

**LINGUISTIC STIGMATISATION IN DISCOURSES TOWARDS
INVOLUNTARY CHILDLESS WOMEN IN THE GĪKŪYŪ COMMUNITY**

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**A Thesis Submitted to the Graduate School in Partial Fulfilment of the
Requirements for the Conferment of the Degree of Doctor of Philosophy
in Applied Linguistics**

LAIKIPIA UNIVERSITY

SEPTEMBER 2024

DECLARATION AND RECOMMENDATION

Declaration and Approval

This thesis is my original work and has not been presented for examination at any other university.

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DEDICATION

This study is dedicated to those who have played significant roles in my life.

To my husband, Joseph Wanjau Njuguna, thank you for never dimming my light and for always encouraging me, even during my moments of weakness. Your unwavering belief in me and your desire for me to break the glass ceiling motivated me to persevere. Your financial support has been invaluable and deeply appreciated.

To my parents, Cyrus and Jane Gitu, you are truly exceptional. Your constant encouragement and genuine concern for my progress in research have been a guiding force. The work ethic you instilled in me has been a cornerstone of my journey.

To my sons, Kofi Isaac, Leo Njuguna, and Lee Gitu, your presence and support have been profoundly impactful. Your encouragement provided the strength to continue, even when the path seemed insurmountable. I strive to be a living example that dedication and hard work lead to success.

To my siblings, Olive, Christabel, and Bancy, your influence and support have been a source of strength. I am deeply grateful for your enthusiasm and for standing by me throughout this journey.

To my housekeeper, Lucy, your assistance with the children while I worked late into the night was invaluable.

To my friends, Liz Frida, Dr. Jackson Ndun'gu, Serah Mbaria, Agatha Muturi, Hellen Mwololo, Kamanja, and Ogeto, your friendship and constant encouragement have been instrumental in reaching this milestone.

While I cannot name everyone who has supported me, I dedicate this success to all who have been a part of my journey.

ACKNOWLEDGEMENT

I sincerely thank the Almighty God for giving me the health and stamina to pursue my studies. I have come this far, thanks to His Grace. My supervisor, Prof. Vicky Khasandi has encouraged me this far and were it not for her, I would never have seen the end of this journey. My other supervisor, Prof. Albert Rutere for toughening me up and showing me that life is not always as it seems and that at times, we have to face the impossible boldly. Their exceptional leadership, knowledge, thought, and patience made my studies successful. I respect their supervision and guidance skills. I will never forget Prof. James Ogola, Dr. Ndiritu, and Dr. Mahero my academic mentors, for their knowledge and belief in me. Dr. Ndiritu met tough deadlines just to see to it that my thesis turned out educative. Prof. Nabea, Prof. Yieke, and Dr. Sheila for holding my hand when life seemed impossible. Your constant encouragement has finally borne fruits. The journey was tough, but we are smiling at last.

I would not forget to thank all involuntary childless women who agreed to participate in this study. I cannot convey my gratitude to you in words because you chose to look beyond your pain. I also want to thank all male informants for accepting to look beyond societal beliefs and expressing themselves openly. You made this study worthwhile.

Additionally, I render my gratitude to Nyambura, Naomi Ann, and Kerry Ann of the postgraduate department, particularly for making things easy for me and helping out where you could.

I cannot mention everyone here, but everyone who took part in one way or the other, receive my heartfelt regards. I must say I am overwhelmed by your love, patience, constant encouragement, and prayers because it has finally paid off.

ABSTRACT

Positioning women in a situation where womanhood is pegged to motherhood has resulted in stigma towards involuntary childless women. These women are viewed as outsiders in their communities and certain ideologies propagating their discrimination are spread. As much as men who are childless are stigmatised, women are expected to consider motherhood their most crucial life goal and are hence subjected to more stigma if they cannot deliver. Language has contributed significantly to stigmatizing and stereotyping the childless women and lowering their esteem. This study focused on the linguistic stigma that involuntary childless women in the Gĩkũyũ community encounter and the linguistic strategies that contribute to the stigmatisation of these women. The study also looked at attempts by the childless women to counter stigmatising discourse against them and redefine womanhood. Fairclough and Leeuwen's Critical Discourse Analysis theory (CDA) and Wodak's and KhosraviNik's Discourse Historical Approach (DHA), a branch of CDA were applied. The ideas of Connell's Hegemonic Masculinity theory are also applied, particularly the concepts of gender and power. Purposive sampling was used to select twenty-four involuntary childless women and twelve men. Data were collected in Tetu sub-county of Nyeri County, Kenya in the villages of Kĩandu, Mathakwainĩ, Ndũgamano, and Kĩgogoinĩ. The study employed focus group discussions (FGDs) and interviews to collect the data which was audio recorded. The data were analysed using qualitative methods in the light of the theories identified. The study found that the Gĩkũyũ community follow deeply rooted gendered ideologies inscribed in men's and women's consciousness from birth. These ideologies impart a sense of self and identity that cuts across social and class divisions. As pronatalists, they hold common stereotypical ideologies which lead to viewing involuntary childless women as deficient and deviant. Based on these ideologies, language is used to stigmatise involuntary childless women through weaponised linguistic strategies and a host of topoi. The study also discovered that by giving voice to grief, some involuntary childless women redefined themselves and, in some cases, set themselves apart from other involuntary childless women by using the stereotypes applied to them. The findings of this study confirm the assertion of CDA-DHA that language use determines how people view themselves and the world around them. The involuntary childless women, for example, are referred to and view themselves in relation to their childlessness, though some are able to rebrand themselves. The findings of the study have advanced the application of CDA and Hegemonic Masculinity theory and demonstrated the power of language in constituting and contesting the reality.

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ACRONYMS AND ABBREVIATIONS

CA	Conversational Analysis
CDA	Critical Discourse Analysis
CL	Critical Linguists
DHA	Discourse Historical Approach
FGDs	Focus Group Discussions
FTA	Face Threatening Acts
HIV/AIDS	Human Immuno-Deficiency Syndrome/Acquired Immune Deficiency Syndrome
KDHS	Kenya Demographic Health Survey
KII	Key Informant Interviews
KNBS	Kenya National Bureau of Statistics
LGBQ	Lesbian, Gay, Bisexual, Transgender, and Queer
MoH	Ministry of Health
MR	Members Resources
NACOSTI	National Commission for Science, Technology, and Innovation
NGOs	Non-Governmental Organisations
PDA	Positive Discourse Analysis
QOL	Quality of Life
STIs	Sexually Transmitted Infections
WHO	World Health Organisation

OPERATIONAL DEFINITION OF TERMS

Child bearing years – In the Gĩkũyũ community, women are expected to bear children between the ages of 23 and 29 years.

Discourse – A way in which every society is socialized in language and ideologies. It can be in nonverbal communication, speech, or writing.

Deviant ‘Other’– How women without children are positioned as outsiders and rendered ‘other’ due to their lack of conforming to the norm of motherhood.

Femininity– A set of characteristics and behaviours that all women are expected to ascribe to by society.

Gender– The behaviours that both men and women are supposed to exhibit in a socially acceptable manner.

Gendered discourse(s) – Ideologies in the Gĩkũyũ community on which gender is superior to the other, yet it is only a gender perception.

Gĩkũyũ people– They are a people living in Kenya, and they use the GĩGĩkũyũ language.

Ideology– What is socially acceptable regarding responsibilities, rights, and roles for both men and women.

Involuntary childlessness– A situation where one would want to bear a child or more children but cannot due to some infertility problems.

Masculinities– A socialization process where childless men tend to have cover-up strategies that society approves of while childless women are exposed to social ideologies that expose and stigmatise them.

Patriarchy– An ideology that gives men more privileges in terms of power, economic empowerment, family life, culture, and also in the social realm. Society tends to accept and embrace it.

Primary Infertility– A situation where women are not able to conceive even after unprotected sexual exposure for at least one year

Pronatalist– Idolization of parenting. Because of this, all people want to be socially accepted, and in so doing, at a certain age, they are expected to be parents.

Religious ideologies – a set of Christian beliefs, values, and practices based on spiritual teachings and traditions.

Secondary infertility – A situation where women who are already mothers or have been pregnant before are not able to conceive again after at least one year of unprotected intercourse.

Sexism– Where gender determines how people behave towards each other. In this study, the focus will be the unfair treatment of involuntary childless women.

Stigmatisation– The unfair treatment of involuntary childless women because society does not approve of them being childless. They are often perceived as incomplete.

Stigmatised discourses – Ways of talking that are seen as unacceptable or improper by society.

Social identity– A sense of how society expects men and women to behave.

Voluntary childless–Where one chooses not to have children, yet nothing prevents them from it.

CHAPTER ONE : INTRODUCTION

1.1 Background to the Study

Infertility is a problem encountered globally, affecting both men and women. The definition of infertility varies across professions, as different experts employ definitions that apply to their purposes (Madison, 2011). The definition by the World Health Organisation is, however, widely used. The World Health Organisation (WHO, 2011) defines infertility as a couple's inability to conceive within two years of regular and unprotected sex. There are two types of infertility: primary and secondary infertility. Primary infertility refers to the inability of a couple to conceive a child at all, while secondary infertility refers to the inability to conceive again after the previous pregnancy (WHO, 2011). According to Roberge et al. (2018), infertility is a global issue affecting 8-10 percent of couples worldwide. Of these numbers, about a third of the problem affects females, another third affects males, and the remaining third affects both partners, or the cause is unknown (Sophanna, 2016). However, women tend to be stigmatised more than men because men have been able to shape the power dynamics in their favour where, through language, society believes that whenever there is infertility, the woman is to blame.

Worldwide, most countries are regarded as 'pronatalist' because they idolize biological parenting, where all people want to be socially accepted by becoming parents. By so doing, members of the said society follow the ideologies set out on matters of childbearing. For instance, the Gikōyū community is a pronatalist society where motherhood is highly esteemed. Mothering is not something that women choose to do; instead, it is something that society expects of them (Madison, 2011). Therefore, womanhood and motherhood are treated as synonymous identities. When motherhood is linked to a woman's body and ability to reproduce, it stigmatises her on a social, political, and moral level if she cannot have children (Gitu, 2016). Language plays a prime role in the stigmas; it is a mirror through which societal attitudes, thoughts, and processes are inferred.

According to Erving Goffman, "Stigma is an attribute, behaviour, or reputation which is socially discrediting in a particular way: it causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted,

normal one” (1963:3-4). This definition of stigma was significant in relating to the study, as the study defines stigma as a sort of judgment, which, from Goffman’s theory, relates to the socially discrediting and undesirable stereotype that differs from women who have mothered from those who have not and in this case, the involuntary childless women. Additionally, stigma does not always have to be visible regarding physical differences. In the case of childlessness, the absence of children at a particular life stage (for instance, childbearing years) signals to others that a woman falls into a deviant category (Madison, 2011) since normative gendered expectations for women include biological motherhood.

In the traditional African society, a woman was regarded as a child bearer. She derived her social status and indispensable worth from this position (Kimathi, 2004:24). Addis (2023: 45) posits that: “For Africans, every new-born is an ancestor returned. This belief in reincarnating one’s fore bearers is seen in the principles underlying the naming of newborns”. Being barren herself, Addis acknowledged that in Africa, motherhood is very significant in a woman’s life (Mvumbi and Ngumbi, 2015). According to Richardson (2007), a Sotho saying goes that,

Teng ga Kgomo ga go hlobogwe

[Do not give up on the stomach of a cow].

This means that if a woman does not bear any children, people should not give up on her, but she should be taken to the traditional doctors to be attended to so that she can have children, just as other women (p. 219). In the case above, the emphasis was on not giving up on the involuntary childless woman for not having children but attending to her traditionally by taking her to the traditional doctors.

The Swahili proverb: “*Tasa hashukuru*” translated as “A barren wife never gives thanks” (meaning that she would have no reason to be joyous to give thanks) is also echoed in a Gikũyũ proverb: “*Mõtumia wĩĩ ciana ndoraga*” translated as “A woman with children does not desert her home.” (Imbiza, 2013:13). These proverbs assert that mothers are respected in their homes for having children and that they are welcome in the home since they had proven their worth in motherhood. The African involuntary childless woman was oppressed and abused mainly by in-laws and husbands simply

because they could not have children. This gender imbalance issue emanated from the patriarchal system, where men were viewed as dominant while women were viewed as subordinates. In agreement with other African scholars like Kimathi (2004: 24), Waruta and Kinoti (1994:102) and Mbiti (2018:41) sums up the African view of infertility by saying: “If there is not yet a child in the marriage, there is no guarantee that the marriage will endure.” Marriage and childbearing, in the African culture, were regarded as a unit and that applied much pressure on childless couples (Mbiti, 2018). Childlessness was considered unacceptable, a disgrace, and an abnormal state. Imbiza (2013) states that even if the man was a migrant worker at home on and off, the community still expected his wife to conceive. This is because children were a glory to the family, and childlessness was regarded as a curse and avoided at all costs, resulting in a lot of polygamy and divorce.

In addition, a popular Gĩkũyũ proverb that states, “*Ūthaka wa mōtumia wonekaga a ciara,*” translated as “A woman’s glory is crowned at childbirth,” pressurizes Gĩkũyũ women to go to great lengths to prove their womanhood through motherhood. This statement suggests that the woman is under pressure to conceive and give birth. The proverb perpetuates a stigma against involuntary childless women by suggesting that a woman's ultimate fulfilment and achievement in life is tied to giving birth and becoming a mother. This view diminishes the worth and "glory" of women who cannot have children, implying that they have somehow failed or fallen short of their purpose as women. It propagates the harmful notion that womanhood is incomplete or inadequate without biological motherhood, which can be deeply hurtful and marginalising for those who are childless due to infertility.

Additionally, while beating up his wife, one man shouted, “All that comes out of your vagina is nothing but blood” (Imbiza, 2013). This statement characterised a husband who was constantly tired and frustrated by seeing his wife menstruating every month. This kind of frustration led the husband and the wife to reach an agreement to bring another woman or girl (particularly one of the wife’s siblings or relatives) to bear children a form of polygamy Kumar, (2014:53) citing Mugambi, argues that this would occur for the woman to gain acceptance. The husband's beating and cruel words reduce the wife's worth to her reproductive capability, completely disregarding her dignity and humanity. His decision to take another wife compounds the stigma, implying that the

childless wife is inadequate and replaceable. This form of stigma not only inflicts emotional trauma but also enables and justifies physical abuse, stripping the wife of her basic rights and subjecting her to deplorable treatment simply for a condition beyond her control.

Furthermore, beatings in the Gĩkũyũ community were common if a woman could not give birth and the society agreed with it. Kimathi, (2004) states that “Mumbi’s husband battered her for fifteen years because they were unsuccessful in getting children. Her father-in-law finally kicked her out as she was a ‘disgrace to the family.’ Being unable to get children was considered a crime (p. 111). Being subjected to physical battering by her husband for fifteen years because she could not conceive is an unconscionable form of abuse and stigmatisation. The fact that her inability to have children was considered a "crime" and a "disgrace" shows how deeply rooted the stigma against infertile women is in the Gĩkũyũ community. In line with this argument, Waruta and Kinoti (1994) argue that childlessness was one of the main reasons women were battered in the Gĩkũyũ context. To be violently mistreated and ultimately expelled from her marital home by her father-in-law solely based on her physical inability to bear children is a dehumanizing and traumatic experience. Mumbi's case highlights the extreme forms of stigma, violence, and rejection that childless women face, being blamed and punished for a condition beyond their control. Such stigma not only inflicts physical and emotional suffering but also robs these women of their basic human rights and dignity.

Along with this argument, Mbiti (2018) states that divorce is allowed if the marriage has no children. A woman who could not bear children could be divorced, but when the man had a problem, the family, his wife included, would try to hide it at all costs, and the woman was allowed to sleep with a close relative of her husband to hide the shame (p. 94-98). The statement highlights the blatant double standard and stigma involuntarily childless women face in the Gĩkũyũ community. If a woman is unable to conceive, she faces the harsh consequence of being divorced, which carries immense social stigma and upheaval in her life. However, if the infertility issue lies with the man, there is a concerted effort to hide it and maintain appearances, going so far as to allow the wife to engage in extramarital relations to conceive. This unequal treatment stems from the stigma attached to a woman's inability to bear children, which is seen as a

personal failing and grounds for dissolution of the marriage. In contrast, according to Waruta and Kinoti, (1994) man's infertility is treated as a source of shame that must be covered up at all costs, even through unethical means, to preserve his dignity. This perpetuates the harmful notion that a woman's value is intrinsically tied to her reproductive capacity, while a man's worth remains intact regardless of his fertility status.

Additionally, linguistic stigma was used to ostracize involuntary childless women who failed to bear children. That was evidenced by scholars such as Sophanna (2016:243) and Kumar (2014:34), who argue that when a woman is unable to fulfil pronatalist social norms, she is socially stigmatised by the use of language. (Sophanna, 2016) states that there is undoubtedly linguistic stigma directed at involuntarily childless women who defy societal expectations around childbearing and motherhood. Phrases like "A woman's glory is crowned at childbirth" or referring to a childless woman as a "disgrace" send the clear message that womanhood is inextricably and narrowly defined by the ability to procreate. Such demeaning language diminishes the identity and worth of those who cannot have children. It perpetuates the antiquated and limiting notion that childbearing is the ultimate fulfilment of a woman's purpose. This stigmatising rhetoric marginalises and "others" childless women, treating them as aberrations who have fallen short of prescribed feminine norms.

Likewise, Cameron (2001:36) notes that there are many different ways of using language but points out that language is not accidentally used. He states that the use of stereotypical and stigmatising language towards involuntarily childless women is not accidental or coincidental as language does not occur in a vacuum (p. 234). He says that stereotypical language is intentionally rooted in patriarchal norms that reduce a woman's identity to her reproductive capacity. This linguistic stigmatisation serves to marginalise, shame, and diminish (Sophanna, 2016) the humanity of those who defy traditional childbearing ideals. Language shapes perception, and its calculated use maintains the stigma surrounding childlessness as an undesirable aberration.

1.2 Statement of the Problem

In the Gīkūyū community, involuntary childless women often face significant linguistic stigmatisation that affects their social standing and psychological well-being. This issue is deeply rooted in cultural and social discourses that perpetuate negative stereotypes and discriminatory ideologies. Linguistic strategies play a pivotal role in perpetuating this stigma, reinforcing harmful stereotypes and ideologies that paint involuntary childless women as incomplete or inadequate hence marginalising them. Despite the significant impact of linguistic stigmatisation, there is a notable gap in research that systematically examines the specific linguistic strategies and stereotypical ideologies contributing to this stigma. Furthermore, little is understood about how these women navigate and redefine their sense of womanhood and identity in the face of such adversity. By investigating these aspects, the study aimed at developing more effective interventions and support systems to alleviate the stigma and empower involuntary childless women within the Gīkūyū community. This research was essential for promoting social inclusion, mental well-being, and gender equality in contexts where cultural and linguistic practices significantly influence social dynamics.

1.3 Objectives of the Study

1.3.1 General Objective

The study aims to investigate the stereotypical discourses used towards involuntary childless women in the Gīkūyū community and how these women rebrand themselves.

1.4 Specific Objectives

1. To examine linguistic strategies that contribute to the stigmatisation of involuntary childless women among the Gīkūyū community.
2. To analyse the common stereotypical ideologies towards involuntary childless women in the Gīkūyū community.
3. To analyse how involuntary childless women redefine womanhood after the linguistic stigmatisation in the Gīkūyū community.

1.5 Research Questions

1. Which linguistic strategies contribute to the stigmatisation of involuntary childless women among the Gīkūyū community?

2. What are the common stereotypical ideologies towards involuntary childless women in the Gikōyū community?
3. How do involuntary childless women redefine womanhood after the linguistic stigmatisation in the Gikōyū community?

1.6 Justification of the Study

In the pronatalist Gikōyū community, motherhood is accorded high status. When a woman is unable to fulfil these pronatalist social and cultural norms, she is stigmatised. Involuntary childless women, in particular, risk having their childlessness stigmatised through lexical choices. The community's cultural and social structures continue to emphasise the importance of parenthood for the female role. Childbirth and women's sexual and psychological development are related. The announcement of the wife's pregnancy is typically regarded as a symbol of masculinity in the husband, even though less is written about the significance of parenthood in men. Nevertheless, the inability to procreate is probably due to an issue with the woman. This is because dominant groups build society's ideology to maintain and legitimize their dominance. They perceive the domination to be God-given, natural, and inevitable. Most people discover they are infertile much later in life, usually after getting married and having a stable adult identity. Given pronatalist beliefs, women likely centre on the anticipation of becoming pregnant, giving birth, and raising children. The realisation that one is infertile might profoundly affect one's social identity and behaviour.

Considering the societal expectations, it is significant to remember that for a very long time, social conceptions of motherhood have portrayed the mothering function as universal, stable, and natural among women. In other words, since parenthood is associated with womanhood, it is expected of all women. In turn, childlessness is perceived as odd and out of the ordinary, and people who fall into this category are stigmatised through hostile language. As a result, the misconceptions surrounding childlessness frequently influence both men's and women's lives globally. The use of linguistic strategies in the marginalisation and systematic devaluation of involuntary childless women is examined in this study.

The study shed light on the discourses that demean involuntary childless women and possibly make society more conscious of this phenomenon. As a result, society may

handle the matter cautiously and even avoid using some ideologically laden derogatory statements.

1.7 Scope and Limitation of the Study

This section discussed the scope and the limitations of this study

1.7.1 Scope

This study focused on the area of linguistics known as Discourse Analysis. The present study considered the spoken texts related to the involuntary childless women in the four villages, namely Kĩandu, Mathakwainĩ, Ndũgamano, and Kĩgogoinĩ in Tetu Sub County of Nyeri County. The data in the research were only limited to the discourse that is related to involuntary childless women. The discourse included utterances and discursive strategies used towards involuntary childless women. Martin and Wodak (2001:43) state that a strategy is an intentional plan of practices, including discursive practices adapted to achieve a particular social, political, psychological, or linguistic goal. In relation to the study, linguistic strategies were used to enact certain social and cultural norms, hence stigma.

Further, the study focused on lexical choices, social actor representation, processes, modality and pronouns, impersonalisation/ personalisation, inclusion/ exclusion, activation/ passivization, and rhetorical figures. The tenets of the Discourse Historical approach by Wodak (2001) provided the method of analysis and interpretation of discourse in this study, while Connell's (2005) Hegemonic Masculinity theory gave this study an ideological base, especially in relation to gender and power relations.

1.7.2 Limitation

Forms of words and structures of sentences were not analysed in a grammatical sense in the current study. This is because the study was not interested in grammatical aspects of form but in the study of power, ideology, and social relations. However, the meanings of these forms rather than their grammatical nature are considered in the current study.

Another limitation also encountered was during data collection, whereby some informants asked for monetary incentives before responding to the questions, thinking that the researcher was highly funded to undertake the study, hence the need to share the presupposed financial benefits.

Additionally, getting men (partners to the involuntary childless women) willing to participate in the study was also challenging. Most of them declined to participate in the interview, claiming that hegemony dictated that men should never be seen at their moment of weakness. Nevertheless, the discovery that there was a possibility that they could never father was very painful for them.

CHAPTER TWO : LITERATURE REVIEW

2.1 Introduction

This chapter presents the Agĩkũyũ people of Kenya and their social and cultural beliefs in relation to children. Further, it examines voluntary and involuntary childlessness to understand what they entail and explores community's view of involuntary childless women. Further, the stigma that involuntary childless women experience is explored relating it to the discursive strategies employed. In addition, the chapter looks at how these women rebrand themselves after the stigma. In the chapter, the theoretical framework that guides the study is also discussed.

2.2 The Gĩkũyũ of Kenya

According to Kenyatta (1959), Kenya is a multilingual nation with significant ethnolinguistic fragmentation. Families and subfamilies of languages are a factor (Githiora, 2002). Githiora, (2002) observes that the Bantu language family is the largest, followed by the Nilotes and Cushites, and then the other languages. The Kamba-Gĩkũyũ subgroup of Bantu is spoken in Nairobi and on the southern and western slopes of Mount Kenya in Kenya. The Gĩkũyũ language belongs to this group (Guthrie, 1967). Although it is unclear whether Gĩkũyũ has dialects, Macharia (2011:7) argues that Gĩkũyũ has five varieties: Southern Gĩkũyũ, spoken in Kiambu and Murang'a; Mathira, spoken in Nyeri; Gichugu, spoken in northern Kirinyaga; and Ndia, spoken in southern Kirinyaga. About 8.14 million people, or 17.13 percent of Kenya's population, speak the Gĩkũyũ language, according to the National Bureau of Statistics (2019). As a result, the Agĩkũyũ represent Kenya's largest ethnic group.

They are closely related to other East African Bantu groups linguistically. However, the traditional Gĩkũyũ society was (is) distinguishable from other Bantu speakers by various rituals and traditions (Githiora, 2002). The Agĩkũyũ people follow a patrilineal system. Accordingly, men own and exercise control over the primary means of production and the most valuable resources in terms of the economy. Each son receives an equal share of the land. By paying the bride price, men obtain exclusive rights to their wives' production and reproduction services. Typically, men provide women with access to land and other essential resources for subsistence, through marriage.

Before the advent of colonialism, the Gĩkũyũ social structure was set up so that people's socialization focused on the roles men and women were expected to play in society. This indicates that men's and women's expectations, roles, and responsibilities were distinct. According to Kenyatta (1959), the unique kinship system governed everyone's standing and conduct in the community. Kenyatta criticised the claims made by missionaries and Western settlers that the Agĩkũyũ were primitive and barbaric in dealing with social concerns that impacted their socialization processes. He maintained that colonialists and missionaries oppressed the Agĩkũyũ by imposing Western beliefs on them without considering their cultural history, which was crucial to maintaining their family structure and defining the roles and responsibilities of each community member.

Men and women in productive roles were equally aware of their responsibilities, to the point where caring for the family was shared by both sexes. The patrilineal system of organisation and governance governed the community. The *ithe* or *baba* (father) was (is) the supreme monarch of his homestead; he was the family's caretaker and practically owned everything. He tilled the land and took care of the cattle. However, *maitũ* (mother) was responsible for caring for her husband's property and their children. Unfortunately, she had to earn the title of *maitũ* to receive respect; otherwise, it was conditional. This means she had to take care of her husband and his property and be involved in all the traditionally ascribed roles that were regarded as feminine, thus making the title envied by many. The system of gender-based labour division was used to govern and reinforce each family unit, which was viewed as an economic unit. Every area of operation was distinctly and methodically separated, from the homestead to the fields to the care of domestic animals. As a result, everyone in the community knew the duties and tasks necessary for their economic output and the distribution of family resources. This aimed to increase the family's and the community's overall economic prosperity.

Among the Agĩkũyũ, children of whatever gender were much desired. Elders often offered sacrifices and prayers for a large, successful family. However, praying for children was never permitted for women. A woman's only chance of surviving was to bear as many children as possible (Guthrie, 1967). Even though having children was highly desired, regulations and practices were established to ensure that no woman had

more children than she was naturally capable of carrying, as having healthy children was given a higher priority. These legislations and customs were implemented to prevent married women from getting pregnant before the other child was weaned. A married woman was allowed to get pregnant when her youngest child was at least two years old. This meant that men were allowed to have multiple partners to ensure the spacing of children, hence polygyny.

According to Githiora (2002), this fertility model was intended to control childbearing and family spacing to establish a family structure that permitted age differentiation and a healthy family. According to her book *Women, Sexuality and the Changing Social Order*, Githiora states that the fertility model was highly regarded and cherished for several reasons. Children were viewed as the primary social status factors, meant for agricultural work, maintained the generational line, and acted as security in old age for their parents. As a result, sexuality was frequently regulated by beliefs, taboos, prohibitions, societal pressures, and group think. In some situations, such as during ceremonial procedures like mourning, control of sexuality was done to prevent conception and childbirth. Those who failed to get children were highly stigmatised as the community was pronatalist.

2.3 Stigmatised Pronatalist Discourses

Stigmatised discourse refers to communication, rhetoric, and language that marginalises, shames, or excludes specific groups or identities that deviate from dominant societal norms (Al-Hindawi, 2018). As a critical discourse analyst, Fareed Hameed AlHidawi explores stigmatising discourse by stating that it propagates prejudicial attitudes by framing differences as deficiency or abnormality warranting judgment and social penalties.

Ahlberg (2022), examines stigmatised discourse surrounding infertility, analysing media lexicons and rhetorical tactics. He finds phrases like "barren," "unproductive," or "biologically dead" to portray involuntary childlessness as an unnatural failure deserving of derision. This stigmatising language discourages transparent dialogue, often leading to anxiety and isolation for the infertile. Al-Hidawi, (2018) also identifies gendered dimensions in pronatalist stigma discourses. The notion that womanhood inherently equals motherhood imposes disproportionate shame and blame for infertility

on females. Juez (2009) also states that rhetoric frames childbearing as an obligation for females while downplaying men's reproductive responsibilities unjustly burdens women with stigma. Involuntary childless women are described as "flawed," "incomplete," or "defective" in their womanhood, further attacking their identities.

Additionally, (Al-Hidawi, 2018) investigates how stigma discourse suppresses the examination of broader medical realities, instead pinning infertility as a female bodily deficiency. The avoidance of holistic healthcare perspectives in favour of shaming rhetoric prevents progress. He states that stigmatised pronatalist discourses serve those already in power by perpetuating gender and social hierarchies that marginalise the involuntary childless.

Also, moving beyond stigma requires addressing root ideologies and structures, not just vocabulary shifts. As Juez (2009) emphasises, transformation necessitates discourse fully challenging the status quo's tendency to control populations through shame and exclusion. Stigma has become ingrained in countless realms, from disability to race, class, and sexual orientation (Al-Hidawi, 2018). Combating stigma discourse means humanizing those made 'other' by systems privileging some at the expense of demonized differences. Analysis that analyses stigma discourses, therefore, brings awareness to issues of power, control, and marginalisation (Al-Hidawi, 2018). This enables more inclusive language and paradigms affirming the dignity of diversity.

2.4 Childlessness

According to the World Health Organisation (WHO, 2011), childlessness is the absence of offspring due to choice or necessity. According to McQuillan et al. (2012), people without children are typically categorised as childless involuntary or voluntarily (by intention or circumstance). Many researchers have grouped childless people despite having different life experiences. This is according to some scholars who have criticised this dichotomy for not reflecting all of the pathways to childlessness (Tanturri et al., 2015). It can be problematic to use terms like "childless" or "childfree" to describe people who are not parents, respectively, to distinguish between groups of people who are childless freely and involuntary (McQuillan et al., 2012). Also emphasised is the underlying idea that childlessness has something to do with biological offspring, much like in the parenthood literature. Rarely do researchers and participants differentiate

between the kinds of children people want to have. In their 2003 article, Bulcroft and Teachman, (2003) listed a few more factors to consider when categorising people and couples into various childless categories. First, childlessness has typically been viewed as an individual phenomenon, with most researchers and theorists concentrating on women. However, the problem of male childlessness and the dyadic processes involved in decisions to stay childless can be hidden if attention is exclusively paid to women individually.

Second, the biological realities of infertility and sub-fecundity (delaying childbirth to a point where conception becomes less likely) make it difficult to discern between childlessness by choice and circumstance. Various factors might lead to this life track; thus, infertility is not always conclusive, and delaying motherhood does not always indicate it was a choice to become childless later in life. A person's ability to become a parent is also influenced by social surroundings and social structural factors, such as their access to family leave, financial situation, housing, employment, and relationship status (Martin, 2017). Therefore, an individual's capacity to become a parent is not solely determined by biological factors but is also significantly shaped by their social environment and structural circumstances, such as their access to parental leave, financial resources, housing stability, employment status, and relationship dynamics.

Similarly, involuntary childlessness can result from factors other than infertility. For this reason, investigations of childlessness should also look at childbearing aspirations and results. The devotion to those objectives should also be assessed when categorising people based on their intentions to abstain from having children. For instance, Veevers (1980) and Houseknecht (1987) made a distinction between early articulators (people who decide early on not to have children) and postponers (people who delay childbearing but may still decide to have children later). They claimed that these people experience childlessness quite differently from one another because of the difference in intentions. To express acceptance of their status, some people who put off having children to the point where they are no longer biologically able to do so may start referring to themselves as "voluntarily" childless (Jeffries & Konnert, 2002). As further explained below, other postponers may find themselves accidentally childless when encountering age-related challenges and cannot conceive naturally (Koert, 2014). Ultimately, the voluntariness of those who choose to be childless varies. The term

"involuntary childlessness" is used in this dissertation to refer to a broader range of situations where people could want biological children but cannot. Three separate sub-categories of people fall under this general category: those who are infertile (due to a biological abnormality of the reproductive system), those who are circumstantially childless (such as LGBTQ community members and single people), and those who are unable to conceive due to advanced maternal age (due to a natural age-related decline in fertility).

According to reported statistics, childlessness is rising across Africa (Okonofua 2019). According to some experts, the percentage of women still childless in African nations like South Africa, Algeria, and Botswana ranges between 25 and 35 percent (Okonofua et al., 2019). According to Oduyoye (1997) and Nwagbara (2017), these childlessness rates are comparable in Kenya, Tunisia, Gabon, and Nigeria. However, as these statistics focus on overall childlessness rather than making distinctions between different types of childlessness, all women—regardless of the cause—are included in the rates. Furthermore, there are a variety of reasons why someone might not have ever had children (biological or otherwise), including involuntary childlessness, voluntary childlessness, or circumstantial childlessness, which occurs when a woman is unable to fulfil her desire to have biological children or more biological children (Miall, 1996).

Furthermore, the involvement and experiences of males are frequently not reflected in the rates of childlessness. Our ability to accurately estimate the number of voluntary as opposed to involuntary childless persons and comprehend their unique experiences is generally limited by the failure to consider the numerous "pathways" to childlessness in estimating and disclosing these rates.

2.4.1 Voluntary Childlessness

Scholars have adopted various words and used them to refer to those who voluntarily choose not to have children. Regardless of their fertility status, some scholars have used the phrase "voluntarily childless" to characterise people who do not currently have any children (biological or otherwise) and do not intend to have any in the future (Tessarolo, 2016; Blackstone & Stewart, 2012). Childless by choice (Veevers, 1980; Reti, 1992; Paul, 2001) and childfree (Gold, 2013) are other common words used to describe persons who do not want children. The terms "childless" and "childfree" have been

highly debated. Some scholars claim that being childless indicates lacking something, such as a home or friends that may be socially and naturally expected and wanted (Gold, 2013; Paul, 2001). The term "child-free" has a more uplifting connotation and might signify liberation from anything by choice, such as being care-free or disease-free (Koert, 2014). Most scholars that study childlessness have distinguished between being freely and involuntary childless since the 1970s (Tessarolo, 2016), and most studies published since the 1980s have adopted the words voluntarily and involuntary (Blackstone and Stewart, 2012). The phrase "voluntarily childless" will refer to people who purposefully choose not to have children for the duration of this study.

Another issue that can develop for researchers is that people frequently object to the terminology commonly used to describe them and the labels applied to them (Tessarolo, 2016). Furthermore, although they have radically different experiences, some voluntarily childless adults are included in the exact operational definition (Martin, 2017). For instance, people who hold having children are sometimes categorised as those who choose not to have children at all, even if they may only be delaying at the time of research participation and may decide to have children in the future (Dyer, 2007; Martin, 2017). These people may "come to terms" with their lack of fecundity and identify as "voluntarily" childless, but they may also be distressed and later adopt the label "involuntary" childless (Tanturri et al., 2015; Gold, 2013). Individuals who consciously forego childbearing are also frequently clustered with those who delay childbearing until they have reached an age where they can no longer conceive naturally. A lack of consideration for other parenting options, such as adoption and step-parenting, which may be necessary to research participants, can also limit our understanding of childbearing and biological children.

In the same vein, Gold, (2013) distinguished between the "attraction of being childfree," which is characterised by greater freedom and improved interpersonal relationships, and the "rejection or the push away from parenthood," which could entail a loss of one's identity and dismissal of parenthood-related activities. Some people find that not having children frees them from having to make significant lifestyle changes (Tanturri et al., 2015; Koert, 2014), allowing them to devote their money to their leisure activities (Paul, 2001) or even more time with "pseudo-parenting" alternatives like pets and nieces and nephews (Jeffries & Konnert, 2002). According to some tribes, there comes a time when

individuals are "too old to have children" (Blackstone and Stewart, 2012). People who "push parenthood away" frequently believe it is all-encompassing and impossible to reconcile with other important life goals or worry that it may strain their relationships (Paul, 2001). This is because they think it may be all-consuming and put a strain on other essential life goals or fear that it may put pressure on their relationships (Houseknecht, 1987). Others assert that they lack "parental instincts" or do not care about children, perhaps due to painful childhood events that ruined or discredited the concept of parenthood (Veevers, 1980; Tessarolo, 2016). This therefore highlights reasons behind voluntary childlessness that have shaped views on parenthood.

Also, people who are voluntarily childless and have low incomes make an interesting case study because many of them may identify as being childless voluntarily because they have accepted that they cannot afford to have children, even though they would still desire to have children if they had financial resources (Martin, 2017). Therefore, some people may be better described as circumstantial or involuntary childless. This group might keep growing due to rising basic living expenses, the high cost of raising children, and the dearth of adequate, cheap day care options (Sandelowski, 2002).

According to the research that is currently available, people who exhibit the following traits are more likely to choose to forgo having children voluntarily: higher levels of education, higher levels of personal income and financial stability, higher levels of work orientation, less conventional gender roles, lower levels of religious observance, higher odds of living in urban areas, and less conservative views on politics (Gold, 2013; Koert, 2014; Reti, 1992; Tanturri et al., 2015). There seems to be a growing social acceptability of these lifestyle choices and the rise in the voluntary childless rate in Africa (Martin, 2017). The cause of increase in voluntary childlessness has not yet been determined, and there are still many unfavourable perceptions about childless people (McQuillan et al., 2012). Notably, it is therefore right to state that, some women choose to be voluntarily childless because they value the freedom, improved relationships, and ability to pursue other life goals that come with not having children. At the same time, other women may feel they lack parental instincts or have had negative childhood experiences that have shaped their views against parenthood.

2.4.2 Involuntary Childlessness and Infertility

Involuntary childlessness refers to those who wish to have biological children but cannot do so (McQuillan et al., 2012). If a couple with children does not have the desired number, that is, more than one, or the right kind of children, that is, boys, in some contexts, they may be deemed to be "involuntary childless" (McQuillan et al., 2012; Greil, 2010). This is especially true in the Gīkōyō culture which has strict rules regarding parenthood and the idea that the primary goal of marriage is to have children.

Similarly, involuntary childlessness has historically been confused with infertility despite the different conditions in which a person may be branded or self-identify as involuntary childless (McQuillan et al., 2012). This confusion is serious since not all people who are involuntary childless are technically infertile. According to most medical authorities, infertility is defined as the couple's inability to conceive after 12 months of unprotected sexual activity, which need not necessarily end in permanent childlessness (Greil, 2010; WHO, 2011). If the woman is over 35 years old, the timeframe is shortened to six months of active attempts to conceive (Martin, 2017). This variation admits that the woman's age most strongly influences a couple's fertility.

Furthermore, the World Health Organisation's (WHO) operational definitions of primary and secondary infertility are as follows: Secondary infertility is the inability to conceive after a previous successful pregnancy and birth, while primary infertility is the failure to conceive within one year of exposure to pregnancy, which involves sexual activity without contraception among women aged 15 to 49 (WHO, 2011). The predominant variety is the one that affects the majority of infertile people worldwide (Inhorn, 1996). Researchers have also distinguished between 'present' infertility (are you currently having trouble conceiving) and 'lifetime' infertility, which responds to whether one has ever experienced difficulty conceiving (Tessarolo, 2016). Since lifetime infertility encompasses all instances throughout a woman's life, current infertility is typically less common than lifetime infertility (Inhorn, 1996). The frequency of sexual activity, the use of contraceptives, and plans to have children are additional factors to consider in relation to the medical definition of infertility. The frequency and timing of sexual contact can significantly affect a couple's likelihood of getting pregnant (Gold, 2013). Therefore, the frequency of sexual activity, contraceptive use, and intentions to have children are important factors to consider alongside the medical

definition of infertility, as the timing and frequency of sexual intercourse can significantly impact a couple's chances of conception.

According to Reti (1992), it may take several months for some women who use hormonal contraception, such as birth control pills or injections, for their fertility to return to normal. However, generally speaking, this method of contraception has no adverse effects on a woman's long-term capacity to conceive. In addition, people and couples can be infertile medically even if they do not want or plan to have biological children (McQuillan et al., 2012). Therefore, the study underscores the importance of open discussions around fertility and reproductive health, as well as recognizing the diverse circumstances and choices individuals and couples may face regarding parenthood.

Additionally, different scholars' definitions of infertility appear to differ (Johnson, 2000). A thorough analysis of the definitional issues in prevalence studies that measure infertility was revealed. For instance, some demographers defined infertility as a woman's inability to conceive a live child while engaging in sexual activity (Leke, 2012). In contrast, clinical definitions were discovered to be more focused on early detection of infertility and the application of treatment as soon as possible (Martin, 2017). Additionally, terminologies like sterility, infecundity, childlessness, and subfertility are frequently used as synonyms for infertility (Blackstone & Stewart, 2012). They state that subfertility generally refers to diminished fertility with prolonged periods of unwanted non-conception. In contrast, sterility and infecundity for women have been described as the inability to conceive a pregnancy (Gold, 2013). The difficulty it produces in determining the prevalence of this problem, which results in challenges in addressing individual and global issues, is the main disadvantage of such variation across definitions of infertility. The study however agreed with Leke, (2012) that infertility is a woman's inability to conceive a live child.

However, the problem with defining infertility is that not everyone agrees with the standard medical standards. For instance, because they experience social pressure to have children, some people might not regard themselves as "biologically infertile" until they characterise the condition of childlessness as a problem (Greil, 2010; Johnson, 2000). Although these women may not fit the medical standards, women may self-

identify as "infertile" (Greil, 2010). Additionally, not everyone deemed medically "infertile" views it as a problem or aspires to have children in the future (Gold, 2013). Women may also be classified as "infertile" and "involuntary childless," which refers to a medically infertile woman who does not care for any children in a social relationship. Overall, these cases show that not everyone who is involuntary childless is infertile; instead, fertility seems to be a continuum rather than a permanent, set state.

It is also challenging to provide precise estimates of the prevalence rates of infertility, as with other forms of childlessness, primarily because the stated rates heavily depend on the terminology utilised. As a result, estimates of the global incidence of infertility can differ. According to some studies, between 50 and 80 million people are affected by the biological infertility of 8 to 12 percent of couples with women of reproductive age (WHO, 2011). According to the most recent estimates, 11.5 percent to 15.7 percent of heterosexual couples in Kenya with female partners between 18 and 44 years' experience infertility (KDHS, 2020). According to some analysts, infertility rates are rising in developing nations, mainly because these nations are located in the infertile belt and hence have difficulties conceiving.

However, there is disagreement over the present rates of infertility in Kenya and elsewhere in the world, despite more people delaying the age at which they have their first biological child (Tanturri et al., 2015). Other studies indicate that infertility rates are steady or even decreasing despite evidence to the contrary (Kimani & Olenja, 2001). According to others, those who fit the medical requirements for infertility are best described as having sub fecundity, which does not signify they will always be childless (McQuillan et al., 2012). This implies that involuntary childlessness is increasing globally and has to be addressed.

Involuntary childlessness and infertility can be deeply stigmatising experiences for the affected individuals and couples. The inability to conceive a child despite actively trying can lead to feelings of shame, inadequacy, and social isolation, particularly in cultures that place a high value on parenthood. The stigma surrounding infertility may discourage open discussions about the issue, leaving those affected to grapple with their struggles in silence. Challenging societal attitudes and misconceptions surrounding infertility and providing support services are crucial steps in addressing the stigma

associated with involuntary childlessness and infertility.

2.4.3 Explaining the Stigma of Childlessness

The general definition of deviant behaviour is behaviour that goes against societal norms. According to Hollos et al. (2009), a deviant person breaks the standards or rules established within a society or group. Understanding stigma is essential to comprehending deviance. The word "stigma" was initially used in ancient Greece to describe markings burned or sliced into the body to expose unfavourable traits about the moral standing of the bearer of the marks (Goffman, 1963). Others might see from the marks that the person had flaws that must be avoided.

Goffman created the earliest, more complex definition and theory of stigma. He defined stigma as a severely disparaging trait (deviance) felt by people who are outliers in society or have undesirable characteristics (Goffman, 1963). Stigmatising "marks" might be controllable or uncontrollable, visible or invisible, and connected to a physical abnormality, behaviour (child abuser), or group membership (LGBTQ community). Jones (1984) expanded Goffman's classifications and outlined six stigmatising dimensions: 1) concealability, or how evident quality is to outsiders; 2) duration, or whether the trait is permanent or reversible; 3) disruptiveness, or how much the trait affects social interactions; 4) aesthetics, or whether the mark is considered repulsive or ugly; 5) the origin of the feature, particularly whether a person is thought to be responsible for it; and 6) peril, or the ability to instil feelings of threat or danger in other people. According to Goffman (1963), stigma is more than just a physical mark; it is also a quality that contributes to prejudice, preconceptions, and social rejection. In the end, stigma makes individuals or groups less desirable and distinctive from those deemed "normal" or who do not experience the stigma (Goffman, 1963, p. 5), and it serves as the justification for excluding or avoiding group members (Eckert et al., 2013). Stigma can have profound negative impacts on stigmatised individuals or groups, leading to social exclusion, discrimination, reduced access to opportunities and resources, as well as psychological distress, and negative effects on self-esteem and well-being.

As non-verbal signs of discomfort (such as avoiding eye contact), reactions to someone or a group with a known or recognised stigma can be implicit and cause stressful social

encounters between stigmatised and non-stigmatised people (Thornborrow, 2016). It can also be employed for oppression and exploitation. For instance, to perpetuate the current state of inequality, more powerful organisations may stigmatise less powerful groups. Women have been objectified, undervalued, and subject to gender inequality in the social and economic system (Connell, 2005; Inhorn, 1996), a typical structural example. This therefore highlights how stigma can manifest in subtle, nonverbal ways, creating stressful social interactions, and more broadly, how stigma can serve as a tool for powerful groups or institutions to oppress and exploit marginalised groups, perpetuating systemic inequalities, as exemplified by the historic stigmatisation and discrimination faced by women in societal structures.

Another role is the enforcement of social norms, whereby the prospect of stigmatisation induces outcasts to follow in-group expectations. When we look at how criminals are treated in our society, we see evidence of this function of stigma; people are driven to avoid social consequences and legal penalties. Additionally, stigma can be employed to prevent sickness. Leprosy and HIV/AIDS are severe illnesses for which sufferers' social seclusion has been justified to avoid the spread of infectious diseases and enhance their chances of survival (Fryer and Levitt, 2004). While stigmatised groups may be able to use a variety of coping mechanisms to lessen the detrimental psychological and social effects of stigma (Eckert et al., 2013), stigmatised individuals' psychological well-being has been shown to decline as a result of stigma (Miall, 1996). Many stigmatised people struggle with despair, anxiety, loneliness, a shrinking social circle, and a lack of social support (Reissman, 2000). Stigma can lead to social ostracization, where stigmatised individuals face rejection, avoidance, and discrimination from others, resulting in a diminished support network and feelings of isolation, loneliness, and hopelessness, as well as increased anxiety and psychological distress due to the constant stress of navigating a world that devalues and marginalises them.

The literature has also described several distinct manifestations of or responses to stigma. For instance, public stigma refers to the social, psychological, and cognitive views of the general public (perceivers) towards an individual or group they believe in having a stigmatised condition (Weitz, 1991). Cognitive images or characteristics of a stigmatised condition might cause affective and behavioural responses towards a stigmatised individual or group (Weitz, 1991). These responses can be brought on by

four different kinds of representations (Weitz, 1991). The first is how much control a person has over their stigmatised condition on a personal level. High levels of personal responsibility for a person's condition's onset are associated with negative affective responses and social criticism.

In contrast, low levels of personal responsibility are related to positive affective responses and social facilitation (Gladkova, 2012). The perceived seriousness of the condition serves as the second representation. Anxiety and sympathy can be triggered by conditions thought to be highly severe (Bolinger, 2021), which can result in emotional ambivalence and unpleasant encounters. The third example is the perceived dangerousness of a condition, where dread and avoidance can be induced by the perception of danger (Weitz, 1991). The final example is the perception of norm violation, in which perceived violations can lead to irrationality, lack of empathy, and social isolation (Bolinger, 2021). People can therefore respond to stigma in different ways, such as embracing or rejecting the stigmatised identity, engaging in collective action to challenge stigma, or attempting to conceal or manage the stigmatised attribute. On the other hand, those inflicting stigma might reinforce it through discriminatory actions, stereotyping, or avoidance of the stigmatised group, often as a means of maintaining their privileged status or upholding existing power structures as was noted earlier in this study.

Likewise, public stigma can affect those who have a stigmatised ailment in a few different ways: by mistreatment and discrimination or *enacted/experienced stigma*, through the knowledge or fear of stigmatisation *perceived/felt stigma*, or through emotional pain and a decline in self-worth or *internalized/self-stigma* (Gladkova, 2012). Gladkova (2012) proposed that felt stigma encompasses aspects of both perceived and self-stigma and that feelings of shame are best included under self-stigma rather than perceived/felt stigma. Reissman (2000) initially conceptualized felt stigma as encompassing shame associated with the stigmatising mark and fear of enacted stigma. Furthermore, Bolinger (2021) proposed that perceived stigma results from one's core beliefs about the stigmatised group, perceptions of how society perceives them as group members and other factors.

De Certeau (2014) defined stigma as 1) a problem of knowledge (ignorance /misinformation), 2) a problem of attitudes (prejudice), and 3) a problem of behaviour (discrimination). Tanturri et al. (2015) also distinguished between public and self-stigma and further divided stigma into stereotypes, prejudice, and discrimination. According to Gladkova (2012) stigma is considered distinct from prejudice yet related to it. Prejudice is defined as unfavourable emotional or evaluative responses towards social groups or specific persons within the group (Allport, 1954). According to De Certeau (2014), prejudice can also be thought of as a bad attitude with three unique components: cognitive (beliefs about a group), affective (positive or negative reactions), and conative (behavioural propensity to behave adversely towards a group). While more recent stigma research is more concerned with processes driven by disease avoidance (illness or disabilities) and norm enforcement (deviant identity or behaviour), more recent prejudice research tends to focus on processes driven by intergroup domination and exploitation (for example, ethnicity) (Bolinger, 2021). This study therefore noted that while prejudice refers to negative attitudes or opinions formed without proper knowledge or justification towards individuals or groups based on their membership to a particular group, stigma involves the marking of an individual or group as being devalued, disgraced, or undesirable due to a specific attribute, characteristic, or identity that deviates from societal norms.

Equally, alcoholics (Schneider and Conrad, 1980), homosexuals (Rosenfield, 1997), non-traditional families (Gerstel, 1987), the elderly (Houseknecht, 1987), racial minority groups (Eisenberg, 2001), medically obese people (Weitz, 1991), those with mental health issues (Jeffries and Konnert, 2002), and women (Sophanna, 2016) have all been studied in relation to stigma. While the two ideas of stigma and prejudice have different focal points, some scholars have questioned if there is a fundamental distinction between the two. According to some, prejudice can take the shape of unfavourable responses to stigmatised individuals (Eisenberg, 2001). Some claim that stigma and prejudice can be distinguished because stigma focuses on reactions to perceived negative deviance, whereas prejudice does not always imply a response to deviance (De Certeau, 2014). However, this study used the word stigma to denote the stigma attached to childlessness.

2.4.4 The Stigma of Involuntary Childlessness

Involuntary childless people have been portrayed as deviant and rejected within cultural contexts worldwide since childlessness does not comply with social normative standards (Inhorn, 1996). Experiences and responses to involuntary childlessness are multifaceted and may include stigmatisation, ostracism, neglect, unstable marriages, abuse, and loss of social position and security (Holloos et al., 2009). Due to social norms around womanhood and mothering, involuntary childlessness has been highly stigmatising for women (McQuillan et al., 2012). Although studies have shown that women are more likely than men to disclose their infertility issues, many women who have trouble conceiving naturally report a high level of secrecy from others due to the fear of stigmatisation (Greil, 2010). However, individuals dealing with involuntary childlessness risk feeling distressed and losing self-esteem and self-efficacy, mainly because they suffer in secret (Greil, 2010). This is because the condition or trait is not directly evident. Additionally, those who do not disclose their situation risk being considered voluntarily childless, which can be highly stigmatising.

According to Sandelowski (2002), research on reported public opinions of childlessness sheds light on the psychological and social factors influencing the stigma associated with involuntary childlessness. The ability to forecast fertility goals and the increased likelihood of remaining childless, either by choice or through repeated delays of marriage or reproduction, may be improved at the individual level by neutral or positive attitudes towards childlessness (Sandelowski, 2002). People may feel less pressure to procreate if they think they will not suffer any unfavourable societal repercussions, such as stigma for postponing or foregoing having children. However, if unfavourable attitudes regarding childlessness are more prevalent, this could lead to increased normative pressures to have children or negative prejudices against persons who are childless (Eckert et al., 2013). The meanings and consequences of parenthood and childlessness in the larger society may also be defined at the societal level by perceptions of childlessness (Sandelowski, 2002). Some scholars contend that attitude changes may occur after decisions and activities related to childbearing rather than before them (Riessman, 2000). In particular, attitudes and fertility aspirations will likely change as more men and women put off getting married and starting a family to accommodate their childless status (Fryer and Levitt, 2004). As a result, family, friends,

and co-workers could also tolerate childlessness more. These views would eventually change social norms and affect younger generations' ideas regarding childbearing and childlessness.

Nevertheless, it is not yet apparent if this transformation is taking place. Although the rates of involuntary and voluntary childlessness appear to be rising, this development does not necessarily imply that people are more accepting of these people (Gold, 2013). This can be explained by the fact that women in nations like Kenya may still be viewed as deviants and guilty of breaking social standards because they choose not to fulfil the maternal role.

According to Reti (1992), social norms are unenforced rules and standards that group members understand and direct or restrain social activity. Social norms can be merely shared by a so-called reference group rather than having to be accepted by the entire population or society (Koert, 2014). Societal norms can control behaviour in various ways, including modelling accepted attitudes, communicating expectations for behaviour, and tolerating societal sanctions against those who defy the norms (Tanturri et al., 2015). People who follow social standards, such as having biological children, are anticipated to receive societal rewards through acceptance, adulation, inclusion, access to resources, and the ability to meet their most basic physical and emotional requirements (Siwila, 2022). Contrarily, those who defy social conventions, such as the childless or childfree, may face punishment for their actions in the form of condemnation, expulsion, and restricted access to social resources.

Although the experiences of people who are involuntary childless have been extensively studied, and there have been many reports of perceived stigma (Hollo et al., 2009; Greil, 2010), it is less clear from the literature how these experiences relate to the contribution of language to stigma. Are those who do not have biological children stigmatised by significant others and social network users? How do people perceive people who are involuntary childless generally? Which myths about this group do they hold? What is the role of language in the whole stigmatising cycle? Numerous studies on attitudes towards childless people were published in the psychology and sociological literature between the 1970s and the early 2000s. With his meta-analysis of studies conducted between 1978 and 1985, Reti (1992) concluded that voluntarily childless

adults were viewed as less favourably than parents. In contrast, Kvint (2009) concluded that society's acceptance of childlessness has "changed markedly over the past forty years" (p. 2) and that negative stereotyping of childfree groups, in particular, seems to have disappeared after reviewing articles from 1960 to 2007 on research participants' views of childless/childfree groups. However, more recently, Peterson and Runyan (2018) noted that "consistently women without children, and particularly the voluntarily childfree, are perceived less favourably as compared to mothers" (p. 19) in their assessment of data from 1978 to 2010.

Involuntary childless women have been perceived as being less warm, less loving, and less emotionally stable than women who have children (Phiri, 2021). They have also been viewed as sick, abnormal, incomplete, or lacking (Jones, 1984); and as being materialistic and non-conforming (Paul, 2001), all of which may be reflections of the motherhood mandate. In addition to being stigmatised as child-haters, unwomanly, immoral, imperfect, unloving, selfish, and overly career-focused (Martin, 2017), many women who choose to forego having children are also seen as abnormal, immature, and bitter (Jones, 1984). According to Reti (1992), women who choose to be childless are often viewed more harshly than men who do the same. However, other studies have found that perceptions about persons who choose to forego having children are not invariably unfavourable, particularly among samples of college students (Bulcroft and Teachman, 2003). In previous studies, involuntary childlessness has not been associated with the same level of negative assessment as voluntary childlessness (Gold, 2013). This does not imply, however, that they have not faced stigma. People who are involuntary childless are typically seen less favourably than parents.

Overall, the empirical research on attitudes towards childless people discussed above sheds light on the stigmatisation specifically directed at involuntary childless people. However, many of these studies are older than ten years and do not consider how language stigmatises involuntary childless women in Kenya. Their findings might not accurately reflect the ideas and attitudes of Kenyans today, particularly those of the Gĩkũyũ community. Additionally, many do not provide a theoretical framework to consider the stigmatisation of persons experiencing involuntary childlessness. DHA benefited the study because it insisted that ideologies and power are indexed in language, not just as a means of communication. The theories employed have helped to

comprehend the problem and give the researcher models to build more effective study and intervention techniques. Contrawise, descriptive research presents a moment while outlining a problem or condition (Bulcroft and Teachman, 2003). The study benefited from the hegemonic masculinity theory (Connell, 2005), highlighting the socially dominant masculinities in the Gīkōyū community. The culturally established rules expected to be blindly observed by everyone served as the foundation for the stereotyped conceptions. As a result, the dissertation research has considered these two theoretical models.

2.5 Discursive Strategies

According to Renkema (2009), a strategy is a more or less precise and more or less deliberate plan or practice, including discursive practices, used to accomplish a specific social, political, psychological, or linguistic purpose. De Cillia, Reisigl, and Wodak (1999) conducted studies on gender discrimination in Romania and stereotyped discourses on underrepresented groups in Austria. The 1999 study examined how rhetoric, ideology, and power relate to the social exclusion of particular outgroups.

The results indicate that discourses, ideologies, and power depend on at least four different types of discursive macro-strategies; the constructive strategies aim at building ideologies that are "them" versus "us" or an image of oneself. Perpetuation or preservation strategies that seek to preserve the status quo (Martin & Wodak 2001: 43) defend it by explaining the presence of a social and cultural ideology (mothering). Transformative techniques aim to change an existing social and cultural paradigm. Some emergent social and cultural ideas are the target of destructive or deconstruction strategies that do not seek to replace them with new ones.

According to Rekema (2009), five tactics are used to develop a positive self-identity and a negative view of others. These are referential or nomination, predicational, argumentation, intensifying, mitigation, and involvement strategies. The strategies are briefly discussed in the following section.

2.5.1 Referential Strategies

Reisigl and Wodak (2001) state that referential strategies are the most fundamental linguistic and rhetorical discrimination types. They entail linguistic identification of people. It might be done in a derogatory, demeaning, or abusive manner. Some of the reference techniques are listed in Table 2.1.

Table 2.1: Referential Strategies

Selected strategies	Linguistic means	Examples of realisations (types)
COLLECTIVISATION	Deictics, collectives	We, us, they, them, Family, group, tribe, team, troupe/army, the people, class, population, majority, 'ethnos,' union, race, nation, 'volk,' community
SPATIALISATION	Toponyms used as metonymies or/and personifications (place/state/town)	Kenya, Germany, Africa, America, the foreign countries
DE-SPATIALISATION	De-toponymic anthroponyms	Englishman/Englishwoman, Africans, 'foreigner,' 'Outlander,' Europeans, Kenyans
	De-adverbial anthroponyms	Outsider, inside
EXPLICIT DISSIMILATION	Xenonyms	'alien,' stranger, the others
ORIGINALISATION	Origonyms	Natives, Aborigines, compatriots, ancestors
ACTIONALISATION/ PROFESSIONALISATION	Actionyms/ praxonyms and professionyms	asylum seekers, migrants, refugees, criminals, 'guest workers'
CULTURALISATION Ethnification	Ethnonyms	German-speaking persons, Gĩkũyũ speakers, slaves, stammerers, stotter ers
Linguification	Linguonyms	Christians, Muslims, Jews
Religionisation	Religionyms	Barefooted, barbarian, unskilled, 'bush negros'
Primitivisation	Synecdochising or metonymic	Workers, clerks/officials, policewomen, workforce
ECONOMISATION	ECONONYMS	Rich, poor, owner, holder

Professionalisation	Professionyms	
'(de)possessivisation'	Anthroponyms referring to persons in terms of possessions	Rich, poor, owner, holder
Problematisation	(negative) metaphorical anthroponyms	The person doing illicit work, Guestworker
Ideologisation	Ideologonyms	Capitalist
Selected strategies	Linguistic means	Examples of realisations (types)
POLITICISATION Nationalisation	POLITONYMS 'nationyms'	Nationals, Germans, Ugandans, Kenyans
Classification	Classonyms (in part, they are also politonyms)	Proles, proletarians, the rich (economy), high society (metonymy)
SOCIAL PROBLEMATISATION Negation	Specific negative quality nouns, negationyms	Illegals (criminonym), childlessness
Criminalisation	Criminonyms	Criminals, culprits, dealers, gang
negative ideolisation	Negative ideologonyms	Sexists, ethnicist, chauvinist
Pathologisation	Pathologonyms	Psychopath, nymphomaniac
Victimisation	Victimonyms	Victim
RELATIONALISATION/ SOCIATIVISATION	relationyms/sociatives (relational identification)	Victimizer, oppressor, murderer, friends, relatives, children
MILITARISATION	Militarionyms	Soldier, army, troupe, enemy

Adapted from Reisigl and Wodak (2001 p. 48-52)

Referential strategies therefore refer to the various ways individuals or groups are named, referred to, or described in discourse. These strategies can either reinforce stigma and marginalisation through the use of dehumanizing, derogatory, or overly simplistic labels, or they can challenge stigma by employing more inclusive, respectful, and affirming language that recognizes the humanity and complexity of individuals or groups. The referential strategies employed in discourse can thus reveal underlying attitudes, beliefs, and power dynamics towards particular social groups, and can either perpetuate or dismantle stigma.

2.5.2 Predicational Strategies

These strategies entail giving the entities under consideration either positive or negative characteristics. These strategies are described as the second crucial component of self and other presentations by Reisigl and Wodak (2001). Predication involves giving attributes to people, animals, objects, events, activities, and social phenomena. Predication enables people, things, events, and practices to be identified and described in terms of quality, quantity, space, time, and other factors.

According to Reisigl and Wodak (2001), predicational strategies are primarily realised by certain types of reference attributes used by predicates or predicative nouns, adjectives, or pronouns, by explicit comparisons, similes, metaphors, and other rhetorical figures, as well as more or less implicit illusions, evocations, and presuppositional or implications. Predications about involuntary childless women include being ill, abnormal, incomplete, or lacking and being less warm, less loving, and less emotionally stable (Jones, 1984). This study therefore noted that predicational strategies involve the use of specific descriptors, qualities, or attributes to characterise individuals or groups in a particular way. These strategies can propagate stigma by ascribing negative, dehumanizing, or stereotypical traits to marginalised groups, or they can combat stigma by highlighting positive, affirming, and nuanced attributes that counter dominant narratives and prejudices.

2.5.3 Argumentation Strategies

The justification for both positive and negative attributions is provided through argumentation strategies. According to Reisigl and Wodak (2001), arguing is intended to convince as a manner of purposefully influencing a person to adopt, fix, or modify their ways of perception, attitudes to and perspectives on people, things, perception, ideas, and dispositions to conduct or act in a particular manner.

All parties are free to argue under the rules of rational disagreement and constructive argumentation, which emphasise the importance of respecting shared starting points and call for the use of plausible arguments and argumentation strategies as well as the observance of logical validity. All parties are required to confine their arguments to the standpoints advanced by the other party.

Arguments are deemed fallacies and are open to refutation when the guidelines above are broken. Using topoi, one may also examine arguments for or against anything. According to Valk (2003), topos (plural topoi) implies "place" or "seat of arguments." It may be characterised as "parts of argumentation which belong to the obligatory, either explicit or inferable premises," according to Wodak (2001:74). In addition; she asserts that topoi are the 'conclusion norms' or content-related grounds that link the argument or arguments with the conclusion and the claim. The shift from the argument or arguments to the conclusion is therefore justified. Topoi are fundamental to categorisations of ostensibly compelling arguments which are often embraced in stereotyped discourse about out-groups (Wodak, 2001:74). According to Valk (2003), topos are a system of common knowledge or discursive resources where one might discover arguments to support a conclusion but which do not themselves form an argument.

The following common topoi (Table 2.2) have been identified by Wodak (2009:44), Tekin (2008), and KhosraviNik (2010) as being employed while negotiating a certain agenda in meetings or trying to persuade an audience of one's interests, views, or perspectives.

Table 2.2: A List of Common Topoi

Topos	Topos
topos of burdening	topos of reality
topos of threat	topos of advantage or usefulness
topos of definition	topos of disadvantage or uselessness
topos of responsibility	topos of abuse
topos of urgency	topos of finance
topos of numbers	topos of democracy
topos of authority	topos of justice or equal opportunities
topos of history	topos of danger
topos of culture	topos of victimisation
topos of numbers	
topos of ethical responsibility	

From: Wodak (2009), Tekin (2008) and KhosraviNik (2010)

2.5.4 Strategies of Involvement/Perspectivation and Framing

These are the strategies that speakers use to demonstrate their engagement in the events they are describing. Speakers use pitch, lengthening, and shortening of stresses,

repetition, and loudness may be used to gauge how passionately they feel about the topics they are discussing. The use of gestures, facial expressions, and intensity markers like exaggerating quantifiers, intensifying verbs and verb phrases, intensifying adjectives and adverbs, and emphasising as well as amplifying morphemes like "super" and "mega" that encode the speaker's emotions and feelings, moods, and general dispositions. Indirect communication shows distance, although direct speech and free indirect speech can imply engagement. To lessen the impact of their descriptions, speakers might also employ mitigation techniques (Reisigl and Wodak 2001). "Sort of," "kind of," and "I think" are used to soften the claims' impact.

2.5.5 Intensifying Strategies and Mitigation

These strategies can weaken or strengthen the validity of the assertions presented. They have been covered in the strategy of involvement and perspectivation.

According to Van Dijk (1993), a strategy employed to defend inequality is the positive portrayal of the self and the negative depiction of the "other." Arguments focus on their negative aspects, such as social or cultural differences, deviance, or dangers, while emphasising "our" tolerance, assistance, and sympathy. Other steps he mentions to create a preferred account of what happened include:

1. Argumentation where the negative facts are presented as following from facts
2. Rhetorical figures -hyperbolic enhancements of their negative actions and our positive actions
3. Lexical choices of words that imply negative or positive evaluations
4. Storytelling telling about negative events as personally experienced, giving plausible details about the negative features or events
5. The structural emphasis of their negative actions in headlines, leads, summaries, or other properties of text, transitivity

The five strategies led the study to examine the rhetoric used to stigmatise involuntary childless women. The study examined the identities created by the involuntary childless women about themselves as well as what others in the community thought about these childless women. The arguments they put forth to back up their statements were based on numerous topoi and argumentation strategies, and the degree of societal participation indicated involvement tactics connected to intensification and mitigation strategies. The

study investigated whether the involuntary childless women viewed themselves as "less women" after the discrimination they experienced from the Gikōyū community members. The constructive, perpetuation, transformative, and destructive strategies were utilised to analyse the discourses on involuntary childless women.

2.5.6 Modality

The commitment people make to act in a particular way when they make statements, ask questions, make requests, or make offers is described as the question of modality by Fairclough (2003). He assumes that what people promise to do in the texts plays a significant role in how they define themselves. He argues, for instance, that using claims that make something to be rather than those that suggest it is a possibility communicates an authority's identity. How one sees the world, what they commit to, and how devoted they are to truth all have a role in how they define themselves (Fairclough 2003). This constantly relates to the other people they are interacting with. A statement's authority level is determined by its modality Kress (1990). Halliday (2005) defined modality as the speaker's evaluation of the chances or commitments connected to what they are saying. Verschueren (1999) defined modality as the range of attitudes expressed towards a statement's "pure" reference and predication content. These attitudes can include factuality, levels of confidence or uncertainty, ambiguity, possibility, necessity, and even permission or duty.

The speaker employs a variety of modalities to illustrate how one can perceive the actors in the past, present, and future, as well as the different outcomes that might be predicted for them. They also express the author's intended behaviour. The analysis of probability and desirability helps text authors express their ideas and specify goals for a group of social actors.

Modality and mood go hand in hand. Experts who predominantly utilise declarative clauses in their statements set themselves apart from those who do so with interrogatives. Modalization is denoted by modal verbs such as can, could, will, would, may, would, must, ought to, shall, and need. There are also modalized adverbs like "certainly," "probably," and "regrettably."

Participant adjectives like "needed" and mental process phrases like "I believe" are

present, along with modal adjectives like "possible" or "probable," "necessary," "unfortunate," and "certain" that correspond to modal adverbs like "it is possible." Other than this, some verbs—such as verbs of appearance like 'seem' and 'appear' indicate modalization. There are also additional words, such as truly, plainly, obviously, typically, frequently, and always. Other terms that might be used in hedges include 'sort of' and 'kind of'.

2.5.7 Implicature

Implicature refers to what is implied in an utterance beyond the literal meaning of the words. It encompasses additional meanings suggested or inferred based on contextual assumptions and shared background knowledge between the speaker and hearer (Fairclough, 2003). Wodak (2007) states that DHA is interested in how power relations and ideologies are encoded and reproduced through language use. Implicature is a crucial mechanism for indirectly expressing ideologies and assumptions. For example, implications, presuppositions, metaphors, and loaded terms can implicitly communicate underlying beliefs and value systems. Speakers can use implicature to subtly normalize dominant ideologies like racism, sexism, or capitalism. Analysing implicature reveals these hidden power dynamics within texts and talk that often go unquestioned (Kress, 1990). It shows how language covertly reinforces existing social hierarchies and marginalises oppressed groups. DHA aims to make this opaque dimension of discourse visible and challenge such oppressive discourses through social change.

2.6 The Distress of Involuntary Childlessness

Despite the controversy surrounding infertility and involuntary childlessness, as well as the difficulties in accurately estimating the number of people who experience these states, there is little doubt that the inability to have a biological child when one wants one can be distressing (Greil, 2010). For those who experience and identify with this state, involuntary childlessness has even been considered one of the most devastating life crises. According to Gold (2013), involuntary childlessness consistently correlates with lower scores across several qualities of life (QOL) dimensions, including mental health, vitality, emotional behaviours, and psychological, environmental, physical, and social functioning.

Additionally, involuntary childlessness has some common effects, such as depression, anxiety, sexual anxiety or difficulty, relationship issues with a partner, family, or friends (Koert, 2014). There is also an increased sense of self blame, guilt, feelings of grief, loss, and despair, hopelessness, low self-esteem and feelings of loss of control and social withdrawal (Siwila, 2022). Such people also experience feeling like less of a man or woman and a sense of injustice (Phiri, 2021). The claimed social effects frequently exacerbate the personal impact in numerous situations. For instance, many people have argued that the experience of involuntary childlessness can lead to divorce, the depletion of financial resources, social stigma, and rejection/social isolation (Runganga et al., 1992; Thornborrow, 2016; Sophanna, 2016). Being unable to have biological children can also be seen in some situations as a sign of inferiority, flaw, and lack of competence (Greil, 2010), and it can even result in violence and expulsion from the community (Hollos et al., 2009). Some people have also said that they have experienced paradoxical responses, in which people criticise them for not having children and failing to become parents while simultaneously questioning them about their "obsessive" desire to have children (Ulrich and Weatherell, 2000). Others have said that involuntary childlessness has led to stereotypes of pain, desperation, and victimisation (Inhorn, 1996). Involuntary childless women therefore often face immense distress and stigma, as societal norms and expectations around motherhood can lead to feelings of failure, inadequacy, and a sense of being perceived as "less than" by others, taking a significant emotional and psychological toll.

On the same note, involuntary childlessness is frequently reported as disproportionately affecting women, and has been primarily described as a "woman's problem" (Inhorn, 1996; Dyer, 2007). However, many men and women who desire children have reported experiencing significant psychological distress when faced with reproductive shortcomings (McQuillan et al., 2012). According to some research, women who encounter infertility reportedly go through more shock, denial, sadness, worry, and despair, as well as higher losses in self-esteem, than males do (Gold, 2013). According to another research, men are more likely than women to experience feelings of rage, loneliness, and personal inadequacy when dealing with infertility (Orji et al., 2002). This implies that men are just as severely impacted by their childless status as women. Some also perceive male-factor infertility as a challenge to their sexual potency and

masculinity, which can lead to spells of impotence, worry over sexual performance, emotional stress, and marital problems (Dyer, 2007). Overall, men's experiences with infertility and its psychosocial effects are less understood than women's, mainly because men are less likely to communicate their feelings or disclose their infertility diagnosis due to the shame associated with it (Dyer, 2007). Contrary to widespread assumption, many men share women's desire for parenthood, and research has shown that fatherless males experience worse mental health outcomes than fathers (Dyer, 2007; Thornborrow, 2016). This research challenges the stereotypical notion that only women have a strong desire for parenthood, highlighting that men also deeply value fatherhood and that the inability to become a father can have detrimental effects on men's mental health and well-being, just as infertility and childlessness can negatively impact women who wish to become mothers.

On the other hand, women have traditionally been viewed as more suited to a life spent caring for children (Reti, 1992). In the past, becoming a mother was seen as essential and frequently the primary social role for women (Martin, 2017). Due to this, not having natural children was often interpreted as abnormal, and women's inability to reproduce naturally was seen as a failure to uphold societal norms (Veivers, 1980; Miall, 1996). The "motherhood mandate" is the term that researchers like Russo (1976) have used to refer to this idea.

Also, the genesis of the notion that womanhood and motherhood are synonymous can be partly linked to pronatalist ideology in addition to traditional gender roles. Pronatalism, also known as a pro-birth stance, is the encouragement of childbearing, frequently to increase birth-rates within a nation or region, or a pro-birth attitude or policy that promotes reproduction and values parenthood (Gold, 2013). A woman's social value and principal social position are also embodied through pronatalism, whether implicitly or overtly, in the ideas, attitudes, and behaviours that support this notion (Hollo et al., 2009). Men may also be subject to pronatalist pressures, but these demands are significantly less intense than those imposed on women (Dyer, 2007). Women worldwide claim to experience pressure to have children due to cultural discourses of femininity that equate motherhood and womanhood. Pronatalism also rests on several presumptions, one of which is that motherhood and pregnancy are desirable, simple, and natural outcomes for women (Paul, 2001). Therefore, such

external demands may intensify the negative emotions already felt by women who want children yet struggle to conceive. Some immediate ways women can feel pushed include insensitive remarks and unwanted advice on becoming pregnant.

Reti (1992) outlined how pronatalism operates when motherhood is seen as "natural" and central to a woman's identity; ideologically when the motherhood mandate is made a patriotic, ethnic, or eugenic obligation; psychologically when childbearing is viewed as an individual desire and choice for individuals and couples; on the cohort level when birth rate changes; and on the cohort level when pronatalism operates.

2.6.1 Societal Expectations on Women

In a culture dominated by mothers and children, there are daily reminders of how social norms differ for women without children. Social discourses are ever present reminders of how motherhood is depicted as the biological norm for all women (Riessman, 2000). According to a study by Njuguna (2015), childless women complain that everywhere they go, both strangers and familiar people ask them intrusive questions like, "How many children have you sired?" and "When are we expecting children from you?" (p. 118). According to the study, customs like menstruation, Mother's Day, Thanksgiving, Christmas, and funeral rites serve as reminders of women's childlessness, further alienating them from their peers and fostering a sense of deviance (Eckert et al., 2013; Sandelowski, 2002). Discourse and ideology are related because they influence the language we use regularly. Hence, beliefs are ingrained in people's language (Fairclough, 2018). As a result, language is a means of acquiring and asserting authority in a society.

Similarly, given that it is believed to cause women to subjugate themselves, ideological discourses have a strong pronatalist impact. Since the Gikōyō community, through its ideologies, binds the women with their reproductive organs, getting children for them is not an option. To avoid being stigmatised, women mostly adapt to some repugnant social pressure to uphold societal and cultural standards (Inhorn, 1996, p. 487; Riessman, 2000). As Allport (1954) described, stigma is perpetuated through the "cognitive process" of essentialist thinking, which frequently impacts social behaviours and how childless women are seen. These stereotyped discursive norms shape the social circumstances in which women live without children. Over and over again, literature

illustrates how, as "the other woman," childless women became misfits, isolated, and shunned by their society despite attempting to join the "exclusive club of motherhood" (Sandelowski, 2002, p. 148). Through language, social institutions create and support this ubiquitous mentality. Once the discourse permeates institutions, it starts to be recognised as fact, shared knowledge, or common sense (Greil, 2010). It was believed that the gendered discursive discourses represented universal truths. The social classification of people based on childlessness is incompatible with the established social order. Social environments frequently provide the backdrop for typical characteristics and enable their members to categorize others without paying close attention to the process. The study's frame of reference was to study the stigma in the society affected by the power dynamics.

In the same vein, some women without children who are considered "deviants" are exposed to various sorts of maltreatment, which have far-reaching negative implications (Dyer, 2007; Okonofua et al., 2019; Miall, 1996; Riessman, 2000; Sandelowski, 2002; Ulrich and Weatherell, 2000). The dominant groups abuse those they dominate and act violently or with prejudice against them using their languages (Goke-Pariola, 2013; Nwagbara, 2017; Allport, 1954). The women experience stigma because they are believed to have refused to become pregnant (Riessman, 2000). One involuntary childless woman said, "I felt a lot of shame and was unsure how to respond" (Miall, 1996, p.276). Thus, language and culture reflect how people think, view, and comprehend the "actual world." Stereotyping minimizes, essentializes, normalizes, and resolves differences and makes it easier to connect or group all of the "Us" who are "normal" into one fictitious society while exiling all of "Them" symbolically (Hall 2013:258). They emphasise "otherness" to ensure their image improves at the expense of others. The stereotype, frequently applied to people who deviate from social norms, is based on this principle.

These pervasive negative discourses about involuntary childlessness, such as those that use terms like "sterile" and "barren," inculcate a sense of lack while also expressing an absence of and inadequacy (Dyer, 2007; Inhorn, 1996; Miall, 1996; Okonofua et al., 2019; Ulrich and Weatherell, 2000). Because they struggle to "warrant voice," women without children who are stigmatised have a restricted capacity to engage in society, which leads to their subjective perception of being silent and helpless (Miall, 1996).

According to CDA, people present themselves in a way that gives them credibility and legitimacy in the social setting where they are placed to "warrant voice" among the many competing viewpoints (Fairclough and Wodak 2021). Using the available dominant discourses to recreate identities frequently results in deficiency, which communicates a lack of value or quality (Okonofua et al., 2019). As language tends to be weaponised and is essential to maintaining social inequality and moderating our daily discourse, it is exceedingly difficult for involuntary childless women to be accepted in society. The study suggests that language is crucial in shaping society's opinions regarding childlessness, both linguistically and non-linguistically.

2.7 Resistance or Coping?

Reissman (2000), a recognised authority on matters of childlessness, examines the possibility of resistance by those who carry the stigma of childlessness. According to her theory, the South Indian women she studied are part of a very pronatalist traditional society where women are primarily valued for their ability to be wives and mothers. She contends that even in this unfavourable setting, involuntary childless women attempt to combat the stigma by employing a variety of strategies. The strategies include "resistant thinking," "strategic avoidance," "speaking up and acting out," and in rare instances, "rejecting the motherhood mandate," which entails outright stating their lack of interest in motherhood. Women's attempts to reduce stigma "do not have to be public, organised, formal, or unambivalently intentional" (Reissman, 2000, p. 122) to be considered resistance. This makes it possible to perceive practically any mental and behavioural strategies for coping and resilience as resistance. This was related to the study as the Gikōyō community is also a pronatalist where women's fundamental role is procreation.

Conversely, Miall (1996) contests this theory, arguing that even when the active passive gradient is ignored, the difference between how well people manage their stigma and how much they reject it reflects how well they adhere to the prevailing social norms. Only when individuals who have experienced stigma reject common perceptions of their shortcomings can they mount a defence against it. Reissman's research shows this is not true for Indian involuntary childless women. However, a handful of them had a strong desire to have children. In this study, most "tactics of resistance" are passive and situated within the dominant discourse on women and

fertility.

Consequently, "resistant thinking" does not imply that childless Indian women are doubtful about or opposed to the motherhood mandate. Instead, as self-defence, when women cannot defend themselves verbally, they engage in a silent mental account of valid reasons why they cannot conceive (e.g., husband's extended absences from the home and health issues). Undoubtedly, this mental activity aids in reducing women's feelings of inadequacy. This was important as the study investigated how the Gīkūyū women resisted, either by self-defence, silence, or both.

Most participants agreed that having children is every woman's primary natural calling. Being childless represents a personal sorrow, a "spoiled identity" (Goffman, 1963), and maybe even a type of deviance. Even while some women bemoaned their pronatalist society's continual "invasion into privacy," they were undoubtedly still involved in the conversation around coerced parenthood. Most of the time, they actively supported the philosophy that caused them to be stigmatised (Reissman, 2000), mainly through their frantic attempts to become mothers by going through time-consuming and expensive medical procedures. These women frequently referred to life without children as "empty," "barren," and "pointless"; in their eyes (Miall, 1996), no other pursuits, successes, or virtues could make up for this fundamental shortcoming. The inability to conceive has taken on the function of what Goffman (1963) termed the "master status," which ignores or devalues whatever other roles and statuses these women may have.

Most women also employed passive coping mechanisms to deal with their stigma, including "information management," "defensive thinking," and "strategic avoidance" (Miall, 1996). According to a study (Reissman, 2000), few informants spoke about their more active efforts to combat the stigma by openly challenging the motherhood mandate in their daily interactions with others or by highlighting their other accomplishments (as professionals, social or political activists, creative individuals). This means that, despite the relatively open and liberal nature of secular Israeli culture, which usually cultivates and enshrines the freedom of expression, the study showed little indication of practical resistance to the stigma

associated with infertility. This emphasises the pronatalist ideology's unique influence even in a nation close to the Western end of the cultural spectrum, let alone in settings like Kenya.

The only focus on gender while disregarding the effect of childless women's social location was Riessman's second criticism of stigma-framed research on infertility. Few upper-middle-class women with education and professional experience spoke out against the widespread perception that being childless was abnormal in her Indian study. Working on the periphery of the gender order, according to Riessman, are these women who are "openly contesting the importance of motherhood," which is feasible because they "possess discursive and material resources unavailable to most Indian women" (Riessman, 2000, p. 131). The only women who may defy social conventions are those who have found themselves in other (nonfamilial) spheres and have undeniable accomplishments. The ability to disengage from the prevailing discourse and adopt a critical position is a crucial mental skill for overcoming stigma.

The findings of Riessman, (2000) and Miall, (1996) have two more things in common. One is the difficulties infertile women in both communities have in keeping their issues secret owing to the "invasive" nature of daily communication, in which the line between the private and the public is frequently crossed. Sexually active women cannot escape being questioned about their plans for having children, not just by their loved ones but also by strangers. According to Miall, (1996), a child centred lifestyle has been established in the Israeli environment. Since most social gatherings and trips revolve around children or include them in various ways, women without children are inevitably left out or made to feel alienated. Therefore, the study's goal was to investigate whether the involuntary childless women felt as though the society was intrusive in an unwelcoming way.

Also, the willingness of women to accept responsibility for childlessness, especially in circumstances of male infertility, is another commonality. According to Reissman, (2000), Israeli and Indian women want to shield their partners from "exposure" to their reproductive fragility, which has a sexual meaning in both cultures. It appears that for some childless women, direct stigma is preferable to "courtesy stigma" brought on by their relationship with a "defective" spouse

(Goffman, 1963). Another possible explanation is that some women find dealing with the stigma easier than watching their partners be denigrated and ridiculed. Therefore, this study researched whether this also applies to the Gīkōyū community.

Stigma is still a graded reaction to a stigmatising environment, according to Miall, (1996; Reissman (2000). Those with a handicap or any other "defect" (visible or hidden) can enjoy stigma-free lives if they challenge or reject the prevailing social conceptions of their condition. We refer to this as internal stigma resistance (or real "resistant thinking"), which can either be silent or forcefully expressed. On the other hand, people who accept the common perception of their "otherness" as a defect strongly internalise their stigma and need to learn various coping mechanisms. According to Goffman, (1963), the passive-conformant version of living with a stigma is significantly more prevalent than the resistive model. However, numerous situations fall somewhere in the middle.

2.8 Theoretical framework

This section critically examines the theories adopted in this study. These include Discourse Historical Approach (DHA) a branch of Critical Discourse Analysis (CDA) and Hegemonic Masculinity theory.

2.8.1 Language and CDA

Critical Discourse Analysis (CDA) is a theoretical framework used for the study, formerly called critical linguistics (CL). According to Fairclough and Wodak (2021: 148), the only language theory that views language as a social practice is CDA. The pronatalist Gīkōyū community is seen in the current study as engaging in childbirth as a social practice. CDA examines language based structural linkages of dominance, power, and control and is one of the issues of interest for the current study. In its language analysis, CDA emphasises how language use legitimises (ideologizes) and constitutes concerns of power and control. The current study, concerned with issues of power and control that the society utilises towards involuntary childless women in the Gīkōyū community, places a particular emphasis on the use of language.

CDA is based on three ideas: power, history, and ideology. It highlights how every discourse is historically formed and perceived and is organised by domination. This suggests that discourse takes place in a specific setting and that ideologies of power serve to justify dominant arrangements. Therefore, CDA strives to examine and expose power dynamics concealed in speech yet contribute to forming enduring ideologies that rule society. This supplies answers as to why the Gikōyō society, which has created stereotypical notions that have formed them, stigmatises involuntary childless women through language. According to Fairclough (2021: 164), the fundamental tenets of CDA are that texts are significant linguistic units in communication; readers and listeners are not passive recipients of texts; language is a social phenomenon; there is a relationship between language and society; and language is a social phenomenon. Thus, the three notions played a crucial role in this study as childlessness was examined from a conventional perspective, along with its power relationship and how the childlessness ideology was expressed along a 'we' against 'them' dimension.

CDA sees discourse as a tool of control and power. In this view, social realities are created through conversation. According to CDA, language acquires power when employed by the wealthy and influential in society. Otherwise, it is not strong enough to stand alone. Inequalities result when language acquires power in this way (Fairclough, 2021). This is significant to the current study because it demonstrates the power of language in stigmatising those who do not adhere to predetermined social and cultural ideals.

Language is used to preserve power relations, claims Foucault (2001). By resolving gender and power dynamics in commonplace speech, language plays a crucial role in the regular preservation of social inequality, according to Foucault. The current study suggests that language is critical to creating the social stigma against involuntary childless women, both linguistically and nonlinguistically.

2.8.2 Ideology, Power and Language

The study looked at other CDA experts whose opinions complemented the goals and objectives of this study and were pertinent to it. Many researchers in social science nowadays, according to Cameron (2001), contend that the language that people have access to shapes their perception of the world around them rather than just expressing

it in their discourse. This indicates that reality is created through discourse as individuals talk about various topics using the discourses they can access. The Gīkōyō community respects motherhood as a fact, and the study was concerned with how it is articulated and formed in language. According to Cameron, reality also encompasses how gender and power dynamics are portrayed in and via speech. The ideological significance of the decisions speakers and writers make is one of CDA's primary objectives (Cameron, 2001). This reinforces the notion that CDA is interested in the hidden agenda in discourse, which makes discourse function not only as language use but also as a type of social practice that builds the object about which it purports to speak.

In addition to this, the fundamental problem with the argument above is that CDA refers to a paradigm in which reality is regarded to be formed and shaped by diverse forces and social circumstances, drawing its insights from critical theory. As opposed to critical discussion, these characteristics are normalised in everyday discourse. The fact that specific social arrangements have been naturalised because they suit particular interests obscures the way things are neither inevitable nor unassailable and that, over time, they may appear to be the only reasonable or feasible arrangement (Cameron, 2001). The stigmatisation of involuntary childless women by Gīkōyō community members is a topic under investigated in the current study. This stigma enters society through language, passing for shared knowledge, the truth, and common sense.

Additionally, according to Cameron (2001), identity is something that people constantly develop and convey through discourse. Language use is one of the social behaviours people employ to express their identities, to define who they are and what they believe themselves to be, and to set themselves apart from others. It is also one of the social behaviours that people use to enact dominance and subordination. Understanding how identity and power are established in verbal interactions comes from discourse or language use. The focus of the current study was the language around childlessness and how it contributes to stigmatising women who are involuntary childless. The study also examined power discourses' role in spreading the stigma.

According to Cameron (2001), asking who is permitted or required to say what and when is always worthwhile if one is concerned about power issues in discourse.

According to Gehman (2022), when attempting to identify the sources of power in a discourse, it is crucial to concentrate on the interactions that take place and determine whether all participants have an equal chance to participate or whether some are charged with steering the conversation while others have no such responsibility. Speaking privileges and responsibilities not being distributed evenly indicates an absence of just power relations.

Van Dijk (1993: 249) claims that social power is built on privileged access to socially valued resources, including wealth, income, position, groups, memberships, education or knowledge, and speech. He adds that having power means controlling other organisations' members. Such control may apply to cognition and action, meaning that a substantial group may restrict others' freedom of action while simultaneously influencing their thoughts. The Gīkōyū community views the involuntary childless women as "them" in connection to this study to ensure that their image decreases while theirs increases. This guideline is frequently applied to stereotype people who deviate from accepted societal norms.

Additionally, more effective power is typically cognitive and enacted by persuasion, dissimulation, or manipulation, among other tactical ways to change people's minds in one's interests (Van Dijk, 1993: 251). This power is used in addition to the elementary recourse to force or to direct control action, such as in police violence against demonstrators or male violence against women. He also posits that talking and texting are the primary means of controlling other people's thoughts, albeit without being necessarily overtly coercive. On the other hand, dominance may be acted out and repeated through subtle, customary, everyday forms of text and language that seem normal and perfectly acceptable. As a result, CDA must also pay attention to the discursive techniques that normalise the social order, particularly relations of inequality (Fairclough 1985 in van Dijk, 1993: 51). The current study determined that this was pertinent since motherhood has been built as universal and stable (Gehman, 2022). As a result, it has become naturalised, and anyone who does not conform to this ideal is routinely ostracised and discounted through discourse.

With such dissident research, critical discourse analysts take an explicit position and seek to comprehend, expose, and ultimately resist social inequality (van Dijk, 2001).

CDA is a type of discourse analytical research that primarily examines how social power, abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context. Additionally, it has been reported that CDA believes that language never arises independently but functions as a representative of an ideological framework (Juez, 2009). This statement aligns with the core principles of critical discourse analysis, which views language as inherently tied to power structures, social contexts, and underlying ideologies rather than being a neutral medium of communication.

According to Weatherell et al. (2001), CDA approach is based on the idea that semiosis is an integral component of social processes encompassing all types of meaning making, including non-verbal and verbal language. The current study examined the verbal language used to stigmatise involuntary childless women in addition to verbal expressions and their repercussions.

The latent forms of commonplace ideas, which commonly pass for conceptual metaphors and ideologies (Lakoff, 2021), are the focus of CDA. People tend to forget that there are substitutes for the existing quo since dominant ideas appear neutral and are frequently unchallenged (Gehman, 2022). The results of the current study indicate that becoming a mother is the only way to establish one's womanhood. This implies that being a mother and being a woman were considered the same identities.

The study then examined CDA principles as outlined by Fairclough and Wodak (2021: 271-281). They first note that CDA deals with social issues. Secondly power relations are discursive, and discourse shapes society and culture. Fourthly, that language is historical, undertakes ideological work, and there is a mediated relationship between text and society. As a kind of social action, speech is interpretative, explanatory, and, finally, they report, discourse. Because of the last point, CDA uses discourse analysis to draw attention to several significant social and political issues. The stereotypical rhetoric that is the subject of this research is a historical and societal issue that has allegedly violated the rights of involuntary childless women. A significant and pertinent theoretical framework for the current study is CDA.

2.8.3 Different Procedures of Data Analysis in CDA

Different academics propose various methods for CDA data analysis. According to Wodak (2021), the analytical preparation process should be done step by step. The author also favours a pragmatic, problem-oriented approach, where identifying and outlining the relevant social issue is the first step. To offer an analysis approach, Wodak suggests the following steps:

1. Focus on the specific problem.
2. Identify the dominant style, genres, and discourses constituting the semiotic aspect.
3. Consider this aspect's range of differences and diversity in styles, genres, and discourse.
4. Identify the resistance against the colonisation processes executed by the dominant styles, genres, and discourses (Wodak, 2021).

These preliminary steps assist in selecting the content and are then followed by a structural analysis. This interactional analysis focuses on linguistic elements like agents, time, tense, and modality, and finally, an analysis of interdiscursivity that aims to contrast the dominant and resistant strands of discourse.

In their investigation of racist and discriminatory discourse, Reisigl and Wodak (2001) devised a four-step CDA analysis methodology. In this technique, the specific content of the discourse with elements of racism, anti-Semitism, nationalism, or ethnicism was first defined, and then discourse strategies, including argumentation strategies, were examined. Thirdly, the language mechanisms and the particular context-dependent linguistic manifestation of the stereotypical discrimination were examined.

In these studies, the Discourse-Historical Approach (DHA) focuses on various strategies, such as the referential strategy or strategy of nomination, where the linguistic devices of interest are membership classification, metaphors, metonymies, and synecdoches. The second category is the predication strategy, which includes attributions of stereotyped, evaluative positive or negative qualities, and implicit or explicit predicates. Together with perspectives, framing, or discourse representation strategies that employ means of reporting, describing, narrating, or quoting events and utterances, as well as strategies of intensification and mitigation that attempt to intensify

or mitigate the illocutionary force of utterances, argumentation strategies are reflected to justify social inclusion or exclusion (Wodak, 2007). This opinion aligns with the view that language and rhetorical choices are often employed, whether consciously or unconsciously, to reinforce existing power dynamics and either include or marginalise certain groups within societal discourse.

Regardless of one's theoretical perspective or quantitative or qualitative data usage, Wodak (2021) and Juez (2009) recommend DHA triangulation processes to verify the analysis's validity. The primary theoretical component of this triangulation strategy is the concept of context, which considers four levels: the immediate language or text, the internal co-text, and the intertextual and interdiscursive relationships between utterances, texts, genres, and discourses. Thirdly, there is an additional linguistic (social) level, often known as the situational context, and fourth, there are wider socio-political and historical contexts.

Additionally, CDA enables continuous switching between these levels and evaluating the results from various viewpoints, reducing the possibility of bias. According to Van Leeuwen (2005), the analysis should concentrate on markers like stress and intonation, word order, linguistic style, coherence, local moves like disclaimers, topic choice, speech acts, schematic organisation, and rheumatic structure if the study's focus is on how some speakers or writers exercise power in or through their discourse.

In addition, Van Leeuwen (2005) proposes six steps in an analysis, including the analysis of semantic macrostructures: topics of macro propositions; the analysis of local meanings, where the various forms of implicit or indirect meanings, such as implication, presuppositions, allusions, vagueness, omissions, and polarisations, are mainly of interest. When most linguistic markers are examined, the investigation of subtle formal structures comes next. Finally, there is the analysis of individual linguistic realisations, exaggeration, and litotes and the study of global and local discourse forms and formats.

The discussion that has gone on thus far in this part has provided a concise summary of the fundamental steps used in the various approaches to CDA. Although there is no CDA methodology, Wodak (2021: 82) notes that most CDA approaches have some

characteristics. These characteristics include the fact that they are problem-oriented and not narrowly focused on specific linguistic components, as well as that both the theory and the technique are eclectic and integrated to the extent that it is helpful to comprehend the social issues under study.

Most CDA methodologies do not expressly advocate or explain data collection techniques. These methods primarily rely on already-written content, like press releases or organisational documents. This is also true for DHA, albeit it also holds that studies should always include fieldwork and ethnography to further investigate the subject at hand. This feature of DHA, in particular, makes it the most suitable CDA technique for the current study.

In addition to strategies of perspective, framing, or discourse representation that employ methods of reporting, describing, narrating, or quoting events and utterances, there are also strategies of intensification and mitigation that aim to increase or decrease the illocutionary force of utterances (Wodak, 2007). These strategies are used to justify social inclusion or exclusion.

2.8.4 Pillars of CDA

The three pillars of CDA are ideology, power, and criticality. This section talks about these three.

2.8.4.1 Ideology

The prevalent beliefs within a certain period are known as ideology. According to Cameron (2001), CDA discusses the ideological relevance of speakers' and writers' decisions. This illustrates the notion that CDA is interested in the discourse's hidden agenda, which makes discourse function not only as language use but also as a type of social practice that builds the thing it claims to speak of (Cameron 2001). The study's goal was to expose the stereotypical language used to stigmatise mothers who fall short of society's standards for mothering. A significant concept in CDA is ideology. According to CDA scholars, language never appears but always represents an ideological system (Juez 2009). This demonstrates how ideologies are spread through culture.

2.8.4.2 Power

CDA demonstrates that discourse has power. It has long been believed that discourse is crucial for creating and maintaining social authority. According to CDA, participants' institutional roles, financial level, ethnic identity, and gender all influence whether they have power (Juez 2009). Power and social power, particularly the social power of institutions, groups, and people, is a significant issue of CDA. Since social power is characterised in terms of control, members of one social group will have power if they can influence the behaviour and think of people in another group (van Dijk 2001). In addition, power is seen as an ideological phenomenon that creates specific subject positions for people to hold and act through language. Even if they might not be in the best interest of the weak, these stances are occasionally accepted as natural and immutable (Juez 2009, Wodak 2021: 56). Considering the study was concerned with power dynamics in stereotyped discourse, this was relevant to the research.

2.8.4.3 Criticality

Being critical means using an analytical method devoid of prejudice and bias to weigh various political and social conditions. CDA has clearly stated rational principles that facilitate critically assessing social concerns in speech. The second chapter of this thesis discusses these CDA guidelines and practices. CDA analysts can dismantle dominant ideologies through criticality because individuals forget there are alternatives to the existing quo, and their assumptions remain generally uncontested (van Dijk, 1993). Criticality therefore is a central pillar of Critical Discourse Analysis (CDA), as it involves critically examining and interrogating how language is used to construct, reproduce, and challenge power relations, ideologies, and forms of social inequality and domination within a particular social, political, and historical context.

2.9 Discourse Historical Approach

Discourse Historical Analysis (DHA), an approach of CDA proposed by (Wodak, 2007), has been preferred in this research because, first, it does not focus on specific linguistic items only but instead provides a vehicle for looking at latent power dynamics and the range of potential agents. This study was not interested in analysing pure linguistic and grammatical forms but in their play on meaning. Secondly, it integrates and triangulates knowledge about the historical sources and the background of the social fields in which discursive practices are woven. This suits the current study, which

investigates childlessness historically rooted in the Agĩkũyũ people's social and cultural systems. Thirdly, DHA as a branch of CDA accounts for the fact that the researcher in this study did not use the existing discourse but went to the field to collect data. The data of the current research entails what was collected during fieldwork. This includes the discursive utterances and conversations from the FGDs and the interviews.

DHA follows a four-step strategy of Analysis:

1. Establishing the specific contents or topics of a particular discourse;
2. Discourse strategies, including Argumentation strategies;
3. Linguistic means (as types);
4. Specific content-dependent linguistic realizations.

The Discourse-Historical Approach concentrates upon the following strategies: first of all, referential strategy, upon which linguistic devices of interest are membership categorisation metaphor, metonymies, and synecdoches; referential strategies, strategies of predication, strategies which are reflected to justify the social inclusion or exclusion, strategies of perspectivation, framing or discourse representation using means of reporting, description, narration or quotation of events and utterances, and lastly strategies of intensification and mitigation which try to intensify or mitigate the illocutionary force of utterances.

This methodology aims to be deductive and pragmatic because the categories of analysis are first developed in line with the research interests and a constant movement back and forth between theories and the data is suggested (Wodak, 2007: 87, Wodak 2021: 58). After these preparatory steps, which also help select the material, Wodak suggests first of all structural analysis, analysis of context, and then secondly interactional analysis which focuses on linguistic features such as agents, time, tense modality, syntax, and finally analysis of interdiscursivity which seek to compare the dominant and resistant strands of discourse (Wodak, 2007: 89). Since this theory is wide and broad, the current study does not use every part of the theory but only those principles which bear relevance to the study.

The qualitative systematic analysis in DHA examines four contextual layers: the relationship between and among texts, utterances, genres, and discourses; non-

linguistic sociological effects; the historical context of texts and organisations; and the institutional reference frame. These four layers enable systematic analysis of the impact of the social context on genre and text. The current research exposes the implicit meaning in the discourse used towards involuntary childless women in the Gīkūyū community.

Wodak also suggests four levels of contexts that affect and get affected by the linguistic realizations of a discourse (Wodak, 2001). First is the intra-textual, which means text internal where the immediate and local impacts of linguistic choices within the text are accounted for. This level examines the pragmatics within the text and how specific linguistic mechanisms and choices affect the interpretation of the text.

The next level is the extra-lingual or social level or the context of the situation. This level attempts to explain discourses in place in a given society and accounts for the historical development of specific discourse topics. The last and broadest context level is the socio-political context in which discourse topics are surfed and constructed. This helps form socio-cultural public cognition and the society's collective old knowledge.

According to Wodak (2001), this level helps to clarify the possible interpretation and linkages between a current discourse and the base of public "knowings." The current study draws on the socio-cultural context of the Gīkūyū, which was expected to help interpret the discourse. However, Wodak, in the same publication, cautions that it must be noted that, in the same way, a given discourse analytical study does not necessarily move from one level of analysis to another systematically, the contextual realization and explication processes also do not necessarily follow an order of restricted broadest context stage.

2.9.1 Major Criticisms Levelled against DHA

One of the primary strengths of DHA lies in its emphasis on historical contextualisation. This aspect enabled the researcher to trace the evolution of discourses surrounding childlessness over time, providing crucial insights into how linguistic stigmatisation of childless women in the Gīkūyū community may have developed and transformed. As Reisigl and Wodak (2001) argue, historical context is essential for understanding the roots of current discursive practices. By examining historical documents, oral

traditions, and societal changes, the researcher was able to uncover the origins of current stigmatising discourses and understood how they have been shaped by cultural, social, and political factors throughout Gĩkũyũ history.

The interdisciplinary nature of DHA was another significant advantage for the study. DHA encourages the integration of various disciplines such as linguistics, history, sociology, and anthropology (Wodak, 2001). This holistic approach facilitated a comprehensive understanding of the complex interplay between language, culture, and social norms in the Gĩkũyũ community. For instance, the study was able to draw examples from anthropological studies of Gĩkũyũ kinship systems (Kenyatta, 1959) to contextualise linguistic patterns of stigmatisation within broader cultural beliefs about family and procreation.

DHA's advocacy for multi-level analysis was particularly beneficial for the research. This approach enabled the researcher to examine discourse at multiple levels, from the micro-level of linguistic features to the macro-level of societal structures (Wodak, 2021). In this study, this multi-layered approach helped the researcher identify subtle linguistic patterns of stigmatisation while also connecting them to broader social and cultural ideologies within the Gĩkũyũ community. The study was able to analyse specific lexical choices or grammatical structures used to describe childless women, while also considering how these linguistic features reflect and reinforce larger cultural narratives about womanhood and fertility.

Like other CDA approaches, DHA pays particular attention to power dynamics in discourse. Van Dijk (2006) emphasizes that critical discourse studies should focus on the ways discourse enacts, reproduces, or resists social power abuse and inequality. This focus was crucial for the study, as it helped uncover how language was used to maintain or challenge existing power structures that contributed to the stigmatisation of involuntary childless women in Gĩkũyũ society.

Additionally, DHA's emphasis on triangulation – using multiple methods and data sources to validate findings – enhanced the credibility and depth of the study's analysis. By combining linguistic analysis with historical research, ethnographic observations, and interviews (Wodak and Meyer, 2001) with community members, the study was

able to build a more robust and nuanced understanding of linguistic stigmatisation practices.

However, the study also acknowledges that Discourse Historical Approach is not without its criticisms and weaknesses. One of the main criticisms leveled against DHA, and CDA in general is the potential for researcher bias. Cameron (2001) argues that critical approaches to discourse analysis may lead researchers to interpret data in ways that confirm their preexisting beliefs. In this study, this could manifest as an overemphasis on stigmatisation, potentially overlooking more neutral or positive discourses about childless women in the Gīkūyū community. To mitigate this, the study tried to maintain a reflexive stance throughout the research, inclining the study to the collected data.

While DHA's focus on historical and sociocultural context is generally seen as a strength, some critics argue that it can lead to an overreliance on contextual factors at the expense of detailed linguistic analysis (Juez, 2009). The researcher was careful not to neglect close linguistic examination in favour of broader contextual analysis. Striking a balance between these two aspects was essential for a comprehensive understanding of the phenomenon.

The comprehensive nature of DHA, while valuable, also makes it a complex and time-consuming approach. The need to consider multiple contexts and conduct multi-level analysis was challenging within the constraints of this study, potentially limiting the depth or breadth of the analysis. Careful planning and scoping of the research became necessary to ensure that the study did justice to the DHA approach within the available resources and timeframe.

In conclusion, while the Discourse Historical Approach offers valuable tools for analysing linguistic stigmatisation in the Gīkūyū community, the study remained cognizant of its limitations throughout the research. By thoughtfully applying DHA's strengths while actively addressing its weaknesses, the study strived to conduct a robust and nuanced analysis that contributes meaningfully to our understanding of linguistic stigmatisation practices and their historical-cultural roots in the Gīkūyū community.

2.10 Hegemonic Masculinity Theory

Connell (2005) first used the phrase "hegemonic masculinity" in 1987. According to Connell and Messerschmidt (2005), the phrase refers to the power hierarchy within patriarchal societies or societies where men predominate. In this social hierarchy of masculinity, men compete to be at the top. People at the top of the hierarchy are considered the strongest and possess the most resources. Since they frequently hold positions of authority, men at the top of this hierarchy tend to enjoy greater financial and interpersonal security (Connell, 2005). It should be highlighted that Connell rests her definition of hegemonic masculinity on conventionally Western ideas of masculinity (such as toughness, violence, and dominance over women). Because of this dominance over women, women are constructed in deficit discourses. In a patriarchal system, the power structure is depicted in Figure 2.1 below.

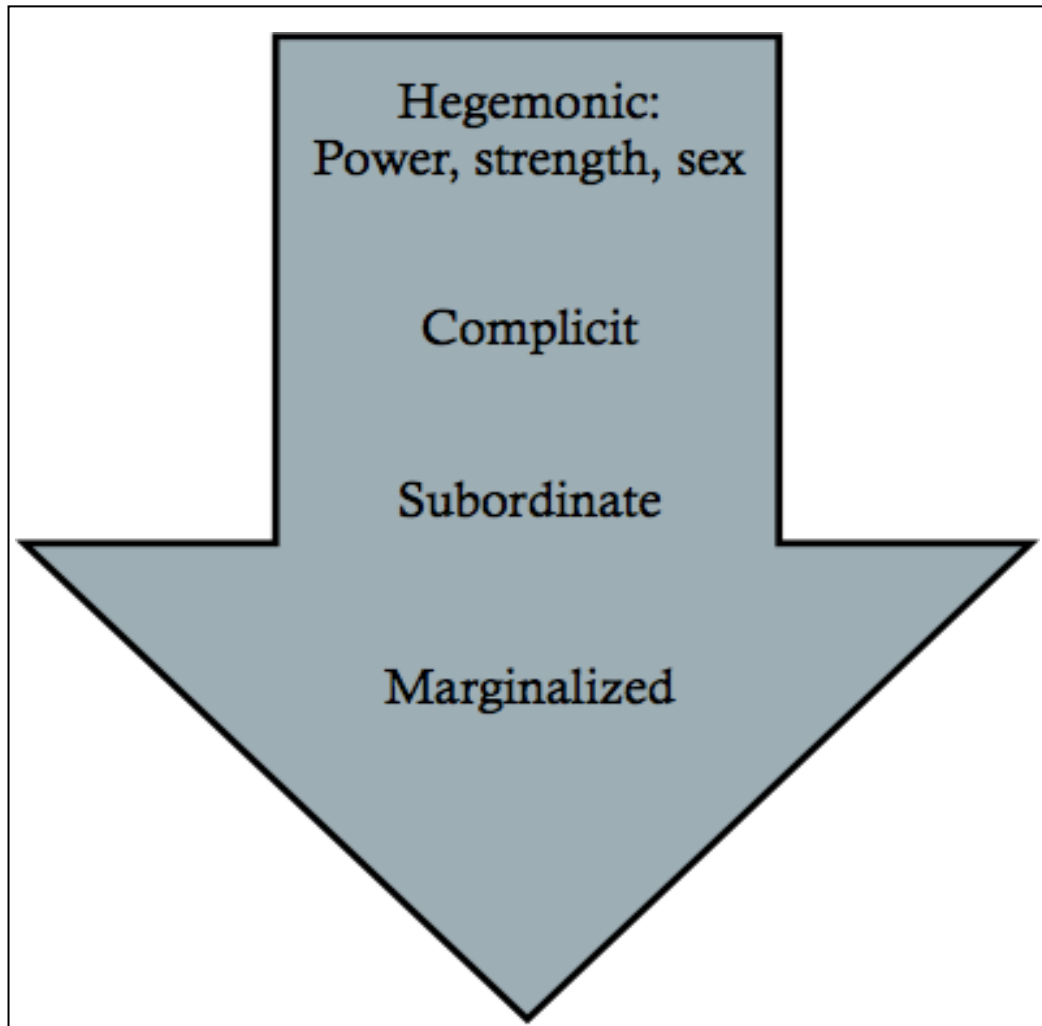


Figure 2.1: Hegemonic Masculinity (Connell, 2005)

The positions that a man can play within this hierarchy are incredibly diverse. For instance, a man can become aware that his intelligence or physical strength is not the highest. In light of this, he adopts a complicit masculinity attitude, where he does not attain the greatest ascendant rank but benefits to some extent from the patriarchy because of his position in the hierarchy (Connell and Messerschmidt, 2005). The place of complicit masculinities in the hierarchy is not at the top but just below it. The study aimed to understand the place of men whose wives could not mother and the social and cultural aspects they had to deal with. The concept of complicit masculinity also applies to men whose wives cannot mother (Connell, 2020). This is because, in accordance with the standards of hegemonic masculinity, they are regarded as abnormal. In relation to the study, the theory helped us to critically look at how involuntary childless women are regarded in the Gikōyō community by society.

Additionally, men are also supposed to reject assistance because they are too strong to require it, to show little emotion, and to express sexual virility in line with heteronormativity (Graham, 2006). It is crucial to remember that these stereotypically masculine traits are not inherent to men. Instead, they are socially manufactured traits that have become integral to how men display their masculinity in a way that connects it to dominance and power. Language persistently confirms, maintains, and strengthens this agenda.

2.10.1 Infertility as Deviance

Infertility directly threatens the ideal man's image since hegemonic masculinity is based on norms of hyper masculinity and heteronormativity (Ridgeway and Correll, 2004). It is assumed that husbands to involuntary childless women have sexual problems too (Hall, 2013), and they are perceived as violating the created version of idealised masculinity; there is a significant stigma towards them (Graham, 2006). Furthermore, research has tended to emphasise worries about the 'social deviances' seen in childless men rather than the health effects of childlessness itself (Hall, 2013). These worries can be partially linked to heteronormativity's influence on how society constructs the ideal male. Childlessness threatens these hegemonic norms spread through language, which are essential to this construction of sexuality.

Therefore, infertility is perceived as taboo, so a significant stigma is attached. Childlessness in men is taboo because it challenges men to embody an alternative masculinity that deviates from hegemonic norms (Hall, 2013). As they fail to conform to the strict norms of hegemonic masculinity, men who do not exhibit the idealised type of masculinity are seen as different from other males (Ridgeway and Correll, 2004). Hegemonic masculinity therefore associates manhood with virility and the ability to procreate, leading to men who cannot or choose not to have children being viewed as deviating from idealised masculinity and thus "different" or lesser than other men.

2.10.2 Childlessness and Image

When a man remains childless, their identity and perception are altered because childlessness goes against the hyper-masculinity norms. Procreation is a crucial component of hegemonic masculinity, even though some men may not find their identity in their capacity for procreation. In many cases, "a man's sense of masculinity,

his capacity to perform sexually and his capacity to be a biological father... are a significant part of what constructs a man's concept of his masculinity" (Hall, 2013, p. 132). A social and cultural expectation exists that an able-bodied man must be concurrently sexually functioning and fertile to satisfy his masculine role in African civilizations based on the idealised construction of masculinity (Kimani and Olenja, 2001). Childlessness may affect a person's perception of their gendered identity and the physical disparities that may accompany it. Klinefelter Syndrome, for instance, is frequently associated with physical characteristics that deviate from the ideal masculine body, such as low sperm count, decreased testosterone production, smaller penis and testicles, less facial and body hair, wide hips, and gynecomastia (enlarged breasts in males) (Ridgeway and Correll, 2004). Since they deviate from the ideal masculine body, the physical signs of infertility may harm one's psychological self-perception and raise stress levels. As a result, men may attempt to make up for their infertility diagnosis and these physical indicators by developing hyper muscularity (Inhorn, 1996). In the Gĩkũyũ community, for instance, when a man could not procreate, his family secretly contacted his brother or close relative to sexually engage with his wife to enable procreation (Kimani and Olenja, 2001). All this was done to ensure his image remained intact regarding his masculinity. Such a man failed to reach the highest rank of masculinity and took up the complicit masculinity instead.

2.10.3 Infertility as Deficiency

Male infertility is seen as a deficiency (Hall, 2013). A childless man experiences an identity crisis due to this inadequacy because it contravenes the standards of masculinity. Childless men are burdened because they are perceived as "not being a complete man" based on the established standards of hegemonic masculinity in the Gĩkũyũ culture (Inhorn, 1996; Orji et al., 2002). The notion of masculinity itself is frequently evaluated in light of the traits characterising hegemonic masculinity. Childless men are perceived as deficient because they lack these qualities. As a result, childlessness is a sign of a lack of masculinity because it does not conform to these standards, which casts the sufferer in a less manly light.

2.10.4 Infertility as Feminine

The danger to masculinity posed by infertility is related to the erroneous presumption that anything that deviates from the norms of masculinity must be linked to femaleness.

As a result, complicit men move closer to embodying female traits. In this way, childlessness in men is closely related to characteristics of femininity, such as being weaker and dependent on others (Ridgeway and Correll, 2004). Men's sexuality is sanctioned and encouraged, whereas women's sexuality may be closely controlled, restrained, and condemned due to binary oppositions sustained by hegemonic masculine discourses (Inhorn, 1994). Here, men are encouraged to brag about their sexual activities, while women are expected to keep them private. However, for childless men, a different kind of masculinity—and hence, a different form of gender discourse—is formed. Childless males use similar strategies to childless women, refraining from discussing their sex life out of concern for the stigma linked with infertility and the feminine attributes connected to a lack of sexual prowess. Considering that the study was concerned with involuntary childless women and the stigma they encountered, it was also concerned with the discourse used by their marriage partners regarding their childlessness.

As mentioned, infertility frequently coexists with other bodily modifications, as with males with Klinefelter's Syndrome. Infertile males have physical characteristics that not only go against the "machismo discourse" definitions of masculinity, such as strength and virility but also make them more self-conscious, which is seen as a feminine quality (Ridgeway and Correll, 2004). Regarding behaviour, hegemonic masculinity is constructed in opposition to normative femininity. For example, while asking for help is stereotypically feminine, refusing it is seen as masculine because "men are more powerful and less vulnerable than women" (Connell and Messerschmidt, 2005). As a result, men disapprove of actions perceived as feminine, such as seeking medical attention. A diagnosis of infertility jeopardises this tactic since, according to hegemonic masculinity norms, infertility is seen as a sign of weakness or deviance.

2.10.5 Major Criticisms Levelled against Hegemonic Masculinity

This theory provides insights into how gender power dynamics shape societal norms and expectations, particularly relevant to understanding the stigmatisation of childless women in the Gikūyū community.

One of the primary strengths of hegemonic masculinity theory is its ability to elucidate the power structures that underpin linguistic stigmatisation. In the context of the study,

it helps explain how dominant masculinity ideals in Gīkūyū society may contribute to the marginalisation of women who do not conform to traditional notions of femininity, which often include motherhood as a central tenet (Inhorn, 1996). The theory allowed the researcher to explore how language is used to reinforce these power dynamics, potentially revealing patterns in the discourse that reflect and perpetuate the stigmatisation of childless women.

Moreover, hegemonic masculinity theory offers a framework for understanding the intersectionality of gender with other social categories. This was particularly useful in this research, as it enabled the researcher to examine how factors such as age, social status, and economic power interact with gender expectations in the Gīkūyū community to shape attitudes towards childless women (Connell and Messerschmidt, 2005). By applying this theoretical lens, the study was able to delve deeper into the complex social fabric that gives rise to stigmatising discourses.

However, the theory is also criticized and has limitations. One significant critique is its potential to oversimplify gender relations and reinforce a binary view of gender (Connell and Messerschmidt, 2005). In the context of this study, this could lead to an overly reductive analysis that fails to capture the nuanced experiences of childless women in the Gīkūyū community. To address this, the researcher was careful to consider a spectrum of gender expressions and experiences in the research.

Another weakness of the theory lies in its Western origins, which may limit its applicability to non-Western contexts like the Gīkūyū community. Scholars such as Ridgeway and Correll (2004) have argued for the need to adapt the concept of hegemonic masculinity to African contexts. For this research, the researcher critically assesses how well the theory translated to Gīkūyū cultural norms and social structures, being mindful of potential cultural biases in its application.

Despite these limitations, the study found hegemonic masculinity theory to be a valuable tool in the study. It provided a framework for analysing how gender ideologies manifest in language use and how these linguistic practices contribute to the stigmatisation of childless women. By combining this theory with other analytical approaches and maintaining a critical awareness of its limitations, the researcher was

able to develop a more comprehensive understanding of the complex interplay between gender, language, and social norms in the Gikūyū community.

In conclusion, while hegemonic masculinity theory has its strengths in illuminating power structures and gender dynamics, its application in the study of linguistic stigmatisation in the Gikūyū community requires careful consideration of cultural context and individual agency. By acknowledging both its strengths and weaknesses, the researcher aimed at utilising this theory in a way that enriched the study's analysis while remaining attuned to the unique aspects of Gikūyū society and the lived experiences of childless women within it.

2.11 Chapter Summary

In this chapter, the study has reviewed related literature and the theoretical frameworks of the study. The chapter begins by looking at the Agikūyū people and their socialization. It then looks at childlessness and its relationship to power and set ideologies in the community. In addition, the study then looked at the normative expectations of all women in the community and the stigma faced by those who do not conform to societal and cultural expectations. Using linguistics as a lens, the chapter then looked at stigma in relation to childlessness, followed by the different linguistic strategies used to stigmatise involuntary childless women. Additionally, the study looked at how involuntary childless women reject the motherhood mandate by rebranding themselves in various ways, by use of language. Finally, the theoretical framework and its relation to the study was discussed.

CHAPTER THREE : RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents a discussion on the methods used to collect and process data for this research. It describes the research design that was adopted and the sites where the study obtained its data. This is followed by the procedures used in sampling and data collection. The chapter also discusses the steps followed in data analysis and the applicable ethical considerations of the research process.

3.2 Research Design

A research design is a way of focusing your perspective on the purpose of a particular study (Babbie, 2004: 112). The current study adopts a descriptive qualitative research design which entails examining social research data without converting the data into numerical format (Babbie, 2004: 369). According to Silverman (2001), qualitative research methods are the least prescriptive; there are no magic formulas or recipe cookbooks for conducting qualitative research. The flexibility and interpretive nature of qualitative research methods allow researchers to adapt their approach to the unique contexts and nuances of their studies, eschewing rigid formulas in favour of more intuitive and responsive investigative strategies.

The qualitative research approach has several designs, including case study, ethnography, phenomenological study, grounded theory study, and content analysis (Creswell, 2003: 59-61). This research uses the case study as the best-suited research design but with a qualitative approach. A case study was preferred because it provides a suitable context in which particular research questions are answered (Babbie, 2004). Case study research is associated with investigating a particular place, community, setting, or organisation (Blaikie, 2000). The current research had specific research questions with regards to the stigma faced by involuntary childless women.

3.3 Location of the Study

The study was limited to Tetu sub-county in Nyeri County. Nyeri County has the highest infertility rate compared to other counties in Kenya. As stated between 2016 and 2019, 1864 cases of infertility among both men and women were reported in the county (KDHS, 2020). Tetu sub-county was leading with the number of infertile cases,

at 712 persons, translating to 38 percent. Of this number, 102 were men, and 610 were women. Of the 43 villages in the three wards of Tetu sub-county, the villages that recorded the highest percentage of infertility according to the study were Kĩandũ at 16 percent, Mathakwainĩ at 14 percent, Ndũgamano at 14 percent and Kĩgogoinĩ at 13 percent totaling to 58.5 percent of the total population. The four villages were sampled purposively as they were identified as places where infertility was rampant. The motivation behind the county's choice as a target area was the high infertility rate.

3.4 Target Population

The study used three populations: involuntary childless women, their partners, and some unaffected men. The target population was drawn from Tetu sub-county in Nyeri County. The informants were drawn from Kĩandũ, Mathakwainĩ, Ndũgamano, and Kĩgogoinĩ villages. The study sampled six involuntary childless women from each of the four villages, making them twenty-four; one man (partner to an involuntary childless woman) from each village, making them four, and eight unaffected men, two from each village as outlined in table 3.1.

3.5 Sample and Sampling Procedures

The sample for the study was collected from involuntary childless women, their partners, and unaffected men. The researcher visited the four villages to collect the data. Participants were selected using the purposive sampling (Dornyei, 2007). This method was helpful because the researcher identified involuntary childless women who were the informants of this study and not voluntary childless women or mothers. It also identified partners to the involuntary childless women and other unaffected men. The informants included men and women living in rural or sub-urban Tetu sub-county.

3.5.1 Sampling of Involuntary Childless Women

Purposive sampling was used to identify involuntary childless women in the study. The involuntary childless informants in the study ranged between 45-65 years old. The research assistant ensured the correctness of the age by interrogating the subjects. The study chose age 45 as the lower limit to accommodate women's reproductive age. Age 65 was picked as the upper limit because, by this age, women who cannot bear children are expected to have made peace with the fact that it will not happen as they are past their childbearing ages. The twenty-four women purposefully sampled were

representative of the four villages. The study sampled six women from each of the four villages, totalling twenty-four involuntary childless women.

3.5.2 Sampling of Partners to the Involuntary Childless Women

These were the partners of the involuntary childless women who ranged between 45-65 years. The age bracket was picked because it was assumed they were age mates to the involuntary childless women. They were selected through purposive sampling, and the researcher wanted to hear their perspectives on the stigma towards their wives, either by them or the general community. One partner to the involuntary childless women was picked from each of the four villages, totalling four men because the researcher wanted to incorporate the perspective of each of the four villages, which represented Nyeri County.

3.5.3 Sampling of Unaffected Men

These men were purposefully sampled, and their ages ranged between 45 and 65 years an age at which they were expected to be knowledgeable about the community's ideologies well enough to voice the community's view, as men were the opinion shapers in the Gĩkũyũ community. Two men from the four villages, totalling eight, were purposefully sampled and interviewed. They were incorporated into the study in order to provide the community's opinion on childlessness.

Table 3.1: Sampled Informants and Their Characteristics

Village	FGDs		Interviews		Interviews		TOTAL
	Women		Male Partners		Unaffected Men		
	Age 45-55	Age 56-65	Age 45-55	Age 56-65	Age 45-55	Age 56-65	
Kĩandũ	3	3	1	0	2	0	
Mathakwa inĩ	3	3	0	1	1	1	
Ndũgama no	3	3	0	1	0	2	
Kĩgogoinĩ	3	3	1	0	1	1	
Sub-totals	24		4		8		36 Informants

Source: Author's Analysis (2022)

The researcher conducted the study with the help of four research guides, one from every village. Their primary role was identifying informants from their villages, seeking their consent, and organizing a convenient time to conduct either the FGDs or the

interviews. The research guides did not at any time interview the informants but accompanied the researcher to the informant's workplaces or homes. The informants were already aware of the impending visitations and what was expected of them. To identify the informants, the researcher introduced numbers for each informant and also identified them by age. The study used a number and their ages because they sometimes were similar. When two informants had the same number of years, another identification strategy to differentiate them was required, hence the need to use a different number for each informant.

3.6 Data Collection Methods

3.6.1 Introduction

The study highlighted all necessary tools required by the study in a quest to collect data. The tools included the Focus Group Discussions method and interviews supplemented by an audio recorder. The study also highlighted the essence of each of the research tools that were used. As in the table below, these tools were used;

3.6.2 Focus Group Discussions (FGDs)

The Focus Group Discussions were vital in collecting data on discourses used towards involuntary childless women. The study had four Focus Group Discussions, each comprising six informants, informed by Lee and Renzetti's (1994) argument that a standard Focus Group Discussion should comprise six to ten informants. However, under exceptional circumstances, twelve can also be considered. Each focus group took approximately one hour and thirty minutes to answer the fourteen questions set for them. FGDs are a qualitative research method where people are gathered and asked what their beliefs, attitudes, opinions, or perspectives are concerning an idea, concept, product, or even service. An interactive session is introduced among the informants where all informants are free to share their points of view (Kimathi, 2004). According to Mvumbi and Ngumbi (2015) for one to go in-depth and learn all vital issues on a topic, FGDs play a crucial role as they are interactive, and the informants share freely. The free sharing in a natural environment gives the method an edge over a structured interview (Ndambuki, 2010).

The researcher obtained different viewpoints on the stigma experienced by involuntary childless women and learned how these women generally understood daily life. The

discussions also allowed the participants to learn much from each other's views and to share experiences that stimulated other informants' ideas, experiences, and memories.

This was significant to the study as it needed an in-depth understanding of the linguistic stigma affecting involuntary childless women. This is also why the FGDs took place outside in a space that allowed them to share freely. The facilitator's skills also matter as they should ensure a free environment for the informants to open up (Mvumbi and Ngumbi, 2015). The researcher, therefore, made them feel free and avoided being overly controlling. The focus group discussions were audio recorded to ensure nothing got lost, as audio recordings are suitable tools for collecting this form of data. They helped in the transcription and translation of the data after that.

The reason as to which FGDs were selected as the primary data collection method was that the FGDs' responses tend to be naturally broad, vocalized, qualitative, and broadly articulated. They tend to have a lot of variety and details. The study considered the following to have an effective Focus Group Discussion:

1. Planned the group's composition and discussion to create a non-threatening environment so that participants felt free and gave honest opinions.
2. Found an audio recorder and audio recorded the interactions with the group's permission. (Kumar, 2014) stated that the appropriate tool for collecting data or audio recording of discussions in FGDs is generally necessary.
3. Decided who should be taken through the FGDs. This comprised the involuntary childless women, their partners, and eight unaffected men.
4. Set the actual day, time, and strategic place for the Focus Group Discussion.
5. Prepared a question guide beforehand. (Appendices II, III, IV).
6. The researcher finally contacted all the groups, reminding them of the study's goals and expectations and paying close attention to its objectives.

3.6.3 Key Informant Interviews

The study also involved Key Informant Interviews (KIIs). Twelve (12) Key Informant Interviews were undertaken in total. The twelve interviewees included four men who were partners to the involuntary childless women, one from each village, and eight unaffected men, two from each village. (Weatherell et al., 2001) posits that Key

informant interviews are essential for collecting in-depth information. This is mostly when the interviewer wants to understand the motivation, behaviour, and understanding of various important issues. This method was essential to the study as, through it, the researcher was able to elicit more information from informants and better comprehend the subject of the study. This was crucial since it allowed the researcher to ask follow-up questions or clarify any ambiguous or unclear comments from the informants as the interviewees answered intricate questions on the discourses and ideologies surrounding childlessness and the linguistic stigma inscribed in the community's speech. The interviews, therefore, played a critical role in the study.

Dornyei (2007) alludes that KIIs should be conducted on interviewees with in-depth knowledge of a subject. The interviewees who had been purposively sampled were assumed to have the information required since some were even partners to the involuntary childless women. The interviewees provided detailed information concerning experiences, social and cultural ideologies, and the topic of discussion in a very detailed way because they were members of the community that stigmatised the involuntary childless women and even acknowledged that they had stigmatised the women voluntarily or involuntarily using discursive strategies.

3.6.3.1 Interview Schedule

Davies (2008) affirms that face-to-face communication is a rich strategy for interactive communication. The study employed this face-to-face communication, allowing the researcher to pick up on the nonverbal cues and body language. This study had eleven open-ended questions answered by the partners to the involuntary childless women. The interviews took approximately fifty-five minutes each. The study also had ten other questions for the unaffected men, which took about fifty minutes each. These questions had been written down in advance. See table 3.2 below.

Table 3.2: Interview Schedule

INFORMANTS	OPEN-ENDED QUESTIONS	APPROXIMATE INTERVIEW MINUTES
Male Partner (partners to involuntary childless women)	11	55
Unaffected men	10	50

Source: Interview Schedule and the researcher's notes

These questions were used to interview the four informants in the four villages. The deduced responses sought to analyse stereotypical linguistic strategies and ideologies that stigmatise involuntary childless women.

One male partner (partner to an involuntary childless woman) was interviewed from his home, while the other three were interviewed from their workplaces in each of the chosen villages. The male partners were interviewed for 55 minutes. The two unaffected men in each of the four villages were also interviewed at their places of work, and their interview session took approximately 50 minutes. See Table 3.2.

3.6.4 Audio Recording

To supplement the FGDs and interviews, the study also incorporated audio recording as a data collection tool. Labov (2018) alludes that whenever any speaker is systematically observed, they get into a cocoon, and their actual behaviour is covered up, even altering their speech. This means that some variables are usually influenced and hence affected and could alter the original information. Use of video recorder would have caused the 'natural' features of linguistics to be subsumed. To counter this, the study preferred an audio recorder to a video recorder to evade the observer's paradox. The audio recorder was placed on a table or stool, depending on what was available at the informant's residence. It captured the informant's verbal behaviour.

The audio recorder assisted in data analysis, allowing the researcher to focus on the minute nuances missed during the interview.

3.7 Data Collection Procedure

Permission for data collection was sought and obtained from the National Commission for Science, Technology, and Innovation (NACOSTI) and in accordance with Laikipia University guidelines. The Focus Group Discussions and interviews were the primary data collection tools.

The study's objective was explained to the informants, and the need to record the discussions and interviews. The researcher then gained entry and established a rapport with the informants with the assistance of the research guides and she got into the questions as the audio recorder recorded them. Due to Covid-19 containment measures that were in place at the time, the Focus Group Discussions and interviews took place

outdoors. The data collection process was projected to take ten days in each village, making it a total of forty days but ten more days were added to fit into the program of the informants.

3.8 Pilot Study

Before any research method, design, or tool is used, it is generally recommended to be tried and tested before the actual study. Ndambuki (2010) suggests that the same population used for the actual research can also be used for the pilot study. Two of the villages were picked to take part in the pilot study. The population was the same as in the actual study, but a different sample was selected. According to Silverman (2001), the effectiveness of the data is not affected by the sample size. He states that one can have a small sample size and still get accurate data. During the piloting, eight involuntary childless women from the villages of Kĩandũ and Mathakwainĩ took part in the Focus Group Discussions. This was in line with what Dornyei (2007) states that participants in a FGD should range between four to twelve informants to enhance better interaction. The sampling was purposely instituted to attain varied opinions from all informants. The primary objective of the pilot study was to assess the reliability of the instruments that would be used to gather data for the actual study and to provide guidance for how the data would be processed. Only eight informants were included in the sample because of time and money restrictions. During the pilot study, the study found that the tools and instruments were reliable. This realisation gave the researcher the confidence to proceed with the research.

3.9 Data Analysis

3.9.1 The Data Set

The data were collected either through interviews or FGDs for analysis. The discourses were collected through all these data collection methods (Labov, 2018). Therefore, the analysed data had been audio-recorded from four Focus Group Discussions and twelve interviews where four men were partners to involuntary childless women, and eight other men were unaffectedly selected across the four villages had been interviewed. The researcher herself did the audio recordings at either the informants' homes or work premises. The FGDs were coded as shown in the table below.

Table 3.3: Details and Coding of Focus Group Discussions

Focus Group	Codes	Informant's Village	Number of Informants	Time in Hours/ Minutes
1	FGK	Kĩandũ	6	1 hour 30 min
2	FGKI	Kĩgogoinĩ	6	1 hour 30 min
3	FGM	Mathakwainĩ	6	1 hour 30 min
4	FGN	Ndũgamano	6	1 hour 30 min

Source: Focus groups and the researcher's notes

Meaning of the codes used in Table 3.3

FGK – Focus Group from Kĩandũ

FGKI – Focus Group from Kĩgogoinĩ

FGM – Focus Group from Mathakwainĩ

FGN – Focus Group from Ndũgamano

All the focus group discussions comprised of Involuntary Childless Women from the said villages.

The following order was followed;

Tool + Village

FG + K

Example,

FGK: (based on the coding above, the speaker is a member of a focus group discussion in Kĩandũ village.

Each of the four villages had one focus group discussion for the involuntary childless women. This was effective as it minimised time and resource wastage by avoiding ferrying participants from one location to another. There was a focus group guide for

the involuntary childless women (as shown in Appendix 2). Below is a table (3.4) that shows the coding of the information collected through Key Interviews from the partners to the involuntary childless women.

Table 3.4: Involuntary Childless Women

Key Interview Serial Number	Codes	Informant's Village	Number of Informants	Time in Minutes
1	KIHK	Kĩandũ	1	55 minutes
2	KIHKI	Kĩgogoinĩ	1	55 minutes
3	KIHM	Mathakwainĩ	1	55 minutes
4	KIHN	Ndũgamano	1	55 minutes

Source: Focus groups and the researcher's notes

Meaning of the codes used in Table 3.4

KIHK – Key Interview of Husband from Kĩandũ

KIHKI – Key Interview of Husband from Kĩgogoinĩ

KIHM – Key Interview of Husband from Mathakwainĩ

KIHN – Key Interview of Husband from Ndũgamano

All the key interviews comprised of husbands to the involuntary childless women from the villages. The following order was followed;

Tool + Husband + Village

KI +H +K

Example,

KIHK: (based on the coding above, the speaker took part in the interview, is a husband to an involuntary childless woman, and is from Kĩandũ village.)

Each of the four villages had a key interview undertaken by a husband to an involuntary childless woman. This was to hear their point of view in relation to the childlessness of their wives. There was an interview guide for the husbands of involuntary childless women (as shown in Appendix 3). Below is a table (3.5) that shows the coding of the information collected through Key Interviews from unaffected men in the four villages.

Table 3.5: Details and Coding of Key Informant Interviews by Unaffected Men

Key Interview Serial Number	Codes	Informant's Village	Time in Minutes
1	KIUK1	Kĩandũ	50 minutes
2	KIUK2	Kĩandũ	50 minutes
3	KIUKI1	Kĩgogoinĩ	50 minutes
4	KIUKI2	Kĩgogoinĩ	50 minutes
5	KIUM1	Mathakwainĩ	50 minutes
6	KIUM2	Mathakwainĩ	50 minutes
7	KIUN1	Ndũgamano	50 minutes
8	KIUN2	Ndũgamano	50 minutes

Source: Focus groups and the researcher's notes

Meaning of the codes used in Table 3.5

KIUK1 – Key Interview of an Unaffected man from Kĩandũ

KIUK2 – Key Interview of second Unaffected man from Kĩandũ

KIUKI1 – Key Interview of an Unaffected man from Kĩgogoinĩ

KIUKI2 – Key Interview of second Unaffected man from Kĩgogoinĩ

KIUM1 Key Interview of an Unaffected man from Mathakwainĩ

KIUM2 Key Interview of second Unaffected man from Mathakwainĩ

KIUN1 Key Interview of an Unaffected man from Ndõgamano

KIUN2 Key Interview of second Unaffected man from Ndõgamano

All the key interviews comprised of unaffected men from the four villages, two from each village. The following order was followed;

Tool + Unaffected man + Village + Number

KI+ U+ K+ 1

Example,

KIUK1: (based on the coding above, the speaker took part in the interview, is an affected man from Kĩandõ village, and is the first man from the village to be interviewed)

Each of the four villages had two key interviews undertaken by unaffected men. It was important to interview them as the researcher wanted to hear the point of view of opinion makers in the community. There was an interview guide for the unaffected men (as shown in Appendix 4).

3.9.2 Data Transcription

Data transcription was one of the stages in this study's data analysis process. By providing a written record of the speech occurrence, transcription makes discourse usable for data analysis. According to Weatherel et al., (2001), conversational analysis starts with the premise that interactional events cannot be easily written off as minor or inconsequential, however unimportant they may seem. This argument necessitated transcribing the data since the researcher was analysing the stigma incorporated in societal ideologies through language coined to stigmatise involuntary childless women. The study used broad and narrow transcription, which captured specifics such as the words said and who was speaking them, pauses, laughs, and an inaudible or continuous stream of words. This is borrowed from (Lee and Renzetti, 1994). Transcription was vital as it gave a written representation of the data available.

Data from the aforementioned focus groups and interviews were captured, after which it was transcribed. Since the appearance of such details defines the sequential element of discourse as a social action, accuracy was observed to ensure that the researcher records nearly every detail of the social action. The transcription exercise proved cumbersome and messy as the researcher tried transcribing even where the talk overlapped as the informants became more involved. Gorman and Clayton (2005) claim that transcribed communication appears chaotic and that this is because genuine conversation involves speakers pausing, hesitating, repeating themselves, and making corrections as they speak. Data for this study came from FGDs and key interviews and were supplemented by a tape recorder.

3.9.3 Transcription Conventions

The study used transcription notations while transcribing the data. The transcription notations were those by Lee and Renzetti (1994) as adopted by Gorman and Clayton, 2005 (Mvumbi and Ngumbi, 2015) with suitable adjustments.

1. (.) To indicate a pause of less than a second
2. (1) To indicate a pause time in seconds
3. : To indicate that the preceding syllable is lengthened
4. Underline. Indicates a stressed word or stretch of a talk.
5. (Description) Indicates a specific description of voice quality used.
6. // Marks speech interruption.
7. Capitalised words mean stretch of words said loudly
8. () Enclosing the researcher's information
9. hhh means inaudible speech
10. == duration of silence between two speakers.
11. ==|| This means without any silence between the turns of various speakers.

During data transcription, the study considered what Zöllner (2000: 28) posits: good transcriptions do not necessarily follow standard grammatical structures with punctuation marks such as full stops, commas, or exclamation marks. The focus of a study by any researcher should determine how a transcript ought to be presented. A transcript that presents writing and talks alike also tends to punctuate it in complete sentences. The current study employed a mixture of these transcription approaches as

the study focused on the stereotypical discourses used in the Gikũyũ community towards the involuntary childless women, which were socially accepted as a societal norm.

3.9.4 Data Translation

The data collected for the study from the Focus Group Discussions and interviews were in the Gikũyũ language. For the data to be analysed in English, the data were translated into English by the researcher. Most translational studies agree that preserving the original meaning is the ultimate goal for a translator. To achieve this goal, the translations were guided by the context of the utterance and texts, which comprised linguistic context, situational context, social context and pragmatic context, time and place, and culture in which the discourse occurs (Yieke, 2002). The researcher, who doubled up as the translator, translated spoken texts by disambiguating them to arrive at possible meanings. Her grounding in the Gikũyũ language played a crucial part in the translations in the effort to analyse the language's linguistic stigmas.

3.10 Steps in Data Analysis

The FGDs, interviews, and audio-recorded data were obtained qualitatively. The raw data were scrutinized and analysed for worth, accuracy, and completeness (Zöllner, (2000). The data that had been obtained were cleaned and analysed from their initial original form since, in this form, they could not be analysed because they were jumbled up. For qualitative data to be well analysed, systematic searching, organisation, condensing of the data into manageable units, reproducing the data, and then deducing a pattern are required (Zöllner, 2000). The study employed these stages to come up with reliable data. This was after keenly listening to the audio recorder and then intently transcribing the data, leaving nothing essential out. The data were then translated into English, preserving the original meaning as much as possible. The data were then classified into relevant thematic concepts by regrouping them into detailed, comprehensible thematic ideas. The data were then used to analyse the linguistic strategies together with social and cultural ideologies that stigmatise involuntary childless women. The data also analysed how involuntary childless women rebranded themselves as a resistance strategy.

3.10.1 Discursive Strategies

The data were analysed for discursive strategies used by the community to stereotype involuntary childless women. The strategies are as follows:

Firstly, there are referential strategies of nomination strategies, for example, through the creation of in-groups and out-groups through several categorisation devices. Some of them are personal pronouns, metaphors, and metonymies. Secondly, there are predicational strategies. These may be realised as evaluative attributions of negative and positive traits used to label actors.

Thirdly, there are argumentation strategies through which the positive and negative evaluations are justified. Fourthly, the perspectivation, framing, or discourse representation by means of which speakers express their involvement in discourse and the viewpoint in their description of the events and actors. Fifthly, there are intensifying strategies that add force to the descriptions given on the one hand and mitigation strategies that attenuate the force of the descriptions made (Reisigl and Wodak 2001).

The constructive, justifying, transformational, and demotive discursive strategies were applied in organizing the various responses on identity where these strategies grouped them. The study looked at the linguistic devices used in the discourse of community members, including lexical choices such as the actors' names, social actor representation focusing on how they were named and whether they were included or not, processes, modality, and pronouns.

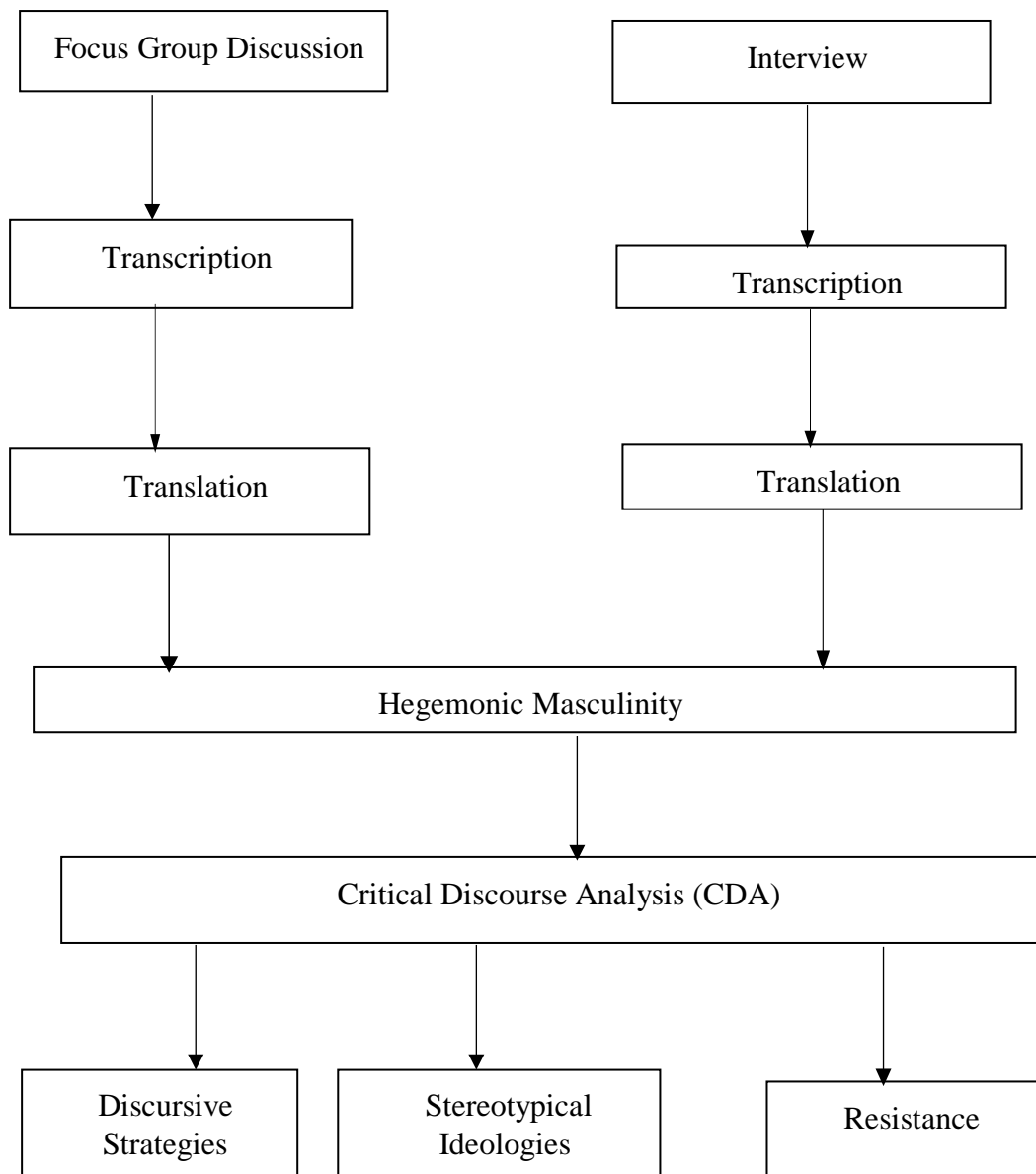


Figure 3.1: Figurative Model of the Study

3.10.2 Stereotypical Ideologies

The study analysed the ideologies bestowed on mothers and those presented on involuntary childless women. The community's ideological control system tends to have an 'Us' versus 'Them' standpoint where the majority 'Us' distinguish themselves positively and, in turn, perceive the minority negatively, hence stigmatising them. The involuntary childless women are stereotyped as they are constructed in deficit ideological discourses.

The idea that a person's value is tied to procreation and social constructionism is thus represented by pronatalist ideology as a social construct (Ulrich and Weatherell, 2000). Therefore, when one cannot procreate, that person is stigmatised and regarded as incomplete. Motherhood is considered a must for female identity, woven prominently into cultural ideologies propagating social construction. Women's infertility is a topic with solid ideals that have permeated society's awareness since before society's founding.

3.10.3 Involuntary Childless Women Resistance

The study examined the possibility of resistance by those who carry the stigma of involuntary childless women. The study understood that even in this unfavourable setting, childless women attempted to combat the stigma by employing a variety of strategies, including "resistant thinking," "strategic avoidance," "speaking up and acting out," and in rare instances, "rejecting the motherhood mandate," which entails outright admitting their lack of interest in motherhood. Women's attempts to reduce stigma did not have to be public, organised, formal, or unambivalently intentional (Riessman, 2000, p. 122) to be considered resistance. This makes it possible to perceive practically any mental and behavioural strategies for coping and resilience as resistance.

3.11 Ethical Considerations

Some research topics tend to dig deep into sensitive and personal experiences (Mvumbi and Ngumbi, 2015). Concerning the study, infertility is regarded as one of the most sensitive issues in the emotional development of any individual of childbearing age. Hence, the informants may be on a roller coaster of emotions when these questions are directed at them. Principles of ethics were employed to delicately handle their situation, as it is a sensitive issue (Labov, 2018). The researcher helped the informants handle the situation by forming them into Focus Group Discussions in their villages. The FGDs were assumed to be capable of assisting them in the future as the group offered a haven where they shared their predicaments on issues pertaining to childlessness. The FGDs, therefore, helped as they acted as participants' forums to learn from one another's views. The informants verbalized their experiences, stimulating memories, ideas, and experiences with other informants.

The researcher also described the advantages of the study to the informants and any potential risks that might come with participating. Only after receiving their voluntary consent were informants contacted for interviews and FGDs. Also, the informants had the option to leave the study if they were uncomfortable. The Gīkūyū language was used to effectively explain the issue to the informants and obtain their consent to ensure privacy throughout data collection. In the FGDs, the informants were also asked to respect others' confidentiality by urging them to respect each other's views and opinions. This was done as the researcher explained that it was the least they could do for each other.

A verbal explanation of the issue's sensitivity was given before the data collection commenced. This was done to ensure that the informants understood the study and would internalize the issue's sensitivity. The study also followed confidentiality measures to protect the informants. Numbers were also incorporated to conceal the informant's identity. They were also informed that each was given a number that would be their identity and that the number and age would be used in the study to identify them. The privacy of the data was also a vital issue that was considered and to this end, the researcher ensured that the data were put under lock and key and that it was secured through the use of passwords in the computer.

CHAPTER FOUR : DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the findings from the data collected. The findings are presented systematically in sections in line with the study objectives which were: to examine linguistic strategies that contribute to stigmatising involuntary childless women, analyse the common stereotypical ideologies about involuntary childless women, and analyse how involuntary childless women redefine womanhood after the linguistic stigma in the Gĩkũyũ community. A summary is provided after each section to highlight the main issues.

4.1.1 Profile of Informants

The data for the study were collected from 36 informants by use of interviews and Focus Group Discussions. The informants were adult males and females from the Gikuyu community. The profiles of the informants are depicted in table 4.1, 4.2 and 4.3 that follow.

Table 4.1: Profile of the Involuntary Childless Women

SERIAL NO.	SEX	AGE	VILLAGE	CODE NO.
1.	Female	52	Kĩandũ	FGK1
2.	Female	61	Kĩandũ	FGK2
3.	Female	57	Kĩandũ	FGK3
4.	Female	45	Kĩandũ	FGK4
5.	Female	48	Kĩandũ	FGK5
6.	Female	64	Kĩandũ	FGK6
7.	Female	58	Kĩgogoinĩ	FGKI7
8.	Female	50	Kĩgogoinĩ	FGKI8
9.	Female	45	Kĩgogoinĩ	FGKI9
10.	Female	64	Kĩgogoinĩ	FGKI10
11.	Female	46	Kĩgogoinĩ	FGKI11
12.	Female	44	Kĩgogoinĩ	FGKI12
13.	Female	56	Mathakwainĩ	FGM13
14.	Female	47	Mathakwainĩ	FGM14
15.	Female	44	Mathakwainĩ	FGM15
16.	Female	53	Mathakwainĩ	FGM16
17.	Female	60	Mathakwainĩ	FGM17
18.	Female	64	Mathakwainĩ	FGM18

19	Female	49	Ndũgamano	FGN19
20.	Female	51	Ndũgamano	FGN20
21.	Female	48	Ndũgamano	FGN21
22.	Female	62	Ndũgamano	FGN22
23.	Female	64	Ndũgamano	FGN23
24.	Female	65	Ndũgamano	FGN24

Source: Researcher's Data

Table 4.2: Profile of the Husbands to Involuntary Childless Women

SERIAL NO	SEX	AGE	VILLAGE	CODE NO.
25.	Male	60	Kĩandũ	KIHK
26.	Male	53	Kĩgogoinĩ	KIHKI
27.	Male	62	Mathakwainĩ	KIHM
28.	Male	49	Ndũgamano	KIHN

Source: Researcher's Data

Table 4.3: Profile of the Unaffected Men

SERIAL NO	SEX	AGE	VILLAGE	CODE NO.
29.	Male	65	Kĩandũ	KIUK1
30.	Male	50	Kĩandũ	KIUK2
31.	Male	55	Kĩgogoinĩ	KIUKI1
32.	Male	64	Kĩgogoinĩ	KIUKI2
33.	Male	46	Mathakwainĩ	KIUM1
34.	Male	52	Mathakwainĩ	KIUM2
35.	Male	57	Ndũgamano	KIUN1
36.	Male	61	Ndũgamano	KIUN2

Source: Researcher's Data

As seen from Tables 4.1, 4.2, and 4.3 above, the informants who formed the research sample were aged between 45 and 65 years and comprised 24 females and eight males. The informants were drawn from the Gĩkũyũ community in the villages of Kĩandũ, Kĩgogoinĩ, Mathakwainĩ, and Ndũgamano, all in Tetu sub-county, Nyeri County. The 24 women took part in FGDs, which took one hour and thirty minutes, while the men took part in interviews. The interviews were separated into two, meaning that the partners of the involuntary childless women and the unaffected men all took part in the interviews. The interviews undertaken by the partners to the involuntary childless women took 55 minutes, while the interviews undertaken by the unaffected men took 50 minutes.

In the following sections, the data was analysed to address the three objectives of the study. The first section examined the discursive strategies employed to stigmatise the involuntary childless women in the Gikōyō community. The stereotypical language used towards these women by the community members played a vital role in the analysis of the strategies because it formed the basis of the analysis.

The second section analysed the stereotypical ideologies used towards the involuntary childless women by the members of the Gikōyō community. The community had contrasted mothers and childless women, and the community had come to believe the stereotypical ideologies as universal truths. The third section analysed how involuntary childless women rebrand themselves after the stigma they face. How the women consider themselves after healing from the stigma is what was examined in this section.

4.2 Discursive Strategies Used to Stigmatise Involuntary Childless Women

Discursive strategies involved how involuntary childless women are stigmatised in a quest to achieve power relations. This power involves control by one group over the others or the other using discursive strategies. This means a powerful group may limit the freedom of action and influence their minds. Besides using force and direct control, the most effective power is primarily cognitive and enacted by persuasion, dissimulation, and manipulation (van Dijk, 1993:271). However, such power relations are not always bluntly manipulative but enacted and reproduced by subtle, routine, everyday forms of text and talk that appear natural and entirely legitimate. Therefore, CDA also focuses on discursive strategies that legitimate control or otherwise naturalise the social order, especially relations of inequality. The research found that imbalanced power relations stigmatise involuntary childless women.

This section discusses the various discursive strategies used to construct the identity of involuntary childless women according to the study's first objective. The study focused on five discursive strategies identified by Reisigl and Wodak (2001). These are the referential strategies by which actors are named (see Table 2.1) and the predicational strategies, which assign qualities to the persons and things named. Thirdly, there is the argumentation strategy, which presents arguments to justify the claims made about persons or things; perspectivation strategies are the fourth type of strategy, which express the speaker's level of interest or involvement in what they say and their point

of view.

The fifth type of strategies are intensification and mitigation strategies, which qualify or modify the epistemic status of a proposition. In addition to these strategies, other general strategies of positive self and negative other representation were highlighted, including transitivity and silences.

The construction of identity involves the creation of difference and sameness, which means the creation of one's in-group (those who are like the self) and the creation of an out-group (those who are unlike the self). The speaker names their in-group and describes their characteristics and actions, which describe the group from the out-group, and provides arguments to support the claims.

The discussion looked at these strategies applied to involuntary childless women. They were studied in the following order: referential strategies, predicational strategies, argumentation strategies, strategies of involvement/perspectivation and framing, strategies of intensification mitigation strategies, and other strategies, which were modality and implicature.

4.2.1 Referential/Nomination strategies

This strategy aims at constructing and representing social actors so that the actors are discursively represented and positioned as part of in-groups or out-groups. Using terms linked to motherhood and fertility when referring to all women frames involuntary childless women in the out-group, excluding them as community members.

CDA challenges members of society from seeing language as abstract to seeing our words as having meaning in a particular historical, social, and political condition (Fairclough, 2018). Nomination strategies in discourse analysis refer to how people, objects, events, processes, or actions are named or referred to directly through nouns, pronouns, or phrases that serve to label them. Some of the nouns expressing social problematisation as a referential strategy were experienced by some involuntary childless women, as presented below:

Excerpt 4.2.1.

Nĩndathiaga dukainĩ hĩndĩ ĩmwe ngĩigua atumia makiuga, ‘Ũyũ nĩ mĩtumia ōrĩa ōtagĩaga ciana.’

I was walking alone to the shopping centre, and I heard some women say, ‘This is the woman who is barren.’ FGM14

The word "barren" is a referential strategy that stigmatises involuntary childless women. The term barren evokes notions of sterility, lack of productivity, uselessness, and failure. When the women identify her by her childlessness, they stigmatise her by defining her with her perceived reproductive deficiency.

Additionally, another informant states that she once worked on a farm where there were three women named Njeri, and she was stigmatised in the differentiation. She said:

Excerpt 4.2.2.

Hĩndĩ ĩmwe nĩndarutaga wĩra mũgũnda wa macani kũrĩa twarĩ atumia atatũ metagwo Njeri nĩ ndi ōmwe wao... nĩguo gũtũkũrana na gũĩta, Njeri ōrĩa warĩ maitũ, ōrĩa mũnini etagwo, Njeri mũnini, na nĩ manjĩtaga Njeri thata.

I once worked in a coffee plantation where there were three women named Njeri, I being one of them. To differentiate us, they called one Njeri our mother, the other Njeri the younger one, and they used to call me Njeri, the barren one. FGK6

They differentiated the older and younger ones by their ages, which they found significant. At the same time, they referred to the involuntary childless woman by her fertility status and not her age, yet she was younger than ‘Njeri, who is younger.’ This shows that the involuntary childless woman was marked due to her childlessness. The negativity implied by ‘the barren one’ propagates the idea that childlessness makes a woman seem broken, defective, or inadequate. The informant is harshly judged by her circumstances based on the assumptions about womanhood equating to motherhood.

Another informant was regarded as using the word barren as a common referential strategy. She states that:

Excerpt 4.2.3.

Rĩrĩa mũthuri wakwa andwarire kwao, nĩmakenire mũno na tũkĩguana mũno na nyina (smiling). Tũtiagũire ciana ona twageria. Ngĩona nyina agarũrũka thutha wa mũaka itatũ (1). Akĩambia kũnumaga akĩnjĩtaga thata. Nĩndarĩraga mũno na ngoria Ngai andiganĩirie nĩkĩ. Mũthuri wakwa nake agĩcenjia (1). Akĩanjia gũũkaga ũtukũ mũno na thaa ingĩ akaga gũcoka (wiping tears) ndamũria kũrĩa auma ngahũrũo ya gĩthigithanio. Yakinya mũaka mũgwaja (shedding tears) ngĩingatwo thutha wa mbaara yarĩ njũru mũno.

When my husband took me to his relatives, they were thrilled, and we became good friends with my mother-in-law (smiling). We, however, did not get children, no matter how much we tried. After three years, his mother changed (1). She began insults such as calling me barren. I often cried and asked God why He had forsaken me. My husband (1) also changed. He started coming home late at night; sometimes, he would not show up (wiping tears). He would beat me up mercilessly whenever I asked him where he was. After seven years (shedding tears), they chased me away after a terrible beating. FGM13

The informant was called barren when she could not fulfil the societal expectations of bearing children. However, it is essential to note that when she was newly married, she was welcomed and loved because there were expectations that she would be a mother after a short period. When it did not happen, the informant's in-laws stigmatised her because of her childlessness. Her husband could not take it any longer and began thorough beatings. His coming home late and not showing up at all was understood as noncommittal in the marriage. This referential strategy reduced the informant to her biological capacity to bear children.

Another informant posited that her mother-in-law constantly reminded her why she disliked her. She says:

Excerpt 4.2.4.

Maramu wakwa nĩandirikanagia kaingĩ atĩ (.) athũire tondũ wa kwaga maciaro.

My mother-in-law constantly reminded me that (.) she hated me because I was unfruitful. FGK6

The informant was called ‘unfruitful’ by her mother-in-law. This means a tree that bears no fruits, making it useless. Naturally, when a tree does not bear any fruits, it is cut down for it is of little or no value. The tree is juxtaposed with the involuntary childless woman, who is treated as a liability in the Gikùyù community. This happens because true womanhood is defined by childbearing, and women who fall short of this ideal are excluded and systematically undervalued. The informant is, therefore, given a linguistic label that stigmatises her.

Sociativisation was applied as a referential strategy to contrast mothers and non-mothers, as stated below:

Excerpt 4.2.5.

Gūtirī mündũ wendaga ndeto ciakwa. Manjĩtaga nyina wa gūtirĩ (akahura maithori). Gūtirĩ mündũ ungĩnjerera. Ona ndingĩtũma mwana wene athĩ duka. Manjũragia ndì nyina waũ. Ndĩngeheka gĩtĩo ta atumia arĩa me ciana.

Nobody wants anything to do with me. They call me a non-mother (wipes tears). Nobody visits me. I cannot even send anyone's child to the shops. They ask me whose mother I am. I cannot get the respect of mothers. FGKI10

The informant is referred to using the noun 'mother to nothing' while those with children are referred to using the noun 'mothers.' The informant is, therefore, defined by what she lacks, the motherhood status, rather than by other attributes that she possesses. This form of strategy categorizes women into ‘mothers’ versus ‘non-mothers,’ creating an in-group and an out-group distinction. That is why the informant claims that her ‘nonmother’ status makes her not get the respect bestowed on ‘mothers.’ The use of ‘nothing’ also denotes absence, inversion, or deprivation. This linguistically frames non-mothers as deficient, less-than, or unfulfilled, explaining the reason why no one would permit their child to go to the shops when sent by her as she is viewed as incomplete.

Metaphors used as referential strategies also stigmatise involuntary childless women by symbolically depicting them as deficient, flawed, or unfulfilled. FGKI10 claimed that society shunned her for all she tried to do. She claims that:

Excerpt 4.2.6

Maugaga niĩ ndĩ irebe rĩtarĩ kĩndũ na gĩtirĩ mĩndũ wendaga ũhoro wakwa. Ũguo ũranyona haha, ndiganĩte na arĩme mĩgwanja aria maarĩ athuri akwa. Othe mandigire tondũ ndiarĩ na ciana.

They say I am an empty container, and no one wants anything to do with me. As you see me here, I have separated from seven husbands. They all left me because I had nothing to offer. FGKI10

She uses a metaphor, 'empty container,' which means that since she could not conceive, she had 'no value,' hence simply 'empty.' In the Gĩkũyũ community, a woman was supposed to give birth to as many children as possible because children were the family's prestige. When a woman could not conceive, she was stigmatised and was the laughingstock of the village. No man would bear the pain of being in a monogamous relationship with her, and that is why the informant has seven ex-husbands, for it was shameful to be associated with her. This metaphor creates an image of her being hollow or bare and of no value to the owner (husband) and herself.

Another informant, an involuntary childless woman, said that her husband told her that:

Excerpt 4.2.7

Mũthenya ũmwe mũthuri wakwa anumire akiuga no nyũmbũ itangĩciara aheaga irio. Nĩndarakarire mũno na ngiuma gwakwa itarĩ na kĩndũ. Ndigĩumĩrĩria kũrumuo nĩ kaba ahũre tondũ irema cia kũhũrũo nĩngũhona no irumi ndikariganĩrũo.

One day, my husband insulted me by saying, 'I am feeding a mule.' I got so angry that I left my home with nothing, no property to show. I cannot tolerate insults; he would rather beat me up than insult me since the scars from the beating will heal, but insults remain forever. FGKI10

The informant experienced stigma through an animalizing metaphor 'mule' from her husband. The only mammal known for neither self-reproduction nor childbirth is referred to as a "mule." Thus, when juxtaposed with a mule, her husband intends to show that she is incomplete and lacks an essential aspect of womanhood. Her husband meant she was not a complete woman, for there was nothing to show from her

womanhood. In the Gĩkũyũ community, motherhood was the only way to prove womanhood.

The same metaphor was used towards another informant as follows:

Excerpt 4.2.8.

O hĩndĩ twathiĩ kũrĩmia ndaheagũo handũ harĩa homũ makĩria tondũ kweragũo atĩ ndĩ hinya kũrĩ atumia arĩa angĩ. Maugaga niarathime nĩgũkorũo na nyũmbũ hamwe nao. Ndiarutire wĩra ihinda rĩnene tondũ mwĩrĩ wambirie gũthumbũra. Whenever we went to plow on other people's farms, I was always given the hard pan because it was believed that I was stronger than other women. They always said they were lucky to have a mule among them. I could not work for long as my health began deteriorating. FGM16

The above nickname, 'mule,' becomes the personal name of the informant. It is associated with a negative connotation disguised as positivity. The above informant was linguistically stigmatised using the nickname 'nyũmbũ,' meaning 'mule.' Due to its usage, the informant was always exploited by others. Juxtaposing her to a mule meant that she could not give birth, just as a mule, which meant that she was good for nothing. Mules are commonly known for their agility and stamina; the involuntary childless woman is expected to be just as it is. They are, therefore, expected to work more than fertile women. The involuntary childless women are always given more difficult tasks than other women simply because they are regarded as 'stronger' (Otiso, 2019) since, just like mules, they have not gone through pregnancy and childbirth. The taking of more difficult tasks later becomes exploitative because she is not paid more.

Another informant stated that:

Excerpt 4.2.9.

Nĩ manjĩtaga kĩonje kĩrume. Gĩtirĩ mĩndũ ũrĩtaga irio ciakwa. Metagĩrĩra ndore mwena ũgĩ magaita. Meciragia ndirona. Tĩngĩcemanía na mĩndũ ũkũite kana e kũraihi akahĩmbagĩra ũthiĩ. Maugaga ndĩ wa mata moru na nonjĩrage kana. Nĩ tondũ wa ũndũ ũcio rĩ, ndiĩĩkagĩra andũ macere gwakwa. Ũmũthĩ nĩguo

mũthenya wakwa wa mbere kumĩra andũ-inĩ thutha wa ihinda rĩa mĩeri ãtatu (other informants looking surprised).

They call me handicapped and cursed. Nobody eats my food when served. They always wait for me to look at the other side and pour it all. They always think that I do not notice. Whenever someone carrying a child sees me from afar, they hide the child's face. Therefore, I do not entertain visitors or visit people's homes. This is my first time in three months to get out and share with people (other informants looking surprised). FGK3

The informant is referred to as a 'handicapped and cursed' person because she has not subscribed to the normative social order expected of her by society by giving birth. Due to the stigma faced, the informant opts to isolate herself. Her being referred to as 'handicapped' frames her as deficient, disabled, or impaired, hence negatively judging her. It implies that those without children are at an inherent disadvantage, are less able, or are limited in their lives. By referring to her as 'cursed,' the community propagates a notion that childlessness is something inflicted out of spite or divine punishment. This implies wrongdoing on the part of the involuntary childless woman. The expression reflects superstitious beliefs that childlessness results from supernatural forces or moral flaws. This, however, is a non-evidence-based perspective. It removes agency and fault from social structures and places blame and shame instead on the involuntary childless woman, and that is why no one wanted to associate with her to the extent of pouring food served to them and hiding children's faces when she was around.

Another informant was told that:

Excerpt 4.2.10.

Wĩĩ kairĩtu ka mahua ũhiki-inĩ.

You are just a flower girl. FGN24

Referring to the involuntary childless woman as a 'flower girl' employs a cutesy referential strategy that subtly stigmatises her by framing childlessness as a failure to realise complete womanhood. It diminishes her maturity and agency. It infantilizes her by using a term typically meant for a young girl, implying she is naive, innocent, or not

fully adult without having children. The cutesy, diminutive connotation of "flower girl" frames a childless woman as almost childlike herself. This trivializes and others her. The floral, delicate imagery associated with "flower girl" plays into stereotypes of childless women as fragile, weak, or lacking agency. The term implies these women are stuck in a perpetually juvenile role instead of embracing true adulthood through motherhood. It disregards how involuntary childless women contribute meaningfully to their communities and the personal growth that constitutes maturity.

In conclusion, referential strategies that rely on deficient, demeaning, or limited terminology have the power to stigmatise and marginalise involuntary childless women. This is because language offers the opportunity to construct stereotypes of self and others (Wodak and Meyer, 2001). These referential strategies misrepresent childless identities or impose negative judgment via terminology choice, hence perpetuating restrictive stereotypes and pronatalist ideologies.

4.2.2 Predicational Strategies

Predicational strategies refer to the qualities, characteristics, traits, and features attributed to different groups, social actors, or individuals through discourse. The Discourse Historical Approach to critical discourse analysis examines predication to uncover the ideological assumptions and stereotypical labels applied to specific people or social categories. These ideologies, according to Van Dijk (2001), are elementary principles that shape the attitudes that members of a common group share. When predicational strategies consistently portray a group in a negative, reductive, or limited way, it can perpetuate stigma and marginalisation.

In the case of involuntary childless women, predicational strategies that reinforce restrictive assumptions around femininity and motherhood may contribute to stigma. Some examples of predicational strategies that could stigmatise involuntary childless women include the selfishness stereotype, which refers to the common tendency to characterise involuntary childless women as selfish through attributing personal traits. KIHK observes that:

Extract 4.2.2.

Aya andõ meyendete m̄no. Maikaraga aiki atĩa ta arogi? M̄tumia õtarĩ ciana ti m̄kinyanĩru.

These people were very selfish. How can they live alone like witches? A woman without a child is incomplete. KIHK

The informant who says this is a partner to an involuntary childless woman. He directly labels the involuntary childless woman as selfish simply because she does not have children. He ignores the reality that most involuntary childless women did not choose to live alone but were divorced for their childlessness. This statement also ignores that the said women did not choose to be childless, hence misattributing selfishness judging their circumstances. Describing them as selfish for something out of their control promotes stigma by portraying involuntary childlessness itself as a character flaw. Such a statement reinforces outdated pronatalist expectations that all women must become mothers, so anything less is selfish.

When he claims that ‘A woman without a child is incomplete,’ he propagates the harmful notion that womanhood equals motherhood and that a woman without children is somehow deficient or inadequate. Describing involuntary childless women as incomplete discredits the many other ways they can lead meaningful, purposeful lives, diminishing their worth. Such a statement stigmatises childlessness as a kind of social disability or lack of development rather than a valid life path. The notion that involuntary childless women are somehow incomplete promotes stigma by minimizing their worth and imposing rigid expectations around gender norms for fulfilment.

Another informant, in his statement, stereotyped the involuntary childless women using the undesirability stereotype by claiming that:

Excerpt 4.2.3.

Atumia aya ti aitõ. Ti m̄kinyanĩru. Ti arathime. Ti atumia akinyanĩru. Nĩndĩaga atumia arĩa me ciana tondõ nĩmaheagwo gĩtĩo.

These women do not belong. They are incomplete. They are not blessed. They are not womanly. I admire mothers because they are respected. KIHKI

Claiming that the involuntary childless woman ‘does not belong,’ ‘is incomplete,’ ‘not blessed,’ and also ‘not womanly’ promotes stigma by minimising their female identity and imposing rigid expectations around womanhood, equating womanhood to motherhood. The reference diminishes the dignity and validity of involuntary childless women by defining femininity narrowly through maternal capability. It stigmatises involuntary childlessness as a deficient or abnormal rather than a livable circumstance. This stereotypical perspective unfairly judges the worth and maturity of involuntary childless women based on biological factors out of their control. It fails to acknowledge the grief, distress, and courage involved in accepting irreversible infertility rather than just dismissing involuntary childless women. The implication that womanhood is incomplete without motherhood shows little empathy for those who deeply desired but were unable to bear children.

Another informant stated that:

Excerpt 4.2.4.

Rĩrĩa mũthuri wakwa endaga kũhikia mũtumia ũngi, ndaregire mũno na ngĩmwĩra ndingĩgayana mwendwa wakwa na mũndũ ũngi. Mũthuri wakwa anjugĩrĩrie mũno akĩnjĩra ndĩ mũtumia mũrũrũ mvno, na ndangĩndũira ciira na nonjugire nĩ tondũ wĩ thata. Agĩcoka akĩongerera ona kaba ng'ombe tondũ nĩ ikamagwo na ikarĩo nyama.

When my ex-husband wanted to marry another wife, I firmly refused and told him that I would not share my love with anyone. On the other end, he shouted me down, stating that I am a very bitter woman, but he did not blame me but blamed my childlessness. He added that a cow was better than me because it produces milk and beef. FGM13

This stereotype shows a deficiency, claiming that her husband wanted to remarry because his wife lacked something essential: a child. He makes the unfounded assumption that infertility causes all involuntary childless women to become resentful and unhappy. This propagates an unnuanced, negative view. Describing her as "bitter" disregards the diversity of human experiences and emotional responses. Some may feel this way, but certainly not all. Her husband’s lack of empathy and his inability to

imagine the profound sorrow of losing one's reproductive capabilities and dreams of parenting shows how inconsiderate the general public is.

Another deficiency stereotype is pointed out by the informant below:

Excerpt 4.2.5.

Andũ a kũrĩa ndahikĩte nĩmanjĩrĩre njeherie wathe wakwa kuuma nyũmba-ĩnĩ yao tondũ gũtirĩ hingo ngakinyanĩra na nĩmanogetio nĩ kwaga ciana gwakwa.

My in-laws told me to remove my handicapped nature from their family as I would never be complete, and they were tired of my childlessness. FGK1

The informant was unwanted due to her childlessness. Her in-laws used the adjective 'handicap nature' to frame not having a child or children as a deficiency, disability, or impairment. This negatively judges involuntary childless people. Describing childlessness as a "handicap" implies that those without children are at an inherent disadvantage, less able, or limited in their lives. The medical model connotation pathologizes childlessness as an abnormality or illness rather than an acceptable life path. The informant was, therefore, unwanted in the home because she was imposed as an outsider. This term diminishes and discredits the capabilities and worth of involuntary childless women.

Still, on the deficiency stereotype, another informant states that:

Excerpt 4.2.6.

Kwaga mwana nĩ ũndũ ũri ruo, na ni ũri ruo mũno. Ndĩ mũtumia ta arĩa angĩ, nĩnyonaga kahinda gakwa ka mweri ota atumia arĩa angĩ. Ndirĩ ndaruta ihũ kana ngahũthĩra dawa cia kũgirĩrĩria kũoha nda. Nĩma ndiũũ thĩna wakwa ũkoragwo kũ kana nĩkĩ gĩthiaga na mbere. Mũthuri wakwa augaga kwaga mwana nĩ wathe...

Lacking a child is painful and it is very painful, to say the least. I am a woman like any other because I receive my menses just like any other woman. I have never aborted nor used family planning medication. I honestly do not know

where the problem is or what is happening. My husband says I am disabled...

FGM15

The informant's husband describes her childlessness as a disability. He suggests that she is deficient in some way for not being able to have children. This promotes the idea that womanhood is defined by motherhood and that women who cannot have children are inadequate. He also implies her childlessness as a medical condition that needs to be "fixed" rather than a valid life path. The informant admits that childlessness is a painful journey. The adjective 'disabled' often carries stigma and assumptions of incompetence or weakness. Applying this label to childless women adds a layer of prejudice.

Overall, predicational strategies that directly or indirectly signal something is missing, wrong, deviant, deficient, or dysfunctional about involuntary childless women can potentially create and reinforce stigma. This stigma stems from powerful ideological assumptions enacted, sustained, and transmitted by society (Fairclough and Wodak, 2021). They are restrictive norms surrounding gender and motherhood, hence positioning childlessness as non-normative.

4.2.3 Argumentation Strategies

Argumentation strategies refer to the justifications, reasoning, and claims used to defend or normalize particular worldviews in discourse. The Discourse Historical Approach examines argumentation strategies to reveal the persuasive tactics and rhetorical devices used to propagate certain ideological positions or social norms (Wodak, 2007). When specious or problematic argumentation is used to uphold traditional expectations around gender and motherhood, it can serve to stigmatise and marginalise involuntary childless women.

4.2.3.1 Topos of Culture

These topos can be used to stigmatise involuntary childless women by portraying cultural values and norms as causing shame and exclusion for involuntary childless women.

One informant said that:

Excerpt 4.2.3.

Maitũ witũ niaikaraga akĩndirikanagia atĩ thĩinĩ wa rũrĩrĩ rwitũ mũtumia warĩ ciana nĩahetwo gĩtũo. Atumia arĩa matarĩ ciana nĩmanyararagwo mũno.

My mother kept reminding me that in our lineage, motherhood was respected. Women who did not have children were stigmatised. FGN23

In the pronatalist Gĩkũyũ community, motherhood is central to female identity and a key source of meaning for women's lives. Women are expected to desire children. Status and value for women are often derived from having children. Involuntary childless women are stigmatised. In the Gĩkũyũ culture, reproduction and childrearing are considered a civic duty rather than a personal choice.

In relation to the excerpt above, another informant stated that:

Excerpt 4.2.4.

Atumia thata Ugĩkũyũinĩ nĩmanyarairwo. Kũgĩa ciana noyo yarĩ njĩra ya kũmaheithia gĩtũo.

Childless women were ostracized in our community. Motherhood was the only valued path for women. FGM13

The excerpt is proof that the Gĩkũyũ community, which is pronatalist, believes that womanhood is intrinsically tied to motherhood. This creates social norms and expectations that apply significant pressure on women to bear and raise children. Within many pronatalist communities, motherhood is the pinnacle of feminine identity and the central source of meaning in a woman's life.

Religious and cultural doctrines idealizing motherhood are also infused, as the following informant states:

Excerpt 4.2.5.

Kōringana na wītikio witō wa Ugīkōyō, wīra ōrīa mwamōre wa mōtumia nī ōciari. Kwaga kōgīa ciana nī kwaga kōhingia wedi wa ōgīkōyō.

According to our beliefs, a woman's divine role is to procreate. The childless have failed their duty. KIHN

One prominent belief is that parenting, especially mothering, is the natural instinct and purpose of women. Mother-child bonds are idealised as a woman's most fundamental and emotionally fulfilling relationship. Women are portrayed as innately nurturing, with sensitivities and aptitudes especially suited for raising children. Opting out of motherhood is characterised as women shirking their biological destiny, hence the stigma.

Overall, while culture influences attitudes about family roles, the topos of culture often over generalises and stereotypes societal views in ways that can further marginalise involuntary childless women.

4.2.3.2 Topos of Religion

The topos of religion can stigmatise involuntary childless women when religious values and doctrines are portrayed as shaming or excluding the childless. One informant noted that:

Excerpt 4.2.6.

Hīndī ya kōiyōkia ciana, mōtungatiri nīetaga aciari othe maumire hau mbere. Agacoka agathoma Thaburi igana ria mirongo ūri na mōgwanja iria yugaga ati ciana nī kīheo kuuma kwī Ngai. Akīmera no makorwo mari athīni no kōona atī nīmarathimītwo na ciana, kiu nī kīrathimo kīiganu. Ngīgua ndī thī mōno tondō no nī ndatigītwo gitiini njikarīte thī. Ndiōī kana nīndīrekīrīra ndeto ici mōno no nīndaiguire ndī thī mōno. Nindacokire ngīmenya athuuri na atumia arīa angī matarī cīana, mōthenya ōcio mainōkire tene na amwe ao ona matiokire kanitha mōthenya ōcio.

During the children's dedication Sunday, the reverend called all parents to the front. He read Psalms 127: 3-5, which talks about children being a blessing from God. He told the parents they could be poor, but the fact that they had children was enough of a blessing. I felt so low and almost cried in church as I had been left alone sitting. I do not know whether I am overreacting, but I felt so low. I also noticed that other childless couples either left church early or did not attend it on that day. FGMI9

From the excerpt above, children are regarded as blessings, meaning those without them have not been blessed. This, therefore, meant that the informant was not blessed. Religious beliefs and norms reinforce the motherhood mandate, casting childlessness as a failure or misfortune. The topos of religion thus were employed to morally judge and socially marginalise women who were involuntary childless. Though indirectly, the informant felt that she had been regarded as not blessed, especially because she looked around and found herself sitting alone as others had gone to have their children blessed.

Another informant reported that she was told this by a pastor when she failed to tithe:

Excerpt 4.2.7.

Ūgĩarĩ mőkristiano mőthingu, Ngai nĩangĩakvēhereirie thahu wa thata

If you were a better Christian, God would remove the curse of infertility from you. FGK5

This excerpt frames childlessness as a "curse" or form of divine "retribution" for wrongdoing. The informant is portrayed as deserving of this fate due to unspecified sins, character flaws, or poor life choices. The pastor was insinuating that the informant had offended God or higher powers through lack of tithing and is thus being denied the blessing of motherhood. Her barrenness is treated as proof of spiritual transgression.

Another informant said that her friend told her that:

Excerpt 4.2.8.

Nĩnjĩi warĩ na wendi mũno wa gũtuĩka mũciari no ndũarĩ mũbango wa Ngai.

(1) Ītĩkĩra na ũiganĩre.

I know you really wanted to be a mother, but maybe it was not God's plan. Just

(1) accept and move on. FGK5

Religious teachings are often drawn upon to suggest that an infertile woman should resign herself to childlessness because it is divinely ordained. Though typically well meaning, such religious reasoning can cause stigma and impose an added burden upon women mourning their unchosen situation. The informant's friend meant well but only created a larger void in the involuntary childless woman because while religious reasoning aims to bring acceptance of life circumstances beyond one's control, it can also inadvertently maximize pain for the involuntary childless. Relying on "God's will" rationales alone invalidates their profound sense of emptiness, marginalisation, or crushed identity. It pre-empts further inquiry into root causes and potential solutions. Religion should, therefore, sensitively acknowledge rather than attempt to explain their suffering.

In conclusion, religious norms and beliefs have frequently been applied in ways that morally judge, spiritually marginalise, and socially exclude women facing childlessness. Across cultures, the topos of religion propagate motherhood as divinely ordained for women. Therefore, involuntary childlessness is portrayed as deviance warranting condemnation. By attributing childlessness to spiritual transgressions, flaws, or tests of faith, religion has perpetuated the notion that involuntary childless women are morally or religiously deficient. They are subtly blamed for their condition.

4.2.3.3 Topos of Burdening

The "topos of burdening" refers to the assumption or expectation that women should have children in order to avoid being an economic or emotional burden on others. This notion can potentially stigmatise involuntary childless women, as indicated in the excerpts below:

One involuntary childless woman said that:

Excerpt 4.2.9.

Nĩnjiguaga itaiganĩire rĩrĩa gũkorũo na andũ a rika rĩakwa makĩarĩrĩria ōrĩa ciana ciao ng'ima imateithagia na kũmahingĩria mabata mao ma o mũthenya.

I always feel out of place when I am with my peers and they discuss how their grown children take care of them by catering to their basic needs. FGM15

In the Gĩkũyũ community, children are expected to care for their parents once they are old. When one fails to get these children, they become a laughingstock because it is assumed that they will not get it once they need this help. It implies that involuntary childless women, especially in old age, will be a drain on society or loved ones unless they have children to care for them. This frames childlessness as irresponsible. It diminishes the value of involuntary childless women by defining them in terms of being a "burden" rather than recognizing their contributions and worth as individuals. The expectation that motherhood is necessary to avoid being burdensome later in life puts undue pressure on women unable to have children due to infertility or other issues.

Another informant states that:

Excerpt 4.2.10.

Mũthuri wakwa wa mbere nĩehĩtire ndakandiga nĩũndũ wa kũaga ciana nĩgũkorũo nĩanyendete mũno. Andũ aingĩ nĩmatũragia ciũria nyingĩ ciĩgĩ kwaga ciana gwitũ na arĩa aingĩ magatũria nũũ ōgatũteithĩrĩria ōkũrũinĩ witũ. Nĩũndũ wa kũingĩrĩrũo mũno nĩandũ, (1) nĩahikanirie rĩngĩ.

My first husband had vowed never to leave me for my childlessness because he loved me. People always questioned us about our childlessness, and others curiously asked who would take care of us when we got old. When the criticism became too much, (1) he remarried. FGM13

The informant believes that her first husband only remarried because he could not envision old age without children of his own to take care of him. Though her first husband loved her, the love was not enough. The topos of burdening marginalises the

role of women in society to procreation alone, overlooking their other productive and nurturing capabilities beyond motherhood. The topos judge and stigmatise the involuntary childless by insinuating they are not contributing to the next generation and are thereby selfish or parasitic.

Involuntary childless women also feel compelled to build retirement savings to avoid potential reliance on others, as they will not have children to cover their living costs when they are old. One informant stated that:

Excerpt 4.2.11.

Mwarĩ wa maitũ na nĩ tũtigĩaga ciana. Mwarĩ wa maitũ nĩagaga mũthithũ akĩhoka nĩũkamũteithia ũkũrũinĩ. Augaga nĩendete kũruta wĩra na kũo tondũ ndarĩ mũndũ wa kũmũtungata ũkũrũinĩ rĩrĩa agakũra na age hinya wa mwĩrĩ. No nĩakoragũo akĩurũo nĩ hinya rĩmwe tondũ mbeca citingĩhota kũmwĩkĩra maũndũ mothe.

My sister and I are childless. My sister saves a lot, claiming the money will be used in old age. She says she wants to work extra hard because no one will take care of her when she is old and has no strength remaining. However, she gets sad sometimes because money cannot buy everything. FGM16

There is an assumption in the Gikũyũ community that adult children will financially provide for aging parents, which is deeply ingrained. This societal expectation pressures involuntary childless women to take extra steps to secure their retirement finances and avoid becoming a burden. This is what the informant's sister chooses to do. While financially she will be able to save enough, the compulsion comes from the ingrained topoi that children are obligated to support aging parents, hence the reason she says that money is not everything. Involuntary childless women internalize the stigma of becoming burdens.

Excerpt 4.2.1.2.

Ngarari nĩcĩatuthũkire harĩ nii na mũthuuri wakwa. Nĩanjĩrĩre nĩndĩmũkuaga na ũhũthũ na ngarega kũmũgĩra ciana. Nĩanjĩrĩre nĩndathũkangĩtie mũaka yake mũgwanja na ndaari na kĩndũ gĩa gwĩtĩra.

An argument once ensued with my ex-husband after he said that I had been taking for granted and refusing to get children for him. He claimed that I had wasted seven years of his life, and he had nothing to show for it. FGK1

The husband frames the wife's inability to have children as purposefully "refusing" and "taking for granted" his desire for children. This suggests the wife is wilfully denying him children rather than possibly facing fertility issues outside her control. He sees her as burdening him by "wasting" seven years of his life during which she did not provide him with children. This reduces the wife's purpose and value in the marriage to her ability or willingness to reproduce. The husband seems to view children as something the wife owes him or should provide for him. Her childlessness has robbed him of something he is entitled to. This commodifies reproduction and minimizes the wife's autonomy.

In these examples, we see the topos of burdening being weaponised to ostracize, isolate, and undermine the worth of women who remain involuntary childless due to life circumstances. Their presumed dependency in later years is used punitively.

4.2.3.4 Topos of Disadvantage or Uselessness

“Topos of disadvantage or uselessness” refers to the assumption that women without children are at some disadvantage or serve less purpose in society. This notion can stigmatise involuntary childless women, as some informants claim in the following excerpts:

Excerpt 4.2.12.

Kõrĩ hĩndĩ twarĩ na ithurano kanitha-inĩ, na andõ amwe magĩthuura. Atumia amwe makiõria nĩkĩ kĩngĩtõma andõ mathuure mõtumia õtari ciana na wĩra wake no kũrĩa mbeca cia mũthuriwe.

We once had church elections, and some people voted for me. Other women asked why anyone would vote for a childless woman who was only married to ‘eat’ her husband’s money. FGN20

There are assumptions that involuntary childless women lack leadership capabilities like responsibility, selflessness, and long-term vision since parenthood is seen as developing those skills. That is why some women would not understand the reason as

to why anyone would elect the informant. In family or community leadership roles, an involuntary childless woman's authority may be undermined if she has not raised children herself. Her directions on childrearing get discounted. Some people assume that leadership demands require family sacrifices so an involuntary childless woman must have focused selfishly on other matters rather than nurturing a family. There is often an expectation that good leaders should set an example by building a thriving family. Involuntary childlessness is, therefore, seen as a suspicious deviation.

Another informant stated that:

Excerpt 4.2.13.

Nĩndanjĩrĩrie gũtara andũ a itũra rĩakwa ũhoro wa kũrera ciana. Nimanjĩrĩrie gũtĩri ũndũ ingĩmeera itarĩ ndĩraciara. AMBA ŨCIARE, ũcoke ũke mbere itũ. Nĩũkanyita mũthenya ũrĩa ũkagĩa ciana ciaku.

I began advising my neighbours on how to bring up their children. They retorted that you can advise us on nothing because you have no child. GIVE BIRTH FIRST, then you can talk in front of us. You will understand once you get your own children one day. FGKI8

The informant had been excluded from parenting advice circles and discussions, for it was assumed that she had nothing to offer since she had not raised children. Her counsel was considered less credible on topics deemed within a mother's domain, like child development and discipline. Peers avoid seeking life guidance from an involuntary childless woman under the assumption that her wisdom is limited without parenting experience. Advice from younger involuntary childless women gets disregarded condescendingly: "You will understand once you get your own children one day". She is dismissed as not understanding what life in general entails.

Society tends to convey pity instead of empathy, hence stigma. Another informant claimed that her sisters told her that:

Excerpt 4.2.15.

Wĩ mĩtumia njaba. Tĩtingĩhota gĩtarĩria ũrĩa ũhotete kwĩũmia.

You are a very strong woman. We do not know how you do it! FGKI8

The statement "We do not know how you do it!" directed at an involuntary childless woman seems to imply pity or disbelief at her ability to cope without children. This stems from the topos of disadvantage. It assumes her life must be inherently harder or less fulfilling without the rewards of motherhood. There is a presumption of deficiency. It suggests disbelief that she can manage daily life or find purpose without the responsibilities and joys of children to occupy her time. The tone tends to be one of condescending pity, emphasizing her disadvantaged state rather than empathy for her fertility struggle. There is often a selfish subtext that the speakers cannot imagine being happy or productive without children themselves. It positions childlessness as something to be endured stoically rather than a valid choice or circumstance. It dismisses her autonomy to direct her life journey outside societal norms.

Another informant states this about her ex-husband:

Excerpt 4.2.16.

Mĩthuri wakwa anjugĩrĩrie mũno akĩnjĩra ndĩ mĩtumia mĩrĩrĩ mvno, na ndangĩndĩira ciira na nonjugire nĩ tondũ wĩ thata. Agĩcoka akĩongerera ona kaba ng'ombe tondũ nĩ ikamagwo na ikarĩo nyama.

He shouted me down, stating that I am a very bitter woman, but he did not blame me but blamed my childlessness. He added that a cow was better than me because it produces milk and beef. FGM13

The excerpt draws from the common societal assumption that a woman's worth is tied to her ability to bear children. Suggesting that a cow is more useful than an involuntary childless woman because it produces milk, and beef reduces the woman's value solely to her reproductive capacity. It argues that not being able to have children makes a woman deficient or useless in society's terms.

In these examples, we see involuntary childless women's perceived disadvantage being used to undermine, isolate, pity, or dismiss them across social and professional contexts. Throughout history, involuntary childless women have faced stigma and marginalisation in many cultures, the Gĩkũyũ community included. The topos of disadvantage or uselessness have often been employed to perpetuate this stigma. By emphasizing women's inability to bear children as a deficiency, flaw, or disadvantage, the topos have been used to undermine the value of childless women in society. Their perceived 'uselessness' in the realm of motherhood has been weaponised rhetorically against them. In summary, the stigma faced by involuntarily childless women is in many ways upheld and fuelled by portrayals of them as somehow inferior, deficient, or disadvantaged due to their inability to conform to maternal ideals. While motherhood is a valid choice for many women, when the topos of disadvantage is inequitably applied it can cause real harm. As society progresses, society must be increasingly critical of unfair judgments that rhetorically diminish women based on narrow conceptions of womanhood and reproductive capability.

4.2.3.5 Topos of Definition

The "topos of definition" refers to the tendency to define womanhood narrowly around motherhood. This has the effect of stigmatising involuntary childless women in the following ways:

One informant explained that:

Excerpt 4.2.16.

Mũthenya ũrĩa ũnditũhagĩra mũno harĩ mwaka nĩ mũthenya wa gũkũngũĩra ũtumia. No atumia arĩa marĩ ciana makũngũagĩrũo. Ndindaga nyũmba mũthenya mũgima ngĩrĩa.

My worst day in a year is Mother's Day. Only women with children are celebrated. I remain indoors, crying all day. FGM13

Mother's Day often reinforces the topos of definition that equates womanhood with motherhood in ways that can marginalise and stigmatise involuntary childless women. Events and initiatives framed as "honouring all mothers" effectively exclude and render invisible women who long for but have not experienced motherhood. Sentiments that

Mother's Day allows society to "celebrate all women" explicitly define womanhood around mothering roles, dismissing involuntary childless women. Assuming that all women either are mothers or will become mothers soon, stigmatise the experience of infertility or circumstance preventing motherhood. Positioning Mother's Day as recognizing the "hardest, most important job of womanhood" implies involuntary childless women have avoided difficult sacrifice or purpose. Framing Mother's Day as an occasion when all women should be honoured makes childlessness feel like an omission in need of compensation.

Another informant explained that:

Excerpt 4.2.17.

Mõthenya õmwe, nĩndathire kanitha na twauma nja, arata akwa erĩ nĩmokire harĩa ndarĩ turĩanĩre tondũ kũrĩ irio ciaharĩirio. Tũikarĩte makĩanja kwaria õhoro wa ciana na õmwe wao akiuga ndangĩhota gwĩcirĩria gũikara mũtũrĩre õtarĩ ciana. Ndarĩ hakuĩ kũrĩra.

One day, I attended church, and two of my friends joined me outside after the service to partake a meal that had been prepared. Midway, they began talking about children, and one said that she could not imagine life without children. I almost cried. FGN23

When the informant's friend states that 'she could not imagine life without children,' it applies the topos of responsibility in that it suggests motherhood is imperative all women are expected to fulfil rather than one valid option among many. There is an assumption of shared values and desires that all women have both a biological and social responsibility to bear children. It also implies that life without children would be boring, empty, or meaningless. This diminishes the purpose involuntary childless women find apart from mothering. It centres parenthood as the only rational or fulfilling path, stigmatising childlessness as an indicator that something must be wrong or missing. The inability to imagine involuntary childless fulfilment hints that women who do not have children must be unhappier, less developed, or immature. It conveys an inability to relate to the involuntary childless experience, hinting at perceived irresponsibility or deficiency in involuntary childless women.

In essence, by limiting the definition of womanhood, the topos marginalises and stigmatises involuntary childless women as oddities or failures unable to meet feminine ideals. Their identity is delegitimized.

4.2.3.6 Topos of Urgency

The topos of urgency refers to the commonly held idea or assumption that there is a pressing timeline or narrow window for women to bear children. In the Gĩkũyũ community, societal and cultural pressures and expectations exist for women to have children at certain ages or life stages. There is an urgency imposed on women's reproductive roles. One informant explained that:

Excerpt 4.2.18.

Nĩnderire atumia merirĩria makwa rĩrĩa ndamakorire gĩthĩĩĩ kia macani.

Nimahihire kuuga ati ndĩmũkũrũ mũno ndingĩgĩa mwana.

I expressed my desire to mother one day when I met some women at the tea factory. They did not hesitate to blurt out that I could not get a child because I am too old. FGN21

The informant was categorically told that she was 'too old' to get a child by her fellow women. This statement reinforced the rigid societal timelines dictating when women should have children. Any deviation from the expected motherhood ages is seen as transgressive. It implies a moral or biological failure that a woman has exceeded some unofficial cutoff for appropriate childbearing that she should have adhered to. Such a statement centres on childbearing capacity, not the desire or suitability for parenthood. Women are reduced to their declining fertility. It attaches shame and stigma to aging as if advanced maternal age makes one defective, unwise, or culpable rather than just natural. It hints that an older mother will be less capable, further stigmatising her.

Overall, the topos of urgency captures the myriad time pressures, expectations, and moral obligations imposed on women regarding when to have children. It creates a culture of urgency surrounding women's childbearing capacity and duties.

4.2.3.7 Topos of Threat

The topos of threat refers to the assumption that someone or something poses a danger or risk of harm. This rhetorical strategy relies on fear appeal and implies the need for defence, protection, or elimination of the threatening person or thing.

One informant asserted that:

Excerpt 4.2.19.

Nĩ manjĩtaga mũrogi mũrũme. Gũtirĩ mũndũ ũrĩaga irio ciakwa. Metagĩrĩra ndore mwena ũngĩ magaciita (looking sad). Meciragia ndirona. Tũngĩcemaniana mũndũ akuũite kana akahũmbĩraga ũthiũ ndigakone. Nĩ tondũ maugaga ndiendete andũ rĩ, ndiĩtikagĩra andũ macere gwakwa kana nĩ gũthii kwene. Ũmũthĩ nĩguo mũthenya wakwa wa mbere kumĩra andũ-inĩ thutha wa ihinda rĩa mĩeri ĩtatu (other informants looking surprised).

They call me a cursed witch. Nobody eats my food when served. They always wait for me to look the other side and pour it all (looking sad). They always think that I do not notice. Whenever someone carrying a child sees me from afar, they hide the child's face. Since they claim I am not loving, I do not entertain visitors or visit people's homes. This is my first time in three months to get out and share with people (other informants looking surprised). FGK3

The woman is labelled a "cursed witch," portraying her as sinister, malevolent, and associated with the supernatural. This contributes to perceptions of her as dangerous and threatening. People refuse to eat her food, believing she has ill intentions and may have poisoned or harmed it. Her childlessness is equated to malice. Mothers overtly hide their children from her, acting as though the woman's presence/gaze could harm the child. Her infertility is treated as contagious. The woman isolates herself to avoid torment and being considered a threat. Her childlessness has made her an outcast. The surprised reactions to her sharing in public reveal the stigma and rarity of involuntary childless women occupying social spaces. Underlying these actions seems to be an assumption that involuntary childless women resent mothers and children and wish them harm. Their natural maternal instincts are called into question.

4.2.3.8 Topos of Responsibility

The topos of responsibility refers to the argument or assumption that an individual or group is obligated, accountable, or to blame for something. This rhetorical strategy assigns fault or causality.

One informant mentioned that:

Excerpt 4.2.20.

Nĩ wa ciariruo koguo o nawe no nginya ũrĩhe thirĩ.

You were born; you must pay the debt by giving birth too. FGK6

The excerpt above implies that a woman has an obligation or "debt" to society to reproduce just because she was born female. Her ability to bear children now makes her responsible. This assigns responsibility for continuing the human race to all women purely based on their biology rather than choice. Womanhood is conflated with mandatory motherhood. The statement suggests that a woman must "payback" the gift of her own life by giving life to others through childbirth. It frames existence itself as something that must be repaid. The topos judges a woman's merit based on fulfilling this presumed core responsibility of motherhood. Involuntary childless women can be seen as renegeing on a debt.

The topos also applies when an unaffected man states that:

Excerpt 4.2.21.

Nĩd̄ḡd̄tiḡr̄ra atumia mena mĩtugo ta ya atumia a ma (1) nĩmaheaga gĩĩo maria mat̄drigicĩĩrie, m̄dingĩ, b̄r̄r̄ri wao, athuuri ao, v̄thiĩ wa na mbere (.) na v̄nd̄v̄ wa k̄ḡĩa ciana.

We will ensure that women behave like real women (1) respect nature, respect our society, respect our motherland, respect their husbands, and respect continuity (.) by delivering children. KIHKI

The excerpt asserts that being a "real woman" inherently involves reproducing and giving birth. Womanhood is defined by and limited to motherhood according to this

view. By framing childbearing as an obligation of "real women," it assigns responsibility for procreation squarely to all women. It contends that having children is part of women's duty to "respect continuity." This suggests that women are responsible for ensuring the continuation of society, culture, and family lineages. Reproduction is portrayed not just as a choice but as a responsibility women must fulfil. The excerpt indicates that bearing children is part of how women must "respect nature" and their roles within it. It appeals to an essentialist perspective that because of their biology, women are responsible for childbearing. It claims that having children is part of how women show respect for their husbands and, by extension, the patriarchal family structure. This assigns responsibility for pleasing husbands and cementing families to women via motherhood.

Argumentation strategies like the moralisation of motherhood appeals to rigid timelines, and assumptions of duty or authority serve to stigmatise involuntary childless women unfairly. They attach failure or culpability by framing childlessness as going against nature, duty, divine will, or societal need.

4.2.4 Strategies of Involvement/Perspectivation and Framing

Strategies of involvement and framing leverage vocal cues like pitch and lengthening along with physical cues like gestures and facial expressions to influence the audience's perspective. These cues shape views by signalling specific attitudes, emotions, and significance levels around content, guiding interpretation and engagement. Strategic modulation frames information as weighty or trivial, reasonable or extreme, sincere or deceitful, matching desired reactions

One informant was shouted down when she stood up to address the crowd because she was involuntary childless. The crowd shouted:

Excerpt 4.2.4.

*AMBA ŪCIARE! AMBA ŪCIARE! THĪ KŪRĪ MŪTHURIGUO! THĪ KŪRĪ
MŪTHURIGUO...*

GET A CHILD FIRST; GET A CHILD FIRST! GO TO YOUR HUSBAND!
GO TO YOUR HUSBAND ... FGM16

The emphatic repetition of "Get a child first!" underscores the message through the insistent, heightened pitch. These frames having a child as an urgent priority to heed. The raised pitch of "Go to your husband!" implies desperation and a pressing call to action. It frames the husband as the means for fulfilling the dire need for a child. Shouting these commands suggests speaking from a position of authority and unquestionable wisdom. The high pitch conveys confidence that this perspective should be shared. The pitch remains heightened throughout, expressing escalating excitement around the singular solution of having a child no matter what. It allows no tonal room for alternate views.

Another informant with political ambitions stood before the crowd and was shouted down. The informant reported that:

Excerpt 4.2.5.

Rĩrĩa ageririe kwarĩria mũingĩ, athuri arĩa marĩ mũingĩini ucio makĩambĩrĩria kuonania merirĩria ma kũonana kĩ mwĩrĩ makirutaga nĩmĩ ciao nja makĩoyaga kĩara gĩa gatagatĩ gĩa guoko igĩrũ na kuga nonginya ambe aciare.

When she tried to speak to the crowd, the men in the group began making faces and sticking out their tongues and also used sex-oriented gestures like raising their middle fingers, insinuating that she ought to give birth first. KIIHK

Making mocking faces frames the woman's perspective as laughable and not to be taken seriously. The men dismiss her position. Sticking out their tongues portrays her stance as so abhorrent it deserves juvenile, exaggerated expressions of disgust. Using sexual hand gestures reduces her worth to sexual objectification, framing her value as purely physical. Raising their middle fingers conveys hostility, contempt, and aggression towards her views. It frames them as offensive and undeserving of consideration. Overall, these blown-up expressions distance her perspective as repulsive and antagonistic. The theatrical negativity discourages viewing her position as reasonable. The men leverage shared disdain to bond against the woman's view, othering her through group ridicule.

Another informant was humiliated as follows:

Excerpt 4.2.6.

Nitwacereire mūtumia waciarĩte kana ga kahĩ twarutaga wĩra nake. Tũkĩina mũno ota ũrĩa ari mūtugo wa Ugĩkũyũ. Ndamakire mũno tondũ nĩ ndianeirwo mwana nyite. Ihinda rĩakwa rĩa kũnyita mwana rĩoka mwana ahĩtũkĩirio harĩa ndarĩ akĩneo ũrĩa twariganĩtie nake (crying) ndeto ĩo ndĩamahutirie ona kĩ (looking hurt) Nindaconokire mũno.

We visited a workmate who had delivered a baby boy. We sang and danced as is the norm among the Gĩkũyũ people. Surprisingly, when my turn to hold the baby came, the baby was given to the next workmate (crying). Unfortunately, no one cared (looking hurt). I felt so embarrassed. FGK2

The co-workers bypassing the informant to hold the baby frames her as unworthy of inclusion in celebratory rituals. They exclude her to stigmatise her. Her crying demonstrates deep grief over her inability to participate and hold the child. Her gesture exhibits susceptibility to internalized stigma. Looking visibly hurt reveals her sensitivity to being denied an experience seen as central to womanhood. Her body language conveys the stigma's psychological effects. The co-workers ignoring her tears and hurt, treated her response as inappropriate or excessive. Their lack of empathy perpetuates stigma. Her embarrassment stems from allowing their exclusionary gestures to define her as flawed and defective. She has adopted their stigmatising perspective. Her vacant, occupied space and lack of resistance reveal public stigma's ability to marginalise involuntary childless women.

Strategic use of vocal cues like pitch and physical cues like gestures and facial expressions enables influence over audience perspectives when stigmatising involuntary childless women. Modulating these cues frames childlessness negatively as pitiable yet unnatural while positioning fertility as ideal womanhood. Cues like exaggerated frowns and loud emphasis guide interpretations, normalize exclusion, and discourage resistance. Ultimately, these strategies of involvement and framing shore up narrow views that deny diverse reproductive experiences.

4.2.5 Strategies of Intensification/Mitigation

Intensification and mitigation are rhetorical strategies that can either strengthen or weaken the force of an argument. Intensification strategies aim to amplify, reinforce, or increase the rhetorical power of an argument. In contrast, mitigation strategies take the opposite approach by aiming to moderate, qualify, or dilute the force of an argument.

Extreme case formulation by using absolute words like ‘all,’ ‘always,’ and ‘none’ hence making sweeping generalisations increases stigma as the informant below states:

Excerpt 4.2.5.

Mōtumia mōkinyanĩru nĩeriragĩria kōgĩa ciana! Gōtirĩ kĩgwatio.

A real woman always desires children! There are no excuses. FGM13

Such a statement sets up an extremely narrow definition of womanhood that is dependent on wanting children. This is exclusionary towards involuntary childless women. The use of "always" and "no excuses" overgeneralises and does not allow for individual nuance or personal preferences. It implies that women who do not desire children are, therefore, not "real" women. This portrays involuntary childless women as abnormal or defective. It allows no room for circumstances like infertility that could prevent childbearing despite a woman's wishes. Structural barriers go unrecognized. The definitive tone brooks no dissent or complexity. It intensifies the framing of involuntary childless women as outsiders or failures.

Another informant states that:

Excerpt 4.2.6.

Kōoha nda na ōciarĩ nĩguo wĩra atumia othe mehokeirwo.

Pregnancy and motherhood are what all females are inherently meant for.

KIUK1

This excerpt makes a definitive, sweeping claim about the purpose of "all" females, allowing no individual exceptions or agency. The word "inherently" naturalizes pregnancy and motherhood as obligatory female traits rather than social roles or

personal choices. This framing defines womanhood purely in terms of reproductive capacity and motherhood. Nothing else is acknowledged. It implies that females have no other intrinsic potential or worth outside of biological reproduction. Their humanity is reduced. The notion of women being "meant for" something suggests they have no autonomy over their own life's direction or purpose. It attaches failure and defectiveness to women who do not go through pregnancy and motherhood, whether by choice or due to struggles with infertility.

Another informant posits that:

Excerpt 4.2.7.

Gõtĩrĩ mũndũ wĩriraga gũkorwo ena ciana.

No one ever regrets having children. KIUK2

By saying "no one" ever regrets having children, it stigmatises parents who may have mixed feelings or regrets as unusual or defective. It portrays parenthood as uniformly perfect and idyllic, suppressing common struggles that could lead to regret. The definitive tone brooks no disagreement, silencing diverse parental experiences and emotions. It implies parenthood is always fulfilling, so anyone who did not have children avoided an essential life meaning. This stigmatises the involuntary childless. This form of thinking sets parenthood as strictly superior, denigrating childless paths.

Repeatedly emphasizing or drawing attention to a woman's childless status could make it seem more abnormal or problematic. This constant spotlight can increase feelings of shame or isolation. The informant below, an elected member of '*nyumba kumi*,' meaning 'community policing,' who had assembled her village mates for a meeting, posits that chants on her childlessness rented the air, forcing her to back down:

AMBA ŨCIARE! AMBA ŨCIARE! THĨĨ KŨRĨ MŨTHURIGUO! THĨĨ
KŨRĨ MŨTHURIGUO...

GET A CHILD FIRST; GET A CHILD FIRST! GO TO YOUR HUSBAND!
GO TO YOUR HUSBAND ... FGM16

The chant reduces the informant's value and purpose solely to having a child, which is demeaning. The aggressive repetition of "Get a child first" pressures and shames the informant who was unable to get pregnant. It cruelly places the focus on what she lacks. The chant vilifies the informant, an involuntary childless woman, by implying that she is failing at her duty as a wife if she does not provide a child. It stigmatises her as not being a "real" wife. Shouting at her to "go to your husband" has sexual undertones that further masculine hegemony over women's bodies and reproductive duties. The chant ties the informant's virtue to the masculine want and need for heirs. Her involuntary childlessness is treated as non-compliance to this. It upholds the sexist view that a "real" woman must be attached to a man and birth his children. The aggressive chant aims to angrily shame women into conformity with hegemonic masculinity's definition of femininity as subordinate and focused on reproduction.

Mitigation strategies refer to rhetorical devices that downplay the negativity or impact of something. Mitigation can also be used to subtly stigmatise involuntary childless women. The informant below points out that a herbalist stated the following to show resignation:

Excerpt 4.2.8.

Nĩ mĩtino mĩnene mĩno atĩ ndĩrĩ warathimwo na mwana ona thutha wa kĩgeria gĩcharia ũteithio maita maingĩ.

It is unfortunate that you have not been blessed even after constant attempts to seek help. FGN22

Saying it is "unfortunate" frames not having children as a sad, negative circumstance for the informant. This implies that her life is lacking without children. Referring to being involuntary childless as not being "blessed" suggests that the informant is missing out on a gift or good fortune that should be desired. It positions children as vital to a blessing and a good life. The phrase "even after constant attempts to seek help" implies the informant has tried extensively to correct her "unfortunate" status but still failed.

This further frames childlessness as a deficiency she could not remediate. The euphemisms are used in a sympathetic tone but ultimately still cast the informant as pitiable for not achieving the goal of having children. Using indirect euphemisms

avoids bluntly criticizing the woman but still implicitly stigmatises childlessness as an undesirable condition she was sadly unable to avoid. The statement positions seeking children as trying to "seek help" for the problem of not having them. This further frames childlessness as an impairment.

Another informant was told by her friends that:

Excerpt 4.2.9.

Nĩḍragwo ḍtumiainĩ.

You are missing out on motherhood. FGM17

The excerpt implies that she is deprived of something vital to the female experience by not having children. This frames childlessness as a profound loss. It positions motherhood as an essential milestone of life that all women should rightfully experience. Not achieving this casts her as abnormal. It likely evokes sadness, pity, and sympathy for her presumed misery of existing in an "incomplete" state by missing out on motherhood. Such a statement judges her circumstances as a deficiency, one where she is denied the rewards, purpose, and sanctity culturally associated with mothering. It imposes expectations that all women have a maternal instinct and desire for motherhood. Her childlessness is positioned as a denial of this.

Another informant was subtly stigmatised as in the following excerpt:

Excerpt 4.2.10.

Twaceragĩra mḍruti wa wĩra ḍmwe witḍ otaḍrĩa twamenyerete gwĩkaga o mweri rĩrĩa mambĩrĩrie kwaria ḍhoro wa ciana. Makĩambĩrĩria gũcuka mḍrata ḍngĩ witḍ ḍtarĩ na ciana na makiuga ḍciari ti wa andḍ othe.

We were visiting a colleague of ours, as we always did monthly when they began discussing children. They began gossiping about another friend who did not have children and then said that motherhood is not for everyone. FGM15

Such a statement positions parenthood as an elite status only suited for some people, while the involuntary childless are deemed not good enough for it. It conveys a sense

of pity or patronisation towards those who do not meet the qualifications for the revered state of parenthood. It 'others' involuntary childless women as a separate category from the more esteemed "mom" contingent. They are marginalised into the lesser "not mom" camp. It avoids direct criticism but still establishes a social hierarchy with mothers at the top and involuntary childless women further down.

Another informant was told that:

Excerpt 4.2.11.

Wĩna mĩnyaka mĩno nĩkwaga ciana tondĩ ndĩkoragwo na mathĩna.

You are so lucky to be child-free as you are free from all problems. FGK1

Referring to an involuntary childless woman as "child-free" frames not having children as an intentional choice and freedom when it may be involuntary. This can marginalise involuntary childlessness. Saying she is "lucky" to be childless implies it is a fortunate circumstance, yet the informant feels distressed about her infertility. Suggesting childlessness means "free from all problems" promotes an unrealistic view. Involuntary childless people still face problems and hardships. This diminishes their challenges. Positioning childlessness as "free from problems" stigmatises mothers by suggesting children are burdensome sources of problems rather than potential sources of joy for many. Implying freedom from problems is "lucky" risks further stigmatising mothers as being chained to misery and drudgery. Framing childlessness as universally a positive relief from problems erases the grief some involuntary childless women may feel about not being able to have children.

In conclusion, intensification and mitigation rhetorical strategies both stigmatise involuntary childless women, though in different ways. Intensification reinforces stigma by repetitively casting childlessness as a deficiency and isolating involuntary childless women as deviant. Mitigation attempts to downplay criticism but still marginalises the involuntary childless by framing childlessness as an undesirable state and implying that motherhood is the normal, fortunate destiny for women. Overall, while the strategies differ, they both perpetuate stigma and unjust stereotypes around involuntary childlessness.

4.2.6 Other Strategies Used

The study also employed other strategies to facilitate a positive representation of the women who had mothered and employed a negative representation of those they regarded as social rejects as they had refused to conform to what was socially acceptable. These ideologies often articulated an 'Us' versus 'Them' dimension where speakers of one group tend to present themselves or their group positively and negatively (Van Dijk, 2006). Society applied the strategies of modality and implicature, which significantly affect the discursive persuasion of different persons in a quest to achieve stigma.

4.2.6.1 Modality

Pasha says that modality refers to 'how a text can express an attitude towards a situation, and is usually realised in the use of modal verbs (can, will, shall, may, must, could, would, should and might' (2011:91). Modalities contribute to creating social identities that stigmatise involuntary childless women. According to probability and predictability, modals are classified as having the following functions in language: "permission," "compulsion," "capacity," "duty," and "propensity." This, therefore, means that the involuntary childless woman is left at the mercy of society due to her childlessness.

Grammatical constructions that express the recipient's need for something are called obligations. Modal auxiliaries like "should," "must," and "have to" are used to denote a duty. They are alluded to in these claims:

Excerpt 4.2.6.1.1

Atumia no nginya magie ciana nĩgetha makinyanĩre.

Women must have children to be complete. KIUN1

The excerpt contains some implicit stigmatisation of involuntary childless women through the use of modality. The modal verb "must" expresses an obligation, necessity, or expectation that all women have children. This frames motherhood as compulsory for womanhood. The phrase "to be complete" implies that women who do not have children are incomplete or deficient in some way. Their womanhood is diminished. Together, these modal and evaluative phrases present motherhood as a choice and a

requirement for women to be fully realised.

Another informant stated that: Excerpt 4.2.6.1.2

Atumia oothe magĩrĩire nĩ gũciara.

All women should give birth. KIUM2

The modal "should" implies an obligation, expectation, or duty. It frames giving birth as something all women are supposed to do. The word "all" is definitive and universalizing. It does not leave space for exceptions or differing circumstances. Together, "all women should" positions giving birth not just as a choice but as a social or moral imperative for women. This obligation excludes and stigmatises women who do not give birth due to infertility or other involuntary reasons. It implies a deficit if they do not meet this expected standard.

Another informant also uses a modal verb as he explains what is expected of all women and states that:

Excerpt 4.2.6.1.3

Atumia no nginya magĩe ciana njiganu nĩgetha makenie athuri ao.

Women have to make their husbands happy by bearing 'enough' children.

KIUM1

The phrase "have to" implies an obligation or requirement for women to bear children. This modal framing positions childbearing as a compulsory duty for women. Linking women's duty to bear children with "making their husbands happy" frames childbearing as primarily for men's benefit rather than women's wishes. The vague quantifier "enough" children also implies expectations around family size that may not accommodate women's differing fertility and preferences. This positions women as duty-bound to produce children, specifically to satisfy their husbands and meet external expectations. From this excerpt, it is clear that the experiences and needs of involuntary childless women are overlooked, while the desires of husbands and society are centred. This leads to stigma.

Modal verbs like "must," "should," or "have to" frame motherhood as obligatory, not a choice. This implies that involuntary childless women, especially if involuntary, are deviant or failures. Stigmatisation arises from positioning childbearing as compulsory for women's respectability, delegitimizing involuntary childless women's circumstances and identities.

4.2.6.2 Implicature

Implicature, the ability to imply meanings beyond what is said, can contribute to the stigmatisation of involuntary childless women in subtle ways. CDA analyses implicature to uncover how they reflect, serve, or further the interests of those in power. CDA uncovers ideological assumptions hidden in written and oral form (Fairclough, 2018). This means that implicatures are used to convey subtle meanings that different people can interpret differently either verbally or in written form. CDA, therefore, analyses these meanings to uncover how they reflect or further the interests of those in power.

One informant explained that:

Excerpt 4.2.6.2

Maitũ atũrerete ithuothe na thĩna mĩngi. Nyũmba iitũ tũri ciana kenda. Harĩ acio airĩtu tũri anana. Niĩ ndĩ ta irigithathi nĩnjiguaga ũũru rĩrĩa mokĩte mũcĩĩ gũcera na athuuri ao na ciana. Ũrĩa njiguaga no gũcumĩkĩra. Maitũ nĩandirikanagia atĩ mĩcĩĩ ĩ ciana nyingĩ nĩ mĩrathime na hĩndĩ iyo nemetwo nginya nĩ gũciara ona kamwe.

My mother has raised all of us, though with many struggles. We are nine of us in our family. Eight of us are girls. Being the firstborn, I feel so bad when they come home with their husbands and children to visit, and all I do is get envious. She keeps reminding me that families with many children are so blessed, yet I cannot even give birth to one. FGK2

Describing large families as "blessed" implicitly suggests that small families or childless families are not blessed. This implies a deficit. Blessings are positive, so the converse not being blessed frames the involuntary childless as lacking something good. There is an implied contrast between the favour and fortune of big families and the

misfortune of small and childless families. There is a normalization of large families as ideal and blessed versus small and childless families as deviant or deficient in some way.

Another informant overheard her co-wife brag that:

Excerpt 4.2.6.3

Nongĩe ciana irĩa ciothe ngwenda tondũ ndĩna mũruti wĩra wa 'tũhũ'. Wĩra wake nĩkũrera ndaciara no ngatho ciothe nĩ cĩakwa.

I can get as many children as possible since I have a 'free' housemaid. Hers is to nurture the children after I deliver, but I get all the credit. FGK2

The boast about getting "as many children as possible" implies that more children are always better, regardless of circumstances. This could marginalise infertile co-wives. Calling the housemaid "free" implies that raising children is burdensome and unwanted labour. This delegitimizes co-wives who cannot have children but may still nurture them. Taking "all the credit" for birthing the children diminishes the co-wives' and housemaids' roles. Only biological motherhood is valued. This prioritizing of birthing children positions infertile co-wives as deficient and lacking value. The implicature is that the speaker's worth comes from producing children, not raising them. Co-wives are useful only for birthing.

Another informant, an involuntary childless woman, was in a 'chama' meaning 'meeting.' When it got late into the night, one woman began rumbling about how she had left her children with a neighbour and had to pay her for babysitting. She then looked at the informant and said:

Excerpt 4.2.6.4

Wĩna mũnyaka mũno nĩkwaga ciana tondũ ndũkoragwo na mathĩna.

You are so lucky to be child-free, free from all problems. FGK4

Describing the informant as "lucky" and "free from all problems" implicitly suggests that motherhood is a burden and source of problems. This implies that women without children deliberately avoid these problems and are carefree. Positioning involuntary

childlessness as "lucky" and "problem-free" delegitimizes the grief, distress, or social stigma an involuntary childless woman may feel. Her circumstances are implicitly portrayed as fortunate while her challenges are erased. This marginalises her experiences. The implicature portrays involuntary childlessness as a benefit. Involuntary childlessness goes unrecognized.

FGK5, a born-again Christian, always went to church every Sunday, hoping for a miracle in the form of a child. One day, as she was heading to church very early in the morning, she met a friend of hers who asked her:

Excerpt 4.2.6.5

*Atĩrĩrĩ, gũthiĩ kanitha, icunĩ cĩa ikũmi, na kwĩhinga kũrĩa na kũnyua rĩ
nokũhonie waganu wa tene?*

Does church, tithes, and fasting heal past immorality? FGK5

Linking childlessness to "past immorality" implies it is a consequence or punishment for moral failure. The assumption stigmatises the informant by framing infertility as something she is at fault for and deserves divine correction. Positioning church attendance, tithes, and fasting as a potential "cure" further implies that childlessness is something sinful that needs healing or redemption through religious acts. This implicature completely delegitimizes medical issues or circumstances causing involuntary childlessness. Lack of conception is simplistically blamed on the informant's supposed immorality. Her childlessness is presented not just as a deficit but as a deserved deficit due to her shortcomings. This adds moral judgment and stigma. There is no room for compassion about the grief or distress inherent in unwanted childlessness. It is positioned solely as a personal failure deserving of religious intervention.

Implicature subtly frames childlessness as a deficiency and motherhood as imperative. By implying involuntary childless women are incomplete, selfish, unblessed, or immoral, this language mirrors the societal attitudes, thoughts, and processes (Fairclough, 2001). This means that it positions involuntary childlessness as a failure to meet societal expectations of womanhood. This othering implicature perpetuates stigma.

4.2.6.3 Summary

Discourse strategies like referential labels, predicational portrayals, argumentation frameworks, intensification/mitigation, modality, and implicature collectively contribute to the stigmatisation of involuntary childless women. Diminutive referential terms cast them as less than those with children. Predication overly sympathizes or criticises. Arguments rigidly link womanhood to motherhood. Intensification exalts motherhood while mitigation downplays challenges, indirectly othering the involuntary childless. Modal obligations pressure motherhood as a mandate. Implicature's implied contrasts position the involuntary childless as deficient and unblessed. Through CDA, these techniques helped in analysing the form and function of the utterances (Fairclough, 2018). CDA, therefore, plays a crucial role in analysing womanhood and motherhood and also in delegitimizing alternate identities. They frame involuntary childlessness as failure and anomaly rather than a valid experience. More inclusive language and perspectives are required to combat this stigmatisation.

4.3 Prevalent Ideologies held by the Society

This section discusses the study's second objective, which focused on misconceptions about involuntary childless women in the Gīkūyū community. Data from focus groups and interviews were used to inform the conversation. Pronatalist societies frequently promote the ideology that womanhood is synonymous with motherhood and that infertility represents personal failure. This perspective propagates the notion that involuntary childlessness is unacceptable by positioning reproduction and childbearing as essential to female identity and the social role of women. Applying hegemonic masculinity theory reveals how pronatalism reinforces gender inequality by portraying women as passive recipients of male authority over fertility norms. Discourse establishing men as dominant influences ideology that fertile masculinity should shape feminine behaviour. From DHA, the words and phrases used to portray infertility as deviant and unnatural serve to perpetuate male hegemony over women's reproductive expectations. Pronatalism's labelling of involuntary childlessness as a deficiency upholds gendered hierarchies of power and control. Examining pronatalism through these critical lenses elucidates how language use maintains male dominance by rigidly enforcing women's reproductive duties. The notion that childlessness makes women inadequate or unfinished stems from discourse situating female fulfilment as contingent

on adhering to male-defined fertility ideals. Table 4.4 contains the general responses to society's perception of involuntary childless women contrasting them to mothers.

Table 4.4: Ideologies Associated with Mothers versus Involuntary Childless Women

Discursive Ideology	Mothers	Involuntary Childless Women
Socially	Friendly	Bitter
	Morally Upright	Immoral
	Selfless	Selfish
	Warm	Less warm
	Loving	Less loving
	Normal	Abnormal
Gendered	Physically weak	Physically strong
	Capable	Incapable
	Complete	Incomplete
	Of Value	Valueless
Culturally	Perfect	Imperfect
	Family-oriented	Family-averse
	Hospitable	Inhospitable
Religious	Favoured	Forsaken
	Blessed	Unblessed
	Chosen	Unchosen
	Holy	Unholy
	Accepted	Rejected

Source: Researcher's Data

From Table 4.4, mothers are regarded as the in-group because they have conformed to societal expectations by mothering. In contrast, involuntary childless women are considered the out-group, as in Table 4.4. This is because they fall short of the expected societal expectations. Goffman (1963) defined stigma as the idea of societal categorizing people based on characteristics consistent with the normative social order. Involuntary childless women are classified using deficit discourses since they do not follow social norms.

The objective of this study was organised and summarized into themes. Relevant subsections showed the variation between what the community expected and what it

believed of the involuntary childless women courtesy of their childless status. All these concepts fall under the category of ideologies. The community tends to stereotype involuntary childless women, majorly through discursive discourses, by comparing them with fertile women and then coming up with ideologies that stigmatise them.

4.3.1 Childlessness versus Social Biography Discourses

Social biography discourses communicate social roles and normative expectations. All women are expected to adhere to the normative order of life stages (Fairclough, 1985) by bearing 'enough' children. The Gikũyũ community values communal and social ties, similar to many other African ethnic groupings. There is much social pressure to belong to and identify with accepted groups. Someone who refuses to fit into a particular category is regarded with mistrust. One informant said that:

Excerpt 4.3.1.1.

Atumia a itũra ritũ maugaga atĩ kwaga ũhoti wa kũgĩa ciana nĩgũtũmĩte nduĩke wakũgĩa na marakara na kwoguo ngaga arata na kwaga kũmamũkĩra mũcĩĩ gwakwa. Ũma nĩ atĩ ndiendete arata matarĩ na ũũma arĩa marĩnjukaga na gũthekerera rĩrĩa itarĩ hakuhĩ nao.

The women in my village claim that my childlessness has made me very bitter, and that is why I do not have any friends, and I do not welcome people to my home. However, I do not like fake friends who will gossip and laugh at me when I am away. FGK1

Referring to her as "bitter" promotes the assumption that childlessness causes women to become negative or hostile. This portrays involuntary childlessness as inherently linked to "bitterness," which is a problematic generalisation. Saying she "does not have any friends" implies social isolation is inevitable due to not having children. It perpetuates the notion that involuntary childless women are doomed to be lonely and rejected. Claiming she does not "welcome people to her home" furthers the stereotype that involuntary childless women are unfriendly or antisocial. It positions fertility and motherhood as prerequisites for hospitality and friendliness. Framing her wariness of "gossiping" and judgment as unreasonable reinforces the idea that infertility should be an accepted topic for public scrutiny and mockery. Presenting her perspective as an

invalid "excuse" serves to silence and dismiss involuntary childless women's experiences of stigma. It delegitimizes their voices.

To show immorality, another informant claims that:

Excerpt 4.3.1.2.

Kōrī hīndī nderirwo nī mōrata wakwa atī mōthuri wake amwirire ndangienda thiritō ya atumia matarī ciana taniī (1) tondō nī aganu mūno.

I was once told by a friend that her husband told her that he wanted nothing to do with me, for childless women like me are not (1) morally upright. FGM14

The friend's husband associates the informant with being "not morally upright" directly judging her morality. He states he "wants nothing to do" with the informant, implying he sees her as immoral, unlike his morally upright wife, and does not want to associate with her as a result. The reason for this judgment and avoidance is solely her lack of children. Her involuntary childlessness is the stated reason for judging her as immoral. There is an assumption that a lack of children inherently reflects poor moral character. Her childlessness is seen as evidence of immorality, while morality is seen in his wife because she is a mother.

As a rejoinder, another informant was regarded as immoral, as asserted below: Excerpt 4.3.1.3.

Nindaiguire mōndō twarutaga nake wīra akītra acio angī atī ndanaruta mahu maingī kinya nda yakwa ya ūciari īgīthōkana ikīrutwo na īgīteyo atī na ndiīraga mōthuri wakwa ndeto cia ma nīguo athī na mbere gōikara naniī.

I overheard a colleague tell other colleagues that I had had serial abortions results in destruction and removal of my womb and that I was lying to my husband to make him stay with me. FGK4

The colleague spreading rumors that she had "serial abortions" and her "womb destroyed and removed" associates her childlessness with alleged immoral and unethical reproductive choices and behaviours. Describing her as "wicked" directly judges her as an immoral person. Claiming she is "lying to her husband to stay with

me" implies deceitful, manipulative, and immoral conduct, again linking her alleged immorality directly to her childlessness. There is an assumption that because she does not have children, she must have done something sinister or immoral to cause her childlessness. Her lack of children is seen as proof of immoral behaviours. The colleague stating this sanitizes herself as being moral because, unlike the involuntary childless women, she did not deceive her husband and got children for him.

In the same light, another informant said that she was told that her big size of the stomach was evidence of having had pregnancies and procured abortions severally. She says:

Excerpt 4.3.1.4.

Mōndō tūrutaga wīra nake nāugire ati nda yakwa nīngunyanagīra tondō nī nene. Nāugire atī no kinya ngorwo nīndutīte mahu maingī.

My workmate told my friend that my big stomach betrayed me. She said I must have done countless abortions for my stomach to be that big. FGM13

The rumour that her "big stomach" meant she "must have done countless abortions" associates her childlessness and physical appearance with an assumption that she had multiple immoral abortions. This implies that her lack of children is due to irresponsible choices. The judgment that her stomach "betrayed" her suggests shameful failure, immorality, or deceit related to alleged abortions. There is an assumption that she did something sinister or immoral, like "countless abortions," to be involuntary childless. Her involuntary childlessness itself is seen as proof of immoral reproductive choices. Her co-worker, a mother, spreading damaging rumours behind her back, suggests they view and portray her as an immoral person due to her childlessness.

Home functions, which are social ceremonies, are also used to posit the involuntary childless women as selfish by refusing to conform to society's expectations. In accordance with this idea, one informant said:

Excerpt 4.3.1.5.

Ndiendete gũthiĩ mũcĩĩ kwĩna ũndũ. Ingĩathire thigũkũ tata akwa manjũragia ciũria itarathira. Marigagũo gĩtũmi kĩa mũtumia mũthaka ta nĩ kwaga mwana. Majikaragia thĩ makĩnjĩra ndige kwĩenda mĩno njiare. Nginya ngĩgũra kairetu gathaka. Nĩmamenyerire rĩu.

I hated going home for any function. Whenever I went for Christmas, my aunts always asked me unending questions. They did not understand how a beautiful wife like me could not conceive. They even sat me down, telling me to stop being selfish. I had to adopt a beautiful girl. They now got used to it. FGN19

Her aunts directly telling her to "stop being selfish" implies they believe her lack of biological children is due to selfish choices or mindset rather than infertility or circumstances outside her control. Their belief that as a "beautiful wife," she should be able to conceive perpetuates the stigma that involuntary childless women are selfishly choosing not to have children for their interests rather than trying to conceive. The idea that they had to get "used to" her childlessness suggests they initially saw it as a selfish deviation from the norm of women selflessly having children.

All the informants who participated in the FGDs agreed they had at one point in time been constructed in deficit discourses (Wodak, 1999) and had been misjudged as less warm and loving because they had shunned people who had stigmatised them. One informant remarked that:

Excerpt 4.3.1.6.

Nĩ tondũ maugaga ndiendete andũ rĩ, ndiĩtikagĩra andũ macere gwakwa kana nĩ gũthiĩ kwene. Ũmũthĩ nĩguo mũthenya wakwa wa mbere kumĩra andũ-inĩ thutha wa ihinda rĩa mĩeri ĩtatu (other informants looking surprised).

Since they claim I am not loving, I do not entertain visitors or visit people's homes. This is my first time in three months to get out and share with people (other informants looking surprised). FGK3

There are a few elements that suggest the involuntary childless woman is viewed as less loving and less warm while she is trying to shun that stigma. The statement indicates

an existing perception that she is "not loving" as an involuntary childless woman. This stigma presents childlessness as equated to a deficiency in warmth. Her avoidance of entertaining visitors or visiting people's homes appears to be an attempt to shun or avoid the stigma of being seen as less loving. She seems to be withdrawing from social situations to avoid being judged. Nevertheless, despite her withdrawal, she still feels compelled to "get out and share with people" after three months, likely craving human connection and fighting the stigma.

Another informant claims that women have often offered themselves to her husband for marriage, claiming they were 'enough,' unlike the informant, who was 'abnormal' and a let-down to her husband. She states:

Excerpt 4.3.1.7.

Mūtumia ūmwe athiire kūrĩ mūthuri wakwa na akĩneana kūrĩ we (looking sad).

Akĩmwĩra no amũciarĩre ciana njiganu ndahana ta nĩ tondũ nĩ mũkinyanĩru.

One woman went to my husband and offered herself to him (looking sad). She told him she could bear him 'enough' children unlike me for she was complete.

FGN21

The other woman implying the informant is "incomplete" suggests childlessness is an abnormal or deficient state. Offering herself to the informant's husband purely to provide children perpetuates the stigma that bearing children is central to a woman's purpose and value. The assumption that the involuntary childless woman must be deficient as a wife if she cannot "bear him 'enough' children" portrays her condition as irregular and defective. It positions involuntary childlessness as so abnormal that drastic steps like offering to replace the wife are justified.

Involuntary childlessness in women is often unfairly stigmatised and compared negatively to motherhood. These discriminatory power relations are enacted through language and infused into society, making it a recurrent cycle (Farrel, 2008). Societal expectations tend to equate womanhood with motherhood, leading to assumptions that involuntary childless women are bitter, immoral, selfish, less warm, less loving, abnormal, and failures with regard to the central feminine role of bearing children.

4.3.2 Childlessness versus Gendered Discourses

Prevailing gender discourses that equate womanhood with motherhood contribute to the stigma and discrimination faced by involuntary childless women. The dominant groups use language to facilitate oppression and aggression against those they dominate (Van Dijk, 2006). Rigid societal norms cast women as destined for motherhood, leading childlessness to be viewed as a failure of femininity. This creates an environment of judgment, exclusion, and negative assumptions that can be emotionally distressing and compromising for women defined by their involuntary childless status rather than their humanity.

One informant reported that she is always overworked as it is claimed that she is stronger than women who had procreated. She says:

Excerpt 4.3.2.1.

Rĩrĩa kwina iruga, atumia a itũra rĩu nĩmagomanaga kũharĩria gĩa kũrĩa na gĩa kũnyua. Ihinda ta rĩu ingiuga ndĩ mũnogu-rĩ, atumia arĩa angĩ macokagia atĩrĩ, ‘ndũri wahũthĩra hinya ũkioha nda kana ũgĩciara, nĩkĩ kĩrakũnogia?’

If there is an occasion, women around the neighbourhood gather to prepare food and drinks. At that time, if I said I was tired, other women always replied, ‘You did not lose energy by getting pregnant and giving birth; what makes you tired?’

FGK3

The other women imply that pregnancy and childbirth are necessary experiences for her to claim the right to be tired. This suggests an expectation that womanhood equates to motherhood. Dismissing her fatigue because she has not gone through pregnancy and birth reinforces the gendered assumption that motherhood is central to the female experience. Her involuntary childlessness is pointed out as a deficiency, and she lacks the credibility and right to be tired because she has not fulfilled the expected role of motherhood as a woman. There is an underlying sentiment that womanhood equals sacrifice through pregnancy and birth. Her childlessness excludes her from that gendered experience of hardship and suffering.

As a rejoinder, another informant states that:

Excerpt 4.3.2.2.

O hĩndĩ twathiĩ kũrĩmia ndaheagũo handũ harĩa homũ makĩria tondũ kweragũo atĩ ndĩ hinya kũrĩ atumia arĩa angĩ. Maugaga niarathime nĩgũkorũo na nyũmbũ hamwe nao. Ndiarutire wĩra ihinda rĩnene tondũ mwĩrĩ wambirie gũthumbũra. Whenever we went to plough for wages, I was always given the hard pan because it was believed that I was stronger than other women. They always said they were lucky to have a mule among them. I could not work for long as my health began deteriorating. FGKI9

The informant being assigned more strenuous physical labour implies an assumption that she has greater strength and endurance because she has not gone through the "weakening" effects of pregnancy and childbirth. Referring to her as a "mule" rather than a woman further dehumanizes and 'others' her due to her involuntary childless status. There is an expectation that womanhood equals motherhood, so involuntary childless women are aberrations who can be exploited for manual work. Her childlessness is being used to marginalise her from regular gender roles and justify overburdening her. Ignoring the toll on her health reflects a lack of care or solidarity based on her failure to conform to the feminine norms of motherhood.

Another informant was stigmatised even though she nurtured her co-wife's children because only biological children were recognized only in the pronatalist Gĩkũyũ community. She said:

Excerpt 4.3.2.3.

Mũiru wakwa nĩanjagagĩra gĩĩo na akanjĩta 'thata'. Agĩcoka agĩkua akĩndigĩra ciana ciake. No rĩrĩ, andũ a itũra na mũthuri wakwa mũrũu nimatũraga manumaga makiugaga atĩ ndĩrĩ vhoti ona vũrĩkũ na ndirĩ mũkinyanĩru. My co-wife disrespected me and always called me 'barren.' She later died and left her children with me. However, my neighbours and my drunken husband constantly insulted me, claiming I was incapable and incomplete. FGM15

The co-wife calling her "barren" reduces her status as a woman down to her inability to bear children. It is dismissive and insulting. The assumption that she is "incapable" of caring for the children reinforces gender norms that women must be mothers to nurture children. Her childlessness is seen as a failure of femininity. Labelling her as "incomplete" without children stigmatises childlessness as an abnormal state and ties womanhood solely to motherhood. The neighbours and husband judging and insulting her perpetuate societal prejudice that women's primary purpose is reproducing, and she is deficient without it.

Another informant was regarded as 'valueless' because of her childlessness. She states that:

Excerpt 4.3.2.4.

Ngarari n̄c̄iatuth̄okire har̄i nii na m̄thuri wakwa. N̄ianj̄irire n̄nd̄im̄kuaga na ōh̄th̄ na ngarega k̄m̄ḡira ciana. N̄ianj̄irire ndir̄i wa bata na n̄ndath̄okanḡtie m̄aka yake m̄gwanja na ndaari na k̄nd̄ ḡa gw̄it̄ira.

An argument once ensued with my ex-husband after he said that I had been taking him for granted and refusing to get children for him. He claimed that I am valueless and had wasted seven years of his life, and he had nothing to show for it. FGK1

The ex-husband implying she has an obligation or duty to "get children for him" reflects a gendered assumption that women must provide for children and motherhood in a relationship. Accusing her of being "valueless" without children stigmatises childlessness, reducing a woman's worth down to her reproductive capacity. Claiming she "wasted" years of his life perpetuates gender norms that women's purpose is childbearing, and she failed him by not fulfilling that feminine role. The idea that after seven years together, they have "nothing to show for it" without children is grounded in the sexist notion that women's essential contribution is reproducing. He does not recognize her humanity or value beyond the gendered role of being a mother. Her involuntary childlessness excludes her from that.

Most men are not ready to go against the gender stride as they could be shunned and ridiculed for choosing to remain involuntary childless. All men are expected to position

themselves masculinely (Connell and Messerschmidt, 2005). Therefore, societal pressure pushes them to conform to societal norms. One informant said:

Excerpt 4.3.2.5.

Mũthuri wakwa wa mbere aarĩ mũtungatĩri. Atigire ũtungatĩri tondũ wa aciari ake kũmwĩra nĩ marenda ciana. Rĩrĩa onire ndiranyita ihuu rĩ, akĩĩnde. Rĩu ena mũtumia na ciana inya.

My first husband was a priest. He sacrificed his priesthood because his parents pestered him on wanting grandchildren. When it was not forthcoming, he divorced me and now he has four children. FGN20

The expectation from the husband's parents for him to provide grandchildren reflects the masculine pressure to continue the family line, which involves voluntary control as opposed to coercive control (Connell, 2005). His divorcing his wife due to her infertility suggests he sees her primary value as bearing children, an expectation of traditional feminine roles. Saying she is "not womanly" ties womanhood directly to the ability to reproduce, stigmatising childlessness as a failure of femininity. As a priest adhering to traditional gender norms, he likely felt compelled to conform to masculine expectations of fathering children. Men were expected to follow the constructs of reality based on the guidelines set out by the culture of a specific society, and failure to do so places them under complicit hegemony (Connell and Messerschmidt, 2005). Her involuntary childlessness threatened his masculine status, prompting divorce to save face and reaffirm his manhood through potential future fatherhood.

Involuntary childless women face stigma and discrimination due to gendered discourses portraying them as unwomanly, physically aberrant, incomplete, and valueless. These harmful stereotypes stem from narrow social constructs of femininity and womanhood that equate female worth with motherhood and fertility.

4.3.3 Childlessness versus Cultural Ideologies

Stigmatisation arises when a person or group is labelled as tainted or discredited within a particular cultural context. Language, which legitimises unequal power relations (Wodak, 2007), is majorly used in the stigma. The stigma occurs due to perceived deviations from mainstream societal norms, beliefs, or practices. Stigmatised

individuals are subjected to exclusion, discrimination, and loss of status. Understanding stigmatisation requires examining its cultural underpinnings.

One informant stated that:

Excerpt 4.3.3.1.

Hĩndĩ ciothe ndĩ mvingĩ-inĩ, o mĩndũ nĩakoragwo na ndagitari, (1) kana mĩrigitani wa ndawa cia mĩĩ ōria ingĩthĩĩ kũona nĩ ōndũ wa thĩna wakwa. Mĩrata wakwa anjĩrĩire mĩrigitani wa ndawa cia mĩĩ oĩ, ōngĩcenjia wagi wakwa wa ciana.

Whenever I am in public, everyone seems to have an opinion, (1) a good doctor or a medicine man I should visit. My friend told me that a certain medicine man would change my inability to have children. FGKI9

The cultural stigma in this statement seems to stem from the assumption that not being able to have children is an "imperfection" that needs to be "changed." The statement implies there are cultural expectations that women should be able to have children and that not being able to is somehow defective or flawed. The suggestion to visit a "medicine man" also hints at cultural beliefs around fertility and motherhood. The expectation is that there must be some cure or treatment within that cultural framework that could "fix" the issue.

The informant received a lot of advice on where to receive help to cure her 'abnormality.' Traditionally, the Gĩkũyũ community believed in medicine men. They were very powerful, and people visited them to learn about the future, to be healed, or even to be freed from bad omens. The informant was advised to see a medicine man to be healed and also to be advised on the imperfections that led to her not having children. The community believed that for one not to have a child, there was a deeply rooted problem.

Another informant indicated that:

Excerpt 4.3.3.2.

Andō thata makuagwo na ngōrani, rīrīa me mōoyo na nginya makuīte tondō matiendaga kōgīa mīcī.

Infertile people are treated differently, not only when alive but also when dead because they are not interested in having families. KIUKII

The excerpt stereotypes infertile individuals as actively choosing not to have families rather than facing biological limitations. This falsely implies that their infertility is due to a lack of family-oriented values. It stigmatises them as deviating from societal norms that expect people to be oriented towards creating families. Not conforming to this expectation appears to be viewed negatively. It perpetuates stigma by generalizing that all infertile people share this supposed lack of interest in families rather than recognizing their diversity. The statement judgementally implies that infertile individuals' supposed lack of family orientation makes them undeserving of equal treatment in life and death.

Another informant was told she was not hospitable because she refused to give away farm produce meant for sale. She says:

Excerpt 4.3.3.3.

Nīngeragia ngorwo na wīra ndīraruta. Nīhandaga mōgōnda-inī wakwa indo ta kabichi, karati, waru cia kwendia. Andō a itōra nīmahoyaga mōno na ndamera nī cia kwendia makauga Ugīkōyō inī irio itimanagōo na atī ndīramaima tondō ndirī ciana.

I usually try to make myself busy. I plant cabbages, carrots, and potatoes in my garden for sale. My village mates are always borrowing, and when I tell them they are for sale, they tell me that in the Gīkōyō culture, food is given for free, and they accuse me of being inhospitable because I am childless. FGN23

The stigma related to hospitality stems from the expectations from members of the village that the informant would give away food for free because she had no children

to feed. The informant is viewed as violating cultural norms of hospitality and generosity by trying to sell her vegetables rather than give them away. The stigma arises from the assumption that her childlessness is the root cause of her perceived inhospitality. The community members seem to believe she would be more inclined to share if she had her children. Her infertility is equated to selfishness and a rejection of communal values. The stigma centres around the idea that a "real" woman would be selfless, generous with food, and more focused on community than individual profit. Her childlessness becomes a self-fulfilling prophecy to explain her supposed lack of hospitality.

Involuntary childless women face stigma when cultural expectations equate womanhood with motherhood. Despite desiring children, they are deemed imperfect, family-averse, and inhospitable due to an inability to reproduce. These harmful assumptions stem from restrictive cultural norms and fail to recognize the involuntary nature and diversity of experiences.

4.3.4 Childlessness versus Religious Ideologies

Religion is deeply rooted in the pronatalist Gikũyũ community. In the community, children are perceived as God's gift, and the inability to have children may result from sin (Dyer, 2007). Similarly, most informants believed that children are gifts from God and that getting a child is God's will. Thus, the cause of infertility is perceived as the determination of God. One informant said that:

Excerpt 4.3.4.1.

No Ngai wiki ũheaga andũ ciana; ni wendi wake. Rĩmwe nda nĩyaumire na hihi ũcio nowe mwana ũrĩa Ngai aheete na agĩcoka akĩmuoya. Ndiũĩ gĩtũmi kĩa Ngai kũndiganĩria.

Only God gives you children; it is His will. I faced a miscarriage once; maybe that was the only child God gave me and took it away. I don't know why God forsook me. FGN20

Saying only God gives children suggests childlessness is due to divine will, stigmatising it as a sign of lacking God's favour. The miscarriage is presented as the only child God "gave" and "took away," framing reproduction as entirely God's choice rather than a

biological process. The notion that God "forsook" the informant due to her childlessness perpetuates the stigma that infertility results from spiritual unworthiness or punishment. There is no mention of medical causes, only God's actions, portraying childlessness as a religious rather than a health issue.

Another informant was felt that she was unblessed because she could not conceive. She states that:

Excerpt 4.3.4.2.

Arata akwa maugaga atĩ thĩna wakwa ũnduaga thata. Nĩnjiguaga itarĩ mũrathime.

My friends say that my fate makes me barren and that I am unblessed. FGN19

Friends describing the informant as "barren" suggests they view childlessness as making her deficient or flawed through a religious lens. The term carries religious connotations of being divinely cursed. Saying her fate "makes" her barren implies a belief that forces like divine predestine infertility will rather than medical causes.

Another informant commented that her ex-husband said that she was unchosen, as stated below:

Excerpt 4.3.4.3.

Mũthuri wakwa wa tene nĩanjĩraga atĩ Ngai nĩatuaga andũ amwe atongu na angĩ athĩni. O ũgũo noguo arathimaga nda cia atumia arĩa arathime na akaruma nda cia atumia arĩa arume. Gũtirĩ mũndũ ũtangĩnina thĩna ũyũ.

My ex-husband always told me that God makes some people poor and some people rich. Like this, God blesses the chosen women's wombs and curses the unchosen women's wombs. He said that my fate was sealed. FGK2

Framing childbearing as a selective blessing or curse from God stigmatises infertility as a sign of being divinely "unchosen" rather than a medical condition. The notion of God sealing her "fate" perpetuates the religious belief that childlessness is predestined rather than a health issue. Equating reproduction and wealth implies that worth is determined by divine favour, stigmatising the infertile as fundamentally unworthy in

God's eyes. The contrast between "chosen" and "unchosen" in women judges childlessness as the result of divine condemnation rather than biology.

Another informant was rendered unholy because:

Excerpt 4.3.4.4.

Kĩrĩkanĩroinĩ gĩa tene andũ aria thata maataragwo marĩ arume tondũ matiarĩ arathime: Ciaranai na mũingĩhe; ihũriai thĩ" Genesis 1:28. Indo cia andũ thata itietĩkagĩrwo nĩ athĩnjĩri Ngai harĩ magongona matheru tondũ matiarĩ atheru.

In the Old Testament, infertile people were considered cursed because they did not share the blessing: "Be fruitful and multiply; fill the earth." Genesis 1:28.

The tributes of the infertile people were not accepted by the religious leaders for Holy services because they were unholy. KIHN

Citing the scripture that equates infertility with being "cursed" perpetuates the notion that childlessness stems from a lack of divine blessing rather than medical issues. Labelling infertile people as "unholy" portrays them as spiritually deficient or morally flawed, stigmatising childlessness itself as unacceptable in religious terms. Barring involuntary childless people's offerings and tributes from Holy services treats them as religiously unworthy due to their infertility. Framing childbearing as a divine "blessing" to be shared implies that those unable to have children are deliberately excluding others from this blessing. The injunction to "be fruitful and multiply" sets up cultural expectations that not reproducing violates religious commands.

According to one informant, she was told that she was rejected. She says that:

Excerpt 4.3.4.5.

Mũtungatĩri anjĩtire wafici-inĩ yake akĩnjĩra atĩ ndute nguo ciothe ahake maguta ciĩga ciakwa cia thiri akĩhoya. Augire ndĩ (.) mũrege na nĩkĩo ndarĩ thata.

The summoned me to his office and ordered me to strip naked so he could apply anointing oil on my private parts as he prayed. He said I had been (.) rejected, which had led to my childlessness. FGM14

The pastor singling out the informant for a special ritual implies that her infertility is an individual spiritual flaw needing religious intervention. Ordering her to strip naked demonstrates an abuse of religious authority to violate bodily autonomy based on stigmatising assumptions. Anointing her private parts invades privacy and reduces her to sexual organs, suggesting that childbearing is the sole value of womanhood. Claiming she was "rejected" frames infertility as punishment for moral and spiritual failings. The pastor's actions and language reflect and impose religious stigma through inappropriate non-consensual practices justified by harmful assumptions that infertility represents spiritual corruption requiring invasive religious cleansing.

From a religious perspective, involuntary childless women in the Gikōyū community face stigma as supposedly rejected and unblessed by God. Their worth becomes unfairly tied to fertility, and they are condemned as spiritually flawed.

4.3.5 Summary

Involuntary childless women in the Gikōyū community are stigmatised and discriminated against in various interlocking ways. Socially, they face isolation and stereotyping as unwomanly or deficient. Culturally, they are pressured to conform to rigid gender roles that equate womanhood with motherhood. Religiously, they are labelled as rejected, cursed, or unholy for being unable to reproduce. Across all contexts, their worth and dignity as human beings is diminished.

4.4 The Reconstruction of Agency by Involuntary Childless Women

This section is based on the third objective, which examined how involuntary childless women redefine womanhood after being subjected to linguistic stigma. When faced with stigma rooted in restrictive concepts of womanhood, involuntary childless women courageously redefine femininity on their terms. Despite cultural messaging tying worth to motherhood and fertility, they reject reductionist assumptions and prove their dignity by pursuing purpose and meaning. They challenge this stigma through language, which offers an opportunity to construct stereotypes of self and others

(Fairclough and Wodak, 2021). Where language labelled them as deficient or flawed for not bearing children, involuntary childless women expand definitions of womanhood to encompass their experiences. Their lives attest to the truth that one can

fully embody womanhood by embracing humanity in all its diversity, defying norms that equate true femininity with biological reproduction.

4.4.1 Qualified Acceptance

There is a societal power among the Gikūyū people on the need to tie womanhood to motherhood. This is spread through language; as Fairclough (2001) states, ideas are spread through language. When some involuntary childless women realise they cannot meet societal expectations, they resist these norms in a quest to seek survival. One informant said:

Excerpt 4.4.1

Ndũire hoyaga na ndĩhingaga Ngai ahe mwana makĩria ma mĩaka ikũmi. Mũthenya ũmwe ngĩhoya ngĩgua thauti (face brightens) ya Ngai atĩ ndige kũmaka nĩũndũ Ngai ena mĩbango igũrũ wa maica makwa. Mũthenya ũcio nĩguo ndamenyire atĩ mĩtũrĩre wakwa warĩ wa kũũmĩrĩria atumia angĩ arĩa matagiaga ciana.

I had always been praying for a child. I cried and fasted for over ten years. One day, I heard a voice from above (face brightens) that I should worry no more, for God had other plans for me. That was the day I realised that I was not destined to get children but to encourage other women who had been through childlessness like me. FGN19

The shift from "I" to "me" is noted. Early in the statement, the woman uses "I" repeatedly to emphasise her actions and desires "I had always been praying," "I cried", and "I heard a voice". After the turning point, she shifts to using "me." "God had other plans for me," and "I was not destined to get children." This subtle shift from active subject to passive object implies a change in how she views herself and her role. A vocabulary shift is also noted. She uses more purposeful, communal words to describe her new role: "realised," "destined," "encourage," and "other women." This implies a shift away from her desire for a child to a more collective, altruistic purpose. Through subtle linguistic shifts like pronoun use, voice, and word choice, the informant signals a transition in how she views and describes herself, from an individual longing for a child to someone redefined by a new role in a community.

Another Informant states that:

Excerpt 4.4.2.

Rĩu nĩnjĩtikĩtie atĩ ndigaciara ciana cĩakwa. Nĩndĩhete thayĩ na nĩnjĩtikĩtie atĩ kĩrĩa kĩnini thĩkĩmaga nĩkĩnjiganĩte.

I have now accepted that I will never have biological children. I have made peace with myself, and I believe the little I earn (1) is enough for me. FGK4

The informant accepts her fate by using "I have now accepted" and "I have made peace," which conveys a sense of resolution and letting go of what she desired in the past. This suggests a reorientation in her mindset. The definitive phrase "I will never have biological children" is an all-encompassing statement, indicating she has firmly redefined her view of her future and capabilities. The shift in tense is also noted. The first sentence uses the past tense "accepted," but then she shifts to the present, "I have made peace" and "I believe." This grounds her new identity in the here and now. She also decides to focus on herself by repeating the pronoun "I," which centres her new outlook on herself and her wellbeing rather than external factors like children. She also appreciates her current state by saying, "The little I earn is enough for me," she conveys contentment and redefining success for herself, regardless of previously unmet expectations. The linguistic choices indicate that the informant has gone through a process of letting go, grounding herself in the present, focusing inward, and appreciating what she has. This suggests a redefinition of priorities and identity beyond motherhood.

Another informant who had attained a college diploma explained that:

Excerpt 4.4.3.

Rĩu tondĩ ndĩna wĩra, njĩkĩraga hinya wakwa wothe ho. Nĩhaicĩtio ngathĩ maita matatĩ kahindainĩ ka mĩaka ĩtarĩ miingĩ na ndĩ ngathĩ ya igũrũ kĩri andĩ amwe mahumbĩtwo thĩmbĩ. Nĩdĩheanaga mathaa makwa kĩruta wĩra mwegu.

Now that I have a job, I put all my energy into it. I have been promoted thrice over the years and I am more senior than some people with degrees. I dedicate all my time to doing a good job. FGK5

The temporal marker "Now that..." implies a before and after, indicating a shift in her circumstances and outlook. The informant also changes her focus. Whereas her focus was on children before, the entire statement is now centred on her job, using words like "energy," "promoted," "senior," "dedicate," and "good job". This lexical choice reveals her investment and a new source of meaning in her career. It also emphasises progression. This is seen through words like "thrice," "over the years," and "more senior," which highlight her professional advancement over time, showing her identity is now tied to career growth. Her language is also a commitment language. She says, "I put all my energy into it", and "I dedicate all my time," conveying total commitment to her work and her new dedication. She also uses comparative language by saying she is "more senior than some people with degrees," which defines her now in relation to colleagues, hinting that she may find self-worth through professional status. Finally, her use of active voice through the use of "I" as the subject of active verbs like "put" and "dedicate" portrays her as the driver of her career, not a passive recipient.

Another informant accepted her childlessness by stating that:

Excerpt 4.4.4.

Rĩrĩa rĩothe njĩraga andũ atĩ nditete mwĩhoko wa kũgĩa ciana manjĩraga atĩ ndĩ mũkũrũ mũno gwĩtwo maitũ. Rĩu nĩndametiĩkirie na ngaiganĩra.

Whenever I told people I had not given up on childbirth, they always told me I was too old to become a mother. I now believe them, and I am comfortable.

FGM17

The informant's journey from resisting others' perceptions of her to accepting a new identity is evident in subtle linguistic shifts throughout the statement. Initially, her use of emphatic active voicing "Whenever I told people I had not given up" – conveys her previous clinging to possibilities and resisting external definitions. The double emphasis of "I had not given up" underscores her self-assertion and fixed mindset at the time. However, a transition occurs when she states, "I now believe them." The temporal marker "now" indicates a clear before and after in her outlook. Her switch to simple present tense highlights her shift into a new mindset in the current moment. Furthermore, her definitive phrasing, "I now believe them," conveys certainty and

resolution, evidence that she has fully adopted others' external perceptions as her truth.

In relation to this, another informant stated that:

Excerpt 4.4.5.

Aarĩ a nyina na mōthuuri wakwa mokaga mōrango-inĩ wakwa makauga atĩ ndĩ thata ngũrũ na rĩu nĩmenyerete.

My sisters-in-law always come to my door and insult me that I am a barren old maid, but I am used to it now. FGN23

The informant's journey towards self-redefinition is evident in subtle linguistic signals conveying her perspective shift. Initially, she describes her sisters-in-law insulting her as "barren" and "old maid" in the present tense, implying this is an ongoing experience she has yet to make peace with. The dismissive phrasing "always come to my door" presents them as disruptive forces imposing an unwanted identity on her. However, she transitions when she says, "but I am used to it now." The contrastive conjunction "but" indicates a shift against these external judgments. Her phrase "used to it" suggests acceptance, highlighting that she no longer contests or struggles against these cruel labels. The temporal marker "now" emphasises that this resignation is her current outlook, as opposed to resisting earlier. The linguistic choices, which act as mirrors through which societal attitudes, thoughts, and processes can be inferred (Fairclough, 2001), indicate that the informant has undergone a process of identity redefinition over time.

Another informant states that:

Excerpt 4.4.8.

Ti atĩ ndingĩgĩa mwana. NDIGĨGĨA MWANA BIŨ BIŨ. NDĨ THATA.

I am not just infertile. I AM REALLY, REALLY INFERTILE. I AM BARREN.
FGK4

The informant boldly moves from denying to proclaiming her infertility as part of her acceptance. Initially, her insistence, "I am not just infertile," conveys previous feelings

of defensiveness and minimizes the impact of this label. The qualifier “just” trivializes the term, hinting that she once resisted defining herself by her infertility alone. However, she then actively reframes this identity by loudly declaring, “I AM REALLY, REALLY INFERTILE.” Her use of emphatic capitalization and repetition asserts her infertility as an integral, unapologetic part of her. She abandons resistance for full acknowledgment. Her adoption of the charged word “barren” further signals complete acceptance of previously shunned definitions.

Analysis of involuntary childless women's language reveals a journey from resisting to accepting imposed identities. Linguistic markers show progression from desperate assertion to passive acceptance. Their self-redefinition towards social conformity surfaces through subtle temporal, grammatical, and emotional shifts in expression over time, signalling the difficult but eventual adoption of their unchosen circumstance.

4.4.2 Acceptance and Assertiveness

All the informants participating in the FGDs felt changed by their involuntary childless journey. None of them imagined their lives without children or the direction they would take as they grew up. However, overtime, they accepted their fate. Twenty informants expressed the feeling that they had missed a stage or a chapter of their lives, and the time spent preparing for motherhood and the psychological "space" that was made for the child left an emptiness that tested their sense of self. With time, involuntary childless women embraced resistance, which was not visible in the articulations of resistance (Scott, 1990). The resistance helped the involuntary childless women re-imagine, rebuild, and re-establish their identity. One informant said:

Excerpt 4.4.6.

*Ngĩtua itua rĩa kũienda na kũmenyerera mwĩrĩ wakwa tondũ mūtũrĩre no
ũmwe.*

I decided to love myself and care for my body because we only live once.

FGM18

The informant’s use of language conveys her process of positively redefining herself in the face of involuntary childlessness. Her opening phrase, “I decided,” is key, establishing herself as the active agent directing her life. The definitive nature of

“decided” underscores her assertiveness and resolve. In contrast to adopting others’ labels, she positions herself as the driver of her new outlook through this initial active voicing. Furthermore, her choice of emotive, nurturing verbs like “love” and “care for” paints a picture of purposeful self-compassion. After the pain of unfulfilled dreams, she linguistically constructs a new focus on nourishing her whole self – mind, body, and spirit. The simplicity yet wisdom in “because we only live once” conveys a reclaimed sense of empowerment and presence in the gift of the moment.

According to another informant:

Excerpt 4.4.7.

Ndathiire kũrĩ mandagitarĩ aingĩ na othe makiuga atĩ nyũngũ yakwa ya mwana ndĩngĩkua ihuu hhh. Hĩndĩ ĩyo nĩrĩo ndaheire ngoro kũiganĩra.

I visited many specialists, and they all confirmed that my womb could not sustain a pregnancy hhh. That was the moment I learned to embrace my situation. FGK4

The informant’s use of language reveals her journey to self-acceptance after the painful confirmation of permanent childlessness. Initially, her description of visiting specialists conveys a sense of desperation, with repetitive phrasing underscoring the helplessness of her circumstances – “many specialists” and “they all confirmed.” The vivid adjective “damaged” further emphasises the decisive finality of her inability to have children. However, she signals a turning point: “That was the moment I learned to embrace my situation.” The demonstrative pronoun “That” refers back to the specialists’ objective confirmation, indicating she is now pivoting from that external verdict to shape her outlook. Her active phrasing of “I learned” depicts herself as the agent shaping her perspective rather than a passive recipient of a devastating fate. The excerpt shows the informant’s inspirational metamorphosis through strategic linguistic choices.

Another informant indicated that:

Excerpt 4.4.9.

Nĩndarĩraga mũno ndĩ wiki no ndathĩĩ andũ-inĩ ngamaririkania atĩ ti kwenda gwakwa nĩ wendi wa Ngai. Ndiaconokaga kwĩra andũ atĩ ndĩ thata. Nĩndonaga kĩmako maũthio-inĩ mao no nĩmanyũmagĩrĩria na makenda thiritũ yakwa.

Even though I was constantly in pain in private, I always told people it was God's will and not my own while I was in public. I did not hesitate to tell people that I am barren. I could always see their shock, but they always encouraged me and wanted to become my friends. FGN23

The informant's journey from hiding to proudly revealing her infertility demonstrates a powerful reclaiming of identity. Initially, her phrasing shows a disconnect between public masking and private grief. By saying, "even though I was constantly in pain in private," she reveals past feelings of shame and desire to conceal her sorrow. This is further seen in how "I always told people it was God's will," an avoidant platitude to deflect others' scrutiny. However, a shift occurs when she declares, "I did not hesitate to tell people that I am barren." Her active voicing and use of "did not hesitate" conveys a new assertiveness and shedding of previous reluctance. The stark word choice of "barren" signifies complete acknowledgment rather than evasive euphemisms. She no longer shields her identity but proclaims it.

Through adoption, an involuntary childless woman reclaimed her identity. She stated that:

Excerpt 4.4.10.

Tata akwa majikaragia thĩĩ na ciũria itarathira (1) nginya ngĩgũra kairetu gathaka. hhh Nĩmamenyerire rĩũ.

My aunts even sat me down with their ever-unending questions (1) I had to adopt a beautiful girl. hhh They now got used to it. FGN19

The informant's journey from external pressure to empowered self-definition shines through her strategic language choices. Initially, the phrasing "My aunts even sat me

down” conveys a sense of intervention and imposition, hinting at the judgment and scrutiny she faced for not having children. Descriptions like “ever-unending questions” and the emphatic repetition of “I had to adopt” underscore the expectations and demands placed upon her by her family. However, a shift occurs when she states, “They now got used to it.” This temporal marker indicates she no longer succumbs to others’ definitions of who she should be. The definitive phrasing “got used to it” suggests she has stood firm in her identity, regardless of their pressure to conform. No longer seeking validation, she conveys inner confidence and conviction. Another informant reclaims her identity by claiming that childlessness does not mean that one is immoral. She states:

Excerpt 4.4.11.

Ndirĩ ciana no ãndũ ũcio ndũtũmĩte hũre ũmaraya kana njagane.

I am infertile, but that does not make me a prostitute or immoral. FGM14

The informant’s bold declarative statement conveys a powerful redefinition of herself in the face of stigma. By directly acknowledging “I am infertile,” she openly names this identity rather than avoiding or minimizing it. This stark admission sets the premise for her next act of reclamation. The conjunction “but” signals her pivoting against the negative cultural associations linked to infertility. By following her admission with “that does not make me a prostitute or immoral,” she calls out and rejects the specific judgments and labels imposed upon involuntary childless women. Her emphatic tone asserts that she refuses to be defined by societal misconceptions.

This analysis shows involuntary childless women reclaim identity through subtle yet profound linguistic shifts from resisting labels to boldly declaring them, from hiding pain to proud self-love, from succumbing to judgments to establishing empowered self authorship against all imposing forces. Their language reveals an inspiring evolution.

4.4.3 Redefining Motherhood

Ten involuntary childless women deliberately chose to make peace with the fact that they could never have children. They, therefore, found new purposes by deciding to help others. They state that after internalization, they realised that motherhood would

be experienced in other ways other than birthing. They refused to have their lives defined simply by their fertility status. One asserted that:

Excerpt 4.4.12.

Ndĩ nyina wa twana ikũmi na twĩrĩ. Nĩndĩ cukuru ya twana tutee rĩu. Ndaugire kwaga twana gũakwa gũtigũtũma nde mwĩhoko. Gũkorũo mũtumia ti gũciara kũrera nĩkuo wĩra. Nĩndaregire kũrorũo na ndurumeni ya kũaga ciana.

I am a mother of twelve. I run a children's home now and decided that my womb would not define who I was. Being a mother is not the natural process, but being able to nurture young ones into sensible people in this world is. I refused to be defined by my childlessness. FGM14

The informant's language reveals her inspirational process of discovering meaning beyond biological motherhood. Despite involuntary childlessness, she declares, "I am a mother of twelve" – boldly redefining parenthood through nurturance, not birth alone.

Her shift from passive object to active subject is evident in phrasing like "I run a children's home" and "I decided." No longer defined by external forces, she establishes herself as the leader shaping her purpose. The emphatic statement, "I refused to be defined by my childlessness," further shows this sense of agency and ownership." Additionally, her wisdom that "Being a mother is not the natural process, but being able to nurture" conveys a broader appreciation of feminine purpose. She moves beyond limiting cultural scripts to recognize spiritual mothering in all its forms. She continues by stating:

Excerpt 4.4.13.

Nĩndĩĩagĩra gũtongoria gĩkundi kĩa atumia angĩ taniĩ matagiaga ciana na matiganĩirio.

I also proud of an organisation of childless women who have been abandoned. FGM14

The informant demonstrates empowerment and purpose by taking an active leadership role to support other involuntary childless women. Her use of "proudly" affirms this position as a deliberately chosen new purpose. Linguistically, referring to these women

as "abandoned" evokes sympathy and injustice, portraying them as victims failed by others. Her organisation aims to counteract this abandonment. The verb "run" conveys decisive, energetic action. As an organisational leader, the informant is empowered to drive progress and make an impact. This role provides meaning missing from her involuntary childlessness.

Another informant also discovered her purpose in helping others. She states that:

Excerpt 4.4.14.

Nyandikĩtuo mũcĩĩ wa kũmenyerera andũ akũrũ. Nĩ nyendete mũno gũikarania nao. Ndĩmarugagĩra na kũmomĩrĩria (smiling). Nĩngenagio nĩ wĩra ũcio tondũ nĩwatũmire ndĩĩmenye. Mũtũrĩre wakwa nĩwacengirie mũno.

I am employed in a home of the old. I love spending time with them. I cook and encourage them (smiling). I found my purpose in that home. It has been a life changing moment for me. FGM13

The informant uses descriptive language to portray her profound shift in purpose and identity. Where once her involuntary childlessness seemed to negate her sense of meaning, she now describes finding fulfilment in caring for the elderly at a nursing home. She begins by linguistically reframing her role she is "employed in a home of the old." This implies contribution, responsibility, and valued service to others, in contrast to the sense of failure her childlessness may have imposed. She uses emotive verbs like "love" and "encourage" to describe her day-to-day actions, conveying deep engagement and passion for this new nurturing role. The addition of (smiling) further sets a tone of joy and satisfaction.

Through linguistic reframing of their circumstances and nurturing roles, involuntary childless women can find empowerment, purpose, and validation by leading communities and organisations that transform isolation into solidarity. With compassion and agency, they can author new narratives of meaning.

4.4.4 Acceptance and Rationalisation

Involuntary childlessness brings profound feelings of grief and loss to women desiring children. Linguistically, language that connects social, cultural, and political structures

(Wodak, 1999) articulates childlessness and often isolates these women. However, thoughtful framing of their narratives can give voice to loss, bring compassion, empower agency, and open pathways to healing. One informant claimed that:

Excerpt 4.4.15.

Hĩndĩ ciothe ndacemania na andũ ageni, ndimeraga njĩtagwo 'Wangari, ōrĩa ōtagĩtaga ciana'.

Whenever I meet new people, I always introduce myself as 'Wangari, the barren one.' FGN24

The self-identification as "the barren one" indicates a sense of defined identity and ownership of her circumstantial label. Her loss is voiced through accepting and declaring this descriptor. The adjective "barren" powerfully conveys the pain and grief of her infertility. The term implies failure, bleakness, and deficiency. Using it as a self-introduction makes her involuntary childlessness core to how she presents herself. It is a conversational door opener to voice this loss immediately.

Another informant posited that:

Excerpt 4.4.16.

Nĩndarĩraga mũno ndĩ wiki no ndathiĩ andu-inĩ ngamaririkania atĩ ti kwenda gwakwa nĩ wendi wa Ngai. Ndiaconokaga kwĩra andũ atĩ ndirĩ na ciana. Nĩndonaga kĩmako maũthio-inĩ mao no nĩmanyũmagĩrĩria na makenda thirito yakwa.

I was always hurting in private, but whenever I went to the public, I reminded them that it was not my choice but God's will. I did not hesitate to tell people that I had no children. I could always see their shock, but they always encouraged me and wanted to become my friends. FGN23

By contrasting her private pain with her public resolve, the woman reveals the depth of her inner grief. The word "always" emphasises the constant, enduring nature of her hurting. In stating her childlessness was "God's will," she externalizes the cause of her loss rather than blaming herself. This subtle linguistic shift counters societal stigma.

Her willingness to transparently disclose having "no children" gives a direct voice to her circumstances. She takes control of her narrative despite anticipating judgment. The "shock" her revelations evoked points to broader misunderstandings surrounding involuntary childlessness. Voicing her reality enlightened others. While this required courage, given the "always hurting," her frankness ultimately forged human connection and compassion. Her vocal authenticity turned private loss into a bridge-builder. Another informant states that:

Excerpt 4.4.17.

Ti atĩ ndingĩgĩa mwana. NDIGĨGĨA MWANA BIŨ BIŨ. NDĨ THATA.

I am not just infertile. I AM REALLY, REALLY INFERTILE. I AM BARREN.

FGK5

The repetition of "I AM" followed by words denoting infertility gives the statement a declarative, definitional tone. She asserts her childlessness as core to her identity. The use of capitals emphasises the words as literal, factual labels describing her circumstances. It suggests a strong identification with being barren. The additional "REALLY, REALLY" further stresses the intensity and absoluteness of her inability to have children. This hyperbolic phrasing voices the profoundness of her loss. Describing herself this way expresses her internalization of cultural stereotypes of involuntary childless women as deficient.

The study concluded that the marginalised in societies (the involuntary childless women) often voice the stigma meted out to them. The involuntary childless women may not always view their behaviour as "resistance" but rather as a distinctive aspect of their personality, culture, and traditions, suggesting that the resistance is subconscious. This is because resistance is ingrained in society and constitutes a norm.

Therefore, this objective demonstrates that language can also be used to reconstruct the involuntary childless woman's image. The objective sheds further light on involuntary childless women's varied coping mechanisms and resistance to dealing with potentially stigmatising information. In most cases, involuntary childless women successfully construct themselves as 'enough.'

4.5 Summary of Chapter

This chapter explored the intricate relationship between language, culture, and gender in the Gĩkũyũ community, with a specific focus on the linguistic stigmatisation of involuntary childless women. The study examined three key aspects of this complex social issue.

Firstly, the research investigated the linguistic strategies that contributed to the stigmatisation of involuntary childless women among the Gĩkũyũ community. This involved analysing specific language devices, discourse patterns, and communicative practices that perpetuated negative perceptions of childlessness. The study examined lexical choices, metaphors, pragmatic features, and narrative structures used in community discourse that marginalised these women.

Secondly, the study delved into the common stereotypical ideologies towards involuntary childless women in the Gĩkũyũ community. This objective sought to uncover the underlying belief systems and cultural narratives that informed the stigmatisation process. It explored traditional Gĩkũyũ conceptions of womanhood, the influence of pronatalist ideologies, intersections of gender and social status, and the impact of religious and spiritual beliefs on perceptions of childlessness.

The third objective focused on how involuntary childless women redefined womanhood after experiencing linguistic stigmatisation in the Gĩkũyũ community. This aspect of the research examined the coping strategies and resistance narratives employed by these women, the development of alternative discourses of womanhood and self-worth, and the role of support networks in identity reconstruction. It also explored linguistic reclamation efforts and the creation of new, empowering terminologies by the affected women.

To achieve these objectives, the study employed a mixed-method approach, combining discourse analysis, in-depth interviews, and FGD's analysis. This methodology allowed for a comprehensive examination of both the societal context and individual experiences of involuntary childless women in the Gĩkũyũ community.

CHAPTER FIVE : CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the study's findings and presents the answers to the three questions that the study addresses as conclusions. It further recommends the appropriate steps to address the issues that emerged from the study.

5.2 Summary of the Research Findings

The study examined the linguistic strategies contributing to stigmatising involuntary childless women among the Gīkōyō community. The findings revealed that common linguistic practices frequently stigmatise and isolate involuntary childless women. Terms like “barren,” “infertile,” and “unfruitful” were shown to frame these women negatively as deficient and failures. Pronatalist messaging implicitly portrays involuntary childless women as not truly women by limiting femininity to motherhood roles. Everyday figures of speech that equate womanhood with having children also imply that involuntary childless women are inherently lacking. The study concluded that society must be more cognizant of how language choices marginalise involuntary childless women. More neutral and validating language is needed to convey the diversity of womanhood and honour the grief, agency, and dignity of those who remain involuntary childless.

The study found referential strategies like labels strongly stigmatise involuntary childless women. Terms such as “barren” and “unfruitful” portray these women as failures and diminish their dignity. Pronatalist metaphors that equate womanhood with motherhood imply that involuntary childless women are deficient and unfeminine. Such referential language choices propagate exclusionary concepts of normalcy.

The study revealed how predicational strategies linguistically stigmatise involuntary childless women. Stereotyping involuntary childless women as lonely, unhappy, and unfulfilled implies a predication of negativity and tragedy. Assertions that involuntary childless women lead meaningless lives or that motherhood is necessary for womanhood to be meaningful predicate failure. Such semantic linking of childlessness to despair and deficiency devalues involuntary childless women's humanity.

The study also examined how argumentation strategies linguistically stigmatise involuntary childless women. Pronatalist arguments that a woman's duty is motherhood implies deviance. Claims that childlessness is unnatural or real women have children attaches morality for conforming to cultural norms. Such rhetorical framing presents childlessness as a transgression requiring justification. The study concluded that these pervasive argumentation strategies isolate and devalue involuntary childless women.

Deontic modal verbs are frequently employed to frame motherhood as a duty that women are obligated to fulfil. Interrogative modal constructions are used to question and challenge the life choices of childless women. Necessity modals present a stark ultimatum have children or be incomplete/unfulfilled. Prescriptive modal statements dictate that embracing maternity is the proper path for all women. Across discourses, modalizing techniques are harnessed to stigmatise involuntary childlessness as a violation of compulsory feminine norms centred on procreation.

The study revealed intensification and mitigation strategies that linguistically stigmatise involuntary childless women. Intensifying the joys of motherhood implicitly presents childlessness as an acute tragedy. Mitigating involuntary childless women's sorrow and resilience propagates ideas that motherhood alone brings true happiness and purpose. Such strategic linguistic choices isolate involuntary childless women through polarized portrayals. The study also found that involuntary childless women face stigmatisation through the use of modals like "should" and "ought" which imply moral obligations to have children. This constructs childbearing as compulsory and casts women who do not have children as deviant or deficient, perpetuating harmful stereotypes.

The study revealed that involuntary childless women face stigmatisation through implicatures in statements implying a duty or expectation to have children. These implied meanings perpetuate notions that womanhood requires motherhood.

The study also analysed the common stereotypical ideologies that stigmatise involuntary childless women in the Gikōyū community. It found that involuntary childless women are stigmatised by stereotypical ideologies in society. The researcher found that prevalent social, cultural, gendered, and religious ideologies perpetuate stigma against involuntary childless women. These ideologies construct motherhood as

necessary for womanhood, portray childless women as inferior and defective, and imply moral obligations to procreate. By analysing cultural, religious, social, and gendered attitudes, the study revealed how systemic biases against involuntary childlessness revolve around traditional expectations of women's roles.

The study found that restrictive social ideologies perpetuate stigma against involuntary childless women. These prevalent biases equate womanhood with motherhood and portray the involuntary childless women as defective, deviant, and failing to fulfil moral expectations to procreate. It found evidence that in patriarchal gendered setups, restrictive ideologies perpetuate stigma against involuntary childless women by portraying motherhood as compulsory for womanhood. Prevalent biases cast involuntary childless women as defiant, therefore stigmatising them.

The study found that in the Gīkōyō culture, restrictive ideologies perpetuate stigma against involuntary childless women by equating womanhood with motherhood. Prevalent sociocultural biases portray involuntary childless women as failures and outcasts for not adhering to expectations of procreation and family roles.

It was a finding of this study that in many religious communities, restrictive ideologies perpetuate stigma against involuntary childless women by implying moral obligations to procreate. Prevalent faith-based biases cast involuntary childless women as defective or sinful for not fulfilling the expected roles of motherhood and family building.

The third research question analysed in the study was how involuntary childless women redefine womanhood after the linguistic stigma in the Gīkōyō community. The study confirmed that involuntary childless women challenged restrictive definitions of womanhood based solely on motherhood status. Through the strategic use of modal verbs, metaphors, implicatures, and reframing, these women expanded concepts of womanhood, emphasizing compassion, wisdom, strength, leadership, and creativity.

Their narratives replaced language that implied defectiveness with empowering self-descriptions underscoring purpose and capability. The study demonstrated how involuntary childlessness can catalyse linguistic renegotiation of gender identity. By analysing the language patterns in their stories, women creatively resisted stigma and constructed more inclusive, empowered definitions of themselves and womanhood.

The study has shown that involuntary childless women redefine themselves by using language that frames childlessness as a choice rather than a mandate. Their narratives emphasise self-acceptance and renegotiate restrictive definitions of womanhood that equate it to motherhood alone. Involuntary childless women use language to resist stigma by reclaiming their identities. Through strategic rhetorical devices, they challenge narrow definitions of womanhood based on motherhood and reconstruct empowering self-concepts underscoring purpose, strength, wisdom, and capability beyond reproduction.

Involuntary childless women linguistically redefine themselves by emphasizing purpose and meaning beyond motherhood. Their narratives use rhetorical strategies to expand restrictive definitions of womanhood and construct empowering identities that highlight compassion, creativity, leadership, and wisdom in order to resist stigma.

A study found that involuntary childless women use language to redefine identities by expressing grief over infertility to challenge stigma. Their narratives linguistically transform loss into empowerment by renegotiating rigid definitions of womanhood that equate it with motherhood alone.

5.3 Conclusions

The study found strong evidence that language and linguistic strategies play a key role in perpetuating stigma against involuntary childless women. Through a detailed analysis of cultural texts, social narratives, interviews of involuntary childless women and other unaffected men, and FGDs with involuntary childless women, the study identified specific modal verbs, implicatures, metaphors, and lexical choices used to frame womanhood and childlessness. The study concluded that restrictive language conventions clearly stigmatise involuntary childless women by portraying them as failures, outcasts, or defective.

However, the study also revealed processes of resistance. Focus Group Discussions uncovered how some involuntary childless women renegotiate stigmatising linguistic norms by using rhetorical techniques to reconstruct empowering identities that affirmed their purpose, strength, compassion, and capability beyond reproduction. While linguistic conventions clearly stigmatise involuntary childless women, the study

concluded that involuntary childlessness also catalyses creative processes of linguistic identity redefinition as women challenge restrictive stereotypes and build self-concepts on their terms.

5.4 Recommendations

The findings of this study are that involuntary childless women are stigmatised through the use of language coined in cultural and social ideologies. The study recommends the following:

1. Counselling services should be availed to the involuntary childless women to get over the adverse psychological effects they have experienced due to their childlessness. The counselling should also address issues concerning coping with stigma and accepting that some would never have biological children.
2. The Government should also come in and offer affordable fertility treatment, especially to younger women. The study discovered that many women in the Republic cannot afford fertility treatment as it is very expensive and only in major cities in the country. Many rural women, therefore, have no access to the treatment, and they leave it to God or even visit rogue herbalists who end up extorting them.
3. The Ministry of Health should also have country wide campaigns enlightening the public on matters of fertility because there seem to be many misconceptions about childlessness, leading to stigmatising the childless. Cultural beliefs about involuntary childless prevail and are believed by community members as the pure truth, yet these are just misconceptions that feed the stereotypes.
4. The involuntary childless women are also encouraged to rebuild and rebrand themselves in their childlessness by understanding that they are 'enough' even without children. They are encouraged to redefine themselves even in their childlessness and not shy away from the fact that they cannot bear children.

5.5 Suggestions for Further Research

The study only looked at the linguistic stigma affecting the involuntary childless women in the Gĩkũyũ community in Kenya. Further studies may be undertaken, putting into consideration other ethnic communities in Kenya, Africa, and also the world over to research whether the societies stigmatise involuntary childless women through

language and how they cope with the stigma. The study could also research the measures taken to mitigate it.

Secondly, this study only handled how involuntary childless women are stigmatised through language. Further research can also be undertaken on voluntary childless women as to whether they face the same linguistic stigma as involuntary childless women and how they can cope if they do.

Thirdly, this study only looked at the linguistic stigma involuntary childless women face. Further research can also be undertaken on involuntary childless men and how they cope with their childlessness. It could also be essential to look at the linguistic stigma they face if they do, and also how society treats them vis-a-vis involuntary childless women.

Lastly, the current study did not delve much into any form of parenting and whether those who decide to take the adoptive path are stigmatised. Further research, therefore, can also investigate whether adoptive and foster parents face the same linguistic stigma as involuntary childless women and how they cope with it.

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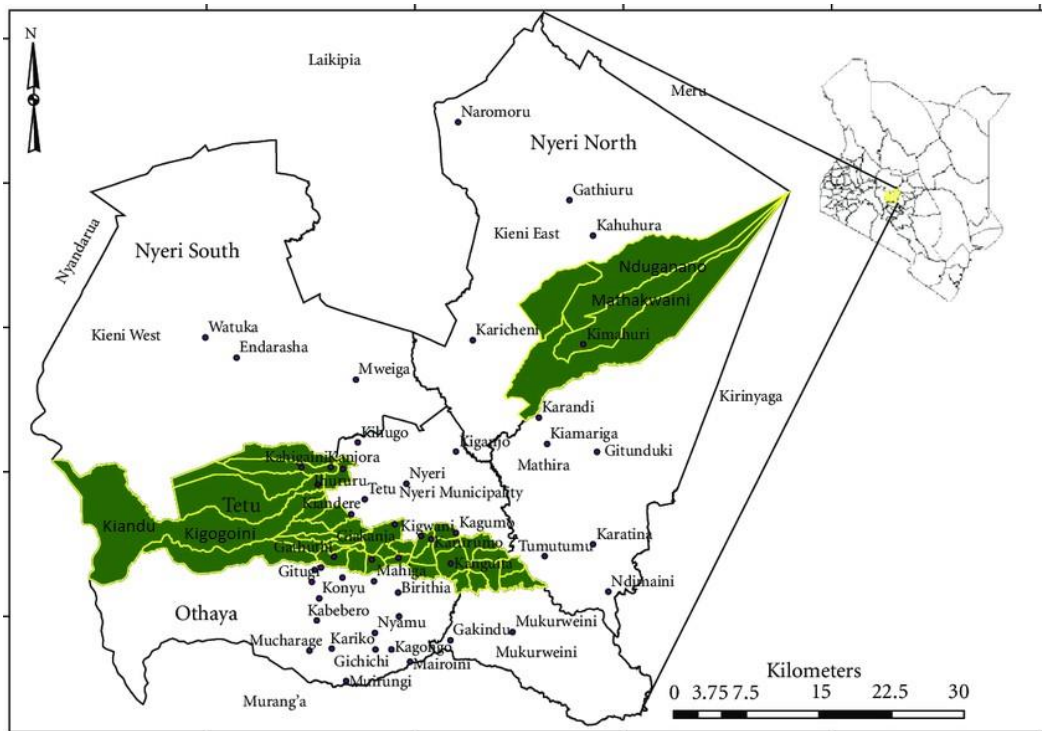
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APPENDICES

Appendix I: Researcher's Introduction to Informants

My name is Gitu Pamela Mukami, and I am a student at Laikipia University pursuing a Ph.D. in Applied Linguistics. I am requesting a few minutes to interview you to clearly understand how involuntary childless women are stigmatised in your community through language. The study desires to examine discursive ideologies of childlessness among the Gikùyù community. These verbal and non-verbal linguistic expressions are used towards childless women and the power relations infused in the community. You are urged to reply to all questions you are asked in the best way possible. You are assured of confidentiality if you participate in this exercise, as it is only for research purposes. Thank You.

Appendix II: Map of the Study Area



Constituency Boundary Village Boundary

Appendix III: Focus Group Discussion Guide Questions Involuntary Childless Women

A researcher from Laikipia University would like to determine the linguistic stigma incorporated in discourses used towards involuntary childless women in the Gikùyù community. Be guaranteed that:

1. Neither your identity nor name will appear in the final research.
2. The information you volunteer is for academic research only.

Kindly respond to these questions.

Bio Data

A. Among these age groups, which one do you fall under?

- i. 44-49
- ii. 49-54
- iii. 54-59
- iv. 59 -65

B. Mention your marital status?

If married, what number of marriage(s) is it?

Section A – Childlessness Versus Stigma

- i. What made you believe/conclude that you are infertile? Have you ever been tested for infertility?

If No, what makes you believe that you are the infertile one and not your partner?

If Yes, has lack of a child strained your marriage?

- ii. What do you believe could be the cause of your childlessness?
- iii. Which interventions have you tried to get a child/children?

Section B – Stigma Versus Social Support

- i. Have you faced stigma because of infertility? If yes, by whom?
- ii. Which words did your partner/colleagues/workmates/in-laws/neighbours/relatives use to project dissatisfaction for your lack of bearing a baby?
- iii. What effect did infertility have on your relationship with your partner?
- iv. Which actions from members of public show that they stigmatise you?
- v. When people learn you are infertile, what questions do they ask you?
- vi. Whom do you blame most for your childlessness?
- vii. Have you learnt to cope with your childlessness? If yes, how?
- viii. Which activity have you taken up in the community to fill the void in your life?

Appendix IV: Interview Schedule for the Male (Husbands) Informants

Section A- Bio Data

A. Which age group do you belong to among these?

- i. 44-49
- ii. 49-54
- iii. 54-59
- iv. 59 -65

B. What is your marital status?

If married, what number of marriage(s) is it?

Section B – Childlessness Versus Stigma

- i. What makes you say that your partner is infertile? Have you taken an infertility test together?

If Yes, what did you feel knowing that you were not the one with the problem but her?

- ii. For how long have/did you and your partner try conceiving unsuccessfully?
- iii. Why is she infertile in your thinking?

Section C – Stigma Versus Social Support

- i. Has anyone ever discriminated against you because of your wife's childlessness? If yes, who?
- ii. What did they do or say?
- iii. What did the news that she could not conceive make you feel?
- iv. Ever since you learned she could not conceive, have you considered marrying another woman?

If no, why?

If yes, did you tell your partner, and what did she say?

- i. What effect was created in your relationship after the discovery?

- ii. Mention clauses, phrases, or words that you or the society around her uses/used to refer to her for her childlessness.
- iii. Which questions have you ever asked your wife regarding her infertility when you learnt that she could not conceive?
- iv. What is the role of women in the community?

Appendix V: Interview Schedule for the Unaffected Male Informants

Section A Bio Data

A. Which of these age groups do you belong to among these?

- i. 44-49
- ii. 49-54
- iii. 54-59
- iv. 59 -65

B. What is your marital status?

Section B – Childlessness Versus Stigma

- i. Have you ever interacted with an infertile person?

If Yes, was it a man or a woman?

If a woman, what makes you say it was her?

- ii. What do you think led to her childlessness?

Section C – Stigma Versus Social Support

- i. Is there an infertility problem in men? If No, why do you say so?
- ii. Would you marry a woman who cannot conceive? If No, why?
- iii. How does society treat childless women?
- iv. What does society believe is the role of women?
- v. Mention clauses, phrases, or words that you or society around her use/used to refer to her for her childlessness.
- vi. What was her reaction after the expression or action was used towards her?

Appendix VI: Transcripts of Focus Group Discussions

Focus Group Discussion 1

Has lack of a child strained your marriage?

Angikorwo níuthimìtwori, kwaga ciana nìkwagagìtie kìhiko kianyú?

FGK2: *Ini mño, rĩa mthuri wakwa amenyire atĩ ndingĩgĩa ciana, nĩahikirie mthumia wa kerĩ na akĩnyingata hhh akĩnjikia nja, kũu ngĩgua ta ndĩ mucĩ (1) rĩa mthuri wakwa arwarire mthumia ũcio akĩmũtiganĩria. Akĩnjĩta njũke gwake nĩguo ngamũtungate (1) Nĩnjũũĩ anjĩtĩre tu nĩguo one mĩndũ wa kũmũtungata tondũ nĩonjire. Nĩndacokire nĩguo njĩtwo mthumia hhh ndĩke.*

Yes, absolutely, when my husband realised I could not conceive, he married a second wife and chased me out hhh of there. There, I felt at home (1) but when he got sickly and his second wife abandoned him, he recalled me to this place so I could take care of him (1). He only took me back because he wanted someone to care for him as he was paralyzed. I only returned because I desire to be somebody's wife hhh, just for the respect.

Which words did your partner/colleagues/workmates/in-laws/neighbours/relatives use to project dissatisfaction for your lack of bearing a baby?

Nĩ ciugo irĩkũ mwendwa waku/ aria mĩrutithanagia nao wĩra/ athoni aku/ andũ a itũra/ andũ a nyumba yaku mahũthagĩra kuonania kwaga kũiganĩra kwao nĩkwaga kũgĩa ciana gwaku?

FGK1: *Ngarari nĩcĩatuthũkĩre harĩ nii na mthuri wakwa. Nĩanjĩrĩre nĩndĩmũkuaga na ũhũthũ na ngarega kũmũgĩra ciana. Nĩanjĩrĩre nĩndathũkangĩtie mĩaka yake mũgwanja na ndaari na kĩndũ gĩa gwĩtũra.*

An argument once ensued with my ex-husband after he said that I had been taking for granted and refusing to get children for him. He claimed that I had wasted seven years of his life, and he had nothing to show for it.

FGK1: *Andũ a kũria ndahikĩte nĩmanjĩrĩre njeherie wathe wakwa kuuma nyũmba-ĩnĩ yao tondũ gũtirĩ hingo ngakinyanĩra na nĩmanogetio nĩ kwaga ciana gwakwa.*

My in-laws told me to remove my handicap nature from their family as I would never be complete and they were tired of my childlessness.

FGK2: *Rĩa mthuri wakwa endaga kũhikia mthumia ũngi, ndaregĩre mño na ngĩmwĩra ndingĩgayana mwendwa wakwa na mĩndũ ũngi. Mthuri wakwa anjugĩrĩrie mño akĩnjĩra ndĩ mthumia mũrũrũ mño, na ndingĩgũtuĩra ciira na nonjugĩre nĩ tondũ wĩ thata. Agĩcoka akĩongerera ona kaba ng'ombe tondũ nĩ ikamagwo na ikarĩo nyama.*

When my ex-husband wanted to marry another wife, I firmly refused and told him I would not share my love with anyone. On the other end, he shouted me down, stating

that I am a very bitter woman, but he does not blame me for my childlessness. He added that a cow was better than me because it produces milk and beef.

FGK3: *Nĩ manjĩtaga kĩonje kĩrume. Gĩtirĩ mĩndũ ũrĩtaga irio ciakwa. Metagĩrĩra ndore mwena ũgĩ magaita. Meciragia ndirona. Tĩngĩcemanĩa na mĩndũ ũkuĩte kana e kĩraihi akahũbagĩra ũthiũ. Maugaga ndĩĩ wa mata moru na nonjĩrage kana. Nĩ tondũ wa ũndũ ũcio rĩĩ, ndiĩtikagĩra andũ macere gwakwa. Ũmũthĩ nĩguo mũthenya wakwa wa mbere kumĩra andũ-inĩ thutha wa ihinda rĩa mĩeri ĩtatu (other informants looking surprised).* They call me a handicapped and cursed. Nobody eats my food when served. They always wait for me to look the other side and pour it all. They always think that I do not notice. Whenever someone carrying a child sees me from afar, they hide the child's face. Therefore, I do not entertain visitors or visit people's homes. This is my first time in three months to get out and share with people (other informants looking surprised).

FGK4: *Nindaiguire mĩndũ twarutaga nake wĩra akĩĩra acio angĩ atĩ ndanaruta mahu maingĩ kinya nda yakwa ya ũciari ĩgĩthũũkana ĩkĩrutwo na ĩgĩteyo atĩ na ndiĩraga mũthuri wakwa ndeto cia ma nĩguo athĩĩ na mbere gũikara naniĩ.*

I overheard a colleague tell other colleagues that I had heard serial abortions, my womb was removed and thrown away and I was lying to my husband to so that he could stay with me.

FGK6: *Hĩndĩ ĩmwe nĩndarutaga wĩra mũgũnda wa macani, kũrĩa twarĩ atumia atatũ metagwo Njeri nĩĩ ndi ũmwe wao... Nĩguo gũtũkũrana na gũĩta, Njeri ũrĩa warĩ maitũ, ũrĩa mũnini etagwo, Njeri mũnini, na nĩĩ manjĩtaga Njeri thata.*

I once worked in a coffee plantation where there were three women named Njeri, I being one of them. To differentiate between us, they called one Njeri our mother, the other Njeri the younger one, and they used to call me Njeri, the barren one.

FGK2: *Mũthenya ũmwe nĩ ndaiguire mũĩru wakwa akiuga atĩ no agĩe ciana irĩa ciothe angĩenda tondũ ena mũruti wĩra wa 'tũhũ'. Akiuga wĩra wakwa warĩ o kũrera aciara no ngatho ciothe ciathiaga kũrĩ we.*

One day I overheard my co-wife say that she can get as many children as she wants because she has a free housemaid. She said my work was to bring her children up but

all credit went to her.

FGK4: *Ndathiire kũrĩ mandagitarĩ aingĩ na othe makiuga atĩ nyũngũ yakwa ya mwana ndĩngĩkua ihuu hhh. Hĩndĩ ñyo nĩrĩo ndaheire ngoro kũiganĩra.*

I visited many specialists, and they all confirmed that my womb could not sustain a pregnancy hhh. That was the moment I learned to embrace my situation.

FGK6: *Nĩwaciariruo kogu o nawe no nginya ùrĩhe thirĩ.*

You were born; you must pay the debt by giving birth too.

FGK4: *Wĩna mũnyaka mũno nĩkwaga ciana tondũ ndũkoragwo na mathĩna.*

You are so lucky to be child-free, free from all problems.

FGK6: *Maramu wakwa nĩandirikanagia kaingĩ atĩ athũire tondũ ndĩ thata.*

My mother-in-law constantly reminded me that she hated me because I was unfruitful. *Nĩnjũi warĩ na wendi mũno wa gũtuĩka mũciari no ndũarĩ mũbango wa Ngai. Ītĩkĩra na òiganĩre.*

FGK5: I know that you really wanted to be a mother but maybe it was not God's plan. Just accept and move on.

FGK1: *Wĩna mũnyaka mũno nĩkwaga ciana tondũ ndũkoragwo na mathĩna.*

You are so lucky to be child free as you are free from all problems.

FGK2: *Maitũ atũrerete ithuothe na thĩna mĩngi. Nyũmba iitũ tũri ciana kenda. Harĩ acio airĩtu tũri anana. Nĩ ndĩ ta irigithathi nĩnjiguaga ùũru rĩrĩa mokĩte mũcĩĩ gũcera na athuuri ao na ciana. Ūrĩa njiguaga no gũcumĩkĩra. Maitũ nĩandirikanagia atĩ mĩcĩĩ ĩ ciana nyingĩ nĩ mĩrathime na hĩndĩ iyo nemetwo nginya nĩ gũciara ona kamwe.*

My mother has raised all of us though with a lot of struggles. We are nine of us in our family. Eight of us are girls. Being the first born, I feel so bad when they come home with their husbands and children to visit and all I do is get envious. She keeps reminding me that families with lots of children are so blessed yet I am not even able to give birth

to one.

FGMI7: *Nĩdragwo òtumiainĩ.*

You are missing out on motherhood.

When people learn you are infertile, what questions do they ask you?

Rìria andú mamenya úrí thata, ni cìúria irìkú makúragia?

FGK3: *Nĩkĩĩ gĩtĩmi gĩa kwaga cĩana?*

Why don't you have children?

FGK5: *Atĩrĩrĩ, gĩthiĩ kanitha, icunji cĩa ikĩmi, na kwĩhinga kĩrĩa na kĩnyua rĩ nokĩhonie waganu wa tene?*

Does church, tithes, and fasting heal past immorality?

Which actions from members of public show that they stigmatise you?

Ni cũko irìkú kuuma kuri múingi cikuonagia nimarakúnyúrúria?

FGK1: *Atumia aingĩ arĩa tuĩkaraga nao gũkaro kĩmwe, nĩmanyamũkaga hhh no arĩa matanyamũkaga, nĩmageragia kwaga kũhutania naniĩ hhh ta gũcuria nguo kũraihi makĩria na ciakwa tondũ nĩmetĩkĩtie ndĩ ritho rĩũru na ndũ mũrũrũ mũno nĩ kwaga ciana.*

All the women avoided living with me in the same plot hhh, but those who did not avoid contact with me hhh, avoided getting close by hanging their clothes as far away from mine as possible as it was believed that I had an evil eye and was bitter for my childlessness.

FGK3: *Tondũ wa kwaga mwana rĩu nyonagwo ndĩ wa tũhũ ta hhh itarĩ mũndũ. Nĩĩ mĩcemanio ya mũcũĩ ndiĩtagwo. Rĩrĩa maitũ akuire gũtirĩ mũndũ wanjĩrĩre. Ndacokire kũmenya thuutha wa thikũ inya. Nĩĩ ona kanitha nĩndatigire gũthiĩ. Gũtirĩ wĩra ona ũrĩkũ mangĩetĩkĩrĩre ndute tĩga kũhata na kũhura itĩ (looking frustrated) na nĩndameraga ndĩ na wendi na no hote.*

Because I do not have a child, they view me as less, like am hhh good for nothing. I am

not even invited to family gatherings. Even when my mother died, no one informed me. I heard about it after four days. I even stopped going to church. They gave me no church roles other than cleaning the floors and seats (looking frustrated), yet I am capable and willing...

FGK3: *Rĩrĩa kwina iruga, atumia a itũra rĩu nĩmagomanaga kũharĩria gĩa kũrĩa na gĩa kũnyua. Ihinda ta rĩu ingiuga ndĩ mũnogu-rĩ, atumia arĩa angĩ macokagia atĩrĩ,*

'ndũri wahũthĩra hinya ōkioha nda kana ōgĩciara, nĩkĩ kĩrakũnogia?' Ningĩ, ingĩkorwo ngĩrũngũrĩrwo na ndĩmere, manjagia kũnjĩnũra makiugaga, 'no gũkorwo nĩ njuĩrĩ ya mwana ōria ōkuĩte. Ihinda tarĩrĩ njiguaga ndĩmenete na ngatetia Ngai ngamwĩra 'nĩ kaba atangĩanyũmbire.

If there is an occasion, women around the neighbourhood gather to prepare food and drinks. At that time, if I said I was tired, other women always replied, 'You didn't lose energy by getting pregnant and giving birth; what makes you tired?' Also, if I had heartburn and told them so, they started mocking me by saying, 'It may be the hair of your foetus.' I felt so disappointed at this time, and I challenged God by saying, 'It was better not to create me.'

FGK2: *Nitwacereire mũtumia waciarĩte kana ga kahĩ twarutaga wĩra nake. Tũkĩina mũno ota ōrĩa ari mũtugo wa Ugĩkũyũ. Ndamakira mũno tondũ nĩ ndianeirwo mwana nyite. Ihinda rĩakwa rĩa kũnyita mwana rĩoka mwana ahĩtũkĩirio harĩa ndarĩ akĩneo ũrĩa twariganĩtie nake (crying) ndeto ĩo ndĩamahutirie ona kĩ (looking hurt) Nindaconokire mũno.*

We visited a workmate who had delivered a baby boy. We sang and danced as is the norm among the Gĩkũyũ people. Surprisingly, when my turn to hold the baby came, the baby was given to the next workmate (crying) unfortunately no one cared (looking hurt). I felt so embarrassed.

Have you learnt to cope with your childlessness? If yes, how?

Nĩumenyete kũiganĩra na kwaga ciana gwaku? Angĩkorwo nĩguorĩ, atia?

FGK2: *Ndĩheaga hinya na ngeĩra atĩ Ngai nĩatuaga andũ amwe atongu na angĩ athĩĩni.*

O ũgũo noguo arathimaga nda cĩa atumia amwe na agatua arĩa angĩ thata. Gũtirĩ mũndũ ũtangĩnina thĩĩna ũyũ.

I encourage myself by reminding myself that God makes some people poor and some people rich. Like this, God blesses some women's wombs and makes others barren. No one can't solve this problem.

FGK4: Rĩu nĩnjĩtĩkĩtie atĩ ndigaciara ciana cĩakwa. Nĩndĩhete thayũ na nĩnjĩtĩkĩtie atĩ kĩrĩa kĩnini thũkũmaga nĩkĩnjiganĩte.

I have now accepted that I will never have biological children. I have made peace with myself, and I believe the little I earn (1) is enough for me.

FGK4: Ingĩorio nĩ mũndũ ndĩmũĩraga atĩ ndingĩgĩa mwana. NDIGĨGĨA MWANA BIŪ BIŪ. NDĨ THATA.

When asked by anyone, I tell them, I am not just infertile. I AM REALLY, REALLY INFERTILE. I AM BARREN.

FGK5: Rĩu tondũ ndĩna wĩra, njĩkĩraga hinya wakwa wothe ho. Nĩhaicĩtio ngathĩ maita matatũ kahindainĩ ka mũaka ĩtarĩ miingĩ na ndĩ ngathĩ ya igũrũ kũri andũ amwe mahumbĩtwo thũmbĩ. Ndĩheanaga mathaa makwa kũruta wĩra mwegu.

Now that I have a job, I put all my energy into it. I have been promoted thrice over the years and I am more senior than some people with degrees. I dedicate all my time to doing a good job.

Focus Group Discussion 2

Has lack of a child strained your marriage?

Angĩkorwo nũthimĩtwori, kwaga ciana nĩkwagagĩtie kĩhiko kĩanyu?

FGKI7: Nĩndaiguaga nĩndĩhĩtĩĩrie, ngahĩtĩria andũ a nyũmba yakwa, na makĩria mũno ngahĩtĩria mũthuri wakwa. Ndiahotaga kũmarora na mũico-ĩnĩ nĩndagĩire ma ũmĩrĩru wa kwaria thĩna wakwa nao na ngĩigua ndacokwo nĩ thayũ.

I always felt that I had failed myself, my family, and, most importantly, my husband. I

could not look them in the eye. After many years, I finally mastered courage and talked to them about my situation. I felt way better after that.

Which interventions have you tried to get a child/children?

Ni makinya mariku woete úkigeria kúgĩa mwana/ ciana?

FGKI8: *Nĩndatuire itua kōhoya arĩa tōciaranĩrwo nao mwana. Akorwo ōmwe wao nĩangĩetĩkĩrĩre, nĩingĩaikarĩre nake ta arĩ wakwa, no kōoya wene, ndigōkōhenia atĩ no hote. No rĩrĩ, nginya rĩu, ndōrona no ndĩrakōra o ōrĩa matukō marathĩ. Kinya rĩu ndionete ona ōmwe wĩna wendi wa kōgayana ciana ciake. Ndĩ ona mwĩhoko.*

I decided that I would borrow one of my siblings a child. If any of them accepted, I would live with that child as my own, but adopting a child, I will not lie to you that I can. However, up to now, and you can see that I am getting older by the day, I have not found anyone willing to share their children. I am still hopeful, though.

FGKI10: *Nĩndathiĩte kōrĩ arigitani aingĩ a ōndōire. Ũĩ ni thutha wa gōcera makanithainĩ maingĩ, kōhoya na kwĩhinga kōrĩa na kōnyua. Ũndō wakwa wa mōico wari gōcerera andō ago na ndionire kĩhonia.*

I have visited several traditional doctors nationwide after visiting different churches, praying, and fasting. My last result was visiting medicine men, which still did not work out.

Which words did your partner/colleagues/workmates/in-laws/neighbours/relatives use to project dissatisfaction for your lack of bearing a baby?

Ni ciugo irĩkũ mwendwa waku/ aria mĩrutithanagia nao wĩra/ athoni aku/ andũ a itũra/ andũ a nyumba yaku mahũthagĩra kuonania kwaga kũiganĩra kwao nikwaga kũgĩa ciana gwaku?

FGKI7: *Gũtirĩ ũndũ ũngĩtwĩra ũtarĩ ũraciara. AMBE ŨCIARE ũcoke ũke twarie.*

You cannot advise us before you give birth. GIVE BIRTH FIRST, then we can have a conversation.

FGKI8: *Mwana waku n̄aigiaga ihoru. CIARA ũngĩ igetha agĩe wa gũthaka nake.*

Your child is very lonely. GIVE BIRTH to another one to get her a playmate.

FGKI9: *O hĩndĩ twathiĩ kũrĩmia ndaheagũo handũ harĩa homũ makĩria tondũ kweragũo atĩ ndĩ hinya kũrĩ atumia arĩa angĩ. Maugaga niarathime nĩgũkorũo na nyũmbũ hamwe nao. Ndiarutire wĩra ihinda rĩnene tondũ mwĩrĩ wambirie gũthumbũra.*

Whenever we went to plow on other people's farms, I was always given the hard pan because it was believed that I was stronger than other women. They always said they were lucky to have a mule among them. I could not work for long as my health began deteriorating.

FGKI10: *Maugaga niĩ ndĩ irebe rĩtarĩ kĩndũ na gũtirĩ mũndũ wendaga ũhoro wakwa. Ũguo ũranyona haha, ndiganĩte na arũme mũgwanja aria maarĩ athuri akwa. Othe mandigire tondũ ndiarĩ na ciana.*

They say I am an empty container, and no one wants anything to do with me. As you see me here, I have seven ex-husbands. They all left me because I had nothing to offer.

FGKI11: *Mũtumia wa mũrũ wa maitũ anjĩrĩre ngakua ta kĩgui na ndigĩe na mũndũ wa gũthika na nĩ kaba ingĩkũanga handũ ha gũtũdra nduragwo nĩ ma.*

My brother's wife told me I would die like a dog with no one to bury me and that I would rather die early than face the painful truth.

FGKI11: *Mũtumia tũriganĩtie anjũrĩrie nĩkĩ ndĩ tiga mũshibi?*

A neighbour asked me what I had but a belt.

FGKI10: *Mũthenya ũmwe mũthuri wakwa anumire akiuga no nyũmbũ itangĩciara aheaga irio. Nĩndarakarire mũno na ngiuma gwakwa itarĩ na kĩndũ. Ndigĩumĩrĩria kũrumuo nĩ kaba ahũre tondũ irema cia kũhũrũo nĩngũhona no irumi ndikariganĩrũo.*

One day, my husband insulted me by saying, 'I am feeding a mule.' I got so angry that I left my home with nothing, no property to show. I cannot tolerate insults; he would rather beat me up than insult me since the scars from the beating will heal, but insults remain forever.

FGKI10: *Mōiru wakwa anjīrīre thengia nī itarī mōciī na no njikio nja hīndī o yothe. Akiuga we nī we mwene mōciī na e kōu gōtōra nīōndō wa ciana cīake.*

My co-wife told me that unlike me who is homeless and can be thrown out any time, she is a homemaker and grounded there because of her children.

FGMI9: *Gūtīrī mūndū wendaga ndeto ciakwa. Manjītaga nyina wa gūtīrī (akahura maithori). Gūtīrī mūndū ugjjerera. Ona ndigītūma mwana wene athī duka. Manjūragia ndī nyina waū. Ndīngeheka gītō ta atumia arīa me ciana.*

Nobody wants anything to do with me. They call me a mother to nothing (wipes tears). Nobody visits me. I can't even send anyone's child to the shops. They ask me whose mother I am. I cannot get the respect with mothers. (FGKI10)

Hīndī ya kōiyōkia ciana, mōtungatiri nīetaga aciari othe maumire hau mbere. Agacoka agathoma Thaburi igana ria mirongo īiri na mōgwanja iria yugaga ati ciana nī kīheo kuuma kwī Ngai. Akīmera no makorwo mari athīni no kōona atī nīmarathimītwo na ciana, kiu nī kīrathimo kīgānu. Ngīgua ndī thī mōno tondō no nī ndatigītwo gitiini njikarīte thī. Ndiōī kana nīndīrekīrīra ndeto ici mōno no nīndaiguire ndī thī mōno. Nindacokire ngīmenya athuuri na atumia arīa angī matarī cīana, mōthenya ōcio mainōkire tene na amwe ao ona matiokire kanitha mōthenya ōcio.

During the children dedication Sunday, the reverend calls all parents to the front. He read Psalms 127: 3-5 that talks about children being a blessing from God. He told the parents that they could be poor but the fact that they have children is enough blessings.

I felt so low and almost cried in church as I had been left alone sitting. I do not know whether I am over reacting but I felt so low. I also noticed that other childless couples either left church early or did not attend it all together on that day.

FGMI7: *Ūngīarī Mōkristiano mōthingu, Ngai nīangīakōehereirie thahu wa thata*

If you were a better Christian, God would remove the curse of infertility from you.

FGKI8: *Nīndanjīrīrie gōtara andō a itōra rīakwa ōhoro wa kōrera ciana. Nimanjīrīrie gōtīri ūndū ingīmeera itarī ndīraciara. AMBA ŪCIARE, ūcoke ūke mbere itō. Nīōkanyita mōthenya ōrīa ōkagīa ciana ciaku.*

I begun advising my neighbours on how to bring up their children. They retorted that, you can advise us on nothing because you have no child. GIVE BIRTH FIRST, then you can talk in front of us. You will understand once you get your own children one day.

FGKI12: *Mōrata wakwa, ōrīa wakoretwo agīthumbōka kwa ihinda rīnene nīōndō wa kwaga ciana o taniī, agītanahīrōo na mwana. Na thutha wa gōthiī kōmwona mōrata ōmwe witō akīmwīra, 'Nīwarīkia kōhingia rītana rīamōre.' Na andō othe makīmōhōrīra hīī na kōmōkenerera.*

A friend of mine, who had been struggling to get children just as me got a child. When we went to see her, a friend of ours stated that, 'Finally, you have fulfilled the most sacred role.' And everybody clapped and cheered her.

FGKI8: *Wī mōtumia njaba. Tōtingīhota gōtarīria ōrīa ōhotete kwīōmia.*

You are a very strong woman. We do not know how you do it! FGM13: *Mōtumia mōkinyanīru nīeriragīria kōgīa ciana! Gōtirī kīgwatīo.* A real woman always desires children! There are no exemptions.

When people learn you are infertile, what questions do they ask you?

Rīrīa andú mamenya úrī thata, ni cīúria irīkú makúragia?

FGKI12: *Angikorōo ōnyitaga nda ikiumaga rī, bata wa kuoha nda īngī nūrīkō?*

If you keep losing them, why are you still getting pregnant?

Which actions from members of public show that they stigmatise you?

Ni cīko irīkú kuuma kuri múngi cikuonagia nīmarakúnyúrīria?

FGKI7: *Gōtirī mōndō wendaga ndeto ciakwa tondū ndirī ciana (she wipes tears). Andō maugaga atī ndī // thata. Gōtirī mōndō ungīnjerera. Ona ndingītōma mwana wene duka. Manjūragia ndī nyina waī.*

Nobody wants anything to do with me since I am motherless (she wipes tears). People say that I am // barren. Nobody visits me. I can't even send anyone's child to the shops. They ask me whose mother I am.

FGKI9: *Hĩndĩ ciothe ndĩ mĩingĩ-inĩ, o mĩndũ nĩakoragwo na ndagitari, kana mĩrigitani wa ndawa cia mĩĩ ũria ingĩthĩ kũona nĩ ũndũ wa thĩna wakwa. Matinyitaga atĩ ndirenda mataro mao.*

Whenever I am in public, everyone seems to have an opinion, a good doctor, or a medicine man I should visit. They fail to comprehend that you don't want counsel.

FGKI11: *Kaingĩ mathiko ma mĩndũ ũtarĩ ciana matikoragwo na kĩaha mũno. Ciana na tũcũcũ twa mĩndũ tũtũmaga mathiko magĩe na ũrugarĩ. Gũtirĩ ũrũgari mathikoĩnĩ ma mĩndũ ũtarĩ ciana tondũ gũtirĩ mĩndũ ũrĩraga.*

Usually, the funeral of infertile people is very quiet. Children and grandchildren make the funeral of their parents warm. There is no warmth in the burial of a childless woman because nobody cries.

Focus Group Discussion 3

Has lack of a child strained your marriage?

Angĩkorwo nĩuthimĩtwori, kwaga ciana nĩkwagagĩtie kĩhiko kĩanyu?

FGM17: *Rĩrĩa ndagire kũoha nda, mũthuuri ũrĩa wahikĩtie nianyingatire, agicoka agĩthii gwĩtũ gwĩtia rũracio rwake. Waarĩ ũndũ wa magigi athuuri gũikara thĩ kwarĩrĩria ndeto cia mathĩna ma ũciari wakwa.*

When I failed to conceive, my then-husband chased me out of that place. He came to my home with elders from there to here and asked for the dowry he had paid. It was very embarrassing when the men came to this place to discuss my fertility problems.

FGM13: *Mũthuri wakwa wa mbere nĩehĩtire ndakandiga nĩũndũ wa kũaga ciana nĩgũkorũo nĩanyendete mũno. Andũ aingĩ nĩmatũragia ciũria nyingĩ ciĩgĩ kwaga ciana gwĩtũ na arĩa angĩ magatũria nũũ ũgatũteithĩrĩria ũkũrĩnĩ witũ. Nĩũndũ wa kũingĩrĩrũo mũno nĩandũ, nĩahikanirie rĩngĩ.*

My first husband had vowed never to leave me for my childlessness because he loved me. People always questioned us on our childlessness and others curiously asked who would take care of us when we got old. When the criticism became too much, he remarried.

Which words did your partner/colleagues/workmates/in-laws/neighbours/relatives use to project dissatisfaction for your lack of bearing a baby?

Ni ciugo irikú mwendwa waku/ aria múrutithanagia nao wîra/ athoni aku/ andú a itúra/ andú a nyumba yaku mahúthagîra kuonania kwaga kúiganîra kwao nikwaga kúgîa cîana gwaku?

FGM13: *Njĩtĩtwo Nyambura thata maita maingĩ m̄no. Ondagar̄r̄oka, ḡdikwaga m̄nd̄ ðrajĩta thata. Ḡtirĩ m̄nd̄ wĩkĩraga kĩratuiniĩ ḡakwa.*

I have been called Nyambura, the barren one, countless times. Everywhere I turn, there will be someone calling me barren. No one seems to empathize with me. They all seem to assume that it is my fault.

FGM13: *M̄nd̄ t̄rutaga w̄ra nake n̄augire ati nda yakwa n̄ngunyanaḡra tond̄ n̄ nene. N̄augire atĩ no kinya ngorwo n̄ndufite mahu maingĩ.*

My workmate told my friend that my big stomach betrayed me. She said I must have done countless abortions for my stomach to be that big.

FGM13: *Rĩrĩa twaikaraga na m̄thuri ðria waarĩ wakwa t̄tanatigana, irumi ta ‘thata’ na ‘nȳmb̄’ citiagaga. No ðnd̄ ðria ðngegaga m̄no n̄ atĩ, and̄ meciragia atumia arĩa matagĩaga ciana me hinya m̄no kimwĩrĩ ḡkĩra atumia arĩa angĩ. Hĩndĩ ya k̄hiko ḡakwa ḡa keri, arī a nyina na m̄thuri wakwa maikaraga hakuhĩ na harĩa twaikaraga na n̄twak̄nḡaḡra magongona hamwe. Ihinda r̄ĩ, airu akwa arĩa marĩ atumia a arī a nyina na m̄thuri wakwa na n̄ n̄ithuĩ twehokaḡrwo k̄harĩria irio cia maruga. K̄nḡaḡire wira ðrabortara hinya m̄kĩru, airu akwa moigaga, ‘Njeri niak̄wika’. Inḡaugire ndi m̄nogu, moragia atĩ r̄ĩ ‘ðnogetio n̄kĩ? Ndwateire hinya ðḡkua ih̄ kana ðk̄ongithia’.*

When I was living with my ex-husband, insults like ‘barren’ and ‘mule’ were common. But what surprised me most was that some people think infertile women are physically stronger than other women. During my second marriage, three of my brothers-in-law lived near us, and we used to celebrate holidays together. At the time, we women, me and the wives of my brothers-in-law, were responsible for preparing food for the feast.

By then, if a job requires extra effort, the women say, ‘Njeri will do it.’ If I said I was tired, they would say, ‘Why are you tired? You didn’t lose energy during pregnancy or breastfeeding.’

FGM16: *Hĩndĩ ãmwe harĩa ndaikaraga, nĩ harĩ na kahũ kanini hhh mũthenya õmwe nĩndaiguire gagĩtana na gakiuga gatiramenya nĩ nyina waõõ (1) nĩndarorire nja na ngĩona karõgamĩte mũrango-ini wakwa na ngĩmenya nĩ nĩ getaga.*

One time, where I used to live, there was a small boy hhh one day, I heard him calling ‘Mother of I do not know who’ (1). I looked out and was surprised to see him at my door, meaning that it was me he was calling.

FGM14: *Ndiendaga ndeto ciandõ tondõ nginya duka thiaga õtukõ ndigacemanie na andõ. Mũthenya õmwe ngĩhe hinya na ngĩthĩ duka hwainĩ. Ngĩgua atumia mbere yakwa makiuga atĩ, ‘Õyõ nĩ mũtumia thata.’ Nĩndarĩire mũno.*

I avoid people to an extent of going to the shops at night. On this day, I gave encouraged myself and went to the shopping centre in the evening and I heard some women say, ‘This is the woman who is barren.’ I broke down.

FGM14: *Mũtungatĩri witũ mũthenya ãmwe nĩ etire arĩa othe arũaru nigetha amahoere mahone, nginya arĩa mena nyungu mbuthu cia cĩana, (.) na andũ othe makĩndora.*

The pastor one day called all those who were sick to the front so he could pray for them, including those who had a rotten womb, (.) and I was so ashamed.

FGM14: *Kõrĩ hĩndĩ nderirwo nĩ mũrata wakwa atĩ mũthuuri wake amwirire ndangienda thiritõ ya atumia matarĩ ciana taniĩ (1) tondõ nĩ aganu mũno.*

I was once told by a friend that her husband told her that he wanted nothing to do with me, for childless women like me are not (1) morally upright.

FGM15: *Mõiru wakwa nĩanjagagĩra gĩtõ na akanjĩta ‘thata’. Agĩcoka agĩkua akĩndigĩra ciana ciake. No rĩrĩ, andõ a itũra na mũthuri wakwa mũrũu nĩmatũraga manumaga, matekõririkana ati nĩ nĩ ndaarĩ nyina wa ciana icio kuona atĩ nĩndacireraga wega o õrĩa ingĩahotire.*

My co-wife disrespected me and always called me ‘barren.’ She later died and left her children with me. However, my neighbours and my drunken husband constantly insulted me, not because I was a mother to these children, as I was bringing them up in the best way I know.

FGM16: *Ndarõgamire kwarĩria andõ a itõra maõndõ makonainie na õgitĩri wa itõra tondõ ndarĩ mõmeba wa ‘nyumba kumi’. Ndarõgama makĩajia kwanĩrĩra makiugaga atĩ, AMBA ÛCIARE! AMBA ÛCIARE! THĨ KÛRĨ MÛTHURIGUO! THĨ KÛRĨ MÛTHURIGUO...*

I stood to address some members of the village on matters village leadership as I was a member of the community policing. When I stood to speak, they begun shouting me down by saying; GET A CHILD FIRST; GET A CHILD FIRST! GO TO YOUR HUSBAND! GO TO YOUR HUSBAND ...

FGM17: *Rĩrĩa rĩothe njĩraga andõ atĩ nditete mwĩhoko wa kõgĩa ciana manjĩraga atĩ ndĩ mõkõrõ mõno gwĩtwo maitõ. Rĩu nĩndametĩkirie.*

Whenever I told people I had not given up on childbirth, they always told me I was too old to become a mother. I now believe them.

FGM18: *Maramu wakwa atõcereire agĩõka akĩnjĩga atĩrĩ, nginya Ibuku rĩa Ngai riugĩte atĩ twagĩrĩire kũgĩa ciana nyingĩ.*

My mother-in-law visited me and told me that, even the Bible agrees that we should have many children.

FGM13: *Rĩrĩa mõthuri wakwa endaga kõhikia mõtumia õngi, ndaregire mõno na ngĩmwĩra ndingĩgayana mwendwa wakwa na mõndõ õngi. Mõthuri wakwa anjugĩrĩrie mõno akĩnjĩra ndĩ mõtumia mõrõrõ mvno, na ndangĩndõĩra ciira na nonjugire nĩ tondõ wĩ thata. Agĩcoka akĩongerera ona kaba ng’ombe tondõ nĩ ikamagwo na ikarĩo nyama.*

When my ex-husband wanted to marry another wife, I firmly refused and told him that I would not share my love with anyone. He, on the other end shouted me down stating that I am a very bitter women, but he does not blame me but blames my childlessness. He also added that a cow was better than me as it produces milk and beef.

FGM16: *O hĩndĩ twathiĩ kũrĩmia ndaheagũo handũ harĩa homũ makĩria tondũ kweragũo atĩ ndĩ hinya kũrĩ atumia arĩa angĩ. Maugaga niarathime nĩgũkorũo na nyũmbũ hamwe nao. Ndiarutire wĩra ihinda rĩnene tondũ mwĩrĩ wambirie gũthumbũra.*

Whenever we went to plough for wages, I was always given the hard pan because it was believed that I was stronger than other women. They always said they were lucky to have a mule among them. I could not work for long as my health began deteriorating.

FGM13: *Atumia thata ugĩkũyĩnĩ nĩmanyarairwo. Kũgĩa ciana noyo yarĩ njĩra ya kũmaheithia gĩĩo.*

Childless women were ostracized in our community. Motherhood was the only valued path for women.

FGM15: *Nĩnjiguaga itaiganĩire rĩrĩa gũkorũo na andũ a rika rĩakwa makĩarĩrĩria ōrĩa ciana ciao ng'ima imateithagia na kũmahingĩria mabata mao ma o mũthenya.*

I always feel out of place when I am with my peers and they are discussing how their grown children take care of them by catering for all their basic needs.

FGM15: *Twaceragĩra mũruti wa wĩra ōmwe witũ otaũrĩa twamenyerete gwĩkaga o mweri rĩrĩa mambĩrĩrie kwaria ōhoro wa ciana. Makĩambĩrĩria gũcuka mũrata ōngĩ witũ ōtarĩ na ciana na makiuga ōciari ti wa andũ othe.*

We were visiting a colleague of ours as we always did on a monthly basis when they begun discussing about children. They began gossiping another friend who did not have children and then said that motherhood isn't for everyone.

Which actions from members of public show that they stigmatise you or other involuntary childless women?

Ni cĩko ìrìkú kuuma kuri múingi cikuonagia nimirakúnyúrúria?

FGM14: *Mũtungatĩri angĩtire wafici-inĩ yake akĩnjĩra atĩ ndute nguo ciothe ahake maguta cĩga ciakwa cia thiri anine (.) umaraya tondũ nĩguo watũmaga njage ciana.*

The pastor summoned me to his office and ordered me to strip naked so he could apply anointing oil on my private parts as he prayed because my (.) immorality had led to my

childlessness.

FGM15: *gakwa ka mweri ota atumia arĩa angĩ. Ndirĩ ndaruta ihũ kana ngahũthĩra dawa cia kũgirĩrĩria kũoha nda. Nĩma ndiũĩ thĩna wakwa ũkoragwo kũ kana nĩkĩ gĩthiaga na mbere. Kwaga mwana nĩ wathe, ngwĩcĩria wathe ũrĩa mũnene mũtumia angĩcemanía nágũo.*

FGM13: Lacking a child is painful...very painful to say the least. I am a woman like any other, because I receive my menses just like any other woman. I have never aborted nor used family planning medication. I honestly do not know where the problem is or what is happening. Lacking a child is a disability...I believe the worst disability any woman can encounter.

Mũthenya ũrĩa ũnditũhagĩra mũno harĩ mwaka nĩ mũthenya wa gũkũngũĩra ũtumia. No atumia arĩa marĩ ciana makũngũagĩrũo. Ndirĩndaga nyũmba mũthenya mũgima ngĩrĩra. My worst day in a year is the Mother's Day. Only women with children are celebrated. I remain indoors crying all day.

What do you believe could be the cause of your childlessness?

Wĩciragia nĩkĩ gĩtumi gĩaku gũkorwo wi thata?

FGM16: *Ndigĩmenya tondũ ndarora mũhĩrĩga witũ-rĩ, rũracio rũrĩhĩtwo ũrĩa kũagĩrĩire. Ndirakĩmenya ũndũ ũyũ ũkĩumĩte nakũ. Ndirĩ ũndũ ona ũmwe wa gũcokia ngatho nĩguo.*

I do not know because when I intently look at my lineage, the bride price has been paid as it should. I, therefore, do not understand this predicament. I have nothing to give thanks for.

Have you learnt to cope with your childlessness? If yes, how?

Nĩumenyete kũiganĩra na kwaga ciana gwaku? Angĩkorwo nĩguorĩ, atia?

FGM18: *Ngĩtua itua rĩa kwiyenda na kũmenyerera mwĩrĩ wakwa tondũ mũtũrĩre no ũmwe.*

I decided to love myself and care for my body because we only live once.

FGM14: *Nĩndĩririkanagia kaingĩ atĩ ona okorũo ndirĩ ciana ũndũ ũcio ndũtũmĩte hũre ũmaraya kana njagane.*

I keep affirming myself that though I am infertile, that does not make me a prostitute or immoral.

FGM13: *Nĩndarĩraga mũno na ngoria Ngai (shedding tears) andiganĩrie nĩkĩ...nĩndaiganĩre rĩu tondũ nĩanjokeirie ihoya.*

I used to cry a lot and ask God (shedding tears) why He has forsaken me...I am content now because he answered my prayer.

FGM16: *Mwarĩ wa maitũ na nĩ tũtigĩaga ciana. Mwarĩ wa maitũ nĩaigaga mũthithũ akĩhoka nĩũkamũteithia ōkũrũinĩ. Augaga nĩendete kũruta wĩra na kũo tondũ ndarĩ mũndũ wa kũmũtungata ōkũrũinĩ rĩrĩa agakũra na age hinya wa mwĩrĩ. No nĩakoragũo akĩurũo nĩ hinya rĩmwe tondũ mbeca citingĩhota kũmwĩkĩra maũndũ mothe.*

My sister and I are childless. My sister saves a lot claiming the money is to be used in old age. She says that she has the desire to work extra hard because there will be no one to take care of her when she is old with no strength remaining. She however gets sad sometimes because money can not buy it all.

Which activity have you taken up in the community to fill the void in your life?

Nĩ ũndũ úriku wĩkaga itũrainĩ kũihũria ithenya riu mũtũrĩreini?

FGM14: *Ndĩ nyina wa twana ikũmi na twĩrĩ. Nĩndĩ cukuru ya twana tutee rĩu. Ndaugire kwaga twana gũakwa gũtingũtũma nde mwĩhoko. Gũkorũo mũtumia ti gũciara kũrera nĩkuo wĩra. Nĩndaregire kũrorũo na ndurumeni ya kũaga ciana.*

I am a mother of twelve. I run a children's home now and decided that my womb would not define who I was. Being a mother is not the natural process, but being able to nurture young ones into sensible people in this world is. I refused to be defined by my childlessness.

FGM14: *Nĩndĩtũagĩra gĩkundi kĩngĩ kĩa atumia matarĩ gwa gũthĩ tondũ wa kwaga ciana.*

I also proudly run an organisation of childless women who have been abandoned.

FGM13: *Nyandikĩtuo mũciĩ wa kũmenyerera andũ akũrũ. Nĩ nyendete mũno gũikarania nao. Ndĩmarugagĩra na kũmomĩrĩria (smiling). Nĩngenagio nĩ wĩra ũcio tondũ nĩwatũmire ndĩmenye. Mũtũrĩre wakwa nĩwacengirie mũno.*

I am employed in a home of the old. I love spending time with them. I cook and encourage them (smiling). I found my purpose in that home. It has been a life-changing moment for me.

Focus Group Discussion 4

Has lack of a child strained your marriage?

Angikorwo níuthimĩtwori, kwaga ciana nĩkwagagĩtie kũhiko kũanyu?

FGN20: *Mũthuri wakwa wa mbere aarĩ mũtungatĩri. Atigire ũtungatĩri tondũ wa aciari ake kũmwĩra nĩ marenda ciana. Rĩrĩa onire ndiranyita ihuu rĩ, akĩĩnde. Rũ ena mũtumia na ciana inya.*

My first husband was a priest. He sacrificed his priesthood because his parents pestered him on wanting grandchildren. When it was not forthcoming, he divorced me. He is now married with four children.

Which words did your partner/colleagues/workmates/in-laws/neighbours/relatives use to project dissatisfaction for your lack of bearing a baby?

Ni ciugo ìrikú mwendwa waku/ aria múrutithanagia nao wĩra/ athoni aku/ andú a itúra/ andú a nyumba yaku mahúthagĩra kuonania kwaga kúiganĩra kwao nĩkwaga kúgĩa ciana gwaku?

FGN24: *Aarĩ a nyina na mũthũuri wakwa nĩmandirikanagia kaingĩ atĩ ndĩ kairĩtu ka mahua ũhiki-inĩ na rĩrĩa mũhiki agakinya no ngaingatwo.*

My sisters-in-law constantly reminded me that I was just a flower girl and would be dumped when the bride arrived.

FGN20: *Ndarõgamaga gĩtĩ kĩa mũmbuge wardi inĩ ya Wamagana. Ngĩthĩ gũtarĩria*

andō ōhoro wa kīoneki gīakwa. Ndarōgama harīa mbere rī, makīanja kugīrīria atī; ŪTARĪ NYŪNGŪ YA MWANA NDARĪ UGE.

I was vying for a Member of the County Assembly position in Wamagana ward. I went to share my policies with the people. However, when I got to the podium, they began shouting; NO UTERUS, NO OPINION.

FGN20: Maitō atōrerete ithuothe na thīna mōngi. Nyōmba iitō tōrī ciana kenda. Harī acio airītu tōri anana. Nī ndī ta irigithathi nīnjiguaga ōvru rīrīa mokīte mōcī gōcera na athuuri ao na ciana. Ūrīa njiguaga no gōcumīkīra. Mōthenya ōmwe wa iceera ta rīu, maitō nīanjītire keheriīnī. Akīnjīra aarī a maitō nīega kōngīra tondō nī marī na ciana. Nindarīrire mōno na ngīagīra kīene.

My mother has raised all of us, though, with many struggles. We are nine of us in our family. Eight of us are girls. Being the firstborn, I feel so bad when they come home with their husbands and children to visit, and all I do is get envious. One day, on such a visit, my mother called me aside while very concerned, asking me what my intentions were. She told me that since I had no children and my younger sisters were all better than me, I cried and lacked value in myself.

FGN21: Arata akwa manjītire mūtumia kōnje o tondō ndiahotire gōkua (crying) ndaa ciakwa ithathato.

My friends called me a disabled woman simply because I could not carry (crying) my six pregnancies to term.

FGN21: Nīndathamīre itōra rīngi na rīrīa nderīre andō a itōōra rīu atī ndirī ciana. Nīmamakire mōno na magīkara makīnjōragia, nīkī gītōmīte njage ciana matietīkagia atī mōtumia mōgima taniī ti mōkinyanīru.

I relocated to another village, and when I told my neighbours that I did not have children, they were surprised and kept asking me why I did not have children. They could not believe that a full-grown woman like me was incomplete.

FGN22: Rīrīa ndathamīre kanitha īngī, nīnderire acirika a kanitha ōcio atī ndirī ciana. Mōhunja anjōririe, Wī mōhiku? Na othe makīgwa thī na mītheko.

When I joined another church and told the congregants that I had no child when introducing myself, the pastor asked me, in front of everyone, Are you married? And they all burst out in laughter.

FGN23: *Andũ arĩa tũrigainie nĩo marĩ thĩna wakwa, no kĩaha nĩatĩ, nĩ athoni akwa. Manumaga ũtuko na mũthenya makauga atĩ ndaa yakwa ĩkuĩte o mai handũ wa ciana. Maugaga atĩ nyondo ciakwa igwĩte na ndigĩonania gĩtũmi. Wongithagia athũri ene handũ wangithie ciana. Nĩ matũmire ndĩ agĩre kiene. Ndarĩraga o mũthenya na nĩkĩo ũthiũ wakwa ũhana ũ. Ndaririkana irumi icio nĩ njiguaga ruo mũno. Nginya dagitari augire nyongerere kilo.*

My main issue was with my next-door neighbours, who are regrettably also my in-laws. They constantly make fun of me, saying, "Your belly only contains your feaces as opposed to babies." 'Your breasts have fallen, and you have nothing to show for it. All you do is breastfeed people's husbands instead of breastfeeding children. They made my self-esteem crash. I used to weep every day, which is why my face looks like this. Those insults pierce my heart whenever I remember. The doctor even told me that I was underweight.

FGN23: *Nĩnjemanĩtĩe na mathĩna maingĩ makĩria kuuma kũrĩ ariũ a maitũ. Matũraga maragia ũhoru wa ũrĩa marĩ mũnyaka. Matiĩciragia ũhoru wakwa. Marenda kũgaya mũgũnda wakwa ndĩ muoyo; nĩ andũ eyendi. Matindaga makĩnjũria, "Nĩ cĩana irĩkũ ũraigĩra mũgũnda?" Kaba ũtũhe ũtuike witũ.*

I faced problems, especially from my brothers. They always talk about their privileges. They do not care about me. They want to inherit my land when I am alive; they are too selfish. They frequently say. "For which child of yours are you keeping your land?" It is proper to give it to us.

FGN23: *Nĩngeragia ngorwo na wĩra ndĩraruta. Nĩhandaga mũgũnda-inĩ wakwa indo ta kabichi, karati, waru na ngĩcirĩmagĩra na ngaciitagĩrĩria maĩ. Nĩ ũndũ wa ũguo-rĩ, nganyihanyihia meciria na ihoru, na oho ngahota kũona kĩgĩna gĩkũnjigana kia mahũthiro rĩrĩa ndaciendia. No rĩrĩ, arata amwe akwa na andũ a nyũmba nĩmageragia kũnyonia ti wega gwĩka ũguo. Maugaga atĩrĩrĩ, 'Nũ ũrathũkũmĩra ũũ? Akorwo nĩ nĩ we, ndingĩnogithagia ũũ'.*

I usually try to make myself busy. I plant cabbages, carrots, and potatoes in my garden and dig and water them. By doing this, I reduce stress and loneliness, and at the same time, I get a sustainable income by selling them. However, some friends and family members discourage me from doing so. They usually say, ‘For whom are you working like this? If I were you, I wouldn’t make myself so tired.

FGN23: *Aarĩ a ũina na mũthuuri wakwa mokaga mũrango-inĩ wakwa makauga atĩ ndĩ thata ngũrũ na rĩu nĩmenyerete.*

My sisters-in-law always come to my door and insult me that I am a barren old maid, but I am used to it now.

FGM22: *Thengia wee ũtarĩ mũciĩ na no ũikio nja hĩndĩ o yothe, niĩ ndĩ mwene mũciĩ na ndĩ wa gũkũ gũtũra nĩdndũ wa ciana cĩakwa.* FGM22

Unlike you who is homeless and can be thrown out any time, I am a homemaker and I am grounded here because of my children.

FGN23: *Maitũ witũ niaikaraga akĩndirikanagia atĩ thĩinĩ wa rũrĩrĩ rwitũ mũtumia warĩ ciana nĩahetwo gĩĩo. Atumia arĩa matarĩ ciana nĩmanyararagwo mũno.*

My mother kept reminding me that in our lineage, motherhood was respected. Women who did not have children were stigmatised.

FGN20: *Kũrĩ hĩndĩ twarĩ na ithurano kanitha-inĩ, na andũ amwe magĩthuura. Atumia amwe makiũria nĩkĩ kĩngĩtũma andũ mathuure mũtumia ũtari ciana na wĩra wake no kũrĩa mbeca cia mũthuriwe.*

We once had elections in church and some people voted for me. Some women asked why anyone would vote for a childless woman who was only married to ‘eat’ her husband’s money.

FGN23: *Mũthenya ũmwe, nĩndathire kanitha na twauma nja, arata akwa erĩ nĩmokire harĩa ndarĩ turĩanĩre tondũ kũrĩ irio ciaharĩrio. Tũkarĩte makĩanjia kwaria ũhoru wa ciana na ũmwe wao akiuga ndangĩhota gwĩcirĩria gũikara mũtũrĩre ũtarĩ ciana. Ndarĩ hakuhĩ kũrĩa.*

One day, I attended church and two of my friends joined me outside after the service to eat a meal that had been prepared. Midway, they began talking about children and one said that she could not imagine life without children. I almost cried.

FGN21: *Nīnderire atumia merirīria makwa rīrīa ndamakorire gīthīnī kia macani. Nimahiuhire kuuga ati ndīmōkōrō mōno ndingīgīa mwana.*

I expressed my desire to mother one day when I met some women at the tea factory. They did not hesitate to blurt it out that I cannot get a child; because I am too old.

FGN22: *Nī mōtino mōnene mōno atī ndōrī warathimwo na mwana ona thutha wa kōgeria gōcharia ōteithio maita maingī.*

It is unfortunate that you have not been blessed even after constant attempts to seek help.

**Which actions from members of public show that they stigmatise you or other
Involuntary childless women?**

Ni cīko ìrikú kuuma kuri múingi cikuonagia nimirakúnyúrúria?

FGN19: *Ndiendete gūthie mūcī kwena undū. Ingīathire thigūkū tata akwa manjūragia cīūria itarathira. Marigagūo gītūmi kīa mūtumia mūthaka ta nī kwaga mwana. Majikaragia thī makīnjīra ndige kwēnda mōno njiare. Nginya ngīgūra kairetu gathaka. Nīmamenyerire rū.*

I hated going home for any function. Whenever I went for Christmas, my aunts always asked me unending questions. They did not understand how a beautiful wife like me could not conceive. They even sat me down, telling me to stop being selfish. I had to adopt a beautiful girl. They now got used to it.

FGN21: *Ndithiaga mūingī-inī tondū nījuikaine mūno tondū mūthuri wakwa nīarī toindo. Nījīraguo kainge geithie mūinge na ndīmere ndī nyina wa ū.*

I never attend public gatherings since my husband is one of the wealthiest in the village. I will be asked to address the public, and whenever I do, societal expectations dictate that I should first introduce myself as the mother to so and so.

FGN21: *Mūtumia ũmwe athiire kūrĩ mũthuri wakwa na akĩĩneana kūrĩ we (looking sad). Akĩmwĩra no amũciarĩre ciana njiganu ndahana ta nĩ tondũ nĩ mũkinyanĩru.*

One woman went to my husband and offered herself to him (looking sad). Unlike me, she told him she could bear him 'enough' children for she was complete.

FGN22: *Ndirĩ mũnyaka tondũ ndĩ rĩrĩmĩ rĩrĩvũ v̄ndũ v̄rĩa wonekanaga v̄ri mũgiro rĩrĩrĩĩnĩ ruitũ. Ũndũ v̄cio ni v̄njigaga hatika-ĩnĩ na andũ aingĩ tondũ metĩkĩtĩe rĩrimi rĩrĩvũ nĩ gĩtĩmi gĩa gũkorwo ndĩ thata. Atumia aritũ nĩmahithaga v̄ritũ wao hĩndĩ ciothe twacemania tondũ metĩkĩtĩe maitho makwa no matũme mũndũ ahũne.*

I am not lucky because I have a black tongue, which is a bad omen in my community. On top of that, I am barren. That puts me at a crossroads with many people because they believe my black tongue has something to do with my childlessness. Pregnant women hide their pregnancies whenever we meet because it is said my eyes are enough to make one miscarry.

FGN24: *Nĩatũraga mũturire wa kĩaha. Nĩakinyire gwa aciari aake thutha wa kũgerera kũnyũrũrio kũnene kũrĩa ahikĩte. Ũgima wake wa mwĩrĩ v̄githuka na thutha v̄cio akĩĩruta muoyo.*

She lived a very lonely life. She arrived at her parent's home after having faced a lot of humiliation at her matrimonial home. Her health deteriorated soon after, and she committed suicide.

FGN24: *Mwarĩ wa maitũ ndari ciana, ota nĩ, no nĩmũruti wĩra mũno, ona makĩrĩa ma arĩa mena cĩana nyingĩ. Nĩ na andũ arĩa twĩtainwo tũmũtaraga tũkamwĩra ahorere na acerere makanitha na mĩcĩĩ ya andũ arĩa meyamũrite kĩdini handũ ha gwĩtungumania akĩruta wĩra na kũingĩhia v̄tonga tondũ gũtirĩ mũndũ wa kũgaya v̄tonga wake. Ta rĩu araka mũkawa mũnene mũno Nairobi (the capital of Kenya).*

My sister doesn't have a child, just like me, but she is working harder than those with many children. My relatives and I always advise her to relax and visit churches and monasteries instead of working hard and accumulating wealth because no one is there to inherit her property. But she refused and is now building a big hotel in Nairobi (the capital of Kenya).

FGN22: *Nyac̄ara wakwa n̄ar̄irire m̄no r̄r̄a amenyire at̄i n̄i nd̄irathī. Ni oigire at̄i ndwar̄i wendi wake k̄rwo n̄i nī. N̄indamakire m̄no tond̄o n̄iwe wanumaga m̄no ihinda r̄a m̄aka itano ir̄a ndahik̄te k̄u.*

My mother-in-law really cried when she learned that I was leaving. She said that she did not want to lose me. I was surprised because she was the one who insulted me the most for the five years I was married there.

Have you learnt to cope with your childlessness? If yes, how?

N̄umenyete k̄igan̄ira na kwaga c̄iana gwaku? Anḡikorwo n̄iguor̄i, atia?

FGN19: *Nd̄uire hoyaga na nd̄ihingaga Ngai ahe mwana mak̄ria ma m̄aka ik̄umi. M̄uthenya ūmwe nḡihoya nḡigua thauti (face brightens) ya Ngai at̄i ndige k̄umaka n̄īnd̄i Ngai ena m̄bango iḡur̄u wa maica makwa. M̄uthenya ūcio n̄iguo ndamenyire at̄i m̄t̄ur̄ire wakwa war̄i wa k̄um̄ir̄ia atumia anḡi ar̄a mataḡaga ciana.*

I had always been praying for a child. I cried and fasted for over ten years. One day, I heard a voice from above (face brightens) that I should worry no more, for God had other plans for me. That was the day I realised that I was not destined to get children but to encourage other women who had been through childlessness like me.

FGN23: *Ngw̄ic̄ir̄a m̄t̄ur̄ire iit̄o ikoragwo ibanḡitwo t̄tar̄i aciare, na n̄i hinya k̄m̄icenja. Ngai n̄iam̄draga n̄o ōgat̄ika k̄i, n̄o ōkaḡa ciana na n̄o ōtakaḡa. N̄indagerir̄e mā marathime maita mainḡi n̄īnd̄o wa m̄thuari wakwa na arata n̄iguo nd̄imakenie, no nd̄i na nganja at̄i nonḡe mwana.*

I think our destiny was determined before birth, and it is difficult to change it. God determines who will be what, who will have children, and who will not. I tried Holy water many times for the sake of my husband and friends to make them happy, but I am doubtful that I will have a baby.

FGN23: *N̄indar̄iraga m̄no nd̄i wiki no ndathī and̄-in̄i ngamaririkania at̄i ti kwenda gwakwa n̄i wendi wa Ngai. Ndiakonokaga kw̄ira and̄u at̄i nd̄i thata. N̄indonaga k̄imako māthio-in̄i mao no n̄imanȳmaḡir̄ia na makenda thirit̄o yakwa.*

Even though I was constantly in pain in private, I always told people it was God's will

and not my own while I was in public. I did not hesitate to tell people that I am barren. I could always see their shock, but they always encouraged me and wanted to become my friends.

FGN24: *Hĩndĩ ciothe ndacemania na andũ ageni, ndimeraga njĩtagwo 'Wangari, ũrĩa ũtagĩaga ciana'. Njĩkaga ũguo igetha matikatindanĩre nanĩ mũno.*

Whenever I meet new people, I always introduce myself as ‘Wangari, the barren one.’ to avert their attention.

When people learn you are infertile, what questions do they ask you?

Rĩria andũ mamenya úrĩ thata, ni ciũria irikũ makũragia?

FGN19: *Mũthuri ũrĩa watũrũgamĩrĩire ũhiki okire gwawa mũthuri wakwa e wĩrai-inĩ na akĩambia kũnjũria nĩkĩ nĩ na mũthuri wakwa twĩkaga gĩtanda-inĩ?*

Our best couple one day came home while my husband was away for work and asked me, ‘What do you and your husband do in bed?’

Whom do you blame most for your childlessness?

Nũ úkuithagia múrigo wa kwaga ciana gwaku?

FGN19: *Thĩna wakwa ũnduaga thata. Nĩnjiguaga ta Ngai atanyendete no ndiũĩ gĩtũmi. Rĩmwe nĩndeganaga na Ngai na kinya ngagĩa na nganja gũkorwo kuo gwake ngoria atĩrĩrĩ 'Ni kũremwo ũngĩremwo (Ngai) kũhe ona arĩ mwana ũmwe?'*

My fate makes me barren. I feel God does not love me, but I don’t know why. Sometimes, I disagree with God and question his existence too by saying, ‘Is that impossible for you [God] to give me one child?’

FGN20: *No Ngai wiki ũheaga andũ ciana; ni wendi wake. Rĩmwe nda nĩyaumire na hihĩ ũcio nowe mwana ũrĩa Ngai aheete na agĩcoka akĩmuoya. Ndiũĩ gĩtũmi na mahĩtia makwa.*

Only God gives you children; it is His will. I faced a miscarriage once; maybe that was the only child God gave me and took it away. I do not know the reason for my wrong deed.

FGN20: *Nĩndaiguaga kwĩruta muoyo rĩrĩa ndagundorire atĩ Ngai ndakanacokia mahoya makwa.*

I considered committing suicide when I realised that God would never answer my prayer.

Appendix VII: Transcripts of Interviews for Partners to Involuntary Childless Women

Excerpt 4.2.1

Nĩvkoragwo v̄gĩconoka rĩrĩa mwĩna arata aku // nĩmarigagwo nĩkĩ wĩkaga nake kinya rĩu/ hĩndĩ ciothe v̄ikaraga v̄kirĩte makĩaria v̄horo wa ciana hhh v̄ndv̄rũme waku nĩwĩkĩragwo nganja.

You always get embarrassed when with your friends // they never understand what you are still doing with her. You are always quiet when they begin talking about children hhh your manliness is always questioned. KHK

Excerpt 4.2.7

Aya andv̄ meyendete m̄no. Maikaraga aiki atĩa ta arogi? Mv̄tumia v̄tarĩ ciana ti m̄kinyanĩru.

These people are very selfish. How can they just live alone like witches? A woman without a child is incomplete. KHK

Excerpt 4.2.5.

Rĩrĩa ageririe kwarĩria m̄ingĩ, athuri arĩa marĩ m̄ingĩini ucio makĩambĩrĩria kuonania merirĩria ma k̄onana kĩ mwĩrĩ makirutaga nĩmĩ ciao nja makĩoyaga kĩara gĩa gatagatĩ gĩa guoko igv̄rũ na kuga nonginya ambe aciare.

When she tried to speak to the crowd, the men in the group began making faces and sticking out their tongues and also used sex-oriented gestures like raising their middle fingers, insinuating that she ought to give birth first. KHK

Excerpt 4.2.4.2

Ninyendete mv̄tumia wakwa wa mbere m̄no hhh no nonginya ingĩahikanirie rĩngĩ. V̄ndv̄ire v̄hinyagĩria atĩ m̄ndv̄rũme v̄tarĩ ciana ti m̄kinyanĩru. No hhh nondĩm̄ndete ona okorv̄o twĩnake ndiaiguaga ndĩ m̄kinyanĩru. Rĩu ndĩna atumia eerĩ, v̄mwe nĩwakv̄njarĩra ciana tu.

I am in love with my first wife hhh, but I had to re-marry. Traditions dictate that a man

without biological children is not man enough. She is still the first lady hhh, you know. But I felt incomplete. Now, when I see my children, I feel like I am man enough. Now, I have two wives, one purely to mother my children. KIHK

Excerpt 4.3.1.27.

Nĩndendete mĩtumia wakwa (1) no nonginya ingiahikanirie rĩngi. Ũgĩkũyũ-inĩ mũthuri ũtarĩ mwana ndakinyanĩire.

I loved my wife (1), but I had to re-marry. Traditions dictate that a man without biological children is not man enough. KIHK

Excerpt 4.2.4.3

Nĩtũgũtigĩrĩra atumia mena mĩtugo ta ya atumia a ma (1) nĩmaheaga gĩtũo maria matũrigiciĩrie, mĩngĩ, bũrũri wao, athuuri ao, ũthĩ wa na mbere (.) na ũndũ wa kũgĩa ciana.

We will ensure that women behave like real women (1) respect nature, respect our society, respect our motherland, respect their husbands, and respect continuity (.) by delivering children. KIHKI

Excerpt 4.2.3.

Atumia aya ti aitũ/ ti mũkinyanĩru/ ti athime/ ti mũtumia akinyanĩru. Nĩndĩaga atumia arĩa me ciana tondũ nĩmaheagwo gĩtũo.

These women do not belong/ They are incomplete/ They are not blessed/ They are not womanly. I admire mothers because they are respected. KIHKI

Excerpt 4.2.3

Aya andũ meyendete mũno. Maikaraga aiki atĩa ta arogi? Mũtumia ũtarĩ ciana ti mũkinyanĩru.

These people were very selfish. How can they live alone like witches? A woman without a child is incomplete. KIHM

Excerpt 4.2.6

*Ndiarĩ na ũndũ ũngĩ tiga kũhika rĩngĩ/ wendo ndwarĩ mũiganu hatarĩ mwana ũroneka/
WENDO NDŪNGŪOYA ITHENYA RĪA MWANA HARĪ MŪTŪRĪRE WA*

*MŪNDŪRŪME. Mũndũrume mũkinyanĩru no kinya akorwo na ciana ciake ecĩarĩre
ona guthĩ atĩa.*

I had to remarry/ love was not enough when there was no child to see/ LOVE CAN NEVER TAKE THE PART OF A CHILD IN ANY MAN’S LIFE. A true man must have his biological offspring come what may. KIHM Excerpt 4.2.5

Mũtumia wakwa wa mbere, mũtumia ũtarĩ kĩene nĩatũmire nyone ta arĩ nĩ ndarĩ na thĩna. Tũkĩgerĩa matũkũ maingĩ ohe nda nginya andũ makĩanjia kwaria. Hhh Akĩanjia kũnjigĩrĩra atĩ nĩ nĩ nĩ ndarĩ na thĩna na ndĩngĩonire toro matũkũ maingĩ nĩ mũrimũ wa meciria. Ndĩ mũndũrũme kũna rĩu ndĩna ciana inya, imwana igĩrĩ na kairĩtu kamwe.

My first wife, a worthless woman, made me think that I had a problem. We tried for days to conceive until people started talking hhh. She accused me of being the one with the problem, and I could not sleep for days due to depression. I am a true man now. I have four children, three boys and one girl. KIHN

Excerpt 4.3.1.37.

Kĩrĩkanĩroinĩ gĩa tene andũ aria thata maataragwo marĩ arume tondũ matiarĩ arathime: Ciaranai na mũngĩhe; ihũriai thĩ" Genesis 1:28. Indo cia andũ thata itietĩkagĩrwo nĩ athĩnjĩri Ngai harĩ magongona matheru.

In the Old Testament, infertile people were considered cursed because they didn’t share the blessing: “Be fruitful and multiply; fill the earth.” Genesis 1:28. The tributes of the infertile people were not accepted by the religious leaders for Holy services. KIHN

Excerpt 4.2.5

Kũringana na wĩtĩkio witũ wa ũgĩkũyũ, wĩra ũrĩa mwamũre wa mũtumia nĩ ũciari. Kwaga kũgĩa ciana nĩ kwaga kũhingia wedi wa ũgĩkũyũ.

According to our beliefs, a woman's divine role is to procreate. The childless have failed their duty. KIHN

Excerpt 4.3.1.38.

Mahinda ma kīrīkanīro kīrīa kīerō, kanitha ūigananagia andō othe gōtekōmakania mahana atīa. Tondō kanitha yendaga wītīkio wa andō na wega wao tu, kwaga ciana gōtigerekanagio rīngī na kōrogwo. Kana mōndō noagīe ciana kana ndangīgīa, ena ūgima wa mwīrī kana ndarī, gītonga kana mōthīīni [...] nīōndō wa ūguōrio wa ūōgi wa Ngai ūrīa wonekire rīrīa Jesō ahonirie mōndō waciarītwo arī mōtumumu (Johana 9:3). No ona kōhana ūgōo andō angī matarī na ūmenyo nīmarumaga na magathutōkania aria matagīaga ciana. Nīōndō wa ūguorī, nīōndō kōrumana nī mehia rī, aria marumaga na magathutōkania aria matagīaga ciana nī ehia na magīrīrwo nīkuhoya Ngai amarekere.

In the periods of the New Testament, the Church treats all people equally regardless of their status. As the church only needs people's faith and goodness, becoming infertile is no longer related to a curse. The reason for people to become infertile, poor, unhealthy (.) is not because they are sinful or cursed. Whether one becomes fertile or infertile, healthy or unhealthy, rich or poor (.), it is for the revelation of God's wisdom as manifested when Jesus cured the man who was born blind [John. 9:3]. However, some ignorant individuals insult and discriminate against infertile people. After all, since insulting people is a sin by itself, those who insult or discriminate infertile people are sinful and need God's forgiveness. KIHN

Appendix VIII: Transcripts of Interviews for Unaffected Men

Excerpt 4.2.6

Atumia aya nĩmagiyĩkaga mũno nĩdndũ wa kuonanĩrĩrio kũrĩa mageragĩra.

These women suffer a lot from the stigma they face. KIUK1 Excerpt 4.2.3.14

Nĩwendete a maitũ aitũ mũno na tũkamahe gĩtũ tondũ nĩ andũ a mwanya. Arĩa matarĩ ciana magĩrĩre mamenye cama wa ciana.

We love our mothers. Mothers are unique beings, and we respect them. Those who are not mothers should know what they are missing. KIUK1

Excerpt 4.2.4.1

Rĩrĩa ageririe kwarĩria mũingĩ, athuri arĩa marĩ mũingĩini ucio makĩambĩrĩria kuonania merirĩria (makirutaga nĩmĩ ciao nja) ma kũonana kĩ mwĩrĩ maũthioinĩ mao (makĩoyaga kĩara gĩa gatagatĩ gĩa guoko) na kwenda kuga nonginya ambe agĩe mwana.

When she tried to speak to the crowd, the men in the group began making faces (sticking out their tongues) and used sex-oriented gestures (middle finger raised), insinuating that she ought to give birth first. KIUK1

Excerpt 4.2.6.

Kũoha nda na ũciarĩ nĩguo wĩra atumia othe mehokeirwo.

Pregnancy and motherhood are what all females are inherently meant for. KIUK1

Excerpt 4.2.4.4

Nĩ tũdĩ a maitũ aitũ nĩ marĩ hinya mũno nĩdndũ wa kũgĩa ciana. Nĩdndũ wa ũguo nĩtũmendete mũno na tũkamahe gĩtũ mũno makĩria. Tiga nĩo, ithuothe tũtingĩrĩ haha.

We know that all mothers are very strong in bearing us children. For that, we love them and respect them even more. Without them, we would all not be here. KIUK1

Excerpt 4.2.5.3

Atumia arĩa matarĩ ciana nĩmamendete ciana, nĩ aganu, ti akinyanĩru, matirĩ wendo,

*ni eyendi, ti akinyanĩru kĩmeciria, ti agimaru na maiyũirwo nĩ vũru no a maitũ nĩ marĩ
ũmĩrĩru, ni marĩ ũrugarĩ, ni ehokeku, mena vũndũire, endi andũ, oogĩ na mendete bũrũri
wao.*

Childless women are child-haters, unwomanly, immoral, imperfect, unloving, selfish, abnormal, immature, and bitter, while mothers are confident, warm, trustworthy, good-natured, friendly, intelligent, and patriotic. KIUK1

Excerpt 4.2.3.16

*Andũ angĩ metĩkĩtie atĩ nĩ a gĩtaa. Gũtirĩ mũndũ wamerire ũguo no ciako ciandũ nĩguo
cionanagia. Angĩcerera mũtumia wĩna mwana na amũkore akĩongithia, nyina wa
mwana ahubakaga mwana ihenya. Mwana itũrainĩ angĩgĩa mũrimũ ũtaramenyeka rĩ,
yugagwo atĩ nĩ mũndũ wa gitaa wamũrĩa.*

Some folks think they've got an evil eye. Their actions—society—tell the whole story, even though no one has ever directly told them this. For instance, whenever such a woman visits a nursing mother while she is nursing, the child's mother should quickly cover the baby with the shawl. Whenever a child in the village gets a strange disease, she is always the number one suspect as to who caused it. KIUK2

Excerpt 4.2.7.

Gũtirĩ mũndũ wĩriraga gũkorwo ena ciana.

No one ever regrets having children. KIUK2 Excerpt 4.2.8

Nĩvũndũ wa bata atumia oothe a mũaka ya kũgĩa ciana kũhe vutumia gĩtũo.

It is necessary for all women of childbearing age to respect womanhood. KIUK1

Excerpt 4.2.3.17

Wĩ wa bure ũtarĩ (.) na mwana.

You are worthless (.) without a child. KIUK1 Excerpt 4.3.1.26.

Andũ thata makuagwo na ngũrani, rĩrĩa me mũoyo na nginya makuĩte.

Infertile people are treated differently, not only when alive but also when dead.

KIUKI1

Excerpt 4.2.9

Atõõraga arĩraga.

She cried always. KIUKI2

Excerpt 4.2.4.5

Atumia thata nĩ irimõ njõgĩ iria cĩiraga tõtĩdĩ òrĩa ciekire na mũĩri yao na no metagĩrĩra thaa ciitu.

The barren women are wise fools who think we do not know precisely what they did to their bodies, yet they expect our sympathy. KIUM1

Excerpt 4.2.6.1.3

Atumia no nginya magĩe ciana njiganu nĩgetha makenie athuri ao.

Women have to make their husbands happy by bearing 'enough' children. KIUM1

Excerpt 4.2.6.1.2

Atumia oothe magĩĩire nĩ gũciara.

All women should give birth. KIUM2

Excerpt 4.2.5.9

Tõrĩ itõõra rĩendete gõthĩ na mbere na gũciarana. Tõtigwĩtĩkĩra kõona rõciaro rwitõ rõkĩhuka. Tõkõhikania maita maingĩ o òrĩa kwahoteka gwakinya nĩ õguo. No nginya tõgĩe ciana.

We are a community that loves continuity and children. We shall not accept to see our lineages die. We shall re-marry as many times as possible if it comes to that. We must get children. KIUN1

Excerpt 4.2.6.1.1

Atumia no nginya magie ciana nĩgetha makinyanĩre.

Women must have children to be complete. KIUN1

Excerpt 4.2.2.

*Tĩrĩ rĩrĩrĩ rĩtongoragio nĩ ũndũure. Mĩtugo na ũndũire witũ twarutiruo nĩ aciari aitũ.
Nonginya tũgie na ciana nĩguo tũtwarithie ruciaro nambere.*

We are a community bound by a culture. We have traditions passed down to us by our parents and grandparents and we are proud of it. We must get children to continue our lineages. KIUN2

Excerpt 4.2.5.8

Atumia mehokeirwo kũgĩa ciana na gwĩkĩrĩra mĩtũrĩre yao gũtũngatĩra mĩcĩĩ yao.


Women are obligated with bearing children and devoting their lives to their families.
KIUN2

Excerpt 4.3.1.16.

Atumia nĩ a maitũ ega tondũ nĩmoĩ kũmenyerera ciana ciao na athuri.

Women are good mothers at caring for their offspring and husbands. KIUN2

Appendix IX: Ethics Review Committee Permit



LAIKIPIA UNIVERSITY

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**INSTITUTIONAL SCIENTIFIC ETHICS REVIEW
COMMITTEE**

Ref: LU/APP/018/2022

24th October, 2022

Pamela Gitu Mukami
P.O.BOX 1155-20300,
NYAHURURU

Dear Ms. Mukami,

RE: Linguistic Stigmatization in Discourses towards Involuntary Childless Women in the Gikūyū Community

This is to inform you that Laikipia University Institutional Scientific Ethics Review Committee (LU-ISERC) has reviewed and approved your above research proposal. Your application approval number is **LU/APP/018/2022**. The approval period is **24th October, 2022 – 23rd October, 2023**

This approval is subject to compliance with the following requirements:

- i. Only approved documents including (informed consents, study instruments, MTA) will be used;
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by Laikipia University Institutional Scientific Ethics Review Committee;
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to Laikipia University Institutional Scientific Ethics Review Committee within 72 hours of notification;

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Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

- iv. Any changes, anticipated or otherwise that may increase the risks or affect safety or welfare of study participants and others or affect the integrity of the research must be reported to Laikipia University Institutional Scientific Ethics Review Committee within 72 hours;
- v. Clearance for export of biological specimens must be obtained from relevant institutions;
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal and
- vii. Submission of an executive summary report within 90 days upon completion of the study to Laikipia University Institutional Scientific Ethics Review Committee.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely



Prof. Charles Nguta PhD

Chairman - Laikipia University Institutional Scientific Ethics Review Committee



Appendix X: Laikipia University Graduate School Permit



OFFICE OF DIRECTOR GRADUATE SCHOOL

REF: MDL31/2482/17

23rd August, 2022

TO WHOM IT MAY CONCERN

RE: PAMELA MUKAMI GITU – REG. MDL31/ 2482/17

The above mentioned is a Postgraduate student of Laikipia University undertaking a Doctor of Philosophy (Applied Linguistics) degree under the Department of Literary and Communication Studies, School of Humanities & Development Studies.

Her Research Proposal entitled **LINGUISTIC STIGMATIZATION IN DISCOURSES TOWARDS INVOLUNTARY CHILDLESS WOMEN IN THE GĪKŪYŪ COMMUNITY** has been **Examined and Accepted** by the Board of Graduate School.

She is hereby authorized to conduct her research. Any assistance accorded to her will highly be appreciated.

Thank you.

Prof. WENDO NABEA (PhD)

Ag: Director

Vision: A University for Valued Transformation of Society

Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

Laikipia University is Certified to ISO 9001:2015 and ISO/IEC 27001:2013



Appendix XI: Nacosti Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 870481	Date of Issue: 07/November/2022
RESEARCH LICENSE	
	
<p>This is to Certify that Ms.. PAMELA MUKAMI GITU of Laikipia University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nyeri on the topic: LINGUISTIC STIGMATIZATION IN DISCOURSES TOWARDS INVOLUNTARY CHILDLESS WOMEN IN THE GIKUYU COMMUNITY for the period ending : 07/November/2023.</p>	
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Appendix XII: Research Authorization, Nyeri County

