communicative mechanism that informs one to tread lightly and not fall into a trap that might be difficult to get out of. The risks determined by this study to be linked to infertility are environmental and lifestyle factors. Sperm has throughout history been a personified metaphor, in that good sperm is often described as being able to swim, and therefore, any risk that jeopardises the sperm's ability to swim is one that men may want to stay away from. It described under the subtheme, "environment", that exposure to pollution negatively impacts sperm's ability to swim. Based on the society from which people come, representations such as this and others are circulated so much that they guide people's behaviours based on the collective perceptions that people adopt. Excessive noise levels have also been reported under this subtheme as a risk.

The lifestyle factors are anchored in antinomies. Antinomies refer to opposing beliefs about rules of life that people believe (Höijer, 2011). The news reports in this subtheme report essentially, that if you are overweight, things will go badly for you in terms of reproductive abilities while physical activity implies improved fertility. As reported in the introduction chapter of this study, with primary infertility, one may not have much control such as in cases where it may be due to genetics. Additionally, reports under this theme imply to some degree that all men are essentially at risk of infertility in one way or another. The subtheme Lifestyle makes mentions of things like overuse of laptops and cell phones being risks and drinking beer and coffee, essentially things that are part of daily functioning.

Other factors that did not necessarily fit neatly into the two subthemes mentioned in the two preceding paragraphs include things such the type of underwear, with favour toward loose fitting boxer short rather than tight briefs; men born through IVF being at genetically transferred risk of having low sperm count; and having had an extremely stressed mother while still in utero. Essentially, therefore, it appears based on these articles that men just can't win. They are vulnerable whether in utero, while dressing, while eating, while sleeping...while living.

The sperm and ovum are often personified in a way that put the male in a superior position. According to Vonk and van Vliet (1998), although more active as it is meant to swim to the egg, it should not be given more credit than it deserves because in actuality, it just moves around and may happen to land on the egg. This, therefore, does not make superior in any way over the egg. The picture above indicates may be deemed deceptive as it portrays the sperm as though they can see and are rushing purposefully to achieve a goal.

#### ***4.3.2 Stigma***

Stigma toward male infertility is well documented. In one news report under this global theme, a male interviewee diagnosed with infertility details how the society in which he grew up equated being a man with potency and fertility, how infertility is linked to masculine identity. Therefore, for men, being infertile is assumed by others as their inability to perform sexually as well even though in actuality, infertility has no bearing the physical abilities of a man. The representation being circulated here, therefore, is that infertility equals to lack of manhood. The

repeated and revolving anchoring of this notion maintains the representation. Because of these representations, help for this problem is often perceived as a hard pill to swallow. Men struggle to open up about ARTs. One man, in an article, was quoted likening the process of choosing a sperm donor to choosing a man to sleep with his wife, which as can be imagined, must be very uncomfortable. Another man who conceived through the use of ARTs insisted that he did not want anyone to know.

Male infertility representations are so deeply embedded in societies that, even in the private space of a doctor's office, news of such a diagnosis can completely shatter a man. One man in an article likened hearing the news of an infertility diagnosis to a "kick in the teeth". This metaphoric description referring to the mouth indicates that the news was so devastating to him that he was left speechless. It also links the feeling of being shattered, which is probably what he perceived the news were doing to him or his life thereon after. In turn, these factors then spill into data collection and figures which are often skewed as men are not comfortable talking about the subject or even entertaining the possibility of being linked with such a tragedy.



*Figure 4.2.* Picture depicting a disappointed couple

*Figure 4.2* was taken from an article titled, *Fertility crisis: sperm count plummets together with male egos*. Here the process of naming as Höijer (2011) describes comes into play. The media headline, '*Fertility crisis*' dramatises the condition, grabs the attention of readers, and anchors the phrase in a manner that incites certain emotions of the public which contribute to the hurt created by infertility.

In line with how male infertility tends to be more stigmatised than female infertility, even physicians can be considered to perpetuate stigma. In a study by Malin (2002), infertility doctors in Finland were interviewed to determine their own contributions to the representations of infertility. Malin (2002) stated that gender plays a role in how even physicians talk about infertility. According to Malin (2002), the physicians connected infertility of patients to self-esteem and sexual ability or potency. However, this connection was not expressed in regards to women. Malin (2002) also revealed that the physicians who were interviewed (all but one) had had their own children and therefore provided accounts informed by their own moral judgment when they engaged with and spoke about their patients who presented with infertility.

#### **4.3.3 Remedies**

This study identified Remedies as one of the global themes. These communicate a message of hope for those who have been diagnosed with infertility or are at risk of being infertile. As identified in the Risks global theme, this may just be every man. In the reports forming this global theme, language is used strategically to communicate certain messages. These messages are provided in the discussion of the subthemes which are supplements and biotechnology. There different supplements that men can take to boost their infertility. One that is reported on in quite an interesting way in the supplements subtheme is the plant called *typha capensis*. This plant is said to be a magic plant that can treat various conditions including infertility. The plant's powers are emphasised by the use of the word "magic". This the first convincing mechanism. Then the plant is said to have been used by traditional healers for generations and had only recently been discovered by the pharmacological field that has jumped on board to provide people with the benefits of this amazing medicinal plant. It is through these mechanisms that social representations get spread and share and eventually adopted as familiar frames of references within different social groups.

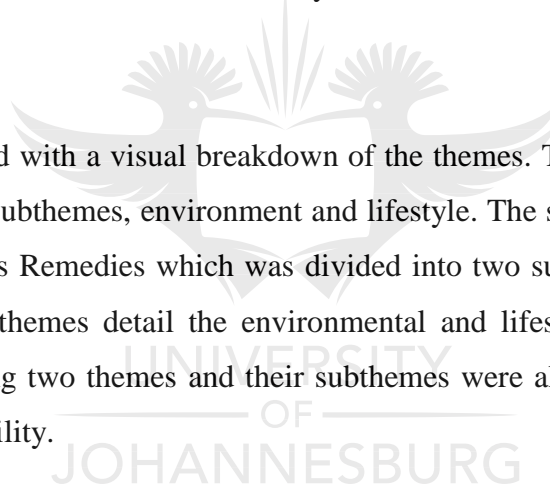
The functionality of this plant has, however, been challenged. The extract of the plant was investigated to determine its impact on sperm count, motility and membrane integrity (Abdillahi & Staden, 2012). Although the extract exhibited anti-oxidative activity, which is known to improve sperm count, motility and morphology, the results revealed that this plant extract has the opposite effect to what infertility remedies are meant to do which is increase these sperm parameters (Abdillahi & Staden, 2012). According to Abdillahi and Staden (2012),

the plant may be better candidate for male contraceptive as opposed to being suitable for conception.

Biotechnology is another subtheme that has reported on the representations of male infertility. Within this subtheme, one of the interesting ideas is that of cryopreservation which refers to storing and preserving sperm. Within this subtheme, this process is described as insurance. Just as people insure their cars to safeguard against any that tragedy that may occur, men are also encouraged to do the same. This implies that even for fertility, there is no guarantee, and that things could change at any point. Men, likewise, need to guard against the tragic future possibility and, more importantly, prevent being negatively affected. Something tragic indeed could occur to their sperm or sperm production. The reason why a sperm preservation facility is called a sperm bank is to communicate specific messages relating to preservation or safekeeping. Fertile sperm have a certain currency that can be drawn upon in times of need.

#### **4.4 Chapter summary**

This chapter commenced with a visual breakdown of the themes. The first theme was Risks, and it divided into two subthemes, environment and lifestyle. The second theme was Stigma, and, the third theme was Remedies which was divided into two subthemes, supplement and biotechnology. The subthemes detail the environmental and lifestyle risks that have been identified. The remaining two themes and their subthemes were also explained in how they contribute to male infertility.



## CHAPTER 5: CONCLUSIONS

### 5.1 Conclusion of the study

Male infertility affects both men and women even though it has always been thought of as a woman's problem. Due to infertility being directly related to sexuality, it has been labelled the most stigmatised of all male health conditions (Pujari & Unisa, 2014). Many of the systems that play a role in the creation and perpetuation of stigma include religion, culture and the media. Based on the stigma attached to it, male infertility is not reported and therefore not treated. Male infertility has no bearing on sexual functionality and identity, and is therefore not to be ashamed of. If men and the systems creating all these problems attached to male infertility would realise this, more men would receive the help they need and would not have this diagnosis shatter their entire world.

The study aim was to describe the representations of male infertility in South African newspaper reports. Three global themes were identified due to their prominence in the four news publications that were selected for this study. The four newspapers were *Sunday Times*, *Sowetan*, *Daily Sun*, and *The Herald*. The first global theme was Risks, and this global theme had two subthemes, environment and lifestyle. The environment was found in reported research to have an effect on male fertility in three ways. First, pollution and chemicals in the environment may negatively affect men's fertility. Chemicals in the air have been linked to smaller sperm cells with an altered shape which negatively impacts a man's fertility. Second, the news reports stated that weather changes have an impact on the chances of a couple being able to conceive a child. The reports stated that men have healthier, faster swimming sperm in winter and early spring as opposed to other seasons. Lastly, the environment impacts fertility in terms of the noise levels within which a man sleeps. The news reports stated that men who get exposed to higher noise levels are more likely to get an infertility diagnosis than those who sleep in a quieter environment.

In terms of lifestyle, the news texts reported on lifestyle factors, such as diet and weight, technological use and modern life choices surrounding the timing of starting a family. The newspapers that were analysed revealed that obesity, for instance, is one condition that affects men's fertility in a negative manner. Additionally, certain food such as those high in saturated fats and some drinks have been found to be linked to lower fertility rates. Technological devices were also found to have an impact on sperm quality. The news reports reported that men who



put laptops on their laps for extended periods of time run the risk of their testicle temperature rising, which in turn lowers the quality of their sperm, especially if using laptops or other devices with the same impact, form part of their daily activities.

The second global theme was stigma, and this global theme did not have any subtheme. It was revealed in the newspapers that male infertility is a problem that many societies shy away from discussing. It is described as something that is shameful and therefore is to be hidden. As there is so much stigma attached to infertility, getting help has also been revealed to be a very hard and uncomfortable task. Some men turn to sperm donation, however. In one example, a man likened the use of using a sperm donor to his wife having sex with another man, even though the process of inseminating the sperm has nothing to do physical contact between the donor and the woman being inseminated. News reports revealed also that when the process of assisted conception due to infertility is successful, men may want to hide the fact that the child was conceived through assistance methods.

The third global theme was remedies, and these speak to measure that are taken to improved fertility after it has been determined that there are fertility issues. The subthemes under this global theme were supplements and biotechnology. In terms of the first subtheme which is supplements, there are certain supplements that men can take that have been found to boost sperm production. Two examples of these supplements include omega 3 and coenzyme Q10 supplements. There is also a plant that grows in some South African provinces that has been found to have many medicinal benefits, including the treatment of infertility.

The second subtheme under remedies was biotechnology, and this refers to processes where scientists use biology and technology to create sperm cells using infertile men's skin cells, which is meant to create gametes in those who do not have them. Another procedure entails using a synthetic protein to induce fertilisation of the egg cell in cases where men's sperm are not able to do this naturally. Another method of dealing with infertility is a more preventative method rather than a treatment one. In cases where men may run future risk of infertility, it is advised that they consider cryopreservation which is a process where good healthy sperm is preserved for future use. Good candidates for his procedure are men who may be going into sports that may impact their ability to have children in the future or men who are about to undergo certain treatments (such as those for cancer) that will impact their fertility. With this option, men can preserve their sperm while is still normal and healthy, and use it at a later stage

to be able to have biological children. There is also another process that is aimed at helping men detect their fertility status. This process is in a form of smartphone application that helps a man to check their sperm quality, which takes away the shame and difficulty of undergoing fertility testing at medical institutions.

The themes in this study illustrate the key components of SRT. All three global themes, risks, stigma and remedies are communicative mechanisms that help readers call to memory what the society from which they come associates with the word. For instance, when one hears the word risk, they know to associate that with potential danger, something to stay away from. When the word is linked to another concept such as infertility, it is then a warning relating to factors that may put fertility in jeopardy. The global theme, risks, speaks to the component of anchoring, specifically anchoring in antinomies. Antinomies refer to opposing beliefs about rules of life that people believe. The news reports state for instance, that if you are overweight, you are guaranteed compromised fertility. However, as reported in the Introduction chapter, with primary infertility, a person may not have much control, such as in cases where it may be due to genetics.

The global theme, stigma, as described in this study, speaks to the SRT component of objectification, specifically via personification and the use of metaphors. Sperm is often described in terms of these metaphors due to its ability. Healthy sperm is often labelled 'good swimmer' while unhealthy sperm is said to not swim. The media then plays a role in shaping how these ideas are perceived within different society. The media then share and publicises these ideas to the point of being part of the language in societies

The findings in this research study helped describe how male infertility is represented in South African newspaper reports. Additionally, these descriptions were consistent with what the literature reported, which was that the condition is stigmatised due to how the media has constructed and circulated ideas around the condition. Additionally, as the literature reports, the media is of the main drivers of how social representations are not only created but also spread across societies. Most importantly this study revealed that there is still a strong tendency for researchers to report on the clinical or medical aspects of this condition and not adequately on the psychosocial aspects. This may be due the complexity of psychosocial issues as the perception of these differ from society to society whereas the medical aspects are essentially the same across the world. For instance, male infertility is often hidden in African cultures.



Additionally, when the source of the infertility is not known, women are often assumed to be the problem in these societies. This is the case in spite of what the statistics say which is that the cases between men and women are essentially 50/50.

## **5.2 Limitations**

The following limitations were identified

- Although the sampling was aimed at selecting data that portrayed the representations that the majority of the SA population is exposed to, four newspapers cannot fully fulfil this aim.
- The news reports revealed that men are typically ashamed by their infertility and so I can therefore assume that the information shared by these men in these news reports is the bare minimum and there could be bigger body of experiences and individual representations that are not being shared by these men.
- The news reports have highlighted some contradicting information which can be confusing to the readers relying on newspapers to expand their knowledge base.
- The findings were based on the opinions and interpretations of the newspaper writers and may not fully reflect what the sources of the information, such as the research teams which conducted the studies, may have intended to portray.

## **5.3 Recommendations**

In response to the limitations identified, the study recommends utilising a broader range of not only newspapers, but other forms of more relevant media avenues, based on the South African demographics. Some suggestions may be to customise the medium of publication. For instance, in the current climate of the modernising society, there are greater chances of reaching the younger population through social media platform such as Facebook and Instagram, rather than through news websites.

In response to the findings about the shame attached to male infertility, newspaper reports should, in addition to reporting on the problems associated with male infertility, play a more active role in destigmatising infertility so that future generations may have better experiences dealing with this condition. This is important because continuous perpetuation of these problematic representations may result in a never ending cycle of unpleasant experiences which

will maintain the shame and in turn prevent men from seeking help, just as is the case with most men.

This study suggests that there be disclaimers in the news reports indicating for the readers to not take the information provided as irrefutable facts. As it has been mentioned in the chapter two of this study, people develop certain beliefs and behaviours because of media portrayal and it may be important for, especially lay persons to be warned to exercise their discretion.

#### **5.4 Chapter summary**

This chapter provided a summary of this research study. The chapter commenced with a summary of the background of this study and then went on to provide a summary of what this study found in terms of representations of male infertility in South African newspaper reports. The chapter then provided some limitations that were found in the study and the chapter was concluded with recommendations to overcome the limitations for future researchers.



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