

## STIGMA AND IN VITRO FERTILIZATION: PERCEPTION OF WOMEN WITH IVF EXPERIENCE

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**Abstract.** *Couples and individuals involved in the IVF process are faced with numerous challenges. One of the challenges is coping with stigma, which is especially prevalent in those societies in which the significance of procreation is emphasized. This paper will present the results of qualitative research on stigma perception – how women with IVF experience perceive and interpret the stigma related to IVF. 11 women were interviewed and the sample was provided in collaboration with the “Šansa za roditeljstvo” Association. The data were processed using thematic analysis. The respondents recognize that there is a stigma related to IVF, as well as a possible risk for their children who were conceived in this way being exposed to stigmatization. All the respondents live in big cities, which probably contributes to less exposure to stigma and a greater willingness to talk about this topic, while the respondents emphasized that stigmatization is much greater in smaller communities. Education and being well informed about IVF are recognized as possible ways of crossing the path from stigmatization to ‘normalization’ and greater acceptance of IVF. The research has provided initial insights into stigma perception and experience of individuals and couples involved in the IVF process. The results indicate that it is necessary to introduce systematic and continuous support in this field.*

**Key words:** *infertility, stigma, IVF, women with IVF experience.*

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## 1. INTRODUCTION

“Countless analyzes, questions, awakenings and going to sleep with that are already hard enough. Scars on both your body and your soul... I have recently seen a skinned lamb being roasted on a skewer and some people watching it. I partly felt that way. Despite all the pain and scars, exposed to the sights and rumors of the surroundings.”

(Ana, 36)

Infertility occurs in 10-15% of couples in the world population, and it is estimated that 15-17% of couples in Serbia are faced with this problem (Kopitović et al. 2011). The methods of assisted reproduction, which have been significantly advanced since the 1980s, represent, for some couples, the solution to the conception issue. The most commonly used method of assisted reproductive technologies is in vitro fertilization (hereinafter referred to as IVF) and it implies taking an ovum from a woman's body, fertilizing it in laboratory conditions (in vitro), and implanting the fertilized egg or embryo in the uterus a few days after fertilization (Kričković Pele and Zotović Kostić 2018).

At the national level, there is no consolidated data on the number of procedures performed and the number of children born after successful procedures. Couples who independently finance these procedures also contribute to inaccurate statistics most often originating from abroad. According to the Health Insurance Fund, the number of couples referred to biomedical assisted fertilization (hereinafter referred to as BAF) at the expense of the Fund is increasing from year to year; however, the Fund does not have data on how many babies have been born so far with the help of IVF. Although the practice of assisted reproductive technology is seen as a significant contribution to birth rates, according to the available data, the share of births resulting from successful in vitro fertilization is negligible in the total birth rate - about 1.5% of babies compared to the total average number of births in Serbia (about 65,000), while in some European countries this share reaches 6% (Kričković Pele and Zotović Kostić 2018).

Unfavourable demographic trends in Serbia such as low fertility, population aging and unfavourable demographic projections have conditioned the development of the program and measures of a pronatalistically oriented population policy. Currently, in addition to financial measures, one of the population policy measures is financing BAF (Population Policy Measures 2020). In 2006, the Republic Health Insurance Fund started financing the National Infertility Treatment Program with the Procedures of BAF. The number of attempts and the conditions for exercising this right changed over time, and the last changes and the extension of the right occurred on June 15, 2020. (RHIF 2020). Consequently, the number of BAF attempts at the expense of the Fund became unlimited for women aged up to 43.

There are many unconventional, so-called new family forms (Opsenica Kostić 2017), and the Serbian legislature supports IVF with the gametes of the intended parents and IVF with donated gametes. However, the second option has as yet not come to life in practice. The donation of reproductive eggs and sperm was made possible in 2017 with the passing of the Law on Biomedically Assisted Fertilization. The preparation of the Civil Code, which is still ongoing, predicts surrogate parenting as well. However, there are questions to what extent and in what ways society accepts the already existing traditional use of assisted reproductive technologies (IVF which involves heterosexual couples). To what extent is the IVF process

‘normalized’ in society, to what extent are the people involved in this process stigmatized and are we, as a society, ready for innovations in this field?

Although IVF is primarily a significant medical issue, it is also important to consider other aspects when it comes to the infertility phenomenon and treatments. Individuals and couples involved in the IVF process are exposed to numerous challenges, and one of them is coping with stigma that is socially constructed.

In most cultures, the inability to have children is regarded as a female problem and the responsibility as well as the blame for reproductive failure lies with the woman (Remennick 2000). Women undergo demanding medical procedures even when the cause of treatment is not female but male infertility. This topic is particularly significant in patriarchal societies, such as Serbian society, where the significance of procreation is emphasized, and alternatives, such as infertility or making a personal choice not to give birth, cause pity and/or condemnation of society (Kričković Pele 2018). In Serbian society, maternity is a highly valued ideal as well (Kričković Pele 2018), and the pronatalist discourse actualized in Serbia since the end of the 1980s implies the “natural” role or social responsibility (duty) of women to be mothers (Đorić and Gavrilović 2006, 75). Women’s identification with the (gender) role of the mother has been confirmed by research on motivation for parenthood which involves women undergoing the IVF process (Kričković Pele 2014). Moreover, the influence of the Serbian Orthodox Church, which promotes the revival of the Serbian nation and emphasizes the role of women in contribution to the birth rate, cannot be overlooked (Đorić and Gavrilović 2006). Based on all of the above, it can be said that the requirements and expectations placed on women in the reproductive context are numerous. Taking into consideration the unfavourable demographic situation, in the same context, giving birth is not only a matter of personal choice and a way of ‘self-realization’, but it can be viewed through the prism of contribution to the preservation of the nation.

This paper will present the results of research in which the respondents were women with IVF experience. In relation to the social construction of reproduction, procreation and parenthood and women's roles in it (Whitford and Gonzalez 1995; Remennick 2000; Đorić and Gavrilović 2006; Yeshua-Katz 2017; Kričković Pele 2018; Faccio et al. 2019) we explored the stigma of perceiving those that ‘do not fit in the existing pattern’ - How women with IVF experience perceive and interpret the stigma related to IVF? In order to reduce stigma exposure, the participants in the IVF procedure can decide whether and to what extent they will reveal about it to others and potentially expose themselves to stigma. Accordingly, we explored the extent to which stigma avoidance and “selective disclosure” are applied as a means of coping.

## 2. STIGMA AND IVF

The most often quoted definition of stigma is the one given by Goffman in 1963 and it says: ‘stigma is such an attribute which deeply discredits and devalues a person and it seems to degrade an ordinary person so that they feel rejected’ (Goffman 1963, 3). Goffman points out that individuals exposed to stigma are observed in the context of non-compliance with particular social expectations. That kind of social inferiority can further lead to the person’s feeling of discomfort, guilt and shame (Goffman 1963). Likewise, other authors also emphasize that through stigma, people are given a particular ‘attribute’ and in that way they become labeled, i.e. they are attributed with certain stereotypes which can be confirmed

through prejudice, and all of that could be the reason or justification for discrimination and their exclusion from society in different ways (Jovanović et al. 2007; Phelan 2001; Link & Phelan 1999; Jones et al. 1984). Stigma classification also has numerous variations, but most authors apply Goffman's conception of stigma which is based on visibility (discrediting) or concealment (discreditable) (Goffman 1963).

When it comes to the stigma which women and couples involved in the IVF process are exposed to, the preceding stigma, i.e., the stigma that the woman was exposed to due to her infertility, cannot be omitted. According to the given classification, infertility is a kind of discreditable stigma since it is concealed and there are no visible features which would lead the person to stigma exposure. However, if the woman is married or in a relationship at a certain age and does not have any children, she can be discredited or exposed to a visible stigma (Becker 2000).

In their paper, Whitford and Gonzalez (1995) recognized that stigma represents the 'invisible burden' of infertility and concluded that the burden might be invisible, but the consequences are more than visible. The participants' experiences confirmed that the consequence of the socially defined role of women and its deviations is the feeling of inadequacy, and some other negative consequences as well. Women undergo different medical interventions so that they would fit in the 'normal' role, not being aware of the emotional, physical and financial costs it implies.

Being involved in the IVF process includes the possibility of being exposed to a new kind of stigma, the so-called "spillover" stigma from one context to another. In their research, Kaur and Ricciardelli (2017) endeavored to show how women who were first labeled as 'infertile' and later 'artificially fertile' experience the stigma. This situation has also confirmed that these women often feel disgraced and are often condemned by their surroundings. As a consequence of this stigma, women can be exposed to different stressors such as existential, emotional, physical and relationship stressors. They can lose self-confidence, or be humiliated, discredited, discriminated and they can even lose their status or position (Kaur and Ricciardelli 2017). Other research has also confirmed that women and couples involved in the IVF process recognize that they are exposed to stigma (Ranjbar et al. 2015; Faccio et al. 2019). The results of the research done by Kričković Pele (2014) showed that women who have no children are exposed to discrimination mostly at work, by their in-laws, and in their neighbourhoods as well.

It is important to note that despite the parents being exposed to stigma, they recognize there is a risk that their children, who were conceived this way, could also be exposed to stigmatization or labeled as different or 'test tube babies' due to lack of information (Faccio et al. 2019; Ranjbar et al. 2015). The risk is present despite the fact that the children's only uniqueness is the way they were conceived, whereas all the other elements related to genetic material, pregnancy and parenthood are identical to those of children conceived through sexual intercourse (Opsenica Kostić 2017).

Reactions, or strategies of coping with the stigma related to infertility and IVF, are different: stigma internalization, stigma avoidance, avoidance of exposing their "hidden disability," group identification, stigma challenging, selective disclosure, and other information management techniques (Remennick 2000; Yeshua- Katz 2017).

In the literature, special attention is paid to stigma avoidance strategies because, as some authors state, individuals who both internalize stigma and accept it as part of their identity continue to develop a stigma avoidance strategy that may come from society. Also, another reason why this strategy is given special attention is that studies conducted

in some patriarchal societies show that passive strategies are more frequent than active coping strategies (Remennick 2000).

Stigma avoidance is a strategy in which the person does not want to get in touch with people who have certain prejudice or who are prone to discriminating others due to some peculiarities. They often 'strive' for concealment or secrets as the mechanism to avoid stigma. In the context of people involved in the IVF process, another form of this strategy is 'selective disclosure' (King and Botsford 2009). The results of the research show that women often use this mechanism to avoid stigma and its consequences, that is, they talk about this topic only with a few close friends who are considered to be trustworthy people and who will not expose them to the stigma. (Remennick 2000; Kaur and Ricciardelli 2017; Faccio et al. 2019; Ranjbar et al. 2015). Parents, siblings and friends are usually the people whom they talk to and with whom they share information related to the IVF process (Faccio et al. 2019; Kričković Pele, Zotović Kostić 2018). Other women or couples who share the same experience and are willing to talk about it stand out in particular (Remennick 2000). Research shows that most women are not ready to talk to people at work about this topic, so coming up with excuses to justify their absence from work is an additional source of stress for them. The authors of this research point out that the woman's experience in such circumstances is greatly affected by 'socially constructed gender roles, socio-economic status, partner support and the support of the surroundings and society as a whole' (Kričković Pele, Zotović Kostić 2018). The most common reasons for non-disclosure or selective disclosure of the facts about infertility, as well as the treatments they undergo, are the feeling of disgrace and fear of stigmatization (Faccio et al. 2019; Kaur, Ricciardelli 2017; Ranjbar et al. 2015). Non-disclosure and selective disclosure may have different negative consequences, although they are commonly applied strategies. High perception of stigma is related to reduced disclosure to others and it leads to less social support (Slade et al. 2007; Ranjbar et al. 2015; Zaake et al. 2019). Moreover, it can be noticed that not revealing the way of conception could be a reflection of an existing stigma at the same time, but it also contributes to maintaining the stigma (Faccio et al. 2019).

### 3. THE METHOD

#### 3.1. Research questions

The central questions of this paper are: How women with IVF experience perceive and interpret the stigma related to IVF, and Whether and how women IVF experience apply stigma avoidance and "selective disclosure" as a means of coping?

#### 3.2. The research sample

11 women took part in the research. The criterion for participation was that the woman had had at least one experience with the complete IVF cycle. The research sample was a convenience sample and it was provided in collaboration with the *Šansa za roditeljstvo Association*. The members of the Association were invited to participate by the representatives of the Association. An email was sent to more than 300 addresses. Furthermore, the invitation to participate was posted on their website.

All the respondents live in the three biggest cities in Serbia (Belgrade, Niš, Novi Sad). Their ages range from 34 to 46, and they are 38.3 years old on average. Ten of the participants

are highly educated, whereas one of them only finished primary school. The participants had had from 1 to 12 IVF attempts, and 4 on average. One of the participants is pregnant, two of them already have children conceived by IVF, while the others are currently undergoing the IVF process.

### 3.3. Methods of collecting and analyzing data

The research used a semi-structured interview. In addition to that, the respondents were first asked questions related to the chosen socio-demographic variables (age, education, place of residence), the number of previously completed IVF procedures, and the phase of the current IVF procedure).

The interviews were conducted in June 2020. Since the research was done during the COVID-19 pandemic, the interviews were realized on the phone. The interviews lasted between 25-40 minutes.

Oral informed consent was obtained from each of the respondents on the basis of full information about the aim of the research, means of collecting data, and presenting results. With the respondents' consent, the conversations were recorded and transcribed. Two researchers independently analyzed the transcribed material. The data was processed through thematic analysis (Braun and Clarke 2006). In order to preserve the respondents' identity, pseudonyms are used in the paper.

## 4. RESULTS

The presentation of the results is organized into four thematic units. Three topics are related to the research questions of the research "Willingness to share the information about IVF with others - disclosure dilemma", "Assessment of the society's attitude towards IVF" and "Personal negative experiences related to the fact that couple is in the IVF process". The topic "Recommendations: what does our society need to accept it to a greater extent?" was singled out during the interview. Within the topic "Willingness to share the information about IVF with others - disclosure dilemma" in the analysis of the results, the following subtopics were singled out: *To whom is it said, from whom is it hidden?, Reasons for speaking and not speaking, Topics discussed*. Within the "Assessment of society's attitude towards IVF", the following subtopics were singled out: *Assessment of society's attitude towards participation in IVF, and Assessment of society's attitude towards children conceived in the IVF process*.

### 4.1. Willingness to share information about IVF with others – The disclosure dilemma

#### 4.1.1. *To whom is it said, from whom is it hidden?*

The greatest number of the respondents (10 out of 11) shared the information about starting the IVF process with a few people (not counting their partners). It was mostly with their parents and siblings and then with friends. In this research, the people were relatives in two cases, and they were colleagues in two cases, as well. Only one of the respondents and her partner did not share the information with anybody. As the primary reason she states that they considered it was going to be 'easier' that way, but she also adds that stigmatization could be the reason they might not have been aware of at that moment.

*“Honestly, now, three years after we underwent this process, I think we might have felt ashamed as well. I have no idea what the reason could be. You might think you are the only person experiencing this. Maybe that’s why we decided not to tell anybody. Although you suppress it, it could be the reason. I also think that personally, I was afraid of people telling me ‘you should have done it earlier’, ‘why didn’t you’, ‘time flies.’” (Gordana, 34)*

Later, for the duration of the process, siblings are still the people to whom they speak on this topic most often. Parents are less spoken to on this topic than in the beginning. The reasons are their age, their (mis)understanding of this topic, or their great concern, that is, trying to protect them from excessive worry. In accordance with that, the respondents recognize that it is easier to talk to people who are of a similar age.

A few of the respondents (6 out of 11) discussed this topic with their friends and colleagues. Two of the respondents admit that they talk to other couples involved in the IVF process whom they know personally, or via internet forums. Expectedly, people who share the same or similar experience could be better interlocutors. The respondent who did not share her IVF experience with anybody later spoke to her sister, but only when her sister also started the IVF procedure.

Two of the participants say that there are no people who they avoid talking to when it comes to this topic. Since almost all of the participants are highly educated and they live in one of the three largest cities in Serbia, it cannot be said with certainty why the behaviour of these two participants is different from the others. The others, however, clearly or with recollection state the persons, as well as the reasons why they are not preferred interlocutors when it comes to the IVF process. The people they avoid talking to are their colleagues, their superiors at work, older family members (*‘my aunts, because of their constant interrogation’*), people who became parents in the ‘usual’ way, religious people. As they say, the reasons to avoid talking to these people on this topic are potential condemnation, misconception and the feeling that they are supposed to justify themselves.

#### *4.1.2. Reasons for speaking and not speaking*

The reasons restraining them from speaking openly about their IVF experience can be singled out from the participants’ narratives:

1. The feeling of shame and disgrace, the fear of their environment’s reaction and the fear of stigmatization are the most frequently mentioned reasons. (*‘It characterizes me as barren’* (Emilija, 42). *‘When we started it, I kept it all to myself, I didn’t want to reveal the things so that people wouldn’t give us dirty looks and that they wouldn’t say it could not happen naturally’* (Irena, 34);

2. The burden that goes with disclosure and expectations facing them (*‘I don’t think people have bad intentions, but they raise tensions with those questions. There are also some additional expectations, and you already have great expectations so you don’t need your parents’ or your neighbours’ expectations.’*) (Gordana, 34);

3. Questions and comments of people from their environment (*‘How is it going?’*, *‘What is happening?’*, *‘Why isn’t it happening?’*, *‘Why didn’t it succeed?’*, *‘Are you O.K.?’*)

4. Negative feelings related to it: (*‘I don’t feel comfortable to talk about that’* (Ljubica, 37), *‘I feel bad when someone feels sorry for me’*) (Gordana, 34).

In addition to these, there are also reasons that encourage them to talk to others on this topic:

1. Conversation helps them feel better and it brings relief: *'It encourages you to talk because there are so many things accumulated inside and you need someone to share your feelings with them...Encouragement is a sort of relief. That's why it is important to talk to people from your surroundings and exchange experiences'* (Lidija, 37);

2. It is a way of getting information and exchanging experience: *'I've met a lot of women who went through the IVF procedure. Talking to them helped me understand better what I'm taking part in.'* (Ivana, 34), and

3. It is a way of both getting support and giving it to others: *'We talk to everybody about it and I think it is really important so that they would realize they're not alone in that. I also heard about it from some other people, they encouraged me and gave me energy'* (Petra, 41).

One of the respondents had an interesting observation claiming that the feelings of shame and disgrace, which are closely related to stigma, could be both incentives and obstacles to talking about this topic.

*"Most people around you get a child through sexual intercourse. But you have a different story, and the story labels you and you find it uncomfortable to talk about it. But it also encourages you to tell someone since there are so many things accumulating and you need to share your feelings with someone. So, there is the feeling of disgrace which motivates you to tell someone and doesn't let you tell anybody at the same time"* (Lidija, 37).

#### 4.1.3. Topics discussed

When speaking on the topics present in their conversations, they usually talk to people close to them and inform them about technical and administrative matters related to the procedure, whereas they talk in more detail to people who share the same IVF experience (about the results, findings). Details of the procedure, interventions, feelings, unsuccessful IVF outcomes are topics that are less talked about, or the respondents do not share these with anybody else except their partners.

#### 4.2. Personal Negative Experiences Associated with Social Attitudes towards IVF

When they speak about negative experiences related to the fact that they are involved in the IVF process, the respondents in the research name different experiences which they consider to be negative, and they most often name discrimination, labeling, inadequate comments, questions, advice, pressure from their surroundings. However, some of them do not consider this kind of behaviour to be negative. Although it upsets and hurts them, they experience it as something that goes without saying and it cannot be avoided when one is 'marked' by the problem of infertility and participation in IVF.

When it comes to discrimination, most of the respondents point out that they did not have personal experience, but based on the experience of others, they describe different forms of direct and indirect discrimination, most often in the work environment. Some of them are: inappropriate questions and comments in job interviews, and even getting fired due to frequent absences from work because of IVF.

Comments and questions from close ones, but other people as well, are emphasized as something they often face and the respondents describe them in detail (*'Why didn't it succeed?', 'Is there anything new?', 'I can see your belly', 'What kind of people are they*



since God doesn't bless them with children'). Although they realize that some of the questions and comments do not necessarily have a 'bad' intention and that they could be a product of ignorance, misconception or curiosity, such comments are experienced as an additional burden. In addition to the physical and mental complexity that the IVF process itself involves, they can also arouse suspicions that 'something is wrong with them' and they can boost the feeling of being inferior due to their inability to conceive. As it has already been stated, the comments and questions are one of the reasons that prevent people from talking about their IVF experience.

*"Or the stupid story that it doesn't matter, you'll succeed another time, it makes me want to strangle the person. Maybe it's just my reaction, I have no tolerance anymore, I just turn round and leave however close the person might be, because they don't understand how hard it is to go through all of that... There is an article 'what not to say to a couple involved in the IVF process' and everybody should read it"* (Snežana, 46).

Experiencing expectations and pressure from the surroundings is something they often have to face and one of the participants Lidija (37) points out: *'Sometimes you are not aware whether it is your great desire to have a child or the pressure from the people around you forces you to have one and it burdens you even more'*. In the context of negative experiences, some of the respondents also talk about the feeling of pity and being 'labeled' by others since you are different, you are not able to do something, and you 'deviate' from what is expected from you and your role.

*"That's why you don't fit into the mold of society. You are expected to be the woman who is going to give birth to a child after getting married and now you are not the same as others... Stigmatization by the environment and society occurs because there is such an image. An ideal image of a family is a husband, wife and child"* (Lidija, 37).

*"Everyone in the neighbourhood knew I was a childless woman. When the Association was founded, they used to call it the Barren Women's Association..."* (Emilija, 42).

Some of the respondents find the experience of other people giving them advice quite unpleasant. Some of the advice is related to the process of infertility treatment (teas, methods, recommending clinics), but it can also be related to other ways of becoming parents (*'Why don't you adopt a child?'*).

### **4.3. Assessment of the Society's Attitude towards IVF**

#### *4.3.1. Assessment of society's attitude towards participation in IVF*

Some of the respondents believe that IVF is not a taboo topic in Serbia anymore, it is being spoken about more and there has been a significant improvement in recent years. They claim that the process is viewed as a positive one since the state allocates financial means for IVF, which gives it legitimacy. However, the majority (9 out of 11) point out the negative attitude of society, claiming that these people are viewed with pity, or labeled different, blamed for the situation they are in (*'God's punishment', 'ancestral sins', 'who knows what they did when they were young and that's why it is happening now'*), as well as *'a terrible culture shock, you are interfering in the work of God'*, and the process is *'artificial'*.

It is emphasized that a great number of people are not adequately informed or informed at all about what IVF is, so it is often 'confused' or associated with cell donation. Some of the respondents think that in our society, IVF is not something normalized.

All the respondents live in big cities, but based on the indirect experience of the couples they met in this process they draw a 'parallel' with people living in smaller communities where the problem of infertility is even more labelling, where people try to conceal their infertility and visits to IVF clinics ('so that nobody would see them'), and whenever they get an opportunity, they go to clinics abroad since it reduces the chance of revealing the information. One of them shared her personal experience of moving from a smaller community as an example that such communities certainly need changes in order not to create an additional stigma to people involved in the IVF process.

*'Changing cities led to partial relief, at least when it comes to the neighbourhood. In the capital city, they are involved in their own lives. It led to peaceful walks, without anybody staring at your belly and similar experiences I had in a small town' (Ana, 36).*

### 6.3.2. Assessment of society's attitude towards children conceived in the ivf process

Four of the respondents believe that children who were born or those who are going to be born out of IVF will not be viewed differently or have any inconveniences during growing up compared to children conceived through sexual intercourse. One of them thinks the reason is that the state supports this way of conception, which gives legitimacy to everything, so people perceive it as something usual. With regard to this topic, the respondents distinguish between smaller and larger communities, supposing that the children might have particular difficulties in smaller communities, and 'non-disclosure' of the fact is a way of preventing their potential stigmatization.

Other respondents recognize that there is a possibility of passing on the stigma related to infertility and IVF from the parents to the children. Given that the whole IVF process is still viewed as something different, 'artificial', there is a possibility that the society will view a child conceived this way as a 'different child', 'a test tube baby', 'an artificial child'. They point out both personal and other women's experiences of coping with questions during their pregnancy, but also after the delivery 'if the baby is sensitive', 'how it is going to develop', 'if they are going to be different from other children when they grow up'. Some of the respondents believe that such attitudes are common among elderly people who are not informed enough, whereas two of them show concern since these or similar attitudes could also be heard among medical workers.

*"Even a pediatrician says that children born via IVF will get ill more often and they are not like ordinary children. I was personally told that by a pediatrician in the center of Belgrade, she said she could recognize such children at first glance. She actually says that IVF children are smaller and that, for example, my child doesn't talk because of IVF, but my child is only 16 months old" (Emilija, 42).*

## 4.4. Recommendations:

### What Does Our Society Need to Accept it to a Greater Extent?

Most of the respondents agree that when it comes to IVF in Serbia, many things have changed in recent years ('A few years ago there was complete darkness when it comes to this topic'). Furthermore, they notice that medicine is progressing rapidly in this field and

these changes should be followed by changes in the society's attitudes, in informing and giving support to people being treated for infertility.

When they spoke about what is required for IVF to be an accepted way of conception in our society, all the respondents mentioned being informed about this process (*'we should talk much more about it'*). They consider it to be significant for both the people being treated for infertility and medical workers, but also for the public in general. The respondents recognize that people thinking of starting the IVF process have numerous questions and doubts, but there are not enough appropriate places where they would get informed. They point out that the practice of treating infertility with inadequate, quackery and harmful methods is still present in Serbia (*'they go to a village to see an old lady who would make them lie down at a crossroads', 'or pour out their fear, or her friend should count fertile days in relation to the full moon'*) and it is connected with the lack of education and the stigma accompanying infertility and IVF. One of the respondents, based on her negative experience, points out the significance of training medical workers as well, especially those in the primary health care system, since they constitute the 'first line' of informing people of this process.

Most of the respondents (7 out of 11) think that education about alternative ways of conception should be a part of school programs. As an additional reason for that, they state that infertility is a problem faced by an increasing number of people and the alternatives that medicine offers, and will offer in the future, should be something usual for today's children.

As additional ways of changing this, they stated more frequent media coverage of the topic, organizing debates, workshops, theatre plays, films. They consider this research to be a step forward and their participation is a personal contribution to the struggle for acceptance and less stigmatization of infertility and people with this issue.

When they spoke about the desired changes, almost all of the respondents pointed out that it could not be a matter of enthusiastic individuals, but something that everybody had to take part in. All of them mentioned the positive example of the *Šansa za roditeljstvo Association* which supported each of them in numerous ways. They also point out that the activists of this association are usually those who initiate conversations on the topic and they also advocate for changes in the field of legislation, procedures and support to people involved in the IVF process.

## 5. DISCUSSION AND CONCLUSION

The respondents recognize the existence of stigma related to IFV and its different components and manifestations (labelling, stereotyping, discrimination), which corresponds to the results of previous research dealing with stigma in the context of infertility and IVF (Whitford and Gonzalez 1995; Ranjbar et al. 2015; Kaur and Ricciardelli 2017; Faccio et al. 2019). The respondents spoke about experiences of discrimination based on the experiences of other women who are involved in IVF until they themselves have encountered discrimination, but are with other manifestations of stigma. Additionally, some of the respondents recognize that there is a risk that their children who were conceived in this way could be exposed to stigmatization, which can also be found in previous research (Faccio et al. 2019; Ranjbar et al. 2015).

Most of the respondents apply "selective disclosure" as a means of coping. They talk to some people from their surroundings about their own IVF experience. There are differences

related to the reasons that motivate them to talk about it, the people they talk to, what kind of information they share, that is, what topics are present in their conversations. Also, the respondents in this research mostly apply active commitment to fight the stigma, primarily through their engagement and participation in the activities of the *Šansa za roditeljstvo* Association. Also, they consider their participation in this research a personal contribution to the struggle for acceptance and less stigmatization of infertility and people struggling with this issue. All the respondents live in big cities, which contributes to less exposure to stigma and a greater willingness to talk about this topic, recognizing from their indirect experiences that the stigma is of a much greater extent in smaller communities.

The results of the research indicate that there are needs to improve policies and practices related to the IVF process. Adequately informing the public in general and education at different levels about this topic are some of the possible ways to cross the path from stigmatization to IVF 'normalization'. Furthermore, it is recognized that there is a need for systematic and continuous support during infertility treatment, in which one of the topics would be the topic of stigmatization. This is particularly important given that all the respondents emphasized the lack of any psycho-social support in this process. When it comes to support, other authors also point out that persons who can perceive that they are stigmatized could tend to avoid social interactions, thus asking for support as well, which could diminish their chance of being encouraged to cope with the potential stigma (Malina and Pooley 2017; Ranjbar et al. 2015; Whitford and Gonzalez 1995).

In the national context, this is the first qualitative stigma research which has been done on this topic and it has enabled us to gain the initial insight into the perception and experience of stigmatization of individuals and couples involved in the IVF process. Although the initial plan was to have a sample of 15 women, and even though the invitation was sent to over 300 email addresses and posted on the *Šansa za roditeljstvo* Association's website, the invitation was accepted by only 11 women. The women from the sample are probably those who feel less stigmatized, cope with it more successfully and are willing to share their experience with others. Given that the sample of this research included women of similar socio-demographic characteristics, in order to acquire additional knowledge on this topic, further research should include a bigger and more heterogeneous sample (with regard to gender, place of residence, education). Moreover, this research has indicated the need to examine some other topics, such as the need for support in the IVF process, which could be the subject of further research.

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## **STIGMA I VANTELESNA OPLODNJA: PERCEPCIJA ŽENA SA ISKUSTVOM VANTELESNE OPLODNJE**

*Parovi i pojedinci uključeni u proces VTO suočavaju se sa mnogobrojnim izazovima. Jedan od izazova je suočavanje sa stigmom, što je posebno izraženo u društvima u kojima se naglašava značaj prokreacije. U ovom radu će biti predstavljeni rezultati kvalitativnog istraživanja percepcije stigma – kako žene koje u iskustvu imaju VTO percipiraju i interpretiraju stigma koja je povezana sa VTO. Intervjui su obavljani sa 11 žena i uzorak je obezbeđen u saradnji sa udruženjem "Šansa za roditeljstvo". Podaci su obrađivani putem tematske analize.*

*Učesnice u istraživanju prepoznaju postojanje stigma povezane sa VTO kao i rizik da njihova deca, koja su začeta na ovaj način, mogu biti izložena stigmatizaciji. Sve učesnice žive u velikim gradovima što doprinosi manjoj izloženosti stigma i većoj spremnosti da o ovoj temi govori, dok naglašavaju da je stigma umnogome veća u manjim sredinama. Adekvatno informisanje i edukacija o VTO prepoznaju se kao mogući načini da se pređe put od stigmatizacije do „normalizacije“ i značajnijeg prihvatanja VTO.*

*Istraživanje je omogućilo sticanje početnog uvida u percepciju i iskustva stigmatizacije pojedinaca i parova uključenih u proces VTO. Rezultati ukazuju na neophodnost uvođenja sistematske i kontinuirane podrške u ovoj oblasti.*

*Ključne reči: Mekintajer, Kjerkegor, moraln, racionalno opravdanje, etičko, estetsko.*