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Childless African American women over 50 in the USA: a qualitative descriptive study

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CHILDLESS AFRICAN AMERICAN WOMEN OVER 50 IN THE USA:

A QUALITATIVE DESCRIPTIVE STUDY

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Education in Organizational Leadership

by

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This dissertation, written by

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DEDICATION

I dedicate my dissertation work to my family, friends, and childless African American women 50 years and over, who desired to naturally birth children. I give God all the glory and praise. A special thanks and gratitude to my auntie, the late great Minister Lula Trammell, my mentor, who introduced me to the world of education. My loving husband, Tracy W. Mitchell, one of my biggest supporters, encouraged me to continue the journey and never allowed me to give up. My loving beautiful mother, Pearlean Miller, who walked beside me every step of the way, in achieving this great milestone in my life. Patrice Isley, my best friend, and Myron Isley, who prayed and encouraged me through the storms. Edward Miller, my dad, my sisters, Dr. Sherrian Reynolds, Angela Miller, Phyllis Miller, Jaquenette Miller and my brother, Edward Miller, Jr. are incredibly special to me.

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To my friends –

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ABSTRACT

In modern society, some African American women are choosing a career before accepting the traditional role of birthing a child or children at an early age and marriage is not always part of the equation. Women's freedoms (i.e., equality, personal choice, sexuality) have increased since their early struggles for their rights as citizens and as women. Some are viewed as agents against the norm by some conservative-minded people by not having a child or children well into their adulthood, especially if they are over the age of 50. Research suggests that women without children are perceived negatively by others and experience adverse and challenging outcomes in society (Crandall & Eshleman, 2003). Childlessness can be an emotional hurdle for some African American women to easily overcome after establishing their career and going past the fecund period define as; (the age where women are still able to bare children with low health risks), of their life without procreating, often prompting them to adopt a child or children. For other childless African American women, but want a child or children, infertility has cursed them from motherhood, and this is a scar that tugs at their heart. Also, physical trauma or illness contribute to this fact, preventing conception. Before these women surpass their fertile stage and are childless, they must develop healthy management schemes to avoid unnecessary stresses of daily life from society, marriage, and personal living to enter their twilight years without regrets of childlessness, if possible.

Keywords: childlessness, career, infertility, sexuality

Chapter 1: The Issue

Introduction

Some African American women 50 years of age and older who are childless go through years of their life displaying an array of emotions, which often affect family members and friends in unusual ways. According to the World Health Organization (WHO, 2006), American researchers have found that reproductive health is not just the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes, but also a state of total physical, mental, and social well-being. Researchers in the United States have discovered that reproductive health is a state of total physical, mental, and social well-being and not just the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes, according to the WHO (2006). Since people have the ability to reproduce and the freedom to decide if, when, and how often to do so, reproductive health denotes this (WHO, 2006).

This is a qualitative descriptive study with the evidence highlighted for each case subsequently mentioned. The focus is the traditional-born women (she/her), heterosexual African American women. 50 years of age and older, born a woman at birth. I am doing this study because being a childless African American woman over 50 years of age and not given birth without having a choice, due to physical harm to my reproductive organs in an early childhood abusive environment, resonates within my soul.

In the United States, the issue of women having a choice on when and where to give birth is discussed. However, not having the option to become pregnant weighs differently on a woman's heart and is less common in the United States. The five mechanisms are an adaptation to a life without children, resignation due to significant obstacles reaching the end of their fecund

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period, feeling no societal pressure from close friends and family to have children, and showing little personal persistence in achieving their life goals. Buhr and Huinink (2017) identified these five mechanisms. This may determine why there are childless women 50 years old or older and reveal how these factors affect them. This research is based on the disparity of this group. African American women who are over 50 years of age and older and childless may have chosen to not have a child or children or may have wanted a child or children, but certain circumstances prevented them from procreating.

Some African American women make plans for family life after they have established themselves within their careers, while others want a family early in their adulthood. Also, births can be less joyful during periods of common undesirable timing, which may cause emotional health issues for these women. Some reasons are divorce, physical illness, same-gender relationships, religion, physical abuse (sexual assault, domestic violence, etc.), and mental illness influenced affecting childlessness, too. Many African American women view childlessness as a non-determining factor for them not losing worth as women, but their self-worth may ebb as infertility becomes an issue.

To prevent a misunderstanding, V. Moore (2019) defines a childless woman as wanting to have a child or children but does not have any, and a childfree woman as not wanting to have a child or children. Growing up in a large family, I always wanted to give birth, at least once. I would say, "One shot, two pops." I wanted to have twins, a boy and girl. I also wanted to attend college and have a career. It was not because I did not have prominent suitors or proposals of marriage. My reason for not giving birth was due to me being unable to physically become pregnant. I was sexually violated at an early age, which medically caused me to not be able to get

pregnant. There are other factors relevant to African American women over 50 being childless, such as career, religious beliefs, psychological and emotional reasons, and educational goals.

Having no responsibilities of motherhood presents several benefits for wed and unwed women, but their emotional desire to have birthed a child or children may cause them to feel incomplete as a woman when they are 50 years of age. Buhr and Huinink (2017) present the five factors of childlessness:

- significant other's low social influence to reproduce

- minimal personal dedication to pursue life goals

- adapting to a childless lifestyle

- not wanting to endure the intense burdens of childbearing

- life at the end of the fecund period. (p. 600)

Social influence on reproduction in modern society relates to the understanding of how social interaction plays in behavioral changes in specific demographic models. Laura Bernardi (2003) wrote that "demographers who focus on the role of social interaction in the diffusion of a certain fertility behavior show how the interdependence between individual reproductive preferences and behavior can lead to changes in fertility regimes" (p. 529). This research will be examined with African American women 50 years of age and older, through an empirical method. Variables overtly present with this group will be observed, which include family, friends, co-workers, church members, physicians, and each woman's own social environmental perception. For restatement, childless African American women over 50 years of age are living through childlessness due to medical issues (polycystic ovary syndrome, endometriosis, etc.), unsuccessful conception attempts, a horrific sexual assault early in their life, or they are childless by choice.

An in-depth study is required to determine if socioeconomics and have harmful effects on lower-income women. In an article written by Heavey (2013), single childless women comprised 28% of the 57% of childless households in the United States. African American women who are 52 to 81 years of age have a higher level of depression to their marital status and socioeconomic status (Spence et al., 2011). Their level of stress has a greater bearing on them living with depression longer and it is affecting their life in a more profound way concerning motherhood. Many of them must be more persistent in pursuing their professional and personal goals, which lead to individual success and contribute to the continued existence and viability of society (Tabrizi, 2017). In another study, further information indicates that a considerable number of women claimed that they were childless by choice from their biological urges, theirs and their partner's childbearing feelings, and the cultural stigma against abortion (J. Moore, 2017). African American women, in general, are in the lowest socioeconomic group with a greater infertility rate due to poor nutrition, poverty, and an increased rate of sexually transmitted diseases, like chlamydia and infectious diseases (M. M. Peterson, 2005). When their socioeconomic status is controlled, they experience lower activity and living limitations, although childbearing may not be a lifelong goal. For many childless African American women over 50 over 100 years ago, socioeconomic, and geographic influences were consistent with their health on involuntary infertility and re-marital births (London & Elman, 2017). There are still similar circumstances existing for African American women since the turn of the 20th century.

Women must develop a personal view of themselves, which includes values, social class, personality, appearance, and intelligence (Domenico, 2005). Through social learning, their personal beliefs can be modified to a specific behavior that enhances or eliminates their chances of becoming childless at the age of 50. Exceptions involve a physical condition preventing

conception and/or birthing or mental illness (neurodevelopmental disorder), in which a doctor deems it necessary for a woman to remain childless. In 2004, femicide was seventh on a list of causes for premature death amongst women, with African American women being highly vulnerable, due to their marginalized status (Jacob-Arriola et al., 2007). Social pressures can alter a woman's desire to become a mother by putting off motherhood until she is married and established in her career. Some women prefer to do it this way, the traditional way, but other women were not raised with traditional beliefs. This may be due in part to their socioeconomics, sexuality, health, or a combination of these three situations. An adoption is an option many childless African American women who want a child or children do not implement into their plan for motherhood.

There are some African American women over 50 years of age who suffer mental distress from childlessness. When they were younger, a few of them may have considered infertility treatments, but vacated the idea and dealt with the issues, because they were uncertain of the risks. The difficulty with alternative methods of motherhood is too unnatural for some African American women, therefore, they refrain from various alternative solutions to motherhood. To avoid being ridiculed or shamed, these women may resort to pronatalism before adoption, but they still may not accept medical treatment and not adopt (Bell, 2019). At this point, some of these African American women may be dealing with depression and there is a possibility that rational decisions become invalid.

It may be emotionally painful for some African American women to adapt to the fact that they will be childless after their bodies can no longer reproduce or their religion forbids unwed births, and they never marry. Men are more likely to use greater distancing as some women are distressed and endure distinct phases of not coping well with the incapability of childbearing (B.

D. Peterson et al., 2006). The support from family planning with contraceptives is oftentimes frowned upon by the religious sect some African American women are associated with, as well, because they think it encourages unmarried men and women to engage in premarital sex (Barrett et al., 2014). In this country, more African American people grow up in religious families and their religious doctrines oppose premarital sex, in which they have fewer sexual partners earlier in their life (Kusunoki et al., 2016). African American women's marital history, environment, and often, their level of education, are indicators of childlessness or fruitfulness. For some single African American women, a change in their marital status is imperative to achieve motherhood before their bodies cannot procreate anymore and become a woman over 50 years of age and childless.

The average woman's crest in her fertility stage is from her teen years to her latter 20s and from that point in her life, her fertility begins to wane until her fecund period is over. Structurally connected relationships within close-knit groups are affected by a contagion influence since women have close peer relationships and more than likely feel the need to transition to interrelated group motherhood (Bernardi, 2003). There are women who feel that marriage equates to creating a family unit and having children. The promotion of stability through a career and home ownership is included in raising a family. It is suggested through theoretical arguments that childhood environments produce long-term effects on women's behavior and reproductive preferences (Coall et al., 2016). Kris Marsh and Niki Dickerson-von Lockette (2011) wrote that "the composition of the African American middle class was increasingly shifting toward single and living alone (SALA) households and that married households were declining" (p. 316). If there are some societal pressures toward women to become mothers, some African American women of Generation Y (Millennials) and Generation

Z have broken free from that pressure and may not feel selfish about their decision to be childless by choice or childfree.

Discussions about women not wanting to have a child or children, better known as voluntary childlessness, are not as popular as mentioning women wanting to embrace motherhood in certain circles of society, like traditionalists and religious groups. Voluntary childlessness has astounded leaders within the labor force, the church, and within the government. There are some African American women who feel that motherhood does not determine their worth as women. For this to be true, there must be certain traits present within these women's character for them to want to be childless. If childlessness is the issue, self-worth for some of them will become problematic, but this does not include African American women who have no desire for procreating.

From the start of their adulthood, young African American women in sororities attain more autonomy from the fraternal structure, providing higher levels of community service and placing greater emphasis on future personal success than starting a family (Literte & Hodge, 2012).

When it comes to influencing women toward parenthood or not to have a family, personality is a major factor (Avison & Furnham, 2015). African American women struggle more to have a mate to exchange means for valued qualities. In recent decades, women who are childless have increased by approximately 20%, and cultural expectations for women to have a family are still high in this nation (McQuillan et al., 2012). Over the past century, health issues amongst women in African American communities are still greatly monitored, even with a decrease in their mortality and morbidity, although childlessness is high for women of all

economic and social statuses. Social contexts and parenthood affect marital status, ethnicity, socioeconomics, and gender (Umberson et al., 2010).

Rejecting motherhood has created a new distinction for the word 'no' concerning voluntary childlessness. Childless women have established new discourses, subverting, and transforming constructions of femininity (Gillespie, 2000). The diminishing norm of women's conformity has allowed them to feel good about their decision to remain childless without shame or guilt. Data was compiled indicating why some women were childless into their 50s, with 56% of them identified as childless before their 30th birthday and 44% of them identified as childless in their geriatric years (Gemmill, 2019). Childless African American women's educational background, socioeconomic status, and marital history helped to comprise results from this study.

Research has discovered that when some African American women get closer to the end of their fecund period, though they may not want to experience parenthood, they may undergo feelings of desiderium. They can manage these feelings by including their spouse, significant other, family members (i.e., father, mother, brother(s), sister(s), and/or cousins), or close friends to help decrease stress and to lessen the likelihood of them going through depression. Childless African American women 50 years old and older who wanted a child or children must deal with the stress of childlessness through their social standing, marital status, and personal life. Focusing on their career can aid in keeping thoughts of being childless at bay and the possible loss of their independence with a child or children. Also, they may think about the economic gain available without procreating, as well as thinking how closer they may have become with their significant other, if they had given birth, adopted a child or children, or became a foster parent.

Lesbianism involving parenthood is still looked upon as taboo by some traditionalists and some religious groups. For this study, legal parents and social parents are the concern, although lesbians do conceive and give birth via copulation with a man or through in-vitro fertilization. In heterosexual relationships, biological parenthood most often occurs, but biological parenting has been on the rise with fewer adoptions happening within the past decade by lesbians (Brewster et al., 2014). This does not explain the refusal of motherhood by other lesbians, though. One reason is that through certain circumstances, they do not want to endure the intense burdens of childbearing, because every family setting has significant effects on children's development and outcomes later in their life (Schneider & Hastings, 2015).

Lesbianism is not new, but it is still rejected by most religious groups. Some African American lesbians are castigated, and some are made outcasts from their own families. In an article written by Harris (2010), she stated that an article from *The New York Times* described lesbians as a danger to society, due to their double sexual abnormality as un-female and gay. In movies, many African American lesbians are depicted as being hardened women exhibiting masculine characteristics and as degenerate seducers of young innocent women. These characteristics make the public think that lesbians have no desire to reproduce or become parents via adoption or become foster parents. This is far from the truth because the Christian right and African American churches' antigay policies are threatening to same-sex African American couple families since they are more likely to have a family, earn less, and less likely to own a home (Cahill, 2009). African American preachers' sermons against same-gender relationships and African American parishioners' attitudes toward African American members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community confirm that members of the LGBTQ community are not acknowledged as representatives of the larger African American

community. Therefore, with the rejection by most of the African American church toward the LGBT community, African American lesbians are finding acceptance with and through African American church members who "did not characterize homosexuality as a sin" (Literte & Hodge, 2012, p. 689). Their decision to procreate through invitro or with a man is more welcoming, yet many of them will forego motherhood and become childless African American women over 50 years of age.

Unintended births are predominantly with unwed women living in a low socioeconomic situation. African American women with a college degree or college degrees and a career are most likely to wait until they are married or financially secure before having a child. As previously mentioned, some African American women miss their timeline to give birth because the fecund period of their life is over. Health issues for newborns with approximately 10% of births called later-than-desired and babies born with low birth weight, occur when they have children during fertility postponement (Hartnett & Margolis, 2019). They wait until they think it is the perfect time for them to become mothers, but often, these women become a statistic in the category of childless women over 50 years of age. This plan is not fail-safe, because their biological clock continuously ticks until their fecund period expires. For some childless African American women, the concerns of their mate cheating or leaving/divorcing them are troubling. Still, there are mixed views on the topic because many childless couples are continuously working on their relationship, while those with a child or children, spend more time being parents, which childless couples are more satisfied overall (Wallace, 2016).

Yet, another reason that exists for African American women who reach the age of 50 and are childless, is that they have experienced violence, abuse, and divorce at an early age. Through years of domestic abuse or a severe rape situation, some of these women face infertility. To

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compound their stress, these women may think of themselves a little less of a woman at times. In the past, many African American women were in difficult living arrangements and did not always have access to social capital and economic resources, because they were exposed to psychological distress, marital disharmony, and risky sexual behavior was encouraged (Fledderjohann, 2017). Now, more African American women are cohabitating with their mates, as if this living arrangement has an easy break if they face an abusive situation, again, and not have binding legal matters of marriage to settle before completely leaving that relationship. Often, when a woman is at this point in her life, she is at the end of her fecund period.

There are times when childless women are envied, looked upon with disgust, and pitied (Bays, 2017). To fill an emotional void, some African American women adopt a child or children within the years past their fecund period. Family arrangements are implicated by specific parenthood and social contexts which affect the marital status, gender, ethnicity, and socioeconomics, considering how demographic shifts lead to the well-being of parenthood (Umberson et al., 2010). Nontraditional childless households' differences are determined by childlessness and traditional marriage, from a life cycle model to an extant traditional model. Many years ago, an article entitled *Correlates of Childlessness and Expectations to Remain Childless: U.S. 1967* by Phillip Neal Ritchey and Shannon Stokes, centered on childlessness and women intentionally being childless. During that time when women were fighting for their rights, they wrote that various social structural influences selectively countered prevailing norms and produced deviance, when the norm was widespread (Ritchey & Stokes, 1974). Most likely, childlessness is an option taken in lieu of various fertility needs before conception or childlessness by choice. It has been recognized over decades that childless women leave no permanent addition to society and eugenicists have been alarmed about the possible effect of

differential fertility concerning the future population, with childlessness as one of the factors

(Grabill & Glick, 1959).

Statement of the Problem

African American women have lived through their 50s and childless since time has been

recorded and this situation is present in the modern age of humankind, as well. One can perceive

that there are issues that psychologically affect these women as they look back on their lives and

regret not becoming a mother or not adopting a child or children, regardless of medical issues,

personal preferences, or other problems. Some of these women display moody or

uncharacteristic behaviors and actions. African American women with limited or no access to

health care and are in poverty are more likely to experience sexual abuse and/or receive sexually

transmitted diseases, which may develop into reproductive issues that may cause them to be

unintentionally childless. Some assistance for these women with their reproductive health

disadvantages and inequality within this nation is offered through competent social work (Blyth,

2008). This study shows how childlessness can affect these women and their family and friends

and the necessary measures needed to aid childless African American women over 50 years of

age to cope with their situation.

Purpose Statement

Childlessness can be an emotional hurdle for some women to easily overcome, often

prompting them to adopt. For other women without a child or children, but want a child or

children, childlessness (infertility) 50 years of age and older, has cursed them from motherhood,

and this is a scar that tugs at their hearts. Also, physical trauma or illness contributes to this fact,

preventing conception. The purpose of this study is to evaluate Erik Erikson's theory of

psychosocial development to see if there is a connection in the areas of spirituality and religion,

education/career, sexuality, and physical/mental health with childless African American women in the U.S. over the age of 50.

Research Questions

- RQ1. What are the factors that contribute to childless African American women 50 years old and older in the USA?

- RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

- RQ3. What are some of the reasons for African American women over 50 in the USA, not having given birth?

Purpose and Importance of the Study

Information in this study is used to convey the effect of childlessness amongst African American women in their 50s and older in the U.S. and offer an understanding of the need for further research for the benefit of their health and society. The study is to identify external factors relevant to the contemporary African American woman over the age of 50 in the importance of revisiting the impact of not giving birth. The areas of study surrounding the topic are spiritual and religion, education/career, mental/physical illness, and physical/emotional abuse.

Limitations of the Study

For this study, the researcher acknowledges the following limitations:

- The researcher of this dissertation is an adult without children of African American origin over the age of 50. In order to keep the author's biases in check, a fellow researcher reviewed the data collected in addition to the author. However, data and analysis of the interviews and interpretation by the researcher are limited.

- The researcher used data from seven childless African American women over the age of 50 to collect data and analysis to answer the research questions.

- The researcher used Zoom audio recordings for data collection from participants due to COVID-19.

- The researcher had access to scholarly journals, books, articles, documents, and previous academic research.

Assumptions of the Study

For this study, the researcher acknowledges the following assumptions:

- The purpose of this study was to interview and evaluate the psychosocial attributes of childless African American women over the age of 50. The statement assumed that there are born women, traditional heterosexual African American women 50 years and older emotionally discontented with having not given birth.

- It assumed that African American women are less fulfilled not given birth physically.

- It assumed that there are other factors that contribute to their unfulfillment on not having naturally given birth, such as spirituality, religion, education/career, and sexuality.

Delimitations of the Study

For this study, the research supported the following delimitations:

- The researcher chose a qualitative descriptive study as a methodological approach because there are no recent studies that the researcher found that focus on the childlessness of African American women over the age of 50 via psychosocial developments involuntarily, as the primary focus for a dissertation. There are many

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articles that support childless voluntarily, but very few speak about the involuntary childless woman.

- The researcher chose to limit the study to African American women over 50 years of age. I chose the age 50 because menopause typically occurs between 44 and 58 years of age, and to limit the demographics and age of the study, and not the intent to exclude other minority women and women of other ethnical age groups.

- The researcher chose a limited number of resources and data to gain a substantial amount of information pertaining to the topic.

Theoretical Framework

The theoretical framework most appropriate for this study was the psychosocial development theory because sociocultural and biological elements aid in forming women's traits from infancy through their elderly stage. Also, social crises are important in their development, too. Each woman's adjustment to a crisis determines how it will affect people close to her, as well. Hansen et al. (2009) wrote that psychological benefits are implicit toward detrimental emotional effects of culturally and personally unattained and blocked life goals highly valued from the expectation of parenthood.

Key Definitions

- *Infertility* – Is the absence of conception after 12 months of regular intercourse and the incapability to conceive offspring (Collins, 2005).

- *Involuntary Childlessness* – Those who want (or wanted) to have children but are (were) unable to because of fertility problems (Kelly, 2009).

- *Neurodevelopmental Disorder* – Multifaceted conditions characterized by impairments in cognition, communication, behavior, and or motor skills resulting from abnormal brain development (Mullin, 2013).

- *Resilience* – The process and outcome of successfully adapting to difficult or challenging life experiences, the ability to recuperate from challenging situations (APA, 2023).

- *Self-Efficacy* – The beliefs regarding one's ability to perform the task that one views as necessary for attaining value goals, managing challenges completing the tasks, and succeeding in life (Bandura, 1977).

- *Voluntary Childlessness* – Women as women of childbearing age who are fertile and that they do not intend to have children, intentional choice to not procreate (Kelly, 2009).

Significance of the Study

This study was important because there are African American women who are not willing to speak their truth regarding being childless over 50 and there is a generation of young women (millennials) whose focal point does not consist of childbearing in modern society. However, African American women over 50 who were willing to speak will share their innermost feelings and reasons for being childless and its present effects on their lives. The results of the study will aid young women in understanding the advantages and disadvantages of thinking about having children before pursuing education or employment prospects. The participants are raising a greater awareness of the issue of being childless at 50 or older. There might be a forum developed where people can talk openly about additional information, potential focus groups, and ministry pertaining to the topic.

Chapter Summary

The first chapter of this research is an overview of the research study, consisting of background information, the problem statement, the statement of purpose, and the importance of the study. Understanding why African American women 50 years of age and older are living a life of childlessness is the purpose of this study. Research has shown that some African American women are traditionalists and obtain a college degree, find a well-paying job, get married, and have a family, but that plan is not always a success. The importance of this study was to identify the correlation between physical and mental health, religion, education, and a career with childlessness of African American women 50 years old and older. Through the background information for this study, childlessness is defined as wanting to have a child or to have children but never being procreated. The topic of childless African American women 50 years of age and older are discussed as why many of them are living a life of childlessness, such as by their own choice (voluntary childlessness), physical and/or mental illness, religion, or homosexuality. The five factors of childlessness are – a significant other's low social influence to procreate, minimal personal dedication to pursue one's goals, adapting to a childless lifestyle, lack of desire to deal with intense burdens of childbearing, and life at the end of the fecund period.

Adoption is an option, but some African American women feel stigmatized by not having their own child or children and they often suffer from depression from societal pressures. The number of childless households in the U.S. is growing at an alarming rate. Yet, the number of women declining to have a child or children is rising, too. African American women whose fecund period (fruitful in offspring giving birth) has ended and still want a child or children need

support from their mate (spouse or significant other), family members, and friends to overcome this time in their life.

There are three research questions and an overview of the significance of this study addressing experiences of childless African American women 50 years of age and older. These questions are:

- RQ1. What are the factors that contribute to childless African American women 50

- years old and older in the USA?

- RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

- RQ3. What are some of the reasons for the African American woman over 50 in the USA, not having given birth?

The participants for this study were traditional heterosexual African American women who are 50 years of age or older and a small percentage of them experienced physical trauma, causing them to not have the ability to birth a child or children. Some childless African American women have a great educational background, good socioeconomic status, and are happily married or happily single. Many religious people and traditionalists are viewing voluntary childlessness as a rebellion against the norm of femininity, helping to keep these childless African American women as outsiders of their own community. Chapter 2 consists of the literature and theoretical framework for the research.

Chapter 2: Review of Relevant Literature

Historical Background

The purpose of this chapter is to discuss literature associated with African American women over 50 years of age and childless in the United States of America. First, the theoretical framework will be discussed. Secondly, the themes highlighted in the literature that surrounds the literature involve African American women 50 years and older childlessness.

The theory of self-efficacy serves as the foundation for the theoretical framework. A person's self-efficacy relates to their confidence in their ability to carry out the behaviors required to achieve particular performance goals (Bandura, 1977). The belief that one can exert influence over their own motivation, behavior and social environment is known as self-efficacy. As stated in the Fertility Supplements of the Current Population and National Family Growth Survey in 2017, Black women were more likely than White women to be childless, according to a survey of African American women conducted between 1883 and 1942. Figure 1 shows at its peak that childlessness for Black women is 2.4 times higher than it is for White women from the 1880s to the late 1930s. In the early 1940s, the trend was reversed, in which African American women were less likely to be childless than White women. Figure 1 demonstrates the shares of childless women at age 50 (all, White, and Black women) in birth cohorts 1865–1955.

Unfavorable economic and social settings, psychological stress, and social norms were the basic reasons for the high numbers of childless African American women compared to childless White women. Throughout the history of this nation, African Americans' living conditions were incomparably more difficult than those of White citizens, due to basic features of ethnic segregation, discrimination, and inequalities in the societal USA (Massey, 2011). This is reflected in all aspects of life pertaining to schooling, housing, economic opportunities, and

access to health and reproductive services. A significant factor in the inequities in sexual and reproductive health that African American women experience in the United States is bigotry.

Figure 1

Women Over 50 Years of Age and Childless

Note. Reprinted from *Fertility Tables for Birth Cohorts by Color: United States, 1865-1955* (p. 458), by R. L. Heuser, 1976. United States Department of Health, Education, and Welfare, National Center for Health Statistics. (http://www.cdc.gov/nchs/data/misc/fertiltbacc.pdf). In the public domain.

According to the Prather et al. (2018), in addition to sexually transmitted infections, African American women experience disproportionately high rates of maternal and infant death. Additionally, racism plays a major role in determining one's health. Despite the abolition of slavery in 1865, racism still exists in some systems, including African American women who are marginalized by the criminal justice system and attitudes. A historical examination of how racism and evidence-based methods to advance health and improve results in public health equality impact the sexual and reproductive health outcomes for African American women now is presented. Significant historical occurrences from four main eras—slavery, the Civil Rights movement, the Black Codes/Jim Crow laws, and (specifically, slavery, Black Codes/Jim Crow, Civil Rights, and Post-Civil Rights (present-day), play roles in current health outcomes (see Table 1)

20

Table 1

Historical and Contemporary Sexual- and Reproductive-Related Health and Healthcare Experiences of African

American Women

Period	Time span	No. of years	Personal experiences of AAW that contribute to disparities in sexual and reproductive health.	Healthcare experiences of AAW that contribute to disparities.
Slavery	1619–1865	246	Public, nude physical auction examinations to determine reproductive ability, raped for sexual pleasure and economic purposes, purposely aborting pregnancies where the rape occurred, Jezebel stereotype emerged of Black women being hypersexual, and generational poverty.	Nonconsensual gynecological and reproductive surgeries were performed at times repeatedly on female slaves without anesthesia, including cesarean sections and ovariotomy to perfect medical procedures.
Black Codes/Jim Crow	1865–1965	100	Rape: lynching (genitalia/reproductive mutilation), uncertain/unequal civil rights, stereotypes, negative media portrayals continued, and generational poverty.	Nonconsensual medical experiments continued, poor or no healthcare for impoverished Black people, compulsory sterilization, Jim Crow laws enforced lack of access to quality healthcare services and opportunities, effects of Tuskegee Untreated Syphilis Study on women.
Civil Rights	1955–1975	20	Lynching, uncertain/unequal civil rights, and violence against women to show superiority and control, stereotypes and negative hypersexual media portrayals continued, and generational poverty	Nonconsensual medical experiments continued, compulsory sterilization, effects of Tuskegee Untreated Syphilis Study on women, and unequal healthcare services
Post-Civil Rights	1975–2018	43	Black exploitation movies, the media's hypersexual images continued, and generational poverty.	Unequal healthcare continued targeted sterilizations, hysterectomies, abortions, and birth control.
Total no. of years	1619–2018	399		

Note. "African American Women, and Their Sexual and Reproductive Health: A Review of Historical and Contemporary Evidence and Implications for Health Equity," by Prather, C., Fuller, T. R., Jeffries, W. L., Marshall, K. J., Vyann Howell, A., Belyue-Umole, A., & King, W., 2018, *Racism Health Equity*, *2*(1), p. 249 (https://doi.org/10.1089/heq.2017.0045).

The 399-year period span: 1619 to 2018, the beginning when enslaved Africans were brought to the United States of America, which included slavery, Black Codes/Jim Crow, Civil Rights, and Post-Civil Rights shared to provide a summary of experiences lived by African Americans.

After researching the history of African American women childless aged 50 and over including racism, civil rights, and slavery, data illustrate how the age of 50 is significant in relation to childlessness and why the research is focused on African American women aged 50 and over (see Figure 2).

Figure 2

Slavery to Post-Civil Rights
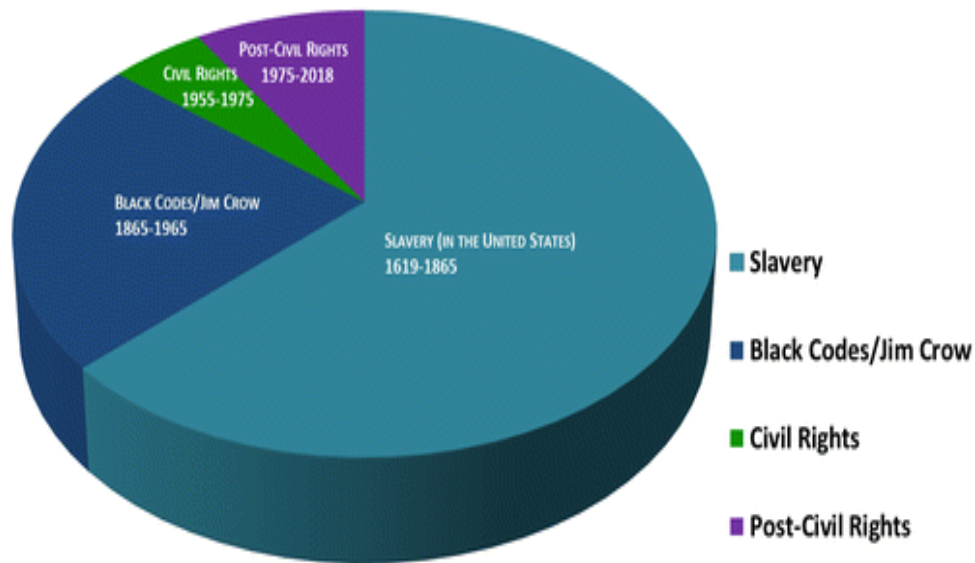
In this country today, more African American people grow up in religious families and their religious doctrines oppose premarital sex, in which they have fewer sexual partners earlier in their life (Kusunoki et al., 2016). The health exposures of African American women during different time periods are exhibited, which contributed to many sexual and reproductive health conditions of African American women. The psychological/mental components, religion (i.e.,

people can have children once they are married), morals, and values play a part. Physical and

emotional trauma factors can lead up to childlessness (e.g., assault or rape at an early age, which

causes physical and psychological impairments). Women are affected for a variety of

psychological and psychosomatic reasons. The most common side effects described are distress,

increased levels of anxiety and sadness, low self-esteem, feelings of guilt and blame, somatic

symptoms, and a decreased interest in sex.

The Theoretical Framework

The theoretical framework most appropriate for this study was a psychosocial

development theory because sociocultural and biological elements aid in forming women's traits

from infancy through their elderly stage. The theory of self-efficacy served as the foundation for

the theoretical framework. Self-efficacy refers to a person's confidence in their ability to take the

steps required to meet particular performance goals Bandura (1977). The belief that one can

exert influence over their own motivation, behavior, and social environment is known as self-

efficacy.

In determining efficacy judgments, four topics assist the theory in identifying some

characteristics of African American women over 50 years of age and childless, that may

demonstrate over a period in the self-efficacy model (see Figure 3). In referring to the self-

efficacy model (see Figure 4), it suggests that a person's unique collection of beliefs impacts how

effectively they can carry out a plan of action in hypothetical situations (Bandura, 1977). A

person's self-efficacy can be summed up as their confidence in their capacity to prevail in a

certain circumstance. When it comes to influencing women toward parenthood or not to have a

family, personality is a major factor (Avison & Furnham, 2015).

Figure 3

Self-Efficacy Model

Note. From "Self-efficacy: Toward a Unifying Theory of Behavioral Change," by A. Bandura, 1977, *Psychological Review*, *84*(2), p. 210. (https://psycnet.apa.org/doi/10.1037/0033-295X.84.2.19). In the public domain.

- Performance Outcomes - Both positive and negative experiences can have an impact on a person's capacity to conduct a specific task. If someone has excelled at a previous task, they are more likely to feel competent and do well in a work that is closely related (Bandura, 1977).

- Verbal Persuasion – Encouragement and discouragement influence self-efficacy pertaining to an individual's performance or ability to perform (Redmond & Lewis, 2010).

- Vicarious Experiences – High or low self-efficacy can be developed through watching other people's performances and equivalating one's own competence with another individual's competence (Bandura, 1977).

- Physiological Feedback – Sensations are experienced from a person's body and how emotional arousal is perceived and influences their beliefs of efficacy (Bandura, 1977).

Figure 4

Self-Efficacy Sources

Note. From "Self-efficacy: Toward a Unifying Theory of Behavioral Change," by A. Bandura, 1977, *Psychological Review*, *84*(2), p. 215. (https://psycnet.apa.org/doi/10.1037/0033-295X.84.2.19). In the public domain.

Themes in the Literature

There are seven themes that will be thoroughly explored and covered in the literature review:

Education/Career – Undesirable Timing

A life learner is defined as the ongoing voluntary self-motivated pursuer of knowledge. The world in which we live today is different from the 80s and 90s. One pursuit for education

and a career was a top priority for African American women. The term "getting to the top" was prevalent and common for all women. The Women's Moment during the 1980s was characterized by advancement and backlash. There was a change in political leadership in the USA because Governor Ronald Regan became president in 1980. Affirmative action, abortion rights, and other social service initiatives were all opposed by him. The focus was to get a good education and go to college to land a prominent and rewarding career.

Overachievers are classified as individuals who achieve more success, perform better, and gain high results through above-average results. They are deemed to be goal-oriented, task experts, and are undeniably driven, individuals. These are a few characteristics of a percentage of African American women who prioritize education and career goals over childbearing. In highlighting this theme, education/career can be viewed as both positive and negative. In the African American community, education is held in high regard, and opportunities for a good education in slow-poverty areas were challenging for some women. One had to work harder, avoid distractions, and focus.

When the opportunities were presented, one was considered privileged, honorable, and accepted. What was the sacrifice for achieving such a high honor? The sacrifice for some African American women was marriage, childbearing, and having a family. Picture a weight scale, on one side, education/career, and on the other side, marriage/childbearing.

The weight of the scale which falls on the education/career side holds more weight than the marriage/childbearing side. This is a prime example of how eager and motivated African American women evolved in the late 1980s and early 1990s (see Figure 5).

Figure 5

Education, Career, Marriage, and Childbearing

Education/Career   Marriage/Childbearing
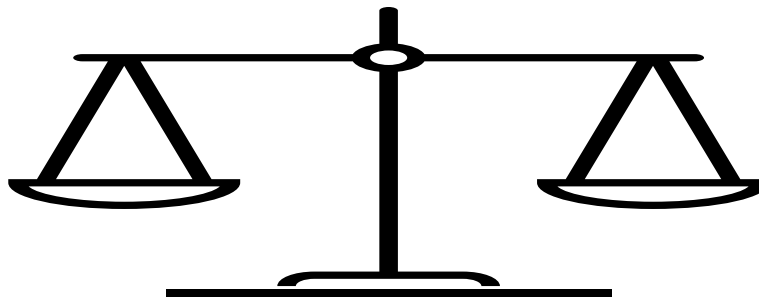
Traditional Religious Beliefs – Morals and Values

The historical causes of childlessness started with a God-created picture. Michal, David's wife, and the daughter of King Saul, introduces the narrative. The narrative alludes to a childless lady described in the Bible, but it doesn't conclude with a miracle act of divine intervention on her behalf. Despite her best efforts, she was unable to conceive, and as a result, no child was born. It makes room for the more plausible scenario that unresolved childlessness instances are just as common in the Biblical world as they are in ours, making it a good place to start this discussion of childlessness (Măcelaru, 2022). According to Măcelaru (2022),

This presents an advanced anthropological understanding of the issue of childlessness. The scripture in the Bible presents Michal, known as the empty-handed woman. Michal was the youngest daughter of Saul, the first king of Israel. Her story and her marriage life start out as a political arrangement for the future of Israel. (p. 1)

Her story begins with her royal status and ends, where we are told that she has nothing for she had no children to the day of her death. In 1 Samuel 18:20, it is stated that Michal loved

David, the champion of Israel. There is no given information regarding David's feelings towards her. According to the Bible, Saul manipulates David to keep him under his control in order to prevent a challenge to his throne and his monarchy. Saul either forces David into a battle in the expectation that he will be killed or makes him a member of his family by having him wed to his eldest daughter, Merab. The scripture goes on to read how David kills Goliath. For this, David earned the right to marry the king's daughter, which also was the trap Saul laid to have David killed in the battle (Măcelaru, 2022*)*. However, David's victory over Goliath won Michal's hand in marriage.

Saul's jealousy toward David's victories and successes on the battlefield grew to the point that Saul tries to kill David. Michal helped David escape through a window during the night (*King James Bible*, 1908/2019, 1 Samuel 19:11-12). For a while, Michal and David were estranged, and her father later gave Michal in marriage to another man. The marriage between Michal and David could not be dissolved in accordance with local law unless David had filed for divorce. As a result, Michal and David's relationship suffered an irreversible decline. Paltiel receives Michal as his wife.

After assuming power, David used his influence to convince Michal to return to his home, most likely to establish his rightful place on the throne, without attempting to mend their broken relationship. Some theologians saw David's action as an open indictment against Saul for the wrongs done to him. Other theologians have hypothesized that David wanted to bind Michal in order to prevent her from having children.

Some people may interpret Michal's childlessness as punishment from God, but the scriptures do not give such information. Also, it is not stated in the Bible that she remained David's wife or if she was subsequently dismissed as his wife, due to their argument. There are

three explanations offered for her childlessness. It is written that God punished her because she spoke against the His 'anointed one,' David had no sexual relationship with her, and Michal refused to have anything to do with David (Sakenfeld, 2003). David benefited from Michal's infertility since it meant that Saul would eventually have no legitimate claim to the kingdom. Based on Michal's account, at least three inferences can be made. First off, not all childlessness cases mentioned in the Bible are solved by divine intervention. Some of them might perhaps still be unsolved. Second, some women in biblical society were treated like property by their partners or other gainful parties, with little regard for their own preferences and wishes. This status spoke of dependency. Third, according to the biblical worldview and the writings, a childless woman was much less valuable.

Genesis 2:24 of the Holy Bible introduces God's plan for marriage; it is echoed in Matthew 19:5 and Ephesians 5:31 of the Epistles. Beginning with Adam and Eve, a lifetime commitment between one man and one woman, marriage was created to be ideal. The link between a husband and wife is superior to all other human relationships, including those with parents and children. Marriage is a covenant, a promise made to God and the other person to love them both and to be faithful to them throughout their life-long, exclusive connection (*King James Bible*, 1908/2019, Matthew 19:6). This is taught at an early age in the African American culture. Faith is the root or foundation for which build their lives around (see Figure 6).

Figure 6

Personal Relationship "Join" - Love, Wedding, and Sex

<div align="center">

WEDDING   **SEX**

Public Act "Leave"   Physical Intimacy "One Flesh"

</div>

FAITHFULNESS   KINDNESS

<div align="center">

LOVE

</div>
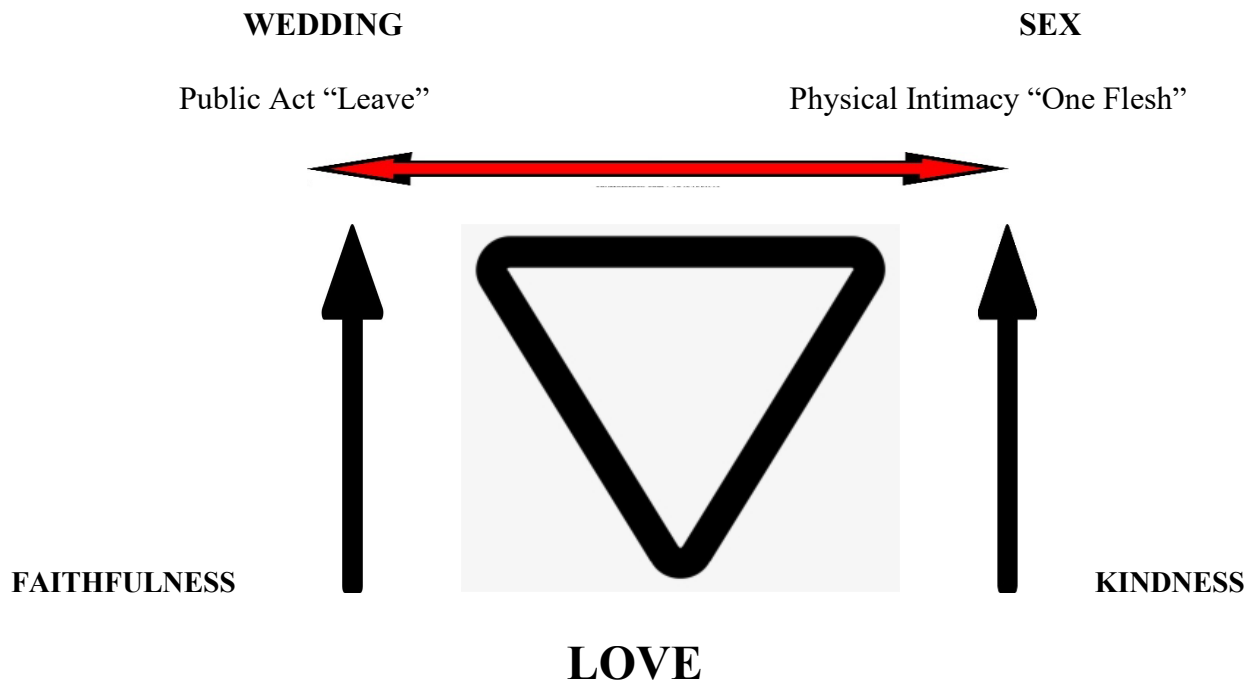
The personal relationship model shows how love is the center focal point. (Figure 6). Every step toward intimacy must be balanced by faithfulness and tenderness. Love develops as you simultaneously move in faithfulness toward an exclusive commitment and in tenderness toward a unique intimacy (*King James Bible*, 1908/2019, Genesis 2:24). It is unavoidable for a person to experience a vacuum of emptiness if they attempt to undermine this strategy by engaging in sexual intimacy before committing to marriage. This is usually instilled at an early age in the African American Community. Young girls grow up wishing and hoping for one true love, the picture of marriage, family, and childbearing. When it becomes a ritual and an idol, it becomes detrimental to the individual. When boundaries are crossed and it becomes a requirement or an event that must happen, have children because you are getting older. One

would be looked upon slightly differently from their peers and siblings after reaching a certain age while having never given birth. This is where the lines should be drawn.

Barrenness is not merely a personal pain in the Bible. Children are a sign of material blessing (*King James Bible*, 1908/2019, Psalm 127:3-5). Children can become caregivers for older members of the family. The offspring is a sign of spiritual blessing; the family bloodline continues. One lives through their descendants. Barrenness is carried with a sense of termination. It is written that Hannah turned to God for relief from her suffering of barrenness. She offered a vow to God that if she can give birth to a child, she would give the child back to God. Hannah was scorned throughout society and religion. Her faith in God stands as one of the high points of womanly faith in the scriptures of the Bible.

The story of Elizabeth, mother of John the Baptist, a godly woman who stood as a notable example of faith and fortitude, as she suffered from childlessness (King James Bible, 1908/2019, Luke 1:5-25). Unlike Hannah, whose wounds were so visible and public, Elizabeth exuded a sense of peace and serenity over her state of barrenness.

Same-Gender Attraction – Preconceived Societal Notions

Childbearing has long been socially stigmatized outside of heterosexual marriage (McCutcheon & Morrison, 2015). Lesbian women expressed a desire to become mothers at a rate of 37%, compared to 68% of heterosexual women in the Riskind and Patterson national representative data sample of examined childless people in the United States (Riskind & Patterson, 2017). As a result, lesbians and gay people were less likely to claim a desire for or intention to have children than their heterosexual colleagues. These factors include discrimination, financial difficulties, and/or obstacles in the fields of medicine and law (Gates,

2007). The experiences of lesbian and bisexual women with kids or new babies, as well as their feelings about the compromises required by parenthood, are mostly unknown.

Compared to heterosexual women, lesbian women generally reported having fewer positive experiences with newborns and/or children and anticipating higher social and financial consequences. Lesbian women's lower ambitions for parenting than heterosexual women's were also found, and this was explained by pronounced disparities in how they saw the trade-offs associated with parenthood. Lesbian or heterosexual women did not perform any better than polyamorous women in any result. These findings help us understand why lesbian women are typically less likely to want to have children than heterosexual women. Parenting intentions and the number of children as a function of sexual orientation, after accounting for predictors. The upper panel shows results for parenting intentions. The bottom panel shows results for the number of intended children. Error bars are 95% confidence intervals (see Figure 7).

Illness – Infertility, Physical, and/or Mental Instability

African American women's beliefs about mental illness is that they prefer coping behaviors, denial, and other pre-notions ideas, whether it is a perceived stigma associated with treatment-seeking or related to beliefs and coping preference, may vary by different age groups (Ward, 2009). 185 African American women between the ages of 25 and 85 who lived in the community were the subjects of a research done by a group of nurses. The findings showed that women believed a number of causes, such as family-related stress and societal stress brought on by discrimination, are cyclical and have negative effects, but they may be treated. Participants confirmed their opinions of low stigma. The two most popular coping mechanisms were prayer and seeking medical and mental health care. All variables showed age differences, with the exception of stigma (Ward, 2009).

Figure 7

Proportion Intending to Have Children
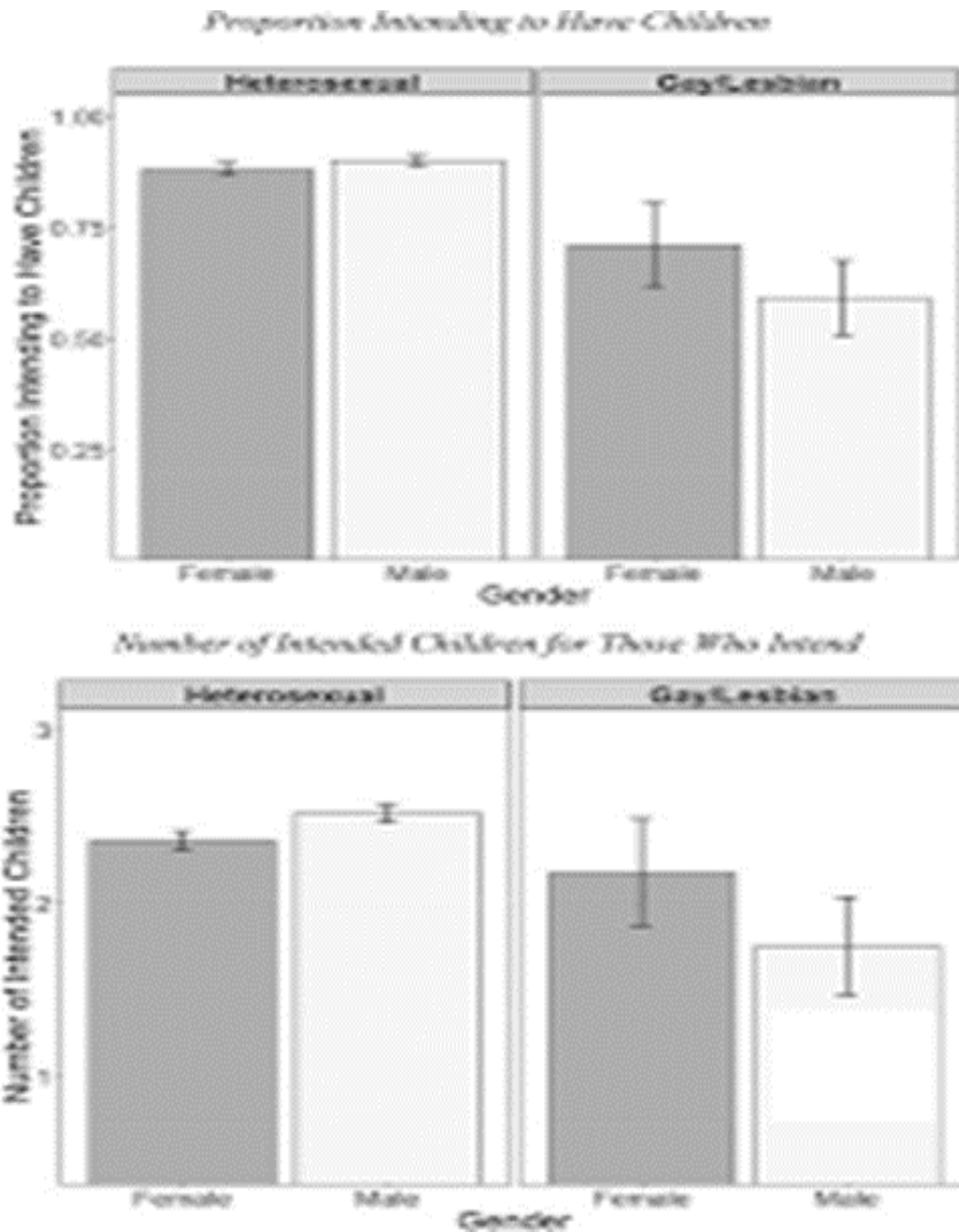
Note. From "Predictors of Parenting Intentions Among Childless Lesbian, Gay and Heterosexual Adults" by Tate, D. P., Patterson, C. J., & Levy, A. J., 2019, *Journal of Family Psychology*, *33*(2), p. 196 (https://doi.org/10.1037/fam00004992018). In the public domain.

Divorce – Unfulfillment and Delay

There are racial and ethnic differences in marriages among African American women and White women. For first marriages for African American women is about 4 years higher than for white women in 2010 ages range from 30 verse 26 years of age. African American women display lower marriage rates at all ages then other ethnic groups (see Table 2, Table 3).

Table 2

Specific Rates of First Marriage and Divorce by Race, Ethnicity, and Nativity

Panel A: Marriage

Age	White	Black	Asian/Pacific Islander	American Indian/Native Alaskan	Hispanic, Total	Hispanic, U.S. born	Hispanic, foreign-born
15–19	8.7	5.0	8.5	20.3	16.7	13.1	32.6
20–24	58.9	23.0	41.4	53.5	59.1	50.4	81.3
25–29	115.6	43.0	133.7	76.6	81.0	75.9	89.2
30–34	130.6	47.6	152.5	74.9	87.4	83.0	92.1
35–39	123.0	44.6	129.1	70.5	80.4	72.7	86.8
40–44	111.6	39.4	100.5	51.8	77.9	72.6	82.2

Panel B: Divorce

Age	White	Black	Asian/Pacific Islander	American Indian/Native Alaskan	Hispanic, Total	Hispanic, U.S. born	Hispanic, foreign born
20–24	48.44	40.13	12.23	63.61	26.79	36.74	16.13
25–29	38.80	44.29	13.23	52.02	26.71	40.43	15.31
30–34	31.60	44.43	15.95	40.15	25.03	37.09	16.83
35–39	29.66	41.20	12.98	41.58	23.70	36.31	16.43
40–44	26.33	38.86	13.07	48.60	21.47	30.15	16.78

Note. Rates are calculated as the number of marriages per 1,000 unmarried women and number of divorces per 1,000 married women. (Table 3, Panel B).

In addition, Table 2 shows that later age at first marriage and lower proportions ever Black women experience relatively high rates of marital instability after being married. Divorce rates for Black women are greater than for white women at almost every age. According to recent demographic forecasts, these racial and ethnic disparities in marriage and marital breakup will keep expanding (Raley, 2016).

Table 3

Marital Instability

Race, Ethnicity, and Nativity	All Women						Percentage of Unstably Married Women Who Have …	
			Unstable Marriage					
	No Marriage	Stable Marriage	Total	Married Only Once	Married 2+ Times	Percentage of Ever-Married Women Experiencing Unstable Marriage	Married Only Once	Married 2+Times
White, non-Hispanic	7	54	38	16	23	41	41	59
Black, non-Hispanic	34	29	35	21	15	53	58	42
Hispanic, total	14	48	39	18	21	45	46	54
Hispanic, foreign born	11	48	41	19	21	46	48	52
Hispanic, U.S. born	21	46	34	15	19	42	43	57

Note. Author's calculations from 2006–10 National Survey of Family Growth.

The instability varies among races. Women who've experienced any marriage that ended indicated in Table 3, Black women are more likely to have only been married once (58%, compared to 42% who have been married twice or more), while white women are more likely to have been married more than once (59%, compared to 41% who have only been married once) (Raley, 2016). Neither African American nor White women had a very high rate of legal divorce

in the early 1900s. The percentage of married people who did not live with their spouses was low by today's standards. For African American women, the proportion was twice as high as for white women. Between 1940 and 1980, both white and African American women experienced large increases in divorce, but the increase occurred sooner and more steeply for African American women. By 2012, 73% of White women in their early 1940s who married were still married and living with their spouses, compared with just over half (52.7%) of Black women the same age (Raley, 2016; see Figure 8).

Figure 8

U.S. Decennial Census and American Community Survey
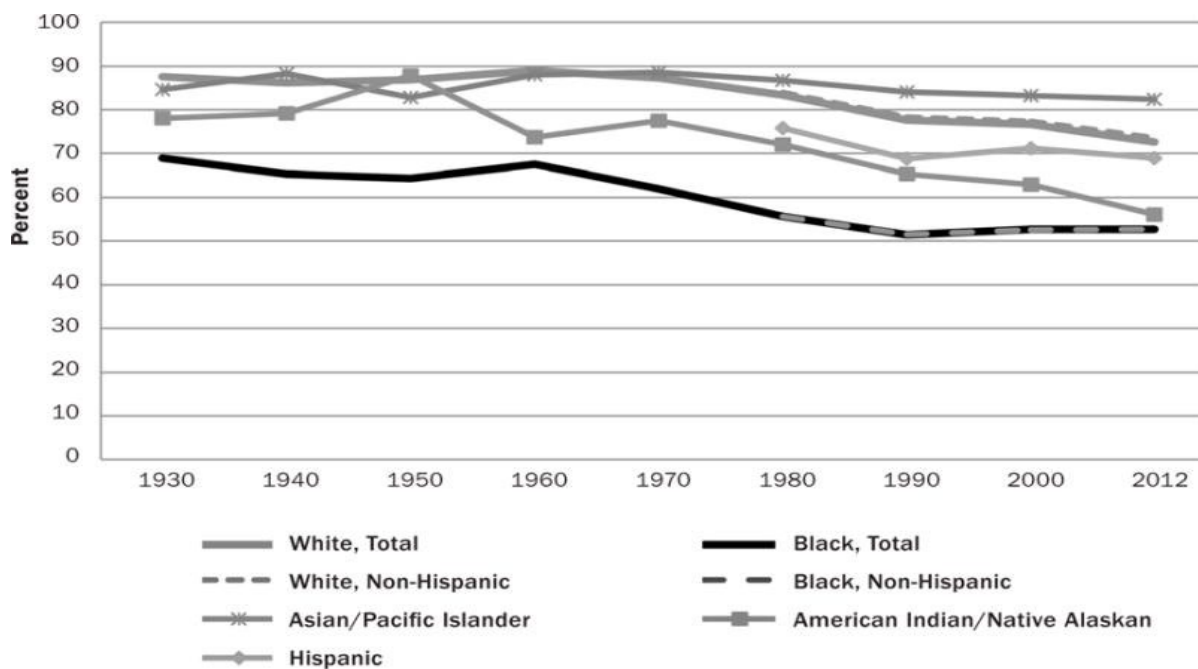
Note. From "Future Child," by *Integrated Public Use Microdata Series*, *25*(2), p. 89. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4850739/figure/F2/). In the public domain.

Emotional Health Issues: Suppression of Emotions, Eating Disorders, and Anxiety

There are effects associated with being an African American woman, 50 and older, and childlessness. In the early 2000s, most of the studies were quantitative, and some are qualitative.

The findings, however, are consistent independent of the study's design. Both trials showed a range of psychological and psychosomatic impacts, with women being particularly impacted. Distress, increased levels of worry and sadness, lost self-esteem, feelings of guilt and blame, somatic symptoms, and decreased sexual attraction were the impacts that were most frequently stated. These consequences were clinically significant for a tiny percentage of women in the Western world or were regarded as being highly dangerous. The reporting on these studies hardly ever includes social and cultural ramifications (Greil, 1997).

Physical Abuse

Involuntary or forced childlessness may have a profoundly negative long-term effect on women since it becomes a part of their identity. Lehto claims that becoming a mother after an extended period of involuntary childlessness is a lonely and cruel journey (Gouni, 2022). As was previously mentioned, it is natural that infertile women could have unfavorable opinions of themselves given that they are unable to conceive, and the connotations attached to childlessness. Because they are unable to bear children, infertile women may also have a lower quality of life. In addition, women who are unable to have children may run into issues like rejection or ostracism, adultery, divorce, or being intimidated by their partners. Anxiety, despair, guilt, grief, wrath, bitterness, loneliness, disappointment, uncertainty, fear, weariness, pressure, stress, and frustration are just a few of the serious psychological symptoms that childlessness may potentially bring on.

Less consideration has been paid to how sexual assault affects poor or ethnic minority women's mental health. In a recent study, 413 African American sexual assault survivors were used as a sample, and the association between income and mental health impacts was investigated. African American women are more likely to be sexually assaulted and to live in

poverty. After taking into consideration childhood sexual abuse, the hierarchical regression

analysis discovered a positive association between poverty and the mental health outcomes of

depression, PTSD, and illicit drug use (see Table 4).

Table 4

Multiple Regression Models Predicting PTSD and Depression Symptoms

Variables	R^2	R^2Change	F Change	B	SE	β	*p*
PTSD	.074						
Step 1: CSA		.058	24.68	6.22	1.25	.24	.000
Step 2: Income		.016	6.68	−1.13	.44	−.13	.010
Depression	.149						
Step1: CSA		.013	5.08	.17	.08	.11	.025
Step 2: Income		.010	3.97	−.05	.03	−.10	.047

Note. PTSD = posttraumatic stress disorder; CSA = Child Sexual Abuse**.**
Bryant-Davis et al., 2010**)**

The conceptual map of the results of the childlessness concept analysis, based on Walker

and Avant's model, is presented in Figure 9.

Figure 9

The Stages of Childlessness Concept
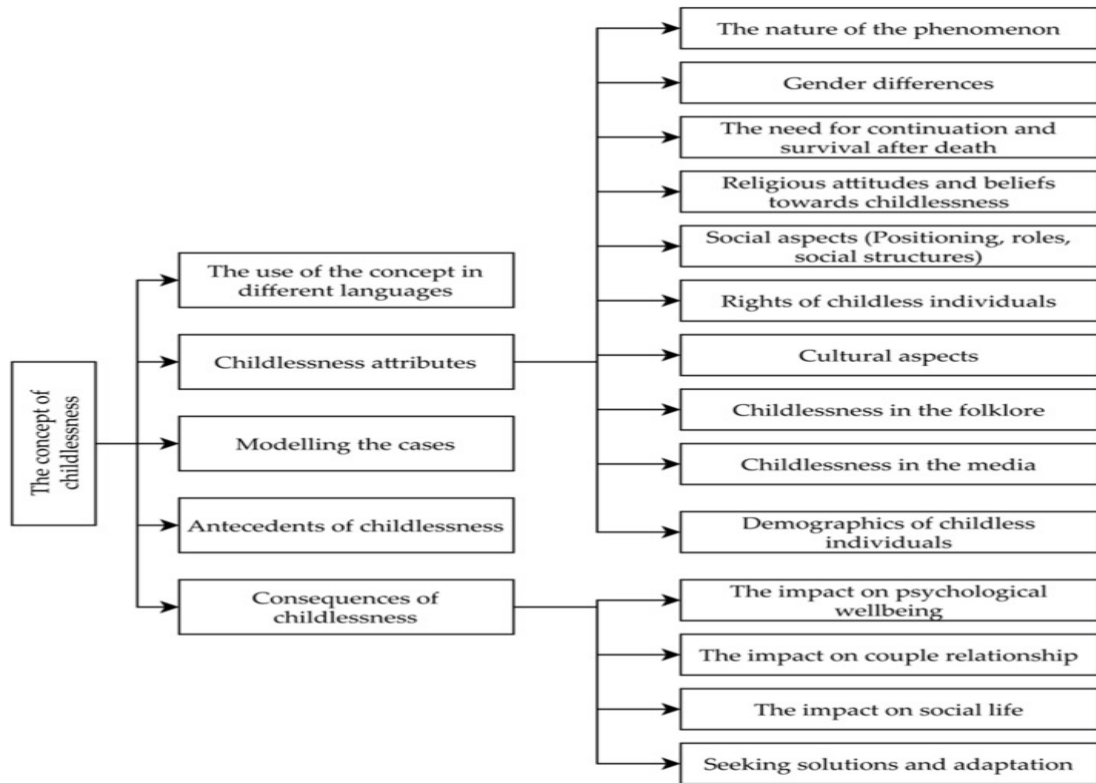
Themes Related to Childlessness

Theme #1 – Education/Career

Their level of stress has a greater bearing on them living with depression longer and it is affecting their life in a more profound way concerning motherhood. For many of them, they must be more persistent in pursuing their professional and personal goals, which lead to individual success and contribute to the continued existence and viability of our society (Tabrizi, 2017).

The five mechanisms are adaptation to a life without children, resignation due to significant obstacles. According to Buhr and Huinink's (2017) five criteria, having children, reaching the end of the fecund phase, perception of a low degree of social pressure from close

40

friends and family to have children, and a low degree of personal tenacity in achieving life goals. From the start of their adulthood, young African American women in sororities attain more autonomy from the fraternal structure, providing higher levels of community service and placing greater emphasis on future personal success than starting a family (Literte & Hodge, 2012).

Unintended births are with unwed women living in a low socioeconomic situation. African American women with a college degree or college degrees and a career are most likely to wait until they are married or financially secure before having a child. The modern era has provided greater opportunities for women, which have led to careers, changes in women's status and roles, marriage later in life, and fewer marriages (Chamie & Mirkin, 2012). Approximately 10% of newborns with health issues are called later-than-desired and babies born with low birth weight occur when they have children during fertility postponement (Hartnett & Margolis, 2019). Bernardi (2003) wrote that "demographers who focus on the role of social interaction in the diffusion of a certain fertility behavior show how the interdependence between individual reproductive preferences and behavior can lead to changes in fertility regimes" (p. 529). Rejecting motherhood has created a new distinction for the word 'no' concerning voluntary childlessness.

Childless women have established new discourses, subverting, and transforming constructions of femininity (Gillespie, 2000). The diminishing norm of women's conformity has allowed them to feel good about their decision to remain childless without shame or guilt. Data was compiled indicating why some women were childless into their 50s, with 56% of them identified as childless before their 30th birthday and 44% of them identified as childless in their geriatric years (Gemmill, 2019). Many years ago, an article entitled Correlates of Childlessness and Expectations to Remain Childless: U.S. 1967 by Ritchey and Stokes, centered on

childlessness and women intentionally being childless. During that time when women were fighting for their rights, they wrote that various social structural influences selectively countered prevailing norms and produced deviance, when the norm was widespread (Ritchey & Stokes, 1974). It has been recognized over decades that childless women leave no permanent addition to society and eugenicists have been alarmed about the possible effect of differential fertility concerning the future population, with childlessness as one of the factors (Grabill & Glick, 1959).

Theme # 2 - Traditional Religion Beliefs

It may be emotionally painful for some African American women to adapt to the fact that they will be childless after their bodies can no longer reproduce or their religion forbids unwed births, and they never marry. Men are more likely to use greater distancing as some women are distressed and endure distinct phases of not coping well with the incapability of childbearing (B. D. Peterson et al., 2006). The support for family planning with contraceptives is frowned upon by the religious sect, some African American women are associated with, as well, because they think it encourages unmarried men and women to engage in premarital sex (Barrett et al., 2014). In this country, more African American people grow up in a religious family and their religious doctrines oppose premarital sex, in which they have fewer sexual partners earlier in their life (Kusunoki et al., 2016).

Most of these women feel that marriage equates to creating a family unit and having children. The promotion of stability through a career and home ownership is included in raising a family. It is suggested through theoretical arguments that childhood environments produce long-term effects on women's behavior and reproductive preferences (Coall et al., 2016). Marsh and Dickerson-von Lockette (2011) wrote that "the composition of the African American middle

class was increasingly shifting toward single and living alone (SALA) households and that married households were declining" (p. 316).

If there is societal pressure toward women to become mothers, African American women of Generation Y (Millennials) and Generation Z have broken free from that pressure and are not feeling selfish about their decision to be childless by choice or childfree. African American women struggle more to have a mate to exchange means for valued qualities. In recent decades, women who are childless have increased by approximately 20%, and cultural expectations for women to have a family are still high in this nation (McQuillan et al., 2012). Over the past century, health issues amongst women in the African American community are still greatly monitored, even with a decrease in their mortality and morbidity, although childlessness is high for women of all economic and social statuses. Social contexts and parenthood affect the marital status, ethnicity, socioeconomics, and gender (Umberson et al., 2010).

Theme #3 – Same-Gender Relationships

Lesbianism involving parenthood is still looked upon as taboo by some traditionalists and some religious groups. For this study, legal parents and social parents are the concern, although lesbians do conceive and give birth via copulation with a man or through in-vitro fertilization. In heterosexual relationships, biological parenthood most often occurs, but biological parenting has been on the rise with fewer adoptions happening within the past decade by lesbians (Brewster et al., 2014). One reason is that through certain circumstances, they do not want to endure the intense burdens of childbearing, because every family setting has significant effects on children's development and outcomes later in their life (Schneider & Hastings, 2015).

Same-gender relationships are not new, but it is still rejected by most religious groups. It has been considered a spiritual battle and a societal stain on humankind, especially within the

African American community. African American lesbians are castigated, and some are made outcasts from their own families. In an article written by Victoria Harris (2010), she stated that an article from *The New York Times* described lesbians as a danger to society, due to their double sexual abnormality as un-female and gay.

In movies, many African American lesbians are depicted as being hardened women, exhibiting masculine characteristics, and as degenerate seducers of young innocent women. These characteristics make the public think that lesbians have no desire to reproduce or become parents via adoption or become foster parents. This is far from the truth because the Christian right and African American churches' antigay policies are threatening to same-sex African American couple families since they are more likely to have a family, earn less, and less likely to own a home (Cahill, 2009).

African American preachers' sermons against same-gender relationships and African American parishioners' attitudes toward African American members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community confirm that members of the LGBTQ community are not acknowledged as representatives of the larger African American community. Therefore, with the rejection by most of the African American church toward the LGBT community, African American lesbians are finding acceptance with and through African American church members who "did not characterize homosexuality as a sin" (Literte & Hodge, 2012, p. 689). Their decision to procreate through invitro or with a man is more welcoming, yet many of them will forego motherhood and become childless African American women over 50 years of age. To fill an emotional void, some African American women adopt a child or children within the years past their fecund period. Family arrangements are implicated by specific parenthood and social contexts which affect the marital status, gender, ethnicity, and

socioeconomics, considering how demographic shifts lead to the well-being of parenthood (Umberson et al., 2010).

Theme #4 – Divorce

For some childless African American women, the concerns of their mate cheating or leaving/divorcing them are troubling. Still, there are mixed views on the topic because many childless couples are continuously working on their relationship, while those with a child or children, spend more time being parents, which childless couples are more satisfied overall (Wallace, 2016).

Theme #5 – Illness

According to the WHO's (2006) definition of reproductive health, it is a state of overall physical, mental, and social well-being and not only the absence of disease or infirmity in all areas pertinent to the reproductive system and its functions. Some African American women view childlessness as a non-determining factor for them not losing worth as women, but their self-worth may ebb as infertility becomes an issue. To prevent a misunderstanding, V. Moore (2019) defines a childless woman as wanting to have a child or children but does not have any, and a childfree woman as not wanting to have a child or children.

For restatement, childless African American women over 50 years of age are living through childlessness due to medical issues (polycystic ovary syndrome, endometriosis, etc.), unsuccessful conception attempts, a horrific sexual assault early in their life, or they are childless by choice.

African American women are in the lowest socioeconomic group with a greater infertility rate, due to poor nutrition, poverty, and an increased rate of sexually transmitted diseases, like chlamydia and infectious diseases (M. M. Peterson, 2005). For many childless African American

women over 50 over one hundred years ago, socioeconomic, and geographic influences were consistent with their health on involuntary infertility and re-marital births (London & Elman, 2017). Exceptions involve a physical condition preventing conception and/or birthing or mental illness (neurodevelopmental disorder), in which a doctor deems it necessary for a woman to remain childless.

There are some African American women over 50 years of age who suffer mental distress from childlessness. When they were younger, several of them may have considered infertility treatments, but vacated the idea and dealt with the issues, because they were uncertain of the risks. The difficulty with alternative methods of motherhood is too unnatural for some African American women, therefore, they refrain from various alternative solutions to motherhood. To avoid being ridiculed or shamed, these women may resort to pronatalism before adoption, but still may not accept medical treatment and not adopt (Bell, 2019). As previously mentioned, some African American women miss their timeline to give birth, because the fecund period of their life is over.

Theme #6 – Emotional Health Issues

Women must develop a personal view of themselves, which includes values, social class, personality, appearance, and intelligence (Domenico, 2005). Through social learning, their personal beliefs can be modified to a specific behavior that enhances or eliminates their chances of becoming childless at the age of 50. There are times when childless women are envied, looked upon with disgust, and pitied (Bays, 2017).

African American women who are 52 to 81 years of age have a higher level of depression to their marital status and socioeconomic status (Spence et al., 2011). The average woman's crest in her fertility stage is from her teen years to her latter 20s and from that point in her life, her

fertility begins to wane until her fecund period is over. Structurally connected relationships within close-knit groups are affected by a contagion influence since women have close peer relationships and more than likely feel the need to transition to interrelated group motherhood (Bernardi, 2003).

The theoretical framework most appropriate for this study is the psychosocial development theory because sociocultural and biological elements aid in forming women's traits from infancy through their elderly stage. Also, social crises are important in their development, too. Each woman's adjustment to a crisis determines how it will affect people close to her, as well. Hansen et al. (2009) wrote that psychological benefits are implicit toward detrimental emotional effects of culturally and personally unattained and blocked life goals highly valued from the expectation of parenthood.

Theme #7 – Physical Abuse

Through years of domestic abuse or a severe rape situation, some of these women face infertility. To compound their stress, these women may think of themselves as a little less of a woman at times. Many African American women are in difficult living arrangements and do not always have access to social capital and economic resources, because they are exposed to psychological distress, marital disharmony, and risky sexual behavior is encouraged (Fledderjohann, 2017).

African American women with limited or no access to health care and are in poverty are more likely to experience sexual abuse and/or receive sexually transmitted diseases, which may develop into reproductive issues that may cause them to be unintentionally childless. Some assistance for these women with their reproductive health disadvantages and inequality within this nation is offered through competent social work (Blyth, 2008).

This literature reviewed approximately seventy-five scholarly journals and articles, which interpreted some of the misleading ideologies and myths as to why African American women over 50 in the USA are childless. These articles were designed to give some insights into the reasoning behind stigmas and barriers for the childless African American woman 50 and over. The literature provided data interpreting reasons for the childless African American women 50 and older. What are some of the norms and effects of not being childless for over 50 years? Topics discussed focused on the problems of education, careers, and mental state being reasons for some African American women 50 and over being childless. Scholarly articles, E-journals-EBSCO, ProQuest, Pepperdine Electronic Library, sociological, psychological, women databases, and other journals were the sources for the literature review.

Chapter Summary

The choice of education and/or career first provided by African American women has helped to create a greater number of childless women over 50 years of age, especially within the African American community. Modern society has advanced in technology, medicine, and other areas vital to the success of people, which allows for socioeconomic growth, but some women are still denied access to this advancement, due to their ethnical, sexual, or social class background. With the preference to become a mother or not, there is more persecution against these women.

Religion, same-gender relationships, marital status, health (i.e., physical, and emotional), and physical abuse are factors that contribute toward childlessness or motherhood. Some religious sects are against premarital sex which may lead to an unwed pregnancy, which can put women at an economic disadvantage in the future. More African American women tend to find themselves in this situation. Also, the rate at that women are identifying themselves as lesbians is

prevalent today. The thought of becoming a mother within the gay community is far less than with heterosexual women.

The health of women is essential for conceiving, carrying a child to full term, and giving birth. Often, African American women are suffering from mental health issues that may hinder their opportunities to become mothers, as well as from physical health issues. Some African American women are blighted from the opportunity to become mothers, due to physical abuse (i.e., rape, physical harm, or other physical trauma) received during childhood or as young women.

Chapter 3: Methodology and Procedures

Introduction to Study Purpose

Still, today, just as many women are choosing not to become mothers, as there are childless women, due to medical, societal, religious, or other reasons. The childlessness of an African American woman over 50 can be a challenge to overcome. This is not an area that is prevalent or discussed as much in the African American culture. The challenge of finding scholarly articles or the lack thereof is the topic, and the information is evidence. This was one of the reasons for the study. Childlessness can be an emotional hurdle for some women to easily overcome, often prompting them to adopt. For other women without a child or children, but want a child or children, childlessness (infertility), has cursed them from motherhood, and this is a scar that tugs at their hearts. Also, physical trauma or illness contributes to this fact, preventing conception.

The study was to identify external factors relevant to the contemporary African American woman over the age of 50 in the importance of revisiting the impact of not giving birth. The areas of study surrounding the topic were spiritual and religion, education/career, mental/physical illness, and physical/emotional abuse. The purpose of this study was to evaluate Erik Erikson's theory of psychosocial development to see if there was a connection in the areas of spirituality and religion, education/career, sexuality, and physical/mental health with childless African American women in the U.S. over the age of 50.

Childlessness can be an emotional hurdle for some African American women to easily overcome after establishing their career and going past the fecund period define; (the age when women are still able to bare children with low health risks), of their life without procreating, often prompting them to adopt a child or children. For other childless African American women,

who want a child or children, infertility has cursed them from motherhood, and this is a scar that tugs at their hearts. Also, physical trauma or illness contributes to this fact, preventing conception.

This chapter presents the methods and procedures to conduct and establish a study and framework for the research. It includes an overall view of the research questions, research methods identifying key components associated with childless African American women over 50, data source selection, data analysis, data collection, software, questionnaire, and Zoom audio recording interviews. Qualitative descriptive research was the preferred method, utilizing seven childless African American women 50 years of age and older in the USA. The descriptive qualitative method of research was utilized because it focused on the population of African American women childless over the age of 50 in this nation and why it is important to study. This was a traditional approach of a research study cited, described as suitable and relevant for the research questions in gathering the information from participants, asking the who, what, and where of circumstances and events (Kim et al., 2017). In addressing the childless women over 50, areas of research are examined in Buhr and Huinink's (2017) five mechanisms will be outlined, including adaptation to a life without children. Resignation brought on by considerable barriers to parenthood, the end of the fecund phase, the perception of little social pressure from close friends and family to start a family, and a lack of personal persistence in achieving goals (see Figure 10).

Figure 10

Conceptual Map of Results of Childlessness Concept Analysis Diagram
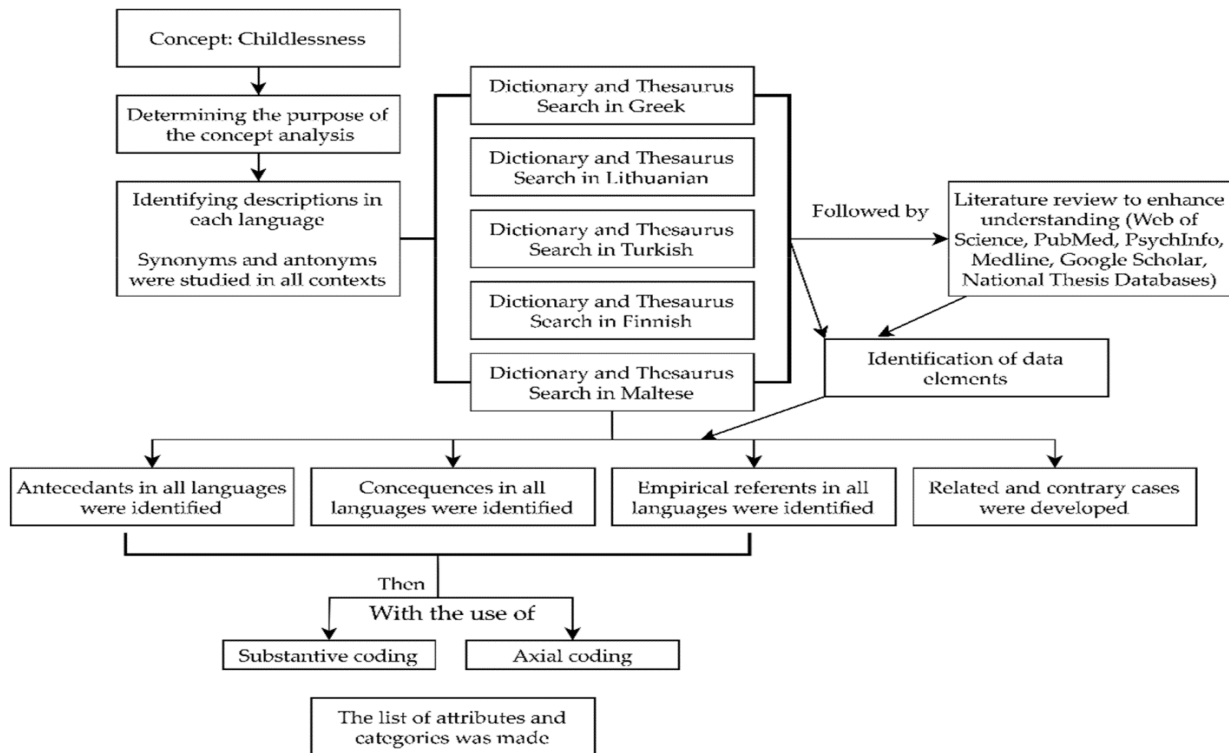
The study examined three research questions pertaining to childless African American women over 50 years of age in the USA.

Re-Statement of Research Questions

- RQ1. What are the factors that contribute to childless African American women 50 years old and older in the USA?

- RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

- RQ3. What are some of the reasons for African American women over 50 in the USA, not having given birth?

Approach and Research Methodological Study Design

The purpose of this study was to heighten the awareness of the psychosocial significance of overcoming the norms of the African American childless woman over 50 in this country and to identify changes happening in the lives of the traditional African American woman and the past trends.

The qualitative descriptive method provides a more in-depth examination and understanding of individuals, their behaviors, and their experiences. The qualitative descriptive method generates data that describes the "who, what, and where" of events and experiences it considers the most efficient method for the study. The qualitative descriptive approach allows the researcher to identify common themes and gather results from the research that produces various, but related sources in displaying a revealing aggregated intent technique, as opposed to an ending of results of statistical calculations of a quantitative study (Walsh & Downe, 2005). According to Strauss and Corbin (1998), any type of research that produces findings that are not a result of statistical procedures or other means of quantification is qualitative research.

This study explored the lives of seven childless African American women chosen to participate in recorded zoom audio interviews. The initial engagement came from a circle of African American women of acquaintance with are 50 years of age and older and who are childless. They were asked to participate, and in utilizing the snowball sample method suggesting other women who might have been interested in being involved in the research study. These women will be contacted via phone, text, and e-mail.

The decision to do a qualitative descriptive study was the process of the research involving emerging questions and a procedure that collected data in an interview participant set. The researcher engages in a form of inquiry that supports a way of looking at research that

honors an inductive style, which focuses on the individual meaning and the importance of reporting complexity (Creswell, 2018).

Four elements of qualitative research are:

- Data from interview zoom audio recordings.

- Procedures for interpreting and organizing the data, which is considered coding.

- Structural Coding is the coding method that will be used in the research study.

- The data collected from audio zoom interviews are documented as a written analysis. (Strauss & Corbin, 1998)

For the purpose of this study, coding was implemented by identifying similar related views, focusing on the ending results of audio-recorded zoom interviews of seven childless African American women over the age of 50 as the written portion. A first round coding technique called structural coding allowed the data to be categorized in accordance with study questions or subjects. It gave you the ability to break up a sizable quantity of semi-structured data into smaller chunks for additional analysis (Saldaña, 2013).

Data Sources

Participants for the study were reached through a snowball sampling method. The researcher had a close relationship with the women who were the initial contact. First by phone, asking to participate in the research process and confirming via e-mail with a questionnaire of frequent questions. Example of questions: (a) What surrounds your circumstances to be childless over 50? (b) What feelings and emotions are relevant to you to being childless and over 50? (c) What were some factors leading up to being childless at 50 years or older? (d) How did your environment contribute to you being childless at the age of 50? and (e) What influential pressures contributed to being childless at 50 years and older? Then the women will be

interviewed by audio-Zoom. The women were asked to invite similar African American women whom they think would be interested in being a participant. After agreeing to participate in the process, an e-mail of consent was sent to the participants. The goal was to reach out to as many childless African American women 50 years of age or older, by word of mouth and social media platforms, with the likelihood of obtaining the best seven diverse commitments for the study. These women had varying backgrounds, education, religions, social, and economic views, and experiences. A collection of personal narrative accounts from the women who are identified as childless African American women over the age of 50 was gathered. Within the study, the decision-making process of each woman, their feelings concerning childlessness over 50, how people relate to them, their feelings of unworthiness, their role in their community, and their feelings about the appropriateness of their choice were examined.

Data Gathering Instruments/Tools

The group of final women was sent an e-mail to introduce the study. This can be found in Appendix A. The invitation to participate in the research study is found in Appendix B. An informed consent letter was sent to each woman (see Appendix C), expressing her desire to be a participant in the research. An application was submitted by the researcher to the Human Subjects Review Committee for approval to gather data is available. Once the Human Subjects Review Committee approved the study (see Appendix D), the participants were contacted to schedule interviews. Appendix E shows the questionnaire used in the study.

Data Gathering Procedures

Each of the seven women participating in the research study needed to sign and return their consent form and agree to participate in an audio-recorded Zoom interview conducted by the researcher. Structured interview (a set of formal, open-ended questions), that were asked of

each interviewee and then audio recorded in accordance with a predetermined process (see Appendix D). Interviews were orchestrated via audio Zoom recording and transcribed by typing on the desktop computer in a locked office in the residence of the researcher in Las Vegas, NV. Free-Answer/Open-Ended: open-ended questions were asked of the participants, which included unrestricted essay or unguided questions. As well as guided responses in recall-type questions, asking the participant to recall a set of circumstances or events, with 2-3 minutes responses. Each participant was asked to divulge basic demographic information and a series of open-ended semi-structured questions. Also, participants were be asked to speak freely and openly to a list of discussion questions and concerns in the interest of the study pertaining to any other thoughts and concerns that may be instrumental in being childless and over 50. Narrative data were analyzed manually by the researcher, utilizing the structural coding method, for the content of the study and research relating to their experiences. Structural coding is the coding method that will be used in the research study.

Human Subjects Considerations

According to Pepperdine University's policy, any research involving human subjects must be carried out in conformity with recognized ethical, governmental, and professional standards for research, and every research must receive IRB approval. The ethical guidelines outlined in the Belmont Report serve as a guide for Pepperdine University when reviewing and conducting research. Additionally, any human subjects research carried out by or under the supervision of Pepperdine University will be done in line with the Protection of Human Research Subjects and the U.S. Code of Federal Regulations.

The Protection of Human Subjects and Institutional Review Boards shall adhere, if necessary, to FDA restrictions on human subject research. Additionally, research involving

human subjects shall be conducted in compliance with the generally accepted ethical standards established by relevant professional associations or societies. Additionally, Pepperdine University shall abide by any additional relevant local, state, and federal laws and regulations. The Office of Human Research Protection has received assurances from Pepperdine University (OHRP).

Before starting research operations, the researcher is required by law and ethics to obtain IRB clearance. Furthermore, it is critical that the Pepperdine Institutional Review Board (IRB) protect the rights and welfare of participants in behavioral, social, and educational research projects.

The Pepperdine IRB process was completed before engaging in any research activities, such as collecting and analyzing data or reading the literature. Actions that needed to be taken include: (a) The first step is figuring out what level of review is necessary given the different risk levels, review procedures, and IRB approval dates; (b) The researcher then completes the necessary Human Subjects Training before submitting an IRB application; and (c) The IRB application form was submitted as the final stage and was reviewed before approval. After the application had been accepted, the researcher gathered and reviewed the relevant literature.

Data Analysis Processes

A list of the research questions that was used to organize the data, for instance, the questions I will use to conduct a semi-structured interview are as follows (see Appendix E):

1. What surrounds your circumstances to be childless and over 50?

2. What feelings and emotions are relevant to you to being childless and over 50?

3. What were some factors leading up to being childless at 50 years or older?

4. How did your environment contribute to you being childless at the age of 50?

5. What influential pressures contributed to being childless at 50 years and older?

- Each research question will be turned into a code.

- The transcripts of the interviews will be looked through and used to interpret the code in relation to the study's objectives.

- For instance, a whole passage from an answer from a research participant study will be coded, and other areas of the interview will also be coded, even if the answers weren't specifically in response to the question but still had some relevance.

Data Analysis

The data analysis process took place in three steps: (a) The researcher read and analyzed the documents looking for relevant information from the participant that could be coded manually by the researcher, by using the structural code method. The identifiable codes were then be reviewed. The subject population was described in enough detail. The rationale for the proposed number of subjects was reasonable. The inclusion and exclusion criteria of the research study were clearly stated and reasonable for the participants. The screening procedures described in adequate detail were acceptable to the participants of the research study. The usage of circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes are ways of coding (Boyatzis, 1998). Never pass up the chance to pre-code, in addition to coding with words and brief phrases (Layder, 1998).

Structural coding is especially useful when:

- When you have specific research questions and topics in mind

- When conducting semi-structured interviews
- When interviewing multiple participants

Risks

This research presents a risk of moments of discomfort, and emotional reactions, and may trigger unfortunate events from the past, due to the sensitivity of questions relevant to the topic. In the event that this arose, the video recording was paused to take a break, inquire about the participant's state of being, suggest breathing exercises, and give them a moment to regroup. If the participant could continue, we proceeded with the Zoom audio recording. Participants were given a list of resources for counseling, if needed.

Every danger that can be foreseen exceeds minimal risk (risks similar to those frequently faced in regular living or normal medical care) and is eliminated to the greatest extent practicable. Participants in the research study run the potential risk of being exposed to past-triggered emotions and memories of tragedies, as a result of some of the interviews-triggered psychologically, questions may cause unfavorable events or conditions. If such conditions arose, the researcher immediately stopped the audio Zoom recording, take breaks and offer breathing techniques. The participant were reminded that they could withdraw from the study at any time. The participants could leave the research study whenever they wanted. There was no obligation on the part of the participant to continue the interview, and no pressure was applied.

One way to help minimize or reduce the risks is for the participant was only to audio record and not videotape the interviews to minimize revelation of the identity of the participant. The participants were instructed to sign into the Zoom meeting as participant, and not use their names.

Resources were offered such as the National Suicide Prevention Hotline and Mental Health Services Administration. The researcher is not a trained counselor to distressed individuals. The researcher is a licensed ordained minister for over 37 years, which can encourage, motivate, and offer prayer. Psychologically, questions may cause unfavorable events or conditions. Subjects have no advantages; are there advantages for society or the field?

Benefits/Alternatives

There were no direct benefits to participants.

Procedures to Maintain Confidentiality

To ensure the subject's confidentiality and to preserve their privacy, appropriate precautions and provisions are in place. The strategy for maintaining the confidentiality of the data, including its storage (i.e., location, duration), as well as access by others, has been sufficiently detailed. The information gathered and kept on the internet is safeguarded by confidentiality laws and is technologically soundly planned (required ad-hoc will be reviewed by a tech consultant). There are restrictions on confidentiality (such as the need to report potential child abuse) and a detailed methodology for disclosing this information. All intended identifiers, both direct and indirect, shall be explained and supported. Are the offered methods effective in protecting identifiers or connections to identifiers? Identifiers will be kept after the study is finished; is this reasonable, and is the data sufficiently secured? Sensitive data will be gathered and stored.

Potential Conflict of Interest

Disclosure of potential conflicts of interest is referred to as informed consent. The protocol outlines the context in which consent will be gained by researchers as well as how that

consent will be trained (ensuring participant has adequate time to consider participation in an appropriate environment).

All pertinent permission-related boxes on the consent form and e-mail text were checked to indicate approval. Participants and reps could interpret the information (age, education, and culturally appropriate). No language that suggests participants or reps are waiving their legal rights.

A declaration that the study incorporates research, together with an explanation of the goals of the study and the anticipated time commitment. The explanation of processes (including any that are experimental), the explanation of anticipated dangers and discomforts, the explanation of prospective advantages, the explanation of non-participation as an alternative, and the explanation of how identifiable information is privatized and kept. Information on resources to reduce hazards if there are any that go beyond the minimal. a declaration that participation is optional and that participants may stop at any moment.

The inclusion of all pertinent attachments, including the CITI training certificate, letters of recommendation from community partners, recruitment materials, testing materials, treatment protocols, and resource handouts, is acceptable. There should also be sufficient resources available to do research safely. The subjects are properly monitored both throughout and after the trial (especially if the study poses a higher risk). Materials must be translated, and the translation process and the documents produced are acceptable. If there is deception present, it is justified, and a sufficient debriefing technique is described. Referrals for counseling or support services are given, as necessary.

Chapter Summary

Chapter 3 provided an overview of the research study methodology, which consisted of the method and design, the population and sample size to be used in the research, and the process by which the data will be collected. The chapter described the proposed methods and procedures to conduct and establish the study and framework for the research. It included an overall view of the research questions, research methods identifying key components associated with childless African American women over 50, data source selection, data analysis, data collection, and audio recorded zoom interviews. Qualitative descriptive research was the preferred method, implementing the Structural Coding methodology, utilizing seven childless African American women over the age of 50 in the USA. The descriptive qualitative method of research was utilized because it will focus on the population of African American women childless over the age of 50 in this nation. The methods were used to show the importance of this study and to identify the correlation between physical and mental health, religion, education, and a career with childlessness of African American women 50 years old and older. The chapter covered Buhr and Huinink's (2017) five mechanisms of adaptation to a lifestyle without children, which include resignation because of significant barriers to having children, approaching the end of the fecund period, sensing a low level of social pressure from close friends and family to have children and a low level of personal perseverance in pursuing life goals that are related to not having children. The purpose of this study is to heighten the awareness of the psychosocial significance of overcoming the norms of the African American childless woman over 50 in the United States was analyzed and measured in the chapter. It Identified the changes that happened in the lives of the traditional African American woman.

This study explored the lives of seven childless African American women chosen to participate in and recorded zoom interviews. There is a circle of African American women's childlessness. The chapter stated how they will be asked to participate, and if they had knowledge of other women that may have been interested in being involved in the research. There are three elements of qualitative research discussed:

- Data from observation, interview recordings, and documents.

- Procedures for interpreting and organizing the data, which is considered coding.

- The data collected from recorded interviews will be documented as a written analysis. The written analysis. (Strauss & Corbin, 1998)

The coding mentioned was implemented by identifying similar related views, focusing on the ending results of an open-ended questionnaire and audio zoom recording, of seven childless African American women over the age of 50 as the written portion. Data sources, data gathering procedures, manually transcribing and coding, data proposed analysis process, data. analysis, risks, and IRB were all discussed thoroughly throughout the chapter. Chapter 4 discusses the results from the methods utilized for the research study.

Chapter 4: Research Study Results

Introduction

This study examined three questions through a qualitative descriptive analysis. Based on the three research questions and theoretical framework, this study presented and described objectively the results of a used data analysis in narrative inquiry. It did this by examining the narrative that was revealed by the audio Zoom recordings of seven childless African American women living in the US. In the qualitative descriptive study, the process of the research involved emerging questions and a procedure that collected data in an interview participant setting. The researcher engaged in a form of inquiry that supports a way of looking at research that honors an inductive style, which focuses on the individual meaning and the importance of reporting complexity (Creswell, 2018).

Chapter 4 describes the findings and includes an overall view of the research questions, research methods identifying key components associated with childless African American women over 50, data source selection, data analysis, data collection, of the audio recorded Zoom interviews. The qualitative descriptive research methods used implemented the structural coding, descriptive coding, and the in-vivo coding methodologies, which utilized seven childless African American women over the age of 50 in the USA. The descriptive qualitative method of the research was utilized because it focused on the population of African American women childless over the age of 50 in this nation.

The methods were used to show the importance of this study and to identify the correlation between physical and mental health, religion, education, and a career with childlessness of African American women 50 years old and older based on Buhr and Huinink's (2017) five mechanisms of adaptation to a lifestyle without children.

The purpose of this study was to heighten the awareness of the psychosocial significance of overcoming the norms of the African American childless woman over 50 in the United States and to identify the changes that happened in the lives of the traditional African American women childless over the age of 50 in the US.

Three research questions were explored in this study, and seven childless African American women between the ages of 50 and 69 were the subjects of an overview of the research study's importance. These are the questions:

- RQ1. What are the factors that contribute to childless African American women 50 years old and older in the USA?

- RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

- RQ3. What are some of the reasons for African American women over 50 in the USA, not having given birth?

The participants in the study were traditional heterosexual African American women aged 50 or older, with a small percentage of them having undergone physical abuse that prevented them from giving birth to a kid or children. Some childless Black American women are well educated, have decent socioeconomic standing, and are contentedly married or single. These childless African American women are being kept outsiders of their own community by many religious individuals and traditionalists who see deliberate childlessness as a rebellion against the standard of womanhood.

The theoretical framework used for the study was a psychosocial development theory because sociocultural and biological elements aid in forming women's traits from infancy through their elderly stage. The theory of self-efficacy served as the foundation for the

theoretical framework. Self-efficacy refers to a person's confidence in their ability to take the steps required to meet performance goals Bandura (1977). The belief that one can exert influence over their life suggests that a person's unique collection of beliefs impacts how effectively they can conduct a plan of action in hypothetical situations (Bandura, 1977). A person's self-efficacy can be summed up as their confidence in their capacity to prevail in a certain circumstance. This study explored the lives of seven childless African American women chosen to participate in audio recorded zoom interviews.

There were three elements of qualitative research discussed:

- Data from observation, interview recordings, and documents.

- Procedures for interpreting and organizing the data, which is considered coding.

- The data collected from recorded interviews were documented as a written analysis. The written analysis (Strauss & Corbin, 1998).

This study was designed as a narrative analysis which is a form of a qualitative research method that focuses on interpreting individual human experiences and motivation by looking closely at the stories told by the participants in a particular context to produce codes and themes emerged from the qualitative data.

The coding procedure involved the traditional method of hand coding, structural coding, a first-round coding technique, in which the researcher manually coded the data by hand transcription, identifying similar related views, and concentrating on the answers from the open-ended questions conclusion of the audio zoom recording of the interview with seven childless African American women over the age of 50 to produce themes pertinent to the research questions and theoretical framework. By linking from the facts to the idea and then back to the

order, coding is more than merely labeling. Figure 11 demonstrates the traditional hand coding process.

Figure 11

Coding is Cyclical
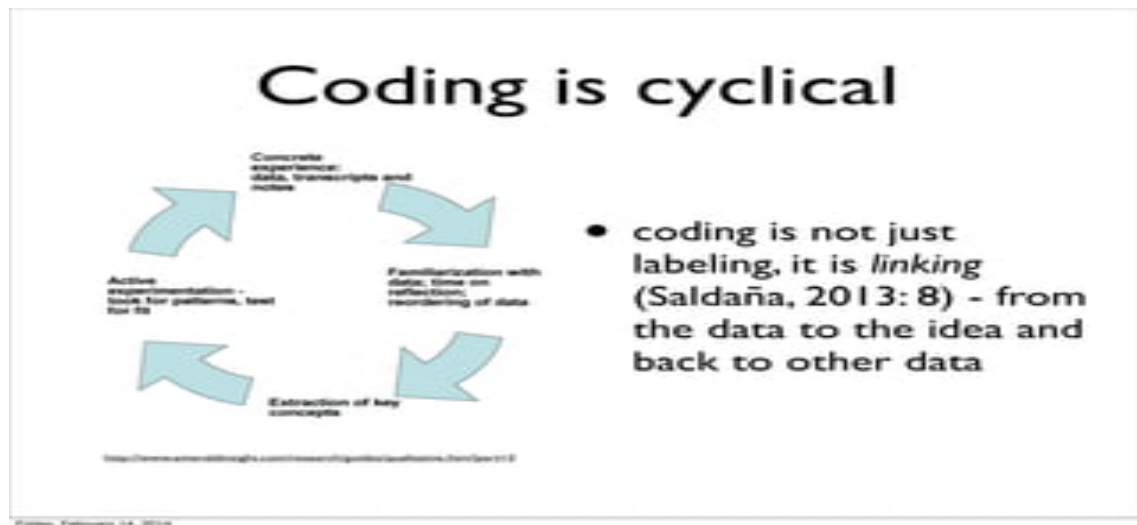
Note. From *The Coding Manual for Qualitative Researchers* (p. 201), by Saldaña, J., 2013, Sage. In the public domain.

A first-round coding technique called structural coding allows the data to be categorized in accordance with study questions or subjects and the traditional way of analyzing the data by hand coding. It gives you the ability to break up a sizable quantity of semi-structured data into smaller chunks for additional analysis (Saldaña, 2013). The usage of circling, highlighting, bolding, underlining, or coloring rich or significant participant quotes are ways of coding. (Boyatzis, 1998). Pre-coding Never pass up the chance to "pre-code," in addition to coding with words and brief phrases (Layder, 1998)

Codes served as the building blocks from which themes were generated. Themes provided a structure for organizing and documenting the researcher's observations. Coding is

defined as cyclical in that coding is not just labeling, it is linking from the data to the idea and back to the order (Saldaña, 2013).

The researcher took precautions to ensure transparency throughout the procedure by asking the participants to join in on an audio Zoom recording that clarified and addressed the topics by conversing before and after the audio Zoom recording. The usage of the theoretical framework gave a platform to bracket my own personal prejudice in order to promote transparency in the research study. As an older, childless African American woman, I am conscious that my history, beliefs, values, and experiences may lead to bias.

In the early stages of the coding procedure, the researcher used descriptive coding (Saldaña, 2013). The research applied initial and descriptive coding in the first cycle of the coding process by circling, highlighting, bolding, and underlining the collected data from the manually hand-transcribed transcripts. The objective was to obtain a general ideal of the data and formulate it into an organizational set of codes. The researcher was able to organize the data into groups using descriptive coding. A list of words and phrases were developed and categorized from each participant's data collected from the open-ended questions.

Zoom audio/recording was conducted in the researcher's office. The researcher manually transcribed the audio Zoom recordings to become familiar with the data. Seven childless, African American women over the age 50 made commitments to participate in the research study.

First, the researcher phoned previously known African American women who were 50 years of age or older, childless, and willing to participate in the study. After contacting the first group of women, a snowball sampling strategy was utilized to extend invitations to more participants. The participant was questioned about other African American women they might know who could be interested in taking part in the study. If they agreed, they were telephoned

and requested their e-mail address to extend an invitation to take part in the research study. The participants were issued a letter of consent for their signature upon agreeing to participate in the research study. Each of the seven study participants was required to read and sign an informal consent form indicating their agreement to take part in a 40-minute audio-recorded zoom interview with the researcher. Each participant Before and after the zoom recording, each participant was offered two or three brief conversations totaling between five and ten minutes.

From beginning to end, the researcher handled all aspects of the research investigation. The participants were given an invite e-mail the initial invite of participating in the research study (see Appendix A) and were asked the same free-answer/open-ended questions (see Appendix E), by the researcher, which comprised of unrestricted unguided questions, during a structured interview (a sequence of formal, open-ended questions). Each participant was asked to recall a series of scenarios or incidents, resulting in responses taking two to three minutes. These recall-type questions also included guided responses. Zoom audio recordings were used to capture the answers to the questions.

The structural coding approach was used by the researcher to manually examine the narrative data for the information pertaining to the study and research experiences. One coding strategy employed in the research investigation was structural coding. Data were gathered from the participants' pertinent answers relating to their emotions, values, feelings, and whether they were childless at the age of 50 or older. The participant's transcripts were read, examined, and used to interpret the codes. The entire paragraph from a participant's response to the research question was coded, and other sections of the interview were coded as well, even if the responses were not directly in response to the question but still had some bearing on the research topic.

Data Results

Once the data had been gathered, the Zoom audio recording was erased. The Zoom audio recording was deleted once the data had been transcribed, processed, evaluated, and analyzed, and the data are kept in a locked filing cabinet in the investigator's office for at least 3 years after the research study is complete.

All information obtained from the recordings was de-identified with a number before being manually transcribed by the researcher to preserve the identity and personal details of each research study participant. No names or other identifying information was used when discussing the reporting data. All records are kept in an office with only the researcher having access to the locked file cabinet and a secure password-protected computer. As the interviews were being conducted, the participants' privacy was maintained during the zoom audio recording. For reasons of confidentiality, the interviews took place during the recording period in a locked office. Each Zoom participant used a unique password or login, and they were encouraged not to use their real names when they logged in, instead used the login name *Participant*.

Systematization and structuring of all the relevant data in context of the research directions questions have been achieved, all the data have been coded using the final category frame. A model of such a thematic matrix is shown in Figure 12 but apart from that, instead of numbers, the text excerpts in the matrix's columns are now coded with the appropriate matching category (Kuckartz, 2019).

Figure 12

A Model Thematic Matrix
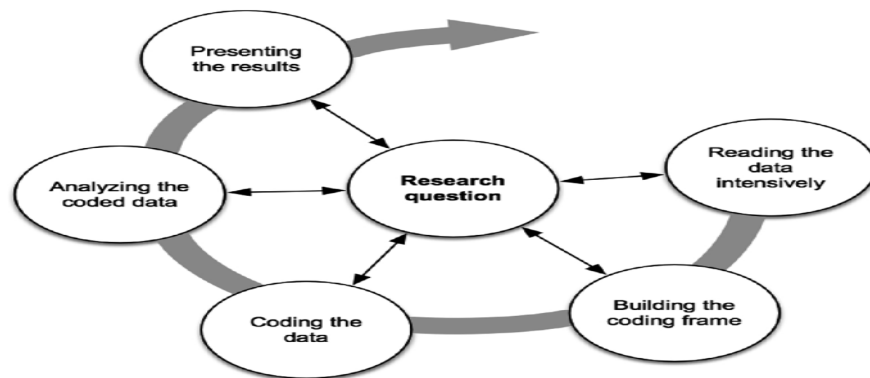
In order to conduct the study and further theory development, the researcher embraced the original grounded theory. Some of the instruments utilized in the process following the interviewing include coding, sorting, and memo writing. The qualitative study was conducted using this methodology approach. This process converted descriptive codes, In-vivo codes, and structural codes, enabling them to extract implicit meanings that allowed the theoretical framework and relationships between codes and categories to form (see Figure 13).

Figure 13

An Elemental Model for Classic Ground Theory
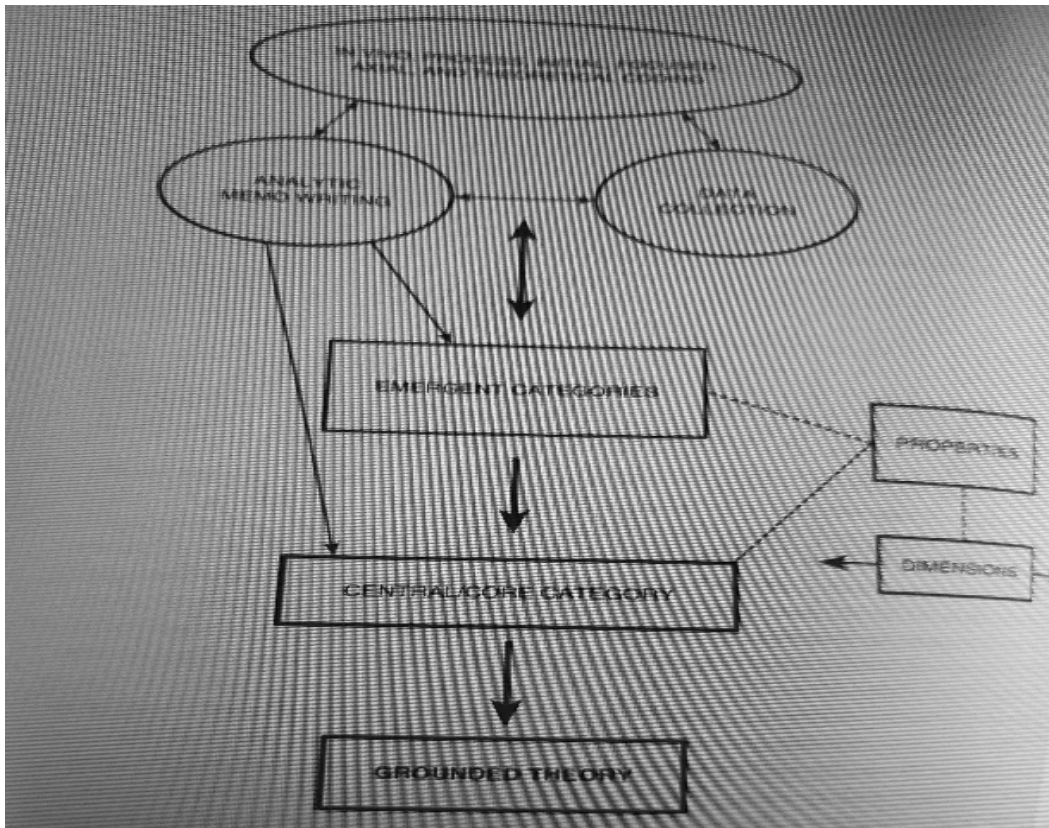
Note. From *The Coding Manual for Qualitative Researchers* (p. 241), by Saldaña, J., 2013, Sage. In the public domain.

The study's instrument the research and interview questions table (see Table 5; Appendix F), was created for African American women in the US who 50 years of age were or older and childless to gather information on participants' experiences, further investigate the research issues, first cycle in the coding process, and integrate the theoretical framework of the study. Table 5 correlates each research question to the interview questions asked by the researcher. It was created to show the relationship between the three research questions and the 26 interview questions in the initial phase of categorizing data for further use in the process.

Code words and phrases were identified based on the context of the research and interview questions (see Appendix F). The development of the code word and code phrases were presented in a table and grouped based on similarities. Table 5 then reflected a sampling of the data collected to support the findings for the research questions.

Table 5

Research Questions Relevant to the Interview Questions

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth?	Participant
1. How old are you?	x	x	x	1234567
2. Please state your status (single, long/short-term, relationship, married, etc.).	x	x	x	1=M 2=M 3=STR 4=M 5=D 6=D 7=S
3. What is your highest level of education?	x		x	
4. What is your career?				
5. Did you plan to have a child or children?			x	
6. Are you a stepparent, adopted parent, or foster parent, do you have pets? (Please explain your circumstance)?	x			
7. Why are you childless over 50?	x		x	
8. What factors contributed to childlessness?	x		x	
9. What are your feelings surrounding being childless and over 50?			x	
10. How do you manage the pressure from society?		x	x	

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth?	Participant
11. What are your life experiences now, not having given birth?			x	
12. How do you respond to the outside world about being childless over 50?		x	x	
13. Do you experience a void? If so, how do you deal with the emptiness?			x	
14. What have you done to deal with the stigmas of being childless over 50?		x		
15. How do you factor in your legacy of being childless over 50?			x	
16. In general, how satisfied are you being an African American woman childless over 50?			x	
17. What challenges do you face being childless over 50?		x	x	
18. How does being an African American Woman childless over 50 affect your mental state?			x	
19. In what ways do you transmit spirituality/religion to you be childlessness?		x	x	
20. How did your career and or goals relevant to being childless over 50?	x		x	
21. What surrounded your circumstances to be childless and over 50?				
22. What feelings and emotions are relevant to you to being childless and over 50?			x	

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth?	Participant
23. What were some factors leading up to being childless at 50 years or older?		x	x	
24. How did your environment contribute to you being childless at the age of 50?	x	x	x	
25. What influential pressures contributed to being childless at 50 years and older?	x		x	
26. What advice would you give to a young African American woman regarding childbearing?	x		x	

Data Interpretation

The participants were asked to answer a total of 26 questions. The interview questions focused on factors, reasons, perceptions, differences, stigmas, and challenges, African American women face 50 and over childless, the interview questions included structured open-ended questions to collect data. Specific questions identified some of the contributions associated with being childless 50 and over in the US.

Descriptive and structural coding were used to evaluate the qualitative data analysis answers to the questions. Answers were examined by identifying, describing, and combining data to create themes. Subsequently, the information from all seven participants were compared. All words and phrases that were alike or comparable were grouped together. To illustrate the similarities and differences between these keywords from each of the seven participants and explore the concepts, a table was created by putting them collectively. The researcher randomly picked two charts to show key phrases that could be drawn from the data(see Table 6, Table 7).

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Table 6

Participants' Key Phrases

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
3	Age	Initial	1 How are you?	52
3	Married	Initial	2 Single Etc.?	Status
3	Education Level	Initial	3 Highest Level of Education	Some College
3	Career	Initial	4 Your Career	Realtor Broker
3	Birth	Initial	5 Did you plan to have a child?	Yes, planned to have children
3	No pets Responsibilities	Initial	6 Are you a stepparent, Adopt, Godparent?	Pets, two cats
3	Variety of reasons Marital Counseling Miscarried twice. "I told everyone we were pregnant; my husband was like I am not going to lose you over a child." Traumatic Desired I still desired to have children, but he changed his mind. Fibroids Fibroids removal surgery Correlates Full hysterectomy	Descriptive In vivo In vivo	7 Why childless 50 and over?	Fibroids Traumatic Variety of Reasons Spouse Decision Still Desire Medical Hysterectomy
3	Full hysterectomy Beyond the natural childbearing age Conversation Doctors Their goals Encouraging I do not care how old I am I still was ready to have kids. I would see people having kids at 48. Variety of things	In vivo In vivo	8 What were some of the factors contributing to being childless?	Beyond Natural Child-bearing Age Decisions Encouraging Doctor Someone else Opinion Age Not a Factor
3	Angry Hysterectomy As far as the with the mate that made the decision while I was still able to bear children it's actually pretty angry pretty angry.	In vivo	9 What are your feelings?	Angry Built-Up Emotions Hysterectomy Spouse made the Decision for me
2	Lost Baby Friend Acquaintance, she lost her baby. I am happy with other people's kids. Heat Flashes Do not care about outside opinions. Pressures	In vivo In vivo In vivo	10 Handle pressures from society	Feelings after losing a child. Contentment Outside Opinions Do not Count People Do not Relate Emotional Trauma Side effects

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
	Trying to be happy for others was harder back then. Lost Lost my child I did not hold another child period for the longest time. God I really do not hold people's babies	Structural In Vivo		Healing Protocols
2	My husband and I are pretty much workaholics. Pour into other people's lives. Gives Freedom Lord	In vivo In vivo	11 Some life experiences being childless.	Workaholics Filling the voids
2	Heat flashes Do not Care Negative Way Do not get questioned. Address right away 2 cats	In vivo	12 Respond to the outside world	Aftermath Confront the Situation
2	Work Vacation Selfish		13 Do you experience a void	Replacements Self
2	Pets like teenagers		14 Dealing with the stigmas	Pets
2	Pour into others	Descriptive	15 Factor in Legacy	Mentorship
2	There is no big to do about the face I don't have kids. Accomplished Do not see it as a factor from the outside. Experimenting	In vivo Descriptive	16 How satisfied are you?	Nonchalant Opinions Do not Matter
2	Career Advents Socialize You are not going to get invited to birthday parties		17 Facing what challenges?	Left out Not the best social life
2	Therapist Good segway Circumstances Very Pissed		18 Affect the mental state	Therapist Emotionally Unavailable
2	Lord People I would feed	In vivo	19 Transmit spiritually	Ministry
2	You do not know what you don't know	In vivo	20 Career and Goals	You do not know what you don't know
2	Medical Husband Changed mind. Hysterectomy	Descriptive	21 Surrounded Circumstances Economically Stabled	Medical Decision-Making Process
2	A scab has been picked off and I am just still ticked off. Ministry	In vivo	22 Feelings Emotions	Remorseful Still Healing
2	Medical		23 Factors Past Experiences	
2	I always thought I would have kids my parents had three. Parents Divorced	In vivo	24 Upbringing contributes childlessness.	Parents Contribution

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
2	Medical		25 Influential Pressures	
2	Advice Choose Mate Wisely See how the parents interact. Relationship		26 What advice would you give?	Choose Mate Wisely Watched Parents Interaction Relationship

Table 7

Key Phrases Categorized

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
3	Age	Initial	1 How old are you?	66
3	Divorced	Initial	2 Single Etc.?	Status
3	Education Level	Initial	3 Highest Level of Education?	Some College
3	Career	Initial	4 Your Career?	Retired
3	Birth		5 Did you plan to have a child?	Yes
3	Responsibilities	Initial	6 Are you a stepparent, Adopt, Godparent, etc.?	Godmother Service Animal
3	Childbearing Deemed Did not have regular menstrual cycle. Dating and planning to get married needed to find out if could have children. Ovary Removed Fallopian Tube Removed Invitro Fertilization Unsuccessful Knocked hormones out of whack. Medical Genetics An adoptive person Did not know medical history. God married to have children. Wanted to have children. Graves' Disease Thyroid rounds of Invitro Fertilization Metabolism Liver off Very sick	Descriptive In vivo Descriptive	7 Why are you childness 50 and over?	Medical Desired Medical Challenges
3	Was pregnancy at 20 Pregnant in fallopian tube Was not able to conceive.	Descriptive	8 What were some of the factors contributing to being childless?	Miscarriages
3	Do not have any feelings.	In vivo	9 What are your feelings?	Hopeful
3	Do not have any pressures	In vivo	10 Handle pressures from society	Fulfilled

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
3	I do not have the experience that most people have because I have a different background being adopted. Foster Care Having children was not a priority. Divorced Not having children and divorce a blessing	In vivo Descriptive Descriptive	11 Some life experiences being childless.	Different Journey Marriage Requirement
3	Not a valid question for me	In vivo	12 Respond to the outside world	Irrelevant
3	There is no emptiness. Consider the cost. Society Single mothers Sexual Ed Contemplating Foster Care/Adopt Responsibility Unplanned Pregnancy	In vivo	13 Do you experience a void?	Contentment
3	Why is it supposed to be a stigma? Negatively No stigma	In vivo	14 Dealing with the stigmas	No Stigma
3	A lot of adopted families. Writing autobiography Authentic World Class Speaker Entrepreneur A survivor	Descriptive Descriptive	15 Factors in Legacy	Legacy Inheritance
3	Friends Childless Same attitudes It was not in God's plan. Parent other children Do not have a problem. Hysterectomy That steal the faith. Not having children no big deal	In vivo Descriptive	16 How satisfied are you?	Like-kind God's Plan No Big Deal Childless
3	No challenges	Descriptive	17 Facing what challenges?	Fulfilled
3	Have a service dog. Caregiver Maternal Instincts Coping Mechanism	Descriptive	18 Affect the mental state	Coping Mechanisms
3	Spirituality Was not in God's plan. IVF God God's Will Might not have been well enough to care for them.	Descriptive In vivo	19 Transmit spiritually	Medical God's Will Medical Procedures Health challenges Mentorship Purpose Fulfilled

PARTICIPANT	CODE	CODE TYPE	INTERVIEW QUESTION #	SUB-CODES THEMES
	Does not affect spirituality. If God called himself punishing me. Early on questioned God Wanted to be a mother. A mother to others Use all women. Purpose Get information to younger people	Descriptive		
3	Irrelevant	In vivo	20 Career and Goals	Irrelevant
3	Irrelevant	In vivo	21 Surrounded circumstances childless	Irrelevant
3	What a son or daughter would be like Twins Adopted Family Hang out with a lot of young people. Energy Vicariously live through them Senior	Descriptive	22 Feelings Emotions	Curiosity Vicariously Live Through Others
3	Redundant It depends when became childless	Descriptive	23 Factors Past Experiences	Redundant
3	Nothing to do with being childless.	In-vivo	24 Upbringing contributes childless	Irrelevant
3	Incapable due to fertility problems Health concluded. Some childless by choice Was not able to conceive	In-vivo	25 Influential Pressures	Medical

The data from each participant was condensed to make "code words" that categorized the data based on similarity, and an example of this data is shown in the following table. To analyze

and present a collection of similarities in the codes, a method of eliminating and identifying

repeated codes has been used (see Table 8).

Table 8

Identifying Repeated Codes

Hopeful Isolated Emotional	Medical Desired Medical Challenges	Perfect Timing	My Choice
Emotional Characteristics Regroup Spirituality Gift of a son / Adoption	Miscarriages	Married Pre-Requisite	Did Not Make a Decision to Have Children
Naturally, Birth Reflections Desires	Hopeful	Missed Out Unable to Redo	Hopeful Emotional Challenged Acceptance Desire
Spokesperson Lonely Ministry God's Plan Acceptance	Fulfilled	Happy for Friends Influences Consider Cost Sexual Education Responsibility	Content Fulfilled
Gift God Called	Different Journey Marriage Requirement	Value Independence Better off Childless In better shape Physically	Travel Life Fulfillments
Regretful Mentorship Ministry Blessings	Irrelevant	Not up for discussion Feed off friends' happiness and success in having children. No Regrets Naturally, Birth	Honesty Desire Mentorship
Mentor Impart God's Will	Contentment	God's Plan for Life Fulfillment in God	Reflections Impartation Emotions
Fulfilled Blessed	No Stigma	Replacement Temporary Fix	In Denial Confident in Decision
Satisfied Early in Life	Legacy Inheritance	Role Model Mentorship Ministry	Replacement Fulfilled
Loneliness Different Outcast	Like-kind God's Plan No Big Deal Childless	No effect on well-being Removed from confronting.	Desire Choices
Faith in God Spiritual God's Design Emotional Challenges	Fulfilled	Aftermath Heirs Characteristics The Possibilities Reflections Coping Mechanisms	Emotional Challenges Legacy Concern Indecisive
Encouraged by Other Women	Coping Mechanisms	Mental Compacity	God's Plan

Inspired Successful			
Characteristics Grateful	Medical God's Will Medical Procedures Health challenges Mentorship Purpose Fulfilled	Spiritual Reasoning	Early Life Decisions Focus on Career Career Development Truly Plan
Parent's Influence	Irrelevant	Workaholic The Ministry Call	My Choice Plan
Naturally, Childbirth Desired	Curiosity Vicariously Live Through Others	Economically Stability God Orchestrated Prayer a Source of Comfort	Emotional Reflection Imagine Cannot Change Anything Regrets Physical Legacy

To analyze and present a collection of similarities in the codes, a method of eliminating and identifying repeated codes has been used. Table 9 shows a sample of the data that were taken from each participant and condensed to create codes words that grouped the data obtained based on similarities.

Table 9

Codes Basic Similarities

No Possible Prospects	Pets, two cats	Spouse Decision Fear of the Unknown Husband' Desire	Disappointments (Cont. 7) Benefits Selfish Self-care
Stability Career Travel	Fibroids Traumatic Variety of Reasons Spouse Decision Still Desire Medical Hysterectomy	Fear High-Risk Pregnancy Age	Medical Comfort Spiritual Resolution Relationship with God God's Plan Emotional God's Design
Hopeful Love Children	Beyond Natural Child-bearing Age Decisions Encouraging Doctor Someone else Opinion Age Not a Factor	Hopeful Acceptance Unsettled Emotional	Certain Image Desire Physical Changes
People's Opinion Matter Fabricate the Truth Feel Unworthy	Angry Built-Up Emotions Hysterectomy Spouse made the Decision for me	Nonchalant	Abortion Family Characteristics Society Standards Reflections
Family Observations Feelings of Relief Disappointments	Feelings after losing a child. Contentment Outside Opinions Do not Count People Do not Relate. Emotional Trauma Side effects	Appearances Contentment Too Late No Direct Descendant Remorseful	Parent Design Ideology Rooted Fear Disappointments

	Healing Protocols		
Regrets / No Regrets Honesty True Feeling Ficid	Workaholics Filling the voids Ministry You do not know what you do not know.	Triggered Factors Emotional	Spiritual Journey God's Plan Too Late
Emptiness Voids Early Days Fill in the Gap Make up by Giving Mentorship Joy Adoption	Aftermath Confront the Situation Medical Decision-Making Process Remorseful Still Healing Therapist Emotionally Unavailable Parents Contribution Choose Mate Wisely Watched Parents Interaction Relationship	Voids Prayer God Not My Choice God's Will No Resolution God's Plan	Ministry Family Values Divorced Fear Burdened Ostracized Embarrassment Innocence Right Partner Peer Pressure
Overwhelmed Fabricate Embarrassment Environmental Pressures	Replacements Self Not the best Social Life	Like Kind Comfort Friends Support	Sexual Preference Mentorship Purity support Plan Family Values Marriage Covenant
Mentorship	Therapist	Waverly No Legacy God's Will	
Inheritance Legacy	Mentorship	Legacy through career Fulfilled Satisfied	

Table 10 supports the seven themes developed from the initial coding process, identified codes, and the generated codes. These are God divine appointment; medical challenges; emotional characteristics, coping mechanisms, echoes of the past, life outside of motherhood and mentor impartation. In accordance with the data collected sorted, identified by hand color coding, and grouped; seven themes were generated by categorizing words and phrases from the collected data (see Table 10).

Table 10

Developed Themes

PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4	PARTICIPANT 5	PARTICIPANT 6	PARTICIPANT 7
Perfect Timing Married Pre-Requisite Missed Out Unable to Redo Happy for Friends Influences Value Independence Better off Childless In better shape Physically Not up for discussion Feed off friends' happiness and success in having children. No Regrets Naturally, Birth God's Plan for Life Fulfillment in God Replacement Temporary Fix Role Model Mentorship Ministry No effect on well-being Removed from confronting. Aftermath Heirs Characteristics The Possibilities Reflections Coping Mechanisms Mental Compacity Spiritual Reasoning Workaholic The Ministry Call Economically Stability God Orchestrated	Fibroids Traumatic Variety of Reasons Spouse Decision Still Desire Medical Hysterectomy You don't know what you don't know. Beyond Natural Child-bearing Age Decisions Encouraging Doctor Someone else Opinion Age Not a Factor Medical Decision-Making Process Angry Built-Up Emotions Hysterectomy Spouse made the Decision for me Remorseful Still Healing Feelings after losing a child Contentment Outside Opinions Don't Count People Don't Relate Emotional Trauma Side effects Healing Protocols Therapist Emotionally Unavailable	No Possible Prospects Stability Career Travel Hopeful Love Children People's Opinion Matter Fabricate the Truth Feel Unworthy Family Observations Feelings of Relief Disappointments Regrets / No Regrets Honesty True Feeling Ticis Emptiness Voids Early Days Fill in the Gap. Make up by Giving. Mentorship Joy Adoption Overwhelmed Fabricate Embarrassment Environmental Pressures Mentorship Inheritance Legacy Fulfilled Life Career Contentment Adopt Your Decision	Spouse Decision Fear of the Unknown Husband' Desire Fear High-Risk Pregnancy Age Hopeful Acceptance Unsettled Emotional Nonchalant Appearances Contentment Too Late No Direct Descendant Remorseful Triggered Factors Emotional Voids Prayer God Not My Choice God's Will No Resolution God's Plan Like Kind Comfort Friends Support Waverly No Legacy God's Will Legacy through career Fulfilled Satisfied Pressured Environment Relate Isolated Disappointments	Medical Hopeful Isolated Emotional Emotional Characteristics Regroup Spirituality Gift of a son / Adoption Naturally, Birth Reflections Desires Spokesman Lonely Ministry God's Plan Acceptance Gift God Called Regretful Mentorship Ministry Blessings Mentor Impart God's Will Fulfilled Blessed Satisfied Early in Life Loneliness Different Outcast Faith in God Spiritual God's Design Emotional Challenges	Medical Desired Medical Challenges Miscarriages Hopeful Fulfilled Different Journey Marriage Requirement Irrelevant Contentment Legacy Inheritance Like-kind God's Plan No Big Deal Childless Fulfilled Coping Mechanisms Medical God's Will Medical Procedures Health challenges Mentorship Purpose Fulfilled Irrelevant Curiosity Vicariously Live Through Others Redundant Irrelevant Medical Consider Cost Sexual Education Responsibility	My Choice Did Not Make a Decision to Have Children Hopeful Emotional Challenged Acceptance Desire Content Fulfilled Travel Life Fulfillments Honesty Desire Mentorship Reflections Impartation Emotions In Denial Confident in Decision Replacement Fulfilled Desire Choices Emotional Challenges Legacy Concern Indecisive God's Plan Early Life Decisions Focus on Career Career Development My Choice Emotional Reflection Imagine Can't Change Anything Regrets

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PARTICIPANT 1	PARTICIPANT 2	PARTICIPANT 3	PARTICIPANT 4	PARTICIPANT 5	PARTICIPANT 6	PARTICIPANT 7	
Prayer a Source of Comfort No time Maternal Obligation Unfulfilled Negotiation with Reasonings Regrets Self-worth Fulfillment Past Trauma Advice to Upcoming Advice to Upcoming Generation	Workaholics Filling the voids Parents Contribution Aftermath Confront the Situation Replacements Self Not the best Social Life Choose Mate Wisely Watched Parents Interaction Relationship Therapist Mentorship Nonchalant Opinions Don't Matter Left out	Lifestyle outside of motherhood Traditional Home Spiritual Attributes Stability Abortion Choices Unstable No Good Prospects Blessings Well Off My Choice Reflections Legacy Indecisive Independence Travel Suitable Partners Preferences High Standards Key factors in Place Strong Support	Benefits Selfish Self-care Medical Comfort Spiritual Resolution Relationship with God God's Plan Emotional God's Design Certain Image Desire Physical Changes Abortion Family Characteristics Society Standards Reflections Parent Design Ideology Rooted Fear Disappointments Spiritual Journey Too Late Ministry Family Values Divorced Fear Burdened Ostracized Embarrassment Innocence Peer Pressure Sexual Preference Purity Mentorship Plan Support Marriage Covenant Prenatal Care Right Partner	Encouraged by Other Women Inspired Successful Characteristics Grateful Parent's Influence Naturally, Childbirth Desired Focus - Prepare Set Standards Christian Foundation		Physical Legacy Ordained God's Plan Life Choices Not Medical Plan Focus Truly Plan Actively Work at it Intentional	

Key

GOD DEVINE APPOINTMENT	MEDICAL CHALLENGES	EMOTIONAL CHARACTERISTICS	COPING MECHANISMS	ECHOES OF THE PAST	LIFE OUTSIDE OF MOTHERHOOD	MENTOR IMPARTATION	
5	4	7	5	7	7	7	

Analysis of Research Question 1

RQ1. What are the factors that contribute to childless African American women 50 years old and older in the USA?

Before the first cycle of the coding process began, a table was created (see Table 5) that correlated each research question to the interview questions the researcher had asked of each participant. The table was created to highlight the relationship between the 26 interview questions and the three main research questions at the initial data categorizing phase of the research process. Based on the context of the research and the interview questions, code words and phrases were developed. A table detailing the chronology of the code words and code phrases was produced, with relevant keywords being grouped together. The table then included a representative sample of the data collected to support the findings of the study.

The data from the research study found regarding research question #1 discovered that the codes and phrases referenced some factors that contributed to African American women 50 years of age and older in the USA. The data categorized into groups of similarities and then placed under the theme best represented the code words, among each participant demonstrated that the medical, education/career choices and spiritual beliefs were contributing factors.

Analysis of Research Question 2

RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

As mentioned, at the initial data categorization stage of the research process, a table was made to highlight the correlation between the 26 interview questions and the three key research questions. According to the research study's results, there was no significant response from the participants about stigmas based on the codes and words related to the research questions.

Analysis of Research Question 3

RQ3. What are some of the reasons for African American women over 50 in the USA, not having given birth?

The research study's data collection demonstrated that some of the codes and phrases used to described why Black American women 50 years of age and older in the USA are childless are related to health, education/career, and spirituality. The content was grouped according to similarity before being arranged based on what participant's code words best represented the themes.

Chapter Summary

In summary, Chapter 4 presented the findings from the research study's methodology. The qualitative descriptive analysis used in the research study was used to investigate the three research questions. The study presented and characterized objectively the findings of data analysis in narrative inquiry by manually transcribing the data and the hand coding procedure on the foundation of the three research questions and theoretical framework.

This was accomplished by analyzing the narrative that was made clear by the audio zoom recordings of seven childless African American women who lived in the US. Emerging questions and a method for collecting data from interview participants were part of the research process for the qualitative descriptive study. In Chapter 4, the research study methodology, important factors related to childless African American women over 50, data source selection, methods for analyzing data, manual transcribing, hand coding, and collecting data of the audio recorded zoom interviews were all highlighted.

The qualitative descriptive research methods included the structural coding, descriptive coding, and in-vivo coding methodology in research of seven childless African American women

over the age of 50 in the USA. Because the research was focused on the sample of African American women over 50 who were childless in this country, the descriptive qualitative methodology was used.

The coding was implemented by identifying similar related views, focusing on the ending results of an open-ended questionnaire and audio zoom recording, of seven childless African American women over the age of 50 as the written portion. Chapter 5 includes a discussion of key findings, the purpose of the research study and the problem stated of African American women 50 years of age and older childless. It gives a brief analysis of the research questions, stated the limitations of the study, and cites recommendations for future research study. It draws conclusions from the data analysis. The chapter also includes implications for action.

Chapter 5: The Data Analysis and Conclusion

Introduction

African American women who are childless and older than 50 years of age exhibit a range of emotions throughout their lives, which frequently has unexpected effects on family and friends. This is a qualitative descriptive research study that utilized case-specific evidence. The focus was the traditional-born women (she/her), heterosexual African American women 50 years of age and older, born a woman at birth.

According to research, women who choose not to have children are stigmatized by society and face difficult circumstances (Crandall & Eshleman, 2003). After establishing their careers and surviving the age at which women are still able to bear children with modest health concerns, childlessness for some African American women might be an emotional obstacle they cannot easily surmount, leading them to adopt a child or children.

The research study's primary sample included seven childless African American women in the US who are 50 years or older. The objective of this study was to comprehend the stigmas related to being childless and to investigate the reasons and contributing factors. This chapter will discuss the problem, reiterate the theoretical framework, and research questions and its alignment to the key findings data conclusion, study limitations of the research study, and future research recommendations.

The Issue

What is the problem? Some women sometimes struggle to overcome the psychological toll from being childless, which frequently leads them to foster or adopt. Some women who desire to have children but do not have any are afflicted with childlessness (infertility) after they

reach the age of 50, and this scar chips away at their hearts. Also, this fact is influenced by physical injury or illness, which inhibits conception.

The research study provided and acknowledged the necessity for future study for the benefit of African American women childless in their 50s and older in the United States as well as the effects of being childlessness amongst the population. The study revealed outside elements that are relevant today to African American women childless over 50 and the significance of revisiting the effects of not having children. The research's focus areas were spirituality and religion, education and careers, mental and physical sickness, and physical and emotional abuse.

The research study is significant because there are African American women who are reluctant to disclose the truth about being childless after age 50 and because the millennial generation of young women does not prioritize having children in modern civilization. Nevertheless, African American women over 50 who asked to speak will describe their deepest emotions, the reasons they decided not to have kids, and how it is today impacting their life.

Theoretical Framework

As sociocultural and biological factors contribute to the development of women's attributes from infancy to old age, a psychosocial development theory was the theoretical framework that was highly appropriate for this research. The theoretical framework's foundation was the self-efficacy concept. Self-efficacy is a term used to describe a person's belief in their ability to perform the actions necessary to achieve specific performance objectives (Bandura, 1977). Self-efficacy is the concept that one has influence over their own motivation, conduct, and social environment. The self-efficacy model is presented, and it suggests that a person's particular set of values impacts how successfully they can carry out a plan of action under

fabricated circumstances (Bandura, 1977). Self-efficacy may be defined as a person's belief in their ability to succeed under given circumstances:

- Performance Outcomes - Both positive and negative experiences can have an impact on a person's capacity to conduct a specific task. If someone has excelled at a previous task, they are more likely to feel competent and do well in a work that is closely related (Bandura, 1977).

- Verbal Persuasion – Encouragement and discouragement influence self-efficacy pertaining to an individual's performance or ability to perform (Redmond & Lewis, 2010).

- Vicarious Experiences – High or low self-efficacy can be developed through watching other people's performances and equivalating one's own competence with another individual's competence (Bandura, 1977).

- Physiological Feedback – Sensations are experienced from a person's body and how emotional arousal is perceived and influences their beliefs of efficacy (Bandura, 1977).

The Research Questions

The three research questions were set up to investigate seven African American women 50 years of age and older, in the US who are childless, and the impacts of being childless relevant to spirituality and religion, education and careers, mental, physical illness, and physical and emotional abuse that are in accordance with the theoretical framework to collect data with the aim of addressing the research issues, the research was designed as a qualitative descriptive study.

- RQ1. What are the factors that contribute to childless African American women 50 years old and older in the USA?

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- RQ2. What are the stigmas for childless African American women over 50 years of age in the USA who have not given birth?

- RQ3. What are some of the reasons for African American women over 50 in the USA, not having given birth?

Methodology

The participants were given an invitation to e-mail the initial invite of participating in the research study. Each participant was given an invitation letter, an introduction to participate in the research study. It described in detail the importance of the research study and what the study entailed (see Table 11).

Table 11

Study Questionnaire

Section I. Background Information

I would like to ask you some questions about being childless, 50 and over. Please express your true feelings, emotions, and experiences.

1. How old are you?
2. Please state your status (single, long-term relationship, married, etc.).
3. What is your highest level of education?
4. What is your career?
5. Did you plan to have a child or children?
6. Are you a stepparent, adopted parent, or foster parent (please explain your circumstance)?

Section II. Feelings and Emotions

7. Why are you childless over 50?
8. What factors contributed to childlessness?
9. What are your feelings surrounding being childless and over 50?
10. How do you manage the pressure from society?
11. What are your life experiences now, not have not given birth?

Section III. The Aftermath

12. How do you respond to the outside world about being childless over 50?
13. Do you experience a void? If so, how do you deal with the emptiness?

14. What have you done to deal with the stigmas of being childless over 50?
15. How do you factor in your legacy of being childless over 50?
16. How satisfied are you being an African American woman childless over 50?
17. What challenges do you face being childless over 50?
18. How does being an African American Woman over 50 childless affect your mental state?
19. In what ways do you transmit spirituality/religion to you be childlessness?
20. How did your career and or goals relevant to being childless over 50?
21. What surrounded your circumstances to be childless and over 50?
22. What feelings and emotions are relevant to you to being childless and over 50?
23. What were some factors leading up to being childless at 50 years or older?
24. How did your environment contribute to you being childless at the age of 50?
25. What influential pressures contributed to being childless at 50 years and older?
26. What advice would you give to a young African American woman regarding childbearing?

The typed interview transcripts were read and analyzed, then utilized to interpret the code in relation to the research questions and the research. For instance, when the participant's responses weren't directly in response to the questions but still had some relevance to the research topic, the entire passage from the answer from a research participant study was coded, and other sections of the interview were also categorized. Once the data had been retrieved, the Zoom audio recording was deleted once the data had been transcribed, processed, and evaluated, and the data were kept in a locked filing cabinet in the investigator's office for at least three years after the study is over. The information gained from the recordings was de-identified with a number before being manually transcribed by the researcher to preserve the identity and personal information of each research study participant. No names or other personally identifiable information was used while analyzing the reporting data. All records are kept in an office with only the researcher having access to the locked file cabinet and a secure password-protected computer. As the interviews were being conducted, the participants' privacy was maintained during the Zoom audio recording. For reasons of confidentiality, the interviews took place during the recording period in a locked office. Each Zoom participant had a unique password or login,

and they were encouraged not to use their real names while logging in, instead using the login name *Participant*.

The confidentiality of the participants was protected during the zoom audio recording during the interviews. The interviews took place in a locked office during the time of recording for confidentiality. A different password/login was used for each zoom participant and the participant was instructed not to use their name but logged on to the zoom site as *Participant*.

The qualitative descriptive method provides a more comprehensive perspective and knowledge of individuals, their activities, and their experiences. The qualitative descriptive approach, which it finds to be the most effective approach for research, generates data that describes the "who, what, and where" of events and experiences.

In contrast to a quantitative study that ends with the findings of statistical computations, a qualitative descriptive method enables the researcher to identify common themes and collect data from research that generates a variety of sources that are connected (Walsh & Downe, 2005). Strauss and Corbin (1998) define qualitative research as any type of research that produces results that are not the result of statistical methods or other methods of measurement.
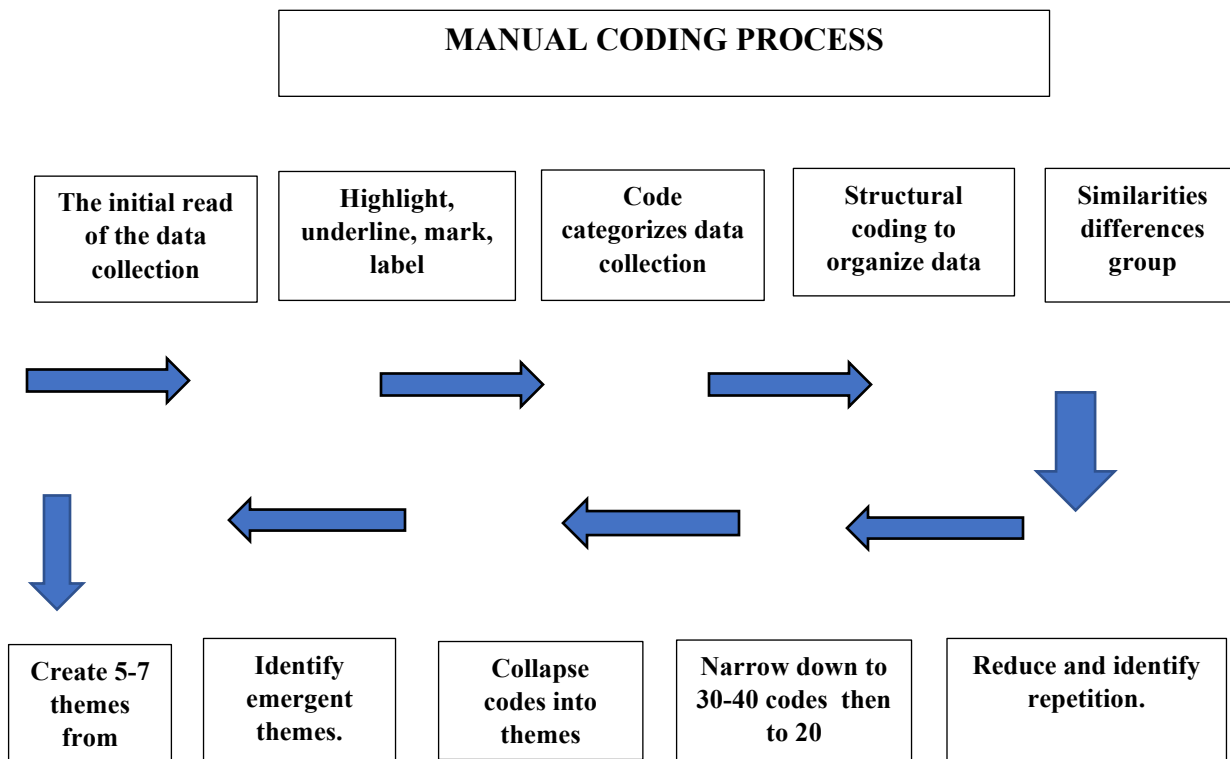
The researcher was the sole individual who conducted the study from beginning to end. The researcher conducted a structured interview (a series of official, open-ended questions), the same open-ended questions were asked of the participants, which included unrestricted unguided questions. Each participant was asked to recollect a series of scenarios or occurrences   with responses taking between two and three minutes. The questions were audio recorded in a Zoom meeting. The researcher manually examined the narrative data collection using the initial coding, the objective was to get a general ideal of the data to formulate into an organizational set of codes. The interview questions analysis consisting of Questions 1 through 6 provided

background information. For questions 7 through11 associated with feelings and emotions, questions 12 through 26, focus on the aftermath, life after being 50 and childless.

The first phase in the coding process was the initial coding. Structural Coding, which involved, labeling and describing specific structure attributes of the data, generally includes coding according to the answers of the questions, descriptive coding, aim to summarize abstracts by using a single word that capsulate the general ideal of the data and In Vivo coding, using the data taken directly from the participants statements as were stated from the data, these methods, and hand coding for the research study (Saldaña, 2013). The participants' pertinent responses pertaining to their emotions, values, feelings, and the status of being childless at the age of 50 or older was used to collect data (see Figure 14).

Figure 14

The Coding Process

MANUAL CODING PROCESS

The initial read of the data collection	Highlight, underline, mark, label	Code categorizes data collection	Structural coding to organize data	Similarities differences group

Create 5-7 themes from	Identify emergent themes.	Collapse codes into themes	Narrow down to 30-40 codes then to 20	Reduce and identify repetition.

The research coding process was tedious and very time consuming. Although the process allowed the researcher to become more familiar with the data collection memo writing and journaling to identify themes best aligned with the research questions and theoretical framework. Codes serve as the building blocks from which themes are generated. Themes provide a structure for organizing and documenting the researcher's observations. Coding is defined as cyclical in that coding is not just labeling, it is linking from the data to the idea and back to the order (Saldaña, 2013).

The second phase in the coding process was categorizing the codes by reading through the structured data and making groups that would be used to search for similar codes in future analyses to better arrange the data. Frequency, similarity, and differences among sequences were the three basic patterns to explore. The codes subsequently collapsed and expanded to identify the terms of effectiveness through the process of careful examination, in-depth analysis, and memo-writing. This assisted in developing a concept of what codes might be expanded and collapsed to determine which codes would be relevant to the data collection and which codes will not.

Similar words and phrases were highlighted in different colors to make them simpler to identify and cluster together under the identified themes. The themes derived from the coding process were developed in the third phase. Once the words and phrases from the data collection emerged, the themes became evident. To develop the themes from the collecting data, the data were identified and explicitly articulated. To generate the themes, the data was coded, categorized, analyzed, and synthesized. All of this was done with the objective of interpreting the data and developing a narrative that would be aligned with the research's purpose and research questions to create a consistent theme out of the data analysis.

Developed Themes

Seven themes were developed from the collection of data:

- God Divine Appointment

The theme entails the data surrounding the spiritual component of the participants. The participants made statement such as, "It wasn't God's Plan for my life;" "God was in control, I had no control," and "I sought God for answers."

- Medical Challenges

The themes provided strong evidence that having no children is a result of medical obstacles and difficulties. The participants revealed miscarriages, past sexual trauma, and abuse, as well as physical ailments like fibroids, hysterectomy, and infertility.

- Emotional Characteristics

The theme explored the emotional effects that childlessness has on women years after they are unable to conceive. The participants openly discussed their regrets, their anger at times, and their continued sadness. Some participants said that they did not care about their regrets because they were well past childbearing age and that there was nothing, they could do about it; therefore, they shouldn't dwell on it since they cannot change the fact that they are now childless.

- Coping Mechanisms

The objective of the theme here is how participants in their 50s and 60s and older years managed to cope with not having children. Some of the participants expressed having the flexibility to travel, acknowledging that they are workaholics, and not feeling obligated. Most participants said that they were able to deal with and triumph over the difficulties of

being childless thanks to God, prayer, ministry, therapy, communicating to other women in similar situations, and the church's belief systems.

- Echoes Of the Past

The theme extracted information that contained phrases like "I was pregnant but lost the baby," "I did not have the right parts," "I'm experiencing some grief," "It angered me, now I am angry," and "I'm still pissed!"

- Life Outside of Motherhood

The theme highlighted the happiness of the participants childless who have the ability to conduct everyday tasks. Such affirmations as "I am still a great woman," "I am completely content," and "My life is wonderful" were made. Most of the participants seem to be content. Several of the participants mentioned adoption, while others said how caring for nieces, nephews, and Godchildren, as well as having to spend some time with friends' children, aided in the acceptance of being childless.

- Mentor Impartation

The participants' statements regarding their ability to encourage other women by offering a positive illustration for childlessness are the core of the theme. Several of the participants mentor other ladies who are still struggling with their infertility. Giving back and imparting were valued highly among the women.

Key Findings

The three research questions that were investigated in the research are given along with the major findings. Seven key themes were identified by extracting them from coding categories, which were then implemented under the relevant theme header (see Figure 10). Several different groupings were chosen, in accordance with the research questions and the literature analysis.

Each category contained themes presented inside it, and the participants' responses were correlated to the themes. Incorporating examples and references aids to further clarify the concept. Interestingly, the participants' responses to stigmas were perceived to be none; they believed that stigmas had no impact on their mission and that it had no effect on how the world perceived them. To draw a reasonable conclusion, more analysis would be recommended.

Study Conclusion

The concluding synopsis gathered from the key findings from the data and the literature reviewed; are that childless African American women over 50 are still struggling with the complications associated with not having children, revisiting past behaviors. The experiences and difficulties they encounter are quite varied. They kept referring to this as the primary explanation, stating that it wasn't in God's plan, as they discussed their reasons for not having children. Women frequently mentioned their regrets and disappointments occurred earlier in their life, when they had had medical difficulties, had to make career decisions, were no longer of childbearing age, and were at developmental periods. The justifications were typically situations that had little control over for most of the women.

Study Limitations

- The researcher of this dissertation acknowledges the following limitations for the study:

- She is an adult without children of African American origin who is over 50 years old. Strict protocols and procedures were in place when analyzing the information obtained to ensure confidentiality to prevent the researcher's biases.

- The researcher collected data from seven childless African American women over the age of 50 (a small sample) to gather data and analyze to respond to the specified research questions.

- As opposed to doing in-person interviews one on one, the researcher conducted audio Zoom interviews.

- According to COVID-19, the researcher will collect participant data through zoom audio recordings.

- There was not a great deal of literature. There were less scholarly works specifically about African American women who were 50 years of age or older without children.

- Access to scholarly journals, books, articles, and papers were online (technology challenges experience by the researcher.

Recommendations for Future Research

The following suggestions are made for future research based on the findings and conclusions of this study:

1. Expand the sample size of African American women in the US who are 50 years of age or older and childless to bring forth more awareness to the topic.

2. To produce more cases and obtain deeper insights data from the participants, do a case study employing focus groups and interviews.

3. Organize a community-based support study group to discover the distinctive characteristics and attributes of childless African American women 50 and older which could possibly develop into a movement, "We Wanted to Give Birth Too."

4. Replicate this study with women of different nations who are at least 50 years old and childless to compare the findings and gain a comprehensive perspective on the issue.

5. Invite more researchers to study the topic. The literature was very scarce. There were not as many scholarly articles directly related to the topic of African American women 50 years and older childless.

The topic could be explored even deeper to discuss the societal and religious roots of why African American women wouldn't populate. The information would benefit future generations around the world. It is important that women childless over the age of 50 and desired to give birth given an opportunity to tell their story.

Chapter Summary

In conclusion, Chapter 5 included the purpose statement and research questions, the review of the research methodology and a summary of key findings, conclusions, and recommendations for future research. Seven childless African American women in the US who are 50 years of age or older formed the research study's primary sample. Analyzing the stigmas associated with not bearing children, investigating the roots, and contributing factors were the research study's key objectives. The seven themes were highlight: God divine appointment; medical challenges; emotional characteristics; coping mechanisms; echoes of the past; life outside of motherhood; mentor impartation.

The chapter reviewed the problem, reiterated the theoretical framework, and discussed the research questions and alignment with the derived drawn from the data. It also highlighted the study's limitations and offered recommendations for future studies. The methodology was discussed in its entirety. This study explored the lives of seven childless African American women chosen to participate in audio recorded zoom interviews.

There were three elements of qualitative research discussed:

- Data from observation, interview recordings, and documents.

- Procedures for interpreting and organizing the data, which is considered coding.

- The data collected from recorded interviews were documented as a written analysis (Strauss & Corbin, 1998).

This study was designed as a narrative analysis which is a form of a qualitative research method that focuses on interpreting individual human experiences and motivation by looking closely at the stories told by the participants in a particular context to produce codes and themes emerged from the qualitative data.

The coding procedure involved the traditional method of hand coding, structural coding, a first-round coding technique, in which the researcher manually coded the data by hand transcription, identifying similar related views, and concentrating on the answers from the open-ended questions conclusion of the audio zoom recording of the interview with seven childless African American women over the age of 50 to produce themes pertinent to the research questions and theoretical framework. By linking from the facts to the idea and then back to the order, coding is more than merely labeling (Saldaña, 2013; see Figure 11).

As the research questions were analyzed to align with the theoretical framework. The theorical framework was presented and explored. Self-efficacy is the perception that one has control over one's own drive, behavior, and social surroundings. Researchers propose the Self-Efficacy model, which contends that a person's specific set of values influences how well they can carry out a plan of action given hypothetical conditions (Bandura, 1977). A person's self-efficacy may be characterized as their confidence in their capacity to achieve in a certain situation: Concluded with study limitations, the study conclusions, and future recommendations. This research study represents the beginning of a movement.

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E-Mail Introduction to the Study

E-mail for Participants

Dear Jane Doe,

My name is Robbie Roshyl Mitchell, and I am a Doctoral Student in the Graduate School of Education and Psychology, at Pepperdine University. I am conducting a research study about African American women 50 years of age and older who are childless, and I need your help! I am seeking volunteer study participants for interviews. The zoom audio recording interview will entail a 40-minute session on your home computer, you are asked a series of open-ended questions with 1 to 2 minutes to answer each question. Each participant will engage in two or three quick talks lasting between five and ten minutes before and after the 40-minute zoom audio recording.

Participation in this study is voluntary. Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. Each participant's name will be replaced from the recordings with a number for transcribing and coding to protect each subject's name and personal information. No names or other identifying demographic information will be used when discussing or reporting the data. The zoom audio recording will be deleted immediately after the data has been collected. The data will be stored in a locked file cabinet in the researcher's office and will only be seen by the researcher during the study for a minimum of three years after the study is complete.

If you have any questions or would like to participate in this study, please feel free to contact me at your earliest convenience.

Thank you for your participation.

Robbie Roshyl Mitchell
Pepperdine University
Graduate School of Education and Psychology
Doctoral Student
Robbie.mitchell@pepperdine.edu

Invitation to Participate in the Research Study

Introduction

(To be read aloud to Participants)

The invitation is to seven African American childless women over 50

In modern society, many women choose before accepting the traditional role of birthing a child or children, a career. Some women are viewed as agents against the norm by some conservative-mined people by not having a child or children well into adulthood, especially if they are over the age of 50.

Childlessness can be an emotional hurdle for some women to easily overcome, often prompting them to adopt. For other women without a child or children, but want a child or children, childlessness (infertility) has cursed them from motherhood, and this is a scar that tugs at their hearts. Also, physical trauma or illness contributes to this fact, preventing conception.

The study is to identify external factors relevant to the contemporary African American woman over the age of 50 in the importance of revisiting the impact of not giving birth. The areas of study surrounding the topic are spiritual and religion, education/career, mental/physical illness, and physical/emotional abuse. This study will test Erik Erikson's theory of psychosocial development to correlate spirituality and religion, education/career, and physical and mental health with childless African American women in the United States over the age of 50.

The study will involve one zoom audio recording session. Each of the seven different African American Women 50 years of age and older will participate in a one-one session with the researcher. The zoom audio recording interview will entail a 40-minute session on your home computer, you are asked a series of open-ended questions with 1 to 2 minutes to answer each question. Each participant will engage in two or three quick talks lasting between five and ten minutes before and after the zoom recording over 2-3 days.

Informed Consent

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Informed Consent

Childless African American Women Over 50: In the USA

A Qualitative Descriptive Study

Principal Investigator: Robbie Roshyl Mitchell, Doctoral Student in the School of Education and Psychology at Pepperdine University, Robbie.mitchell@pepperdine.edu.

Pepperdine University
Graduate School of Education and Psychology
West Los Angeles, California

Introduction and Purpose of the Study

Childlessness can be an emotional hurdle for some women to easily overcome, often prompting them to adopt. For other women without a child or children, but want a child or children, childlessness (infertility), has cursed them from motherhood, and this is a scar that tugs at their hearts. Also, physical trauma or illness contributes to this fact, preventing conception. The study is to identify external factors relevant to the contemporary African American woman over the age of 50 in the importance of revisiting the impact of not giving birth. The areas of study surrounding the topic are spiritual and religion, education/career, mental/physical illness, and physical/emotional abuse.

The purpose of this study is to evaluate Erik Erikson's theory of psychosocial development to see if there is a connection in the areas of spirituality and religion, education/career, sexuality, and physical/mental health with childless African American women in the U.S. over the age of 50.

You are invited to take part in this research study. The information in this form is meant to help you decide whether to participate. If you have any questions, please ask. You are being asked to be in this study because you are an African American woman 50 years of age and older and have not naturally given birth.

Description of the Research

If you agree to participate in this study that will involve seven Zoom audio recordings of seven African American Women 50 years of age and older. The Zoom audio recording interview will entail a 40-minute session on your home computer, you are asked a series of open-ended questions with 1 to 2 minutes to answer each question. Each participant will engage in two or three quick talks lasting between five and ten minutes before and after the Zoom recording over the course of a month.

The data collected will be used by the researcher for the purpose of the study to gain common knowledge and information from participants. Any personal information that could identify you will be de-identified after the Zoom audio recordings are transcribed.

For the sake of confidentiality, you will be asked to sign on to Zoom as a "participant" (do not use your name to sign into the Zoom meeting); and mute your camera, in a private quiet setting, without interruptions.

Potential Risks and Discomforts

This research presents a risk of moments of discomfort, and emotional reactions, and may trigger unfortunate events from the past, due to the sensitivity of questions relevant to the topic. In the event that this should arise, the video recording will be paused to take a break, inquire about your state of being, suggest breathing exercises, and give you a moment to regroup. If you can continue, we will proceed with the Zoom audio recording. You will be given a list of resources for counseling if needed.

Potential Benefits

You are not expected to get any benefit from being in this study.

By participating in the research study, you are assisting other young women in making decisions about pursuing motherhood at an early age. The results of the study will aid young women in understanding the advantages and disadvantages of thinking about having children before pursuing education or employment prospects. The participants are raising a greater awareness of the issue of being childless at 50 or older. There might be a forum developed where people can talk openly about additional information, potential focus groups, and ministry pertaining to the topic.

Compensation

There is not any compensation for participation in this research study.

Your welfare is my major concern. If you have a problem as a direct result of being in this study, you should immediately contact me, or Pepperdine University IRB Department listed at the top of the form.

Confidentiality

Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. Each participant's name will be replaced from the recordings with a number for transcribing and coding to protect each subject's name and personal information. No names or other identifying demographic information will be used when discussing or reporting the data. The Zoom audio recording will be deleted immediately after the data has been collected. The data will be stored in a locked file cabinet in the investigator's office and will only be seen by the researcher during the study for a minimum of three years after the study is complete.

The only people who will have access to your research records are the study personnel, the Institutional Review Board (IRB) of Pepperdine University, and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the data will be reported as group or summarized data and your identity will be kept strictly confidential.

You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. For study-related questions, please contact the investigator listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB):

Phone: 1(310)568-2305
Email: gpsirb@pepperdine.edu

Voluntary Participation and Authorization

Your decision to participate in the study is completely voluntary. You can decide not to be in this research study, or you can stop being in this research study ("withdraw') at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University

You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

Name of Participant: Please Print: _____Date_____

Signature of Research Participant

✕ _____

My signature certifies that all elements of informed consent described on this consent form have been explained fully to the subject. In my judgment, the participant possesses the capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Person Obtaining Consent   Date _____

✕ _____

APPENDIX D

Pepperdine University IRB Approval

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: March 23, 2023

Protocol Investigator Name: Robbie Mitchell

Protocol #: 23-02-2091

Project Title: CHILDLESS AFRICAN AMERICAN WOMEN OVER 50 IN THE USA: A QUALITATIVE DESCRIPTIVE STUDY School: Graduate School of Education and Psychology

Dear Robbie Mitchell:

Thank you for submitting your application for expedited review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today March 23, 2023, and expires on March 22, 2024.

The consent form included in this protocol is considered final and has been approved by the IRB. You can only use copies of the consent that have been approved by the IRB to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond March 22, 2024, a continuing review must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Mrs. Katy Carr, Assistant Provost for Research

Study Questionnaire

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— UNIVERSITY —

<u>Questionnaire</u>

<u>Section I. Background Information</u>

I would like to ask you some questions about being childless, 50 and over. Please express your true feelings, emotions, and experiences.

1. **How old are you?**
2. **Please state your status (single, long-term relationship, married, etc.).**
3. **What is your highest level of education?**
4. **What is your career?**
5. **Did you plan to have a child or children?**
6. **Are you a stepparent, adopted parent, or foster parent (please explain your circumstance)?**

<u>Section II. Feelings and Emotions</u>

7. **Why are you childless over 50?**
8. **What factors contributed to childlessness?**
9. **What are your feelings surrounding being childless and over 50?**
10. **How do you manage the pressure from society?**
11. **What are your life experiences now, not have not given birth?**

<u>Section III. The Aftermath</u>

12. **How do you respond to the outside world about being childless over 50?**
13. **Do you experience a void? If so, how do you deal with the emptiness?**
14. **What have you done to deal with the stigmas of being childless over 50?**
15. **How do you factor in your legacy of being childless over 50?**
16. **How satisfied are you being an African American woman childless over 50?**
17. **What challenges do you face being childless over 50?**
18. **How does being an African American Woman over 50 childless affect your mental state?**
19. **In what ways do you transmit spirituality/religion to you be childlessness?**
20. **How did your career and or goals relevant to being childless over 50?**
21. **What surrounded your circumstances to be childless and over 50?**
22. **What feelings and emotions are relevant to you to being childless and over 50?**
23. **What were some factors leading up to being childless at 50 years or older?**

24. **How did your environment contribute to you being childless at the age of 50?**
25. **What influential pressures contributed to being childless at 50 years and older?**
26. **What advice would you give to a young African American woman regarding childbearing?**

APPENDIX F

Research and Interview Questions Table

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth and the state of being of the women today as having not given birth?	
1. How old are you?	x	x	x	
2. Please state your status (single, long-term relationship, married, etc.).	x	x	x	
3. What is your highest level of education?	x		x	
4. What is your career?				
5. Did you plan to have a child or children?			x	
6. Are you a stepparent, adopted parent, or foster parent, do you have pets? (Please explain your circumstance)?	x			
7. Why are you childless over 50?	x		x	

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth and the state of being of the women today as having not given birth?	
8. What factors contributed to childlessness?	x		x	
9. What are your feelings surrounding being childless and over 50?			x	
10. How do you manage the pressure from society?		x	x	
11. What are your life experiences now, not having given birth?			x	
12. How do you respond to the outside world about being childless over 50?		x	x	
13. Do you experience a void? If so, how do you deal with the emptiness?			x	
14. What have you done to deal with the stigmas of being childless over 50?		x		

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth and the state of being of the women today as having not given birth?	
15. How do you factor in your legacy of being childless over 50?			x	
16. In general, how satisfied are you being an African American woman childless over 50?			x	
17. What challenges do you face being childless over 50?		x	x	
18. How does being an African American Woman childless over 50 affect your mental state?			x	
19. In what ways do you transmit spirituality/religion to you be childlessness?		x	x	
20. How did your career and or goals relevant to being childless over 50?	x		x	

Interview Questions	Research Question 1 - What are the factors that contribute to childless African American women 50 years old and older in the USA?	Research Question 2 What are the stigmas for childless African American women over 50 years of age in the USA not given birth?	Research Question 3 What are some of the reasons for the African American woman over 50 in the USA, not having given birth and the state of being of the women today as having not given birth?	
21. What surrounded your circumstances to be childless and over 50?				
22. What feelings and emotions are relevant to you to being childless and over 50?			x	
23. What were some factors leading up to being childless at 50 years or older?		x	x	
24. How did your environment contribute to you being childless at the age of 50?	x	x	x	
25. What influential pressures contributed to being childless at 50 years and older?	x		x	
26. What advice would you give to a young African American woman regarding childbearing?	x		x	