

THE MEANING OF INFERTILITY IN THE EYES OF SOCIETY, THE FAMILY AND THE INDIVIDUAL*

The collection of papers titled *The meaning of infertility in the eyes of society, the family and the individual: implications for planning support for couples* was published by the Psychology Department of the Faculty of Philosophy, University of Novi Sad in 2018. It was edited by Mihić Ivana, an associate professor at the Faculty of Philosophy of the University of Novi Sad, and Zotović Marija, a full professor of the Faculty of Philosophy of the University of Novi Sad.

The collection consists of eight articles which provide us with a broad spectrum of viewpoints on, and a better understanding of, the phenomenon of infertility in various contexts – the social context, the context of the family and the personal context. As the editors state in their introduction, existing literature defines infertility as the inability to conceive a child after twelve or more months of unprotected sexual intercourse, or the inability to carry a pregnancy to term. The questions which the articles in this collection attempt to resolve, and which pertain to the social context, refer to the social valuation of women as mothers and men as fathers in our still highly traditional social system, in which an increasing number of couples is experiencing difficulties related to childbirth. They are followed by questions on the impact that numerous challenges of the inability to bear children have on the development and survival of a marriage and a family, considering that the developmental phases of a family are closely tied to the roles of parents and all the changes that parenting brings. And finally, very important questions have also been asked in the personal domain, and have to do with stress and the impact on the emotional and social functioning of an individual. In addition, questions of identity, the status one feels they have in the family and society, the roles which they realize (or not) are also important.

The first article begins with an analysis of the social dimension of the problem and refers to the “cultural-specific disorder” of the issue of infertility. This article analyzes the ways in which methods of assisted reproduction are used in non-western countries, and how a culturally specific environment shapes the way in which we use and experience these methods. For example, in Israel there are more infertility clinics per capita than in any other country in the world, and Israeli experts are global leaders in the research and development of ART. Every Israeli citizen has the right to an unlimited number of *in vitro* fertilization treatments, until the birth of their two children, and these subventions are available irrespective of marital status or sexual orientation. Among ultra-Orthodox Jews there are various dilemmas related to the process of artificial insemination when the semen of a Jewish donor is being used. Such insemination procedures can be related to adultery (*mamzerim*); however, the concept of adultery does not come into play when a Jewish woman is married to a Jewish man who is infertile, and undergoes insemination from a non-Jewish donor. Such a child will be a full-fledged Jew since Judaism is transferred matrilineally. In the case of

Received January 21, 2021

* Mihić, Ivana i Marija Zotović, ur. *Društveno, porodično i lično značenje neplodnosti: implikacije za planiranje podrške parovima*. Novi Sad: Filozofski fakultet u Novom Sadu, 2018, str. 1-164. ISBN 978-86-6065-504-4.

donated oocytes, the attitudes of rabis are more flexible. Israel became the first country to legalize the practice of surrogate motherhood in 1996 as part of the Embryo Carrying Agreement, and all surrogacy contracts are approved by a committee appointed by the government and the national ministry of health. Motherhood has a very great and important role in Israeli society, and therefore bestows upon a single woman of marginal status a more normative status. A completely opposite set of circumstances can be found in Egypt, a patriarchally organized country, where the cost of one cycle of *in vitro* fertilization treatment exceeds the annual income of the average Egyptian. In Egypt there is a strong pronatalism and a cruel stigmatization of infertility. Male progeny is nurtured, as it will continue the patrilineal structures in the future, while male infertility is seen as a negation of masculinity. Contrary to Egypt, in Lebanon there is a greater openness in terms of male infertility and it is accepted like any other medical problem which is not to be kept secret. In China, the single-child policy has led to a limit in the number of centers for assisted reproduction and the number of *in vitro* fertilization cycles performed annually. In Confucian societies, the inability to have offspring, and especially sons, is considered shameful. It was mostly the women who shouldered the responsibility for infertility, even though that is not always realistically the case. Female respondents have stated that they have used oocytes inseminated with the semen of their husbands and that this was an important factor which determined that the child is "theirs". Because of the patrilineal pattern, there much caution about using the semen of an anonymous donor. Theoreticians point out that adhering the single-child policy and relying on the practice of assisted reproduction have facilitated the creation of one perfect child, more precisely "the perfect boy". In India motherhood is considered the basis of the gender identity of the woman and it lifted to the level of the divine. Women achieve a higher social status when they become mothers, especially the mothers of sons. Sons are very important since they provide economic security for their elderly parents, while daughters are considered "someone else's property". This very strong preference for sons has led to mass abortions and the disruption of the balance in the demographic profile of the country. In India, commercial surrogacy has been very popular ever since 2002, when it was legalized. Of the 500-600 babies born in surrogacy the world over, 100-150 are born in India per year. This type of gestational surrogacy has become quite popular among Indian surrogate mothers and infertile women from the west. The needs of infertile women from "the first world", and the financial troubles of women from "the third world" have established a mutual dependence which represent a sort of basis for mutual solidarity. It is not just the low prices which are being paid in this country that are the deciding factor, but also the belief that women of "brown skin" will find it easier to give up a "white-skinned" child.

A brief overview has also been provided of the Serbian pronatalist strategy which rests within a legal framework of heteronormativity, marriage and the absence of previous genetic offspring. From the mid-1980s, artificial insemination was introduced in Serbia as treatment for infertility, while the first law which regulates this field (treating infertility) was passed in 2009, and a new one, which regulates biomedically assisted reproduction was passed in 2017.

The remaining articles in the collection present data from a study of stress and the strategies used to overcome stress among women dealing with infertility, the importance of infertility for the experience of marital quality and the possibility for divorce among women, sexual dysfunction, and the affective attachment issues among women struggling with infertility, motivation for parenthood in relation to means of conception, psychophysical health, intentions, experiences and the need to seek out professional help in the case of women dealing with infertility.

As expected, the female respondents dealing with infertility more frequently face a series of physical and psycho-social stressors. As expected, the results have indicated that female respondents struggling with this problem will perceive the stressors related to infertility more negatively, while assigning greater positive importance to stressors which assist in distraction, compared to female respondents who are not facing issues of infertility. In the case of women suffering from infertility, a lower level of marital satisfaction was registered; however, when conducting research on this topic, attention should be paid, in addition to the duration of the marriage, to the type and number of unsuccessful fertility treatments, since they can increase the negative impact on pleasure. Furthermore, it is also necessary to include the women's marital partners in such research, so the problem of infertility could be viewed through the partner prism. When studying sexual dysfunctions, the data indicate that all the indicators of sexual dysfunctions are more present among women who do not have children, compared to women who have become mothers but are dealing with infertility when trying to conceive their second child. Viewing these data within the context of primary infertility, a greater source of stress and dysfunctional patterns are expected. Since studies of the differences in affective attachment between these groups are not to be found, the results presented in this paper could be very significant for pointing out the specific nature of these two groups, and also the application of these results in practice. The results for the dimension of avoidant patterns are higher among women who do not have children. The motivation to be a parent varies and depends on numerous factors, and what the results of one of the articles published in the proceedings indicate is that there are differences in the fatalistic form of motivation between pregnant women who have conceived naturally and women who are undergoing IVF. Fatalistic motivation interprets reproduction as the purpose of life and the manner of survival of humankind, as something unavoidable. In addition, altruistic motivation which points to the love one feels for their children and the desire to care for them is also predominant. Women dealing with infertility have a somewhat greater level of social behavior disorders compared to female respondents from the control groups, which can be ascribed to the social stigmatization which is attached to infertility. In their case a moderately disrupted physical health was also noted, considering that women with infertility issues are faced with a greater number of stressors, and the identified higher level of fatigue is also explained in the same way. One half of the female participants dealing with infertility reported their intention to seek out psychological help; however, only one-quarter spoke of having actually gone out and actively looked for it. The study which focused on the need that women struggling with infertility have for psychological support indicates that psychological support could be of significance when working with feelings experienced in all the phases of confronting problems. They also need the support in the field of partner function, the financial aspect of treating infertility and the continued participation in social life. Considering that 17% of couples in Serbia are dealing with infertility (Statistical Office of the Republic of Serbia, 2011), the results of this research represent useful guidelines for the creation of support programs for couples struggling with infertility.

The final article in the collection presents the *Program za podršku parovima koji se suočavaju sa sterilitetom 3PS* (3PS: A support program for couples dealing with infertility), which emerged based on the overview of research and programs carried out abroad, and the study of the need for support carried out on our sample. The program combines three forms of support: – partner support, support from people dealing with the same problem, and professional psychological support. The basic aim of this program was to improve the quality of life and satisfaction of the couples, and to reduce stress. The experiences of participants in

the pilot study indicated that the program was a positive experience, and was a useful tool for strengthening bonds of unity among partners, for improving communication, pleasantness when sharing experiences with other individuals dealing with the same problem, and awareness of the presence of various emotions which need to be worked on.

This collection combines articles which deal with a very important topic in need of further research, in order to facilitate the formation of a higher quality approach in recognizing and treating infertility, but also the necessary support programs for the couples. A significant contribution of individual studies would contribute the inclusion of a greater number of male participants, that is, the study of the effects of infertility on partner relationships from a dyadic perspective. Every one of these articles presents significant guidelines for researchers for future work in this field.

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