

Experiences of 2S/LGBTQIA+ Couples with Medically Assisted Reproduction

The process of **medically assisted reproduction** (MAR) can be difficult for all parents, but queer couples face **unique challenges** due to the fact that services are not created with them in mind. This study aimed to understand how 2S/LGBTQIA+ couples are affected by MAR.



"Doctors asked if we are sisters or friends": Experiences of 2S/LGBTQIA+ couples in the context of medically assisted reproduction

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*Scroll to see
what we found!*



MAR services are based on a **heteronormative definition of infertility** that does not reflect the experiences of 2S/LGBTQIA+ couples, who are often unable to have kids due to their relational status.

We knew that MAR presents can present challenges and barriers to 2S/LGBTQIA+ couples, but the ways in which these challenges affect the **different spheres of the lives of couples** remained under researched.



we wanted to know:

This qualitative study aimed to gain a **deeper understanding** of 2S/LGBTQIA+ couples' experiences in the **heteronormative context** of fertility clinics. What areas of the lives of both members of a couple were affected?



n=58
couples

305 couples were recruited for a broader study investigating MAR. **58 couples** identified as 2S/LGBTQIA+.



Couples were screened for eligibility and were then each sent a questionnaire to complete. An **open ended question** about the experiences of 2S/LGBTQIA+ couples was included at the bottom. There were **78 individual responses.**

we found that...

- 2S/LGBTQIA+ couples experienced challenges from **heteronormativity** in fertility clinics, such as unsuitable questionnaires and inadequate terminology.
- There is a significant **lack of tailored services** towards 2S/LGBTQIA+ couples
- The process of MAR involved **psychological distress** for 2S/LGBTQIA+ couples

- 2S/LGBTQIA+ couples experienced **stigmatization** and **discrimination** throughout the MAR process, including microaggressions from family members, societal judgement, assumptions and a lack of support systems.
- The **financial burden** associated with the MAR process contributed to stress.



so, what does all of this mean?

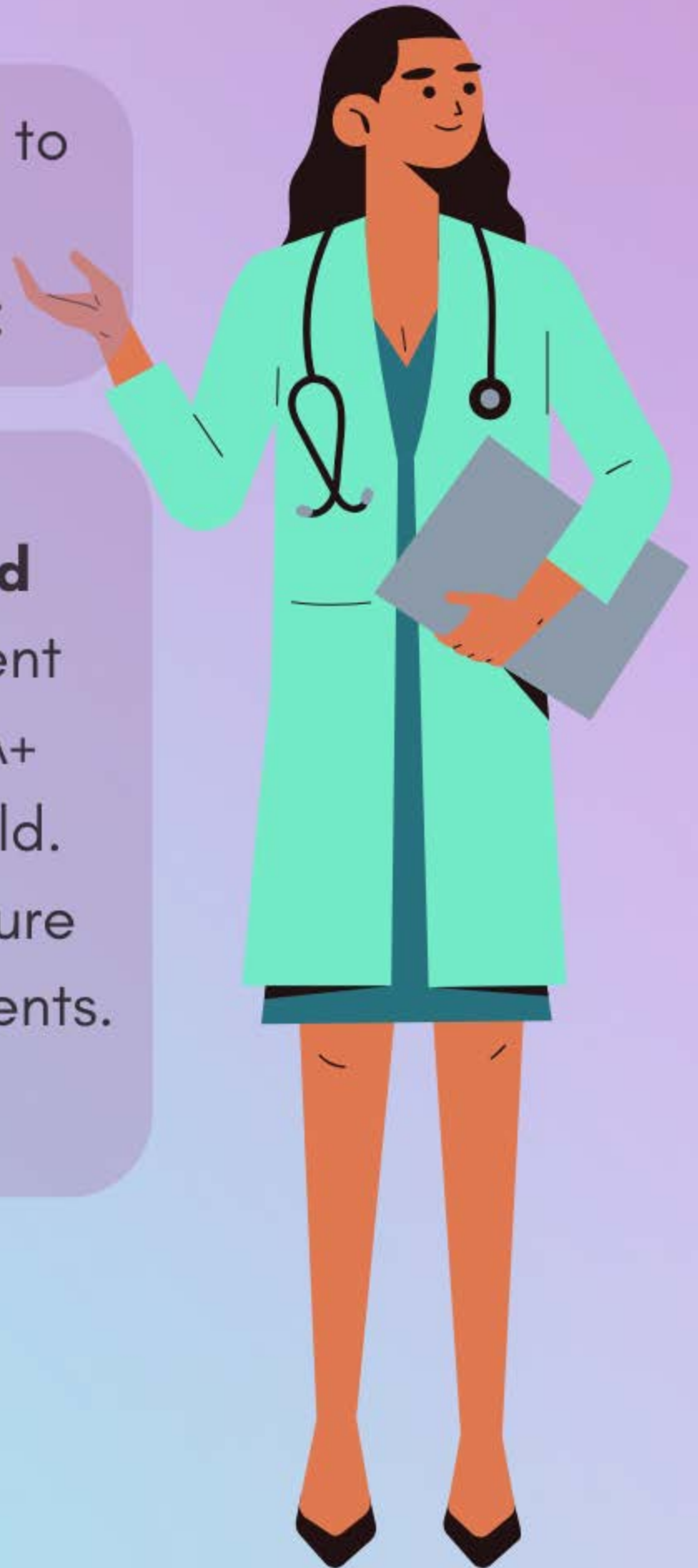
This study shows the need for **reform** of fertility clinics and MAR services to meet the needs of 2S/LGBTQIA+ patients. Some examples of needed reform are:

- **More inclusive practices**, language and tailored services.
- Sensitivity **educational programs** for medical and fertility staff.
- **Resource development** geared toward 2S/LGBTQIA+ couples, including supportive networks and specialized educational programs.



Other examples of reform needed to improve the experiences of 2S/LGBTQIA+ couples in MAR are:

- Efforts to educate **families and communities** about the different options and paths 2S/LGBTQIA+ couples may take to have a child.
- **Financial accessibility** to ensure equal access to fertility treatments.



This is a summary of our published article:

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Blog post and infographic by Carol Southall