Book Part

Appendix 1: Researching Social Egg Freezing

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Appendix 1: Researching Social Egg Freezing

A.1. Recruitment and Sample

This book is derived from an exploratory sociological research study which explored the accounts of 31 female users of social egg freezing. Participant recruitment and data collection took place between October 2012 and May 2013 and captured the experiences of women who were either about to undergo social egg freezing ($n = 1$), who had attempted ($n = 1$) or had completed ($n = 29$) the process of freezing their eggs. The participants in this research had frozen their eggs as recently as a few weeks prior to the interview taking place and up to seven years earlier. As such, these women underwent the process of freezing their eggs between 2005/6 and 2013 and represent some of the first pioneering users of social egg freezing. At the time the project was conceived (2011), social egg freezing was a little-known form of assisted reproductive technology and only a small number of women were believed to have undergone the procedure. At the time of study recruitment, as well as at the time of writing, the HFEA did not collect information about the reasons why women underwent egg freezing. As such, it was not possible to identify how many cycles of egg freezing were performed for medical reasons compared to social reasons.[1] This meant that I was not able to ascertain an estimate of the total population size of social egg freezing users in the United Kingdom; however, the numbers were expected to be small. Whilst the number of social egg freezing users in the USA was as equally difficult to obtain, anecdotal evidence suggested that women were making use of the technology in America in greater numbers than in the United Kingdom. As a result, I decided to recruit participants from both the United Kingdom and the USA in order to collect a sufficient sample of women using this emerging and, at the time, experimental technology.

At the time of study recruitment social egg freezing was a little discussed assisted reproductive technology and, unlike now, did not have a prominent footprint online or on social media platforms such as Facebook or Twitter. As a result, a diverse range of strategies were used to try and recruit participants to the study, including attending fertility and egg freezing related events and seminars where I handed out fliers and business cards, advertising on fertility forums

[1]As of 2019 the HFEA still does not provide this information.

and websites, through participant referrals and via support received from two UK fertility clinics. Thus, this research utilised a purposive and snowball approach to sampling. The final sample of participants were drawn from online fora[2] ($n = 20$), from two British fertility clinics ($n = 7$) and through participant referrals ($n = 4$). The majority of the research participants were drawn from the United Kingdom ($n = 23$), 18 of whom were UK residents from birth with the remaining four having settled in the United Kingdom after coming to work or study. Seven participants were recruited from America, having lived there since birth, and one further woman, who was recruited via the Netmums website, was Norwegian. As she was keen to be involved in the research, and due to difficulties encountered in recruiting women to the study, a decision was made to include her in the research project.

A.1.1. Demographic Profile of Research Participants

The interviewees were mainly drawn from large metropolitan cities in the United Kingdom and East Coast of America, including London, New York and Chicago. At the time of undergoing the first cycle of egg freezing, the participants were aged between 32 and 44 and were on average 37 years of age (see Table A1). For most of the participants several years had elapsed between undergoing the procedure and taking part in the research. As such, at the time of the interview the participants were aged between 34 and 49 and were on average 39 years of age. All the participants identified as being heterosexual and at the time of freezing their eggs the large majority (84%) were single (see Table A2). All the participants were educated to degree level, 39% also had a postgraduate degree and 29% held a professional qualification. Participant job titles were compared against the ONS Occupation Coding Tool and the National Statistics Socio-economic Classification to determine the interviewees' socio-economic status. This showed that 74% of the participants were in professional and managerial roles. Fifty-two per cent of the participants identified as holding a religious belief. The demographic profile of the participants reflects that found in other data sets (Brown & Patrick, 2018; Gold et al., 2006, Knoppman et al., 2008; Tsafrir, 2012) which shows that most women engaging

Table A1: Age at Undergoing First Cycle of Egg Freezing.

Mean Age	< 35 years (%)	36–39 (%)	40–44 (%)	Range	Standard Deviation
36.9	7 (23)	20 (64)	4 (13)	32–44	2.58

[2]Online fora included: Fertility Friends, Netmums, Fertility Zone and Eggsurance.

Table A2: Participants' Demographic Information.

	N	Percentage
Relationship status at time of oocyte freezing		
Single	26	84
In a relationship	5	16
Educational status		
Undergraduate degree	10	32
Postgraduate degree	12	39
Professional qualification	9	29
Occupational status		
Professional and managerial	23	74
Intermediate	7	23
Self employed	1	3
Nationality		
British	18	58
American	7	23
Other	6	19
Religious belief		
Christian	8	26
Jewish	3	10
Muslim	2	6
Spiritual	3	10
No religion	15	48

Notes: Devised using National Statistics Socio-economic Classification (NS-SEC rebased on the SOC 2010; ONS, 2010). Retrieved from https://onsdigital.github.io/dp-classification-tools/standard-occupational-classification/ONS_SOC_occupation_coding_tool.html

in egg freezing are single, highly educated and predominantly in professional and managerial careers. More information and a short pen portrait of each participant are provided in Appendices 5 and 6.

A.2. Characteristics of Egg Freezing Cycles: Findings

The majority of the women (87%) froze their eggs in clinics and hospitals in their country of residence and the remaining four women underwent the procedure abroad (one in Spain, two in Argentina and one in Thailand). Most (68%) of the participants underwent, or attempted, just one cycle of egg freezing ($n = 21$), almost a fifth of participants also underwent a second cycle ($n = 6$) and a smaller

number underwent three ($n = 3$) or four ($n = 1$) rounds of stimulation. Following egg collection and freezing, women had between zero (due to a failed cycle of stimulation) and 62 eggs stored, the average number being 16. Only 23% of the participants ($n = 7$) had undergone egg freezing whilst they were 35 years of age or under. Instead, the majority ($n = 20$) of participants were between 36 and 39 years of age at the time of undergoing the procedure and a further 13% ($n = 4$) of participants were 40 years of age or above. This data reflect similar findings from US studies and clinical audits which have identified that women undergoing egg freezing are usually in their mid to late 30s (Hodez-Wertz et al., 2013; Klein et al., 2008; Knoppman et al., 2008; Sage et al., 2008; Vallejo et al., 2013).

A.3. Methodological Framework

Underpinned by an interpretivist epistemology, this research sought to explore the accounts and experiences of some of the first pioneering users of social egg freezing by focusing on how women narrated and gave meaning to their experiences from their own subjective frame of reference. By prioritising participant accounts this research placed an emphasis on understanding the subjective, personal and multiple realities of egg freezing from the position of the user (Williams, 2000). This research sought to examine how women constructed, understood and experienced the phenomenon of social egg freezing in the context of ongoing debates relating to reproductive choice and delayed childbearing. The study also aimed to examine how women made the decision to engage with social egg freezing, how they perceived the risks and benefits of the procedure and how they experienced the 'medical' encounter in the clinic. To provide the fullest exploration of the lived experience of social egg freezing, and to examine the meanings the participants gave to their experiences, in-depth interviews were undertaken with 31 users of the technology.

Often described as a more formalised version of a conversation (Smith, 2012), semi-structured interviews are perhaps one of the most commonly used methods in research examining topics such as childbearing and (in)fertility, due in part to the sensitivity such a method can afford when seeking to collect data of this kind. The use of interviews in the collection of research data on topics allied to egg freezing such as infertility and assisted reproduction is well established (Culley, Hudson et al., 2007; Friese, Becker et al., 2006; Hinton,

Table A3: Number of Cycles of Egg Freezing Attempted by Participants.

Mean Number of Cycles	**Number of Cycles of Egg Freezing Attempted**				
		One	**Two**	**Three**	**Four**
1.48	N	21	6	3	1
	(%)	68	19	10	3

Table A4: Number of Eggs Frozen.

Number of Eggs Frozen	Number of Participants
0	1
1–5	3
6–10	6
11–16	8
17–21	2
22–26	1
27+	2

Kurinczuk et al., 2010; Imeson, McMurray, 1996; Nordqvist, Smart, 2014; Throsby, 2004) and such an approach to data collection is well recognised as an appropriate way in which to explore sensitive topics (Ayres, 1998; Corbin & Morse, 2003; Rakime, 2011).

In an unusual situation for many social scientists, at the time of fieldwork commencement there was no qualitative literature or research published about women's use of the technology and therefore the study itself was highly exploratory and was led, to a certain extent, by the interview encounters and the participants involved in the research. The research interviews were conducted face to face ($n = 16$), via telephone ($n = 6$) or through video-enabled connections such as Skype and Facetime ($n = 9$). This was determined by location and/or participant preference. For the 16 face-to-face interviews, participants were given a choice of location for the interview. Six participants chose to be interviewed in their homes, eight interviews were undertaken in cafes and two in local libraries. The interviews lasted on average around an hour and 40 minutes, ranging from 40 minutes to almost three hours in duration. The face-to-face interviews lasted slightly longer than online interviews as this form of interaction more easily facilitated the formative 'chit chat' element of the research encounter. All interviews were audio recorded using two devices for use in assisting transcription. Each interview began with the same opening question, asking the participants how they had come to learn of egg freezing and what they had wanted to achieve by undergoing the procedure. This led most of the participants to open with an extended discussion, lasting in most cases several minutes, about what led them to freeze their eggs. Following this initial exploration, and with a brief overview of the participant's thoughts and experiences provided, more specific questions were then asked with opportunities for participants to raise and explore issues of their choosing. The interview structure was therefore guided by me, but remained responsive to the research participants' answers, leaving open the opportunity to talk about different topics or certain topics in more depth (Greenfield, Midanik et al., 2000). The use of semi-structured interviews as a data collection method proved to be highly useful as in some instances the

participants disclosed additional information about their experiences which I had not thought to ask about, therefore enabling the capture of additional information which otherwise may have been lost (Byrne, 2004).

This research recognises the data generated from the interviews as 'interactional accomplishments' between myself and the participants and not simply as the result of an exchange of information on neutral communicative grounds (Holstein, 2011). Furthermore, throughout the research process I remained aware of how my own researcher positionality may not only shape the data collection process but also impact more broadly on the knowledge created (Horsburgh, 2003). I began this project in 2011 whilst in the early years of my 20s; I was child-free, unmarried and held limited life experience when it came to topics such as family formation and reproductive decision-making. As the research project progressed over the intervening years, my own perspective, as well as the salience of the research, has matured. During data collection I was aware of my status as both an insider and an outsider to the research participants (Chavez, 2008; Greene 2014; Merriam, Johnson-Bailey et al., 2001). I was an insider as a heterosexual woman with knowledge of the technology under discussion, but also an outsider who most often did not share the same social location of the interview participants due to sometimes significant differences in our ages, relationship status and socio-economic positions. When undertaking the interviews with women who were often coming to the end of their fertility, I tended to occupy an outsider position to some of the concerns and pressures discussed by the participants. However, there was often the sense that perhaps I had 'all of this to come' as I approached a time when making decisions about motherhood was something I would likely need to do. Indeed, I completed the final changes to this monograph whilst pregnant with my first child after making my own decisions about the timing of motherhood informed in part by concerns about age-related fertility decline.

A.4. Ethical Considerations

Prior to data collection ethical approval was obtained from De Montfort University Human Research Ethics Committee (REF 827) ensuring basic ethical guidelines and practices were adhered to. This included ensuring anonymity of the participants through the use of pseudonyms, as well as ensuring data security, confidentiality and informed consent. All participants were provided with information about the research through participant information sheets, a detailed consent form and were allowed and encouraged to ask questions about the study at any time. Like much research examining sensitive issues related to (in)fertility and childbearing decision-making, further additional considerations and dilemmas were identified as relevant to this project, in particular the risk of emotional distress caused by discussing such deeply personal topics.

Whilst it has been suggested that any research topic has the potential to be sensitive (Schmied, Duff et al., 2011), some topics are more likely to elicit an emotional response. Research examining issues such as bereavement, (in)fertility,

relationship breakdown, abortion, miscarriage and terminal or chronic illness is perhaps particularly sensitive and many of these topics formed core parts of the interview discussion. Drawing on the literature and advice on sensitive interviewing (Ayres, 1998; Dickson-Swift et al., 2007) actions were taken to help minimise and manage such distress in the interests of participants. This included using sensitive language throughout the interview encounter, letting the participant set the pace and tone of the interview and trying to ensure that the participant felt comfortable enough to not address certain topics or questions which they felt would cause them too much distress. Whilst a small number of the participants did become emotional during the interviews, these situations were manageable for both me as a researcher and the participant and usually just required some kind words and support, a change of subject or a break with a cup of tea. In the instances where the interviewee became upset during an online or telephone interview I sought to project an equal amount of sensitivity; however, my lack of physical presence meant the means by which I was able to express this sensitivity and kindness were somewhat limited. However, in these cases I ensured the participant was aware of their right to pause, withdraw or reschedule the interview should they wish. It is worth noting however that one of the benefits of online interviews, as well as those undertaken on the telephone, is the way this approach to interviewing can afford the participants the opportunity to disclose intimate and closely held experiences often within the comfort of their own home with some emotional, but also physical, distance from the researcher (King, Horrocks, 2010; Opdenakker, 2006; Schmied, Duff et al., 2011).

Whilst a small number of the participants did become upset during the data collection process, the use of semi-structured interviews offered the participant an opportunity not normally available to them: the chance to talk relatively uninterrupted about a topic or subject matter which for many was of great importance (Colbourne, Sque, 2005). In spite of the strong emotions the interviews produced, all the participants wanted to continue with the interview and several reflected that they were pleased to have had the opportunity to talk about the issue with a third party. On a small number of occasions, the interviewees asked about other participants included in the research and whether their own accounts reflected other women's experiences. In these instances, I most often told the participants that their accounts did reflect that of the other women I had interviewed. This appeared to provide some women with a degree of validation that they were not alone in the problems and experiences they described. Several participants also remarked that the opportunity to talk to a third party about their experience was helpful, particularly as they felt it was something their friends or family may be 'sick of talking about'. For other participants, as Schmied et al. (2011) have previously noted, the experience appeared to be cathartic and occasionally helpful by supporting them in thinking about the next steps they may wish to take with regard to pursuing motherhood.