

**THE PERINATAL EXPERIENCE OF SAME-SEX COUPLES WHO  
RESIDE IN MALTA WHEN MAKING USE OF  
ASSISTED REPRODUCTION TECHNOLOGY (ART)**

**Valentina Bezzina**

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## **Dedication**

*To sexual minorities who have fought and still fight for their rights and the rights of future generations.*

“It means a great deal to those who are oppressed to know that they are not alone. Never let anyone tell you that what you are doing is insignificant” ~**Desmond Tutu**

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### **Abstract**

This study explores the narratives of two lesbian couples who used assisted reproduction technology (ART) and experienced the perinatal period in Malta. The stories that were told and their meanings were examined, as well as protective and predisposing factors considered. The couples participated in semi-structured interviews, individually and together as a couple. A narrative methodology and a conceptual framework based on systems theory were used to analyse the data (Josselson & Hammack, 2021). The results indicate that while both couples went through the perinatal period between 2020 and 2022, their accounts and perspectives varied significantly. The dominant narrative appears to be shaped by the intersectionality of identities, such as being a lesbian, age, and being the non-birth parent. The narrative is also greatly influenced by the participants' personal experiences of growing up non-heteronormative in a heteronormative society. Finally, protective and risk factors that were influenced by the couples' intersectionality of identities and past experiences impacted each relationship and individual. The findings of this study are valuable to other couples who are contemplating pursuing ART. Implications concerning the choices and interventions made by practitioners and policy makers that impact the experiences of same-sex couples are also presented.

*Keywords:* same-sex, lesbian, assisted reproduction technology, perinatal, couple, heteronormative

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### List of abbreviations

Abbreviation	Definition
ART	Assisted Reproduction Technology
FoC	Fear of Childbirth
IUI	Intrauterine Insemination
IVF	In vitro fertilisation
LGBTQIA+	<p>Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.</p> <p>Each letter corresponds to the respective sexual identity. Variants of the abbreviation use the letters based on the identity being referred to.</p> <p>For example, LGBT refers to lesbian, gay, transgender</p>
OHSS	Ovarian hyperstimulation syndrome

## **Chapter 1: Introduction**

### **Preamble**

The perinatal period brings about a number of relational, biological, psychological and social changes, which influence the surrounding system (Buhagiar & Mamo, 2023; Gavin et al., 2015). Although the outcome of pregnancy is similar in both heterosexual and lesbian couples, the process is experienced differently (Nazem et al., 2019; Rausch & Wikoff, 2022).

Giving birth is a unique experience shaped by previous life experiences, birthing and contextual factors (Redshaw & Heikkilä, 2011). The steps that same-sex couples need to take in order to conceive through the ART (Assisted Reproduction Technology) prove to be taxing. Female same-sex couples are more likely to use ART, with the main options being IVF (in vitro fertilisation), IUI (intrauterine insemination) and reciprocal IVF (Downing et al., 2021).

This chapter introduces the researcher's positioning in this study, the rationale for the research, and an introduction to the main terminology used, followed by the conceptual frameworks and the research aims.

### **My interest and position in the study**

As a woman in a relationship with a woman, the discussion on having children has come up with family and friends. After meeting professionals who work with perinatal same-sex clients, I realised that research and knowledge on the area, including both partners' points of view, is lacking.

Having worked with perinatal clients during my Masters placement, I noticed that the perinatal service tends to assume heterosexuality, especially since the majority of clients referred are heterosexual couples. I have often wondered where same-sex clients were and whether there's pressure for them to conceal their difficulties.

Perinatal accounts of same-sex people piqued my curiosity, as it did for members of the LGBTQIA+ community, friends and relatives. While in Malta it is now legal for same-sex couples to conceive, there is lack of knowledge on possible fertility options and the experience of same-sex couples who undergo ART.

People's initial reactions upon hearing about this study were a combination of curiosity on the effects of Maltese culture, with an expectation of an unpleasant experience.

### **Research rationale**

Although research on LGT reproductive and maternity care experiences has been growing, research on psychological health and birth experiences has been limited and not holistic enough to capture the complexity of the experiences, such as the possibility of both parents being biologically connected (Darwin & Greenfield, 2019). The rise in access to ART calls for more research addressing the invisibility of sexual minorities during the perinatal period, to increase the support available (Darwin & Greenfield, 2019; Human Fertilisation & Embryology Authority, 2021).

ART was initially introduced to heterosexual couples facing infertility problems and naturally, most research focused on a heterosexual cohort, even though lesbian couples had children from previous heterosexual relationships (Hašková & Sloboda, 2018; Reczek et al., 2018; Reczek et al., 2020). Once ART was extended to same-sex couples and there was a reduction in homophobia, fewer same-sex couples started raising children from previous heterosexual marriages (Gates & Brown, 2015).

With legislation allowing same-sex couples to be parents, research has increased (Civil Unions Act, 2014; ILGA-Europe, 2019; Tryfonidou, 2020). Previously, research predominantly focused on depression, anxiety, heterosexism in the health system and the non-biological parent's experience of stigma and discrimination (Abelsohn et al., 2013; Borneskog et al., 2013; Chapman et al., 2012; Cherguit et al., 2012; Darwin & Greenfield,



2019; Røndahl et al., 2009; Ross et al., 2005; Ross et al., 2007; Trettin et al., 2005; Yager et al., 2010). While the perinatal experience has been perceived as stressful, it may be buffered by relational support (Rausch & Wikoff, 2022).

To my knowledge, there has not yet been local research conducted on the experience of same-sex couples pursuing ART. Stigma may be reduced in Malta due to changes in laws nonetheless, implicit attitudes are harder to change (ILGA, 2022). Narratives could therefore provide insight on societal attitudes towards LGBTQIA+ persons, considering social controversies, along with resources that enhance the outcome for both the parents and child (Ayoub & Paternotte, 2019; Dunne, 2017; Janssen & Scheepers, 2019; Tryfonidou, 2020).

Since the ART clinic is a new service for same-sex couples in Malta, this study aims to gain insight into stories of lived experiences of couples, and protective and predisposing factors influencing perinatal mental health in the local culture. Malta is also introducing surrogacy for gay couples; therefore narratives can promote the wellbeing of future service users, and support those apprehensive of the ART process. The narratives can serve to enhance support, education and awareness to couples and their families, inform policy makers, and practitioners who work with couples, and suggest areas of future research.

### **Research question**

This study undertakes to gain insight into the conceptual question being “How do the birth and non-birth parents in same-sex relationships experience the perinatal period in the Maltese culture?”

The following research questions will be explored:

1. What are the stories told by same-sex couples residing in Malta who became parents through ART?
2. What meanings do these stories hold for the participants as individuals and as a couple?

3. What are the stories that these same-sex couples share regarding the protective and predisposing factors on perinatal mental health within a heteronormative culture?

### Introduction to terms

The terms in table 1 are used throughout this study.

**Table 1**

#### *Terminology*

Term	Definition
Assisted Reproduction Technology (ART)	ART involves medical treatments used to achieve pregnancy including intrauterine insemination (IUI) and In Vitro Fertilisation (IVF) (National Institute of Child Health and Human Development, 2017).  In Europe there are 21 of 42 countries that allow IVF for a woman who forms part of a same-sex couple, and 27 of 43 countries that allow artificial insemination without objection. In 10 countries, only some types of IVF are allowed (Belmonte et al., 2021).
Same-sex couple	In this study, the same-sex population considered were female, non-binary with female sex organs and transgender male (with female sex organs).
Perinatal period	This is the time from conception, through pregnancy, ending one year after birth (Buhagiar & Mamo, 2023). Sometimes it is used up to two years
Antenatal / prenatal period	The period of pregnancy (conception to birth)

Postnatal / postpartum period	From birth to one (sometimes two) years after birth.
Perinatal mental health	Issues of mental health that occur during pregnancy and the first year postpartum for both mother and partner. The predominant issues are exacerbated by antenatal care and health, the transition to parenthood, health of family or child, and relational issues between couple / parent and child.
Gestalt	The overall configuration, form or structure identified from the narratives.

### **Conceptual framework**

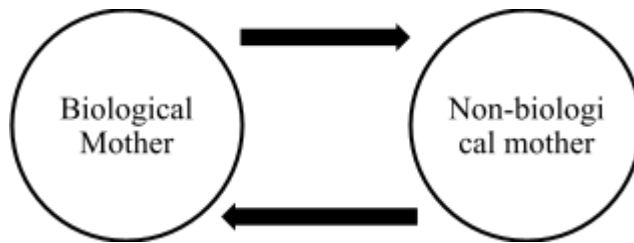
Considering the focus of this study, systems theory, and ecological systems theory were identified as the most relevant conceptual frameworks.

#### ***Systems theory***

“A system is more than simply the sum of its composite parts. It is the observed pattern that connects the parts in a coherent and meaningful way” (Dallos & Draper, 2015, p. 33). Through systems theory, narratives of the research participants were perceived as interacting and impacted by the interaction. One individual is so interconnected with what is around that stability is achieved through communicating and reacting (Bateson, 1972; Dallos & Draper, 2015; von Bertalanffy, 1968). More precisely, what impacts the birth parent impacts the non-birth parent who will in turn impact the birth parent (figure 1).

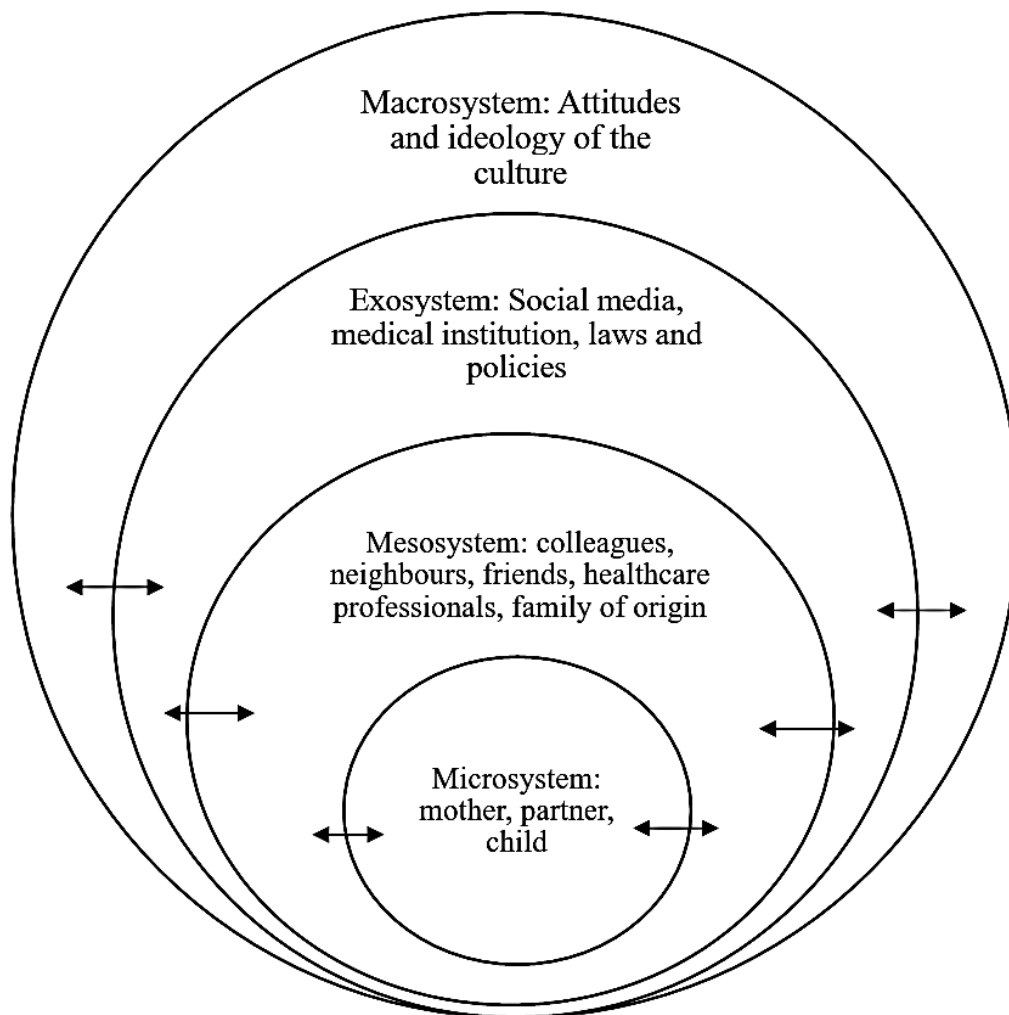
**Figure 1**

*Systems framework in the couple*



When working within the perinatal context, it is important to consider the whole context, including other children, medical professionals (Darwin et al., n.d.).

Bronfenbrenner's ecological systems theory (1992) considers all the factors that impact the individual and their development, including the surrounding interpersonal setting, the community, organisations, and the social cultural views. In the perinatal context, the individual level consists of the individual, partner and child (Smith et al., 2019). Figure 2 depicts the ecological systems theory applied to perinatal clients.

**Figure 2***Ecological systems theory for the perinatal period*

**Macrosystem.** In line with the systemic framework, the social-constructionist framework provides insight on the social and cultural context that impacts the narrative's truth, since this is only one of the existing truths (Levy, 2006; Lyons & Coyle, 2016). The assumptions are that both the participants' and researcher's biases impact how the narrative is narrated and understood in exclusion of other viewpoints; knowledge is bound to a specific historical, social and cultural milieu; and finally that which is perceived as being true is the individual truth (Gergen, 1985). This framework is important to keep in mind while

attempting to interpret the stories and their meaning within the social reality (Schutz, 1970). All narratives have alternative meanings and the specific meaning provided reflects the perspective of the interviewee, which is acknowledged and accepted as their truth (Johnstone & Dallos, 2013).

**Exosystem.** Legal shifts in the local context have an impact on the narrative (Human Rights and Integration Directorate, 2018; Ministry for Social Policy and Children's Rights, 2022). Moreover, various factors can influence the impact on the couple, including age, family of origin, religious beliefs, educational background and village culture.

A 2023 census from the National Statistics Office revealed that 82.6% of the Maltese population identify as Roman Catholic, which although a strong majority, is lower than the 2018 survey results (Borg, 2023; MaltaToday Survey, 2018). While previously shame of LGBTQIA+ Catholics led to internal incongruence between faith and sexual identity, nowadays individuals are reflecting on church narratives and deciding which teaching is relevant to contemporary realities (Deguara, 2020). The accepting narrative being used by Pope Francis regarding same-sex individuals, may be supporting this social shift.

Moreover, following the 2011 legalisation of divorce, a social shift towards secularisation was experienced (Civil Code Amendment Act, 2011). In 2014, the Civil Unions Act provided same-sex couples with the right to obtain the marriage status, parenting rights, and access to regulated IVF for lesbian women (Civil Unions Act, 2014; Embryo Protection (Amendment) Act, 2018). As the legal climate became more liberal, there was a positive shift in attitudes towards diverse families including same-sex families (Deguara, 2020; Goldberg et al., 2018).

**Microsystem.** Certain studies found that sexual minority stress predisposes the individual to elevated sexual, mental and physical health problems (Appelgren Engström et al., 2018; De Roo et al., 2015; Henry et al., 2020; Veale et al., 2016). In fact, LGB adults

were found to have a higher prevalence of poor wellbeing and mental health (Semlyen et al., 2016).

Opposing research suggests that a positive attitude provides life satisfaction, resilience, and self-efficacy which supports the individual and those around them while going through difficult experiences (Caprara et al., 2019). A positive outlook in lesbian parents was found to reduce depressive symptomatology and improve life satisfaction (Shenkman et al., 2023). Even from a minority stress perspective, resilience and a strengths-based approach was a useful strategy used by sexual minorities when facing stigmatising experiences during the perinatal period (Lacombe-Duncan et al., 2022). A resilience perspective allows for an understanding of how protective factors support couples during the perinatal period. Ultimately, by using a resilience lens, couples are supported in finding strength to navigate the stressful process (Rausch & Wikoff, 2022).

## **Conclusion**

This chapter introduced the study, providing an overview of the conceptual frameworks used, research questions and researcher bias. The next chapter presents a review of literature, relating to factors that impact the experience and narratives of same-sex couples when going through the perinatal period. Chapter three outlines the methodology used in the study, followed by a chapter presenting results through narratives and a chapter discussing the results. The conclusion will present a summary of the salient findings, the study's limitations, implications for clinical practice and recommendations for future research.

## **Chapter 2: Literature Review**

### **Introduction**

ART provides same-sex couples with the possibility of co-creating a family and being involved from the early stages of conception. The process of ART is available for both same-sex and heterosexual couples in Malta (Times of Malta, 2018).

This chapter presents a review of recent literature on the perinatal experience of same-sex couples who go through the process of ART. A history of ART is provided, set within the contemporary legal and social environment of Europe and Malta. This is followed by literature on the healthcare environment, which looks at how the environment can perpetuate a minority status. The healthcare professionals' role in assuring quality of treatment is also highlighted. Literature on how the ART experience of same-sex and heterosexual couples differs is presented, along with the narratives that shape this experience. This is followed by literature on how the transition to parenthood impacts same-sex couples, addressing perinatal mental health and availability of support.

A literary search was carried out through HyDi, a database of online and printed library resources offered by the University of Malta, using the keywords 'same-sex', 'lesbian', 'assisted reproduction technology', 'perinatal', 'couple', and 'heteronormative', focusing primarily on the last seven years. Older literature was incorporated when the latter was absent.

### **Assisted Reproduction Technology history**

Fertility issues have always existed. In 1884, Dr. Pancoast performed the first donor insemination and in 1978, the first child was born via IVF (Ehrensaft, 2008; Steptoe & Edwards, 1978). From then on, heterosexual couples who were having trouble conceiving, used ART. Notwithstanding available opportunities for conception, access was restricted. It



was not until 1982 that a Californian sperm bank began to provide services for same-sex couples to undertake clinical insemination (Council, 2020).

### ***A change in meaning***

ART expanded the concept of family, encompassing a wide range of sexual orientations, identities and family structures (Thompson, 2015). Even though same-sex couples can have children, the heteronormative culture prevails. As a result, same-sex parents narrate their story of family creation to their children in a way that normalises their family unit, making it congruent with social norms (Gross & Richardot, 2019).

### ***ART procedure and challenges for same-sex couples***

Apart from the necessity to develop narratives, there are added challenges encountered, including the decision on who will conceive and which fertility procedure to undertake. Table 2 summarises existing fertility procedures:

***Table 2***

#### *Fertility procedures*

Gender	Fertility procedures
Women	Intrauterine Insemination In-Vitro Fertilisation Reciprocal In-Vitro Fertilisation (implanting one mother's eggs into the uterus of the other mother)
Men	Surrogate Gestational Surrogate Oocyte donation
Transgender Men	Cryopreserving post-pubertal oocytes before commencing hormone treatment Temporarily halting hormone therapy to reactivate ovulation

Transgender	Sperm cryopreservation before the commencement of hormone therapy
Women	A brief halt to hormone therapy in order to reactivate spermatogenesis

Numerous variables must be considered when making this decision, including age, fertility, likelihood of encountering prejudice, susceptibility to medical or legal complications, and the desire for pregnancy (Collins, 2017; Malmquist & Nieminen, 2021). Although ART could lead to premature birth and decreased foetal growth, recently, these concerns have diminished as a result of enhanced therapeutic efficacy and sperm quality tests (Assisted Reproductive Technologies (ART) Clinic Mater Dei Hospital, 2020; Downing et al., 2021; Rodriguez-Wallberg et al., 2019). Testing provides ART clients with the possibility of matching the donor's physical characteristics to the non-biological parent or both parents (ART Clinic Mater Dei Hospital, 2020b; Łukasiewicz & Allan, 2022; Vassallo, 2020). Donor information is only available to the child when they turn 18, unless there are exceptional health circumstances, requiring the Embryo Protection Authority to disclose pertinent information to the parent (ART Clinic Mater Dei Hospital, 2020; Embryo Protection Authority, 2022).

Due to the restricted availability of ART in certain countries, same-sex couples may need to travel to conceive, necessitating knowledge on the changing legal and social environment.

### ***Social and legal context in Europe***

The European Parliament advocates for more inclusive sexual and reproductive health and rights, trans-specific rights and healthcare, and legislation prohibiting sterilisation. Unfortunately, ART is still prohibited in certain countries with regulations varying across Europe (Leibetseder & Griffin, 2018). A review of the current rights for same-sex individuals in Europe to access ART, is provided in table 3 (Appendix A) (Brando, 2022; ILGA, 2022; Wiecki, 2021).

Varying significantly are the reproductive injustices experienced, such as sexism, homophobia, racism, or exclusion of insurance for ART (Tam, 2021). The European Society of Human Reproduction and Embryology (ESHRE) task force stressed that withholding access to ART violates human rights. Concurrently however, the ESHRE enables doctors to refuse patients due to “conscientious objections” (De Wert et al., 2014, p.1864). Such policies enable the broad spectrum of legal variations among European countries.

These variations force potential parents to cross international boundaries to access ART in a country where it is permitted, only to encounter legal and administrative issues with parental and birth certificates once they return to their country of origin (Leibetseder & Griffin, 2018). Unfortunately, some countries have regressed in recent years in terms of laws and policies that protect LGBTQIA+ people’s rights (ILGA-Europe, 2019). Minority stressors such as discrimination, rejection anticipation, normative assumptions and distress to conceal one’s identity, generate stress and psychological distress, that could be mediated by social support (Holley & Pasch, 2022; Meyer 2003; Topper & Bauermeister, 2022).

Despite laws making ART accessible, particular regulations and social discourse may restrict or influence its access.

### ***Social and legal discourse***

Discourse in politics and laws can drive changes in heteronormativity (Isailovic, 2018). ART departs from the discourse of heteronormativity and broadens the definition of parenthood, assisting in the normalisation of diverse identities, family structures, and relationships (Garwood, 2016; Imaz, 2017). Unfortunately, patriarchal and sexual institutionalisation are perpetuated by governmental discourses that resist acknowledging same-sex parenting (Lasio et al., 2018). Examples of discourse include restrictively defining what constitutes “family”, “mother”, parental identities and roles, depicting alternatives as

deviant (Costa & Salinas-Quiroz, 2019; Imaz, 2017; Ioverno et al., 2018). Such heteronormative discourses create a hierarchy of sexual identities, leaving individuals or couples in ambivalent scenarios (Smith, 2016). For instance, a mother in a same-sex relationship might feel the social expectation of having a child, while being stigmatised for the absence of a father (Kahalon et al., 2020).

Despite changes in the legal system, social discourse takes longer to adapt (Miscioscia et al., 2017). Acceptance of both parents as equals, affects the development of their parenting identities, reducing the requirement for second-parent adoption or custody disputes (Richburg et al., 2022). Regrettably, not all countries have non-heteronormative friendly laws.

To achieve ART's goal of diversifying family structures, the deconstruction of heteronormative systems would mitigate the marginalisation of family structures that deviate from heteronormativity (Garwood, 2016). While fertility clinics may not always embody changes reflected in the media, there is hope that regulations on ART and marriage could drive change (Leibetseder & Griffin, 2018).

Since this study is based on couples who used ART and resided in Malta during the perinatal period, the next section focuses on the Maltese context.

### ***The Maltese context***

Malta's legislation provides equality between heterosexual and same-sex couples. In fact, Malta has been ranked among the top countries when it comes to equality provided to the LGBTQIA+ community by approving same-sex unions, reproductive rights and same-sex adoption (Darmanin, 2020). Since Malta has a strong religious tradition, it is speculated that education is crucial in influencing certain strongly ingrained personal and social values, especially since religious discourse may be used to instil guilt, which may negatively influence the provision of healthcare due to ideological or religious intolerance (Darmanin, 2020; Lane et al., 2021; Streed & Makadon, 2017).

Fertility clinics can perpetuate the marginalisation of non-normative realities by granting shared parenthood to lesbians only if medically indicated (De Wert et al., 2014). In Malta, the ART clinic offers its services to all female same-sex couples, where the birth-parent and partner, if married, are automatically recognised as the child's parent, removing legal parental obligations and rights of the sperm donor towards the child (ART Clinic Mater Dei Hospital, 2020).

The implementation of equal legislation in Malta contributed to a change in the country's social discourse and perspectives. According to an ILGA-Europe study, 61% of Maltese residents support equal marriage, while 25% oppose it, which could lead to unfavourable perceptions towards same-sex parenting (ILGA-Europe, 2017). Therefore, while Malta was ranked as the most progressive nation worldwide for LGBTQIA+ legal and human rights, there remains room for improvement, such as in reducing the use of personal opinions in political debate (ILGA-Europe, 2018, 2019; Lane et al., 2021).

Discourse in policies, norms or practices, whether implicit or explicit, may lead to non-normative identities, relationships and family structures being marginalised (Hašková & Sloboda, 2018; Hayman et al., 2013). Thus, cultural discourse and socially constructed heteronormative ideologies may assume social vulnerability toward those who live in a way that differs from what is regarded as desirable, creating unique socially constructed obstacles (Hašková & Sloboda, 2018; Kröner & Beedholm, 2019).

The laws, discourse, and culture of one's country have a significant impact on the wellbeing of parents as individuals, the dynamics of the marriage, and wellbeing of their child. In addition to the social and legal obstacles, same-sex relationships are not always supported by the healthcare system.

### **The healthcare environment – Reinforcing a minority status**

Numerous research conducted in Sweden reveal that LGBTQIA+ parents experience both favourable and adverse interactions with healthcare professionals (Appelgren Engström et al., 2018; Malmquist, 2016). Same-sex couples undergoing fertility treatment have encountered challenges specific to their minority group, such as heteronormativity and stigmatisation (Kirubarajan et al., 2021). Such difficulties can be complicated by feelings of guilt or shame, or “reproductive technophobia”, whilst considering alternative means of conception (Appelgren Engström et al., 2018; Ehrensaft, 2008).

Sadly, assistance for same-sex couples is not always accessible. Along with heteronormative healthcare organisations, legal restrictions perpetuate discrimination and legal restrictions (Appelgren Engström et al., 2018). According to Hašková and Sloboda (2018), heteronormative settings can have detrimental effects on parenting styles, which over time could affect the child’s identity development and the mothers’ confidence in their ability to offer a secure and nurturing environment. Therefore, the standard of care, fertility information, and education in antenatal classes are factors that could exacerbate or mitigate the minority status (Appelgren Engström et al., 2018; Johnson & Nemeth, 2014; Wojnar & Katzenmeyer, 2014). For instance, language used by healthcare professionals may cause discomfort. Using terms like “daddy” or “birth other” instead of “sperm donor” or “parent” respectively, may be perceived as suggesting a more prominent role to the donor over the non-birth parent (Provoost et al., 2017).

When addressing the institutional setting, level of care, attitudes and awareness of healthcare professionals, it becomes apparent that these factors inevitably mitigate the preparedness of providing health services to same-sex couples (Ayhan et al., 2019; Berberoglu, 2018).

### ***The lack of preparedness of the healthcare environment and its implications***

As may be anticipated in minority groups, same-sex parents could learn that other same-sex couples experienced negative experiences due to their sexuality. Couples could therefore delay seeking care because they fear being labelled (Krueger et al., 2020; Nhamo-Murire & Macleod, 2017). Other couples may turn to online maternity advice in order to acquire the relevant information and feel empowered in their decision-making, which may not always deliver the most reliable information (Ruppel et al., 2017).

If or when they seek healthcare, LGBTQIA+ couples may opt not to disclose their sexual identification for fear of prejudice, or being treated differently (Alpert et al., 2017). Due to the absence of regulations in some countries, same-sex couples have at times been turned away from clinics (Leibetseder, 2017). The aforementioned reasons, discourage parents from informing healthcare professionals about discomfort, distress, and overall bad experience brought on by the use of incorrect pronouns, gendered language, heteronormative assumptions, or the refusal to recognise their sexual identity (Epstein, 2017; Malmquist et al., 2019; Ruppel et al., 2017).

If the couple opts to provide feedback, which is accepted by healthcare providers, LGBTQIA+ individuals may be obliged to educate professionals about their sexual identity.

### ***A disparity of knowledge***

Lack of curriculum, heteronormative attitudes, ingrained cissexism, heterosexist attitudes, lack of awareness of the distinctive requirements of sexual minorities and lack of research on LGBTQIA+ specific perinatal mental health may all contribute to healthcare incompetence (Dubin et al., 2018; Greenfield & Darwin, 2020; Jin & Dasgupta, 2016; Keuroghlian et al., 2017; Leibetseder & Griffin, 2018; Malmquist, 2016; Parameshwaran et al., 2016).

The professional environment and the nurses' individual perceptions have an impact on the perinatal interactions and communication in a heteronormative setting and therefore need to be optimised to enhance the quality of care (Tzur-Peled et al., 2019).

### ***Improving healthcare through education***

The care experiences of same-sex couples are influenced by numerous professional and organisational factors. Since the perinatal period necessitates a long-term relationship of care and trust, selecting a sensitive and skilled care provider is an essential task.

To optimise healthcare across all stages of ART, enhancement of education about LGBTQIA+ concerns would be beneficial. This would entail becoming aware of tailored information, safe services, ethics and procedures, individualised care, and potential systemic injustices experienced by the population (Appelgren Engström et al., 2018; Greenfield & Darwin, 2020; Jin & Dasgupta, 2016; Kirubarajan et al., 2021; Walker et al., 2016). It has been argued that clinical exposure, sensitivity and competency in caring for sexual minorities should be given value in the education of healthcare providers (Keuroghlian et al., 2017; Singer et al., 2019).

Informed healthcare workers reduce misconceptions, implicit bias and prejudice towards sexual minorities, whilst enhancing self-reflection, rapport and trust (Keuroghlian et al., 2017; Radix & Maingi, 2018; Ruppel et al., 2017; Singer et al., 2019; Teall et al., 2019). It is necessary to review the attitudes and knowledge of healthcare professionals as well as service regulations, protocols, and terminology in order to improve sensitivity to cultures and diverse family forms in care (Kilicaslan & Petrakis, 2019; Milgrom & Gemmill, 2015; Singer et al., 2019). Having professionals supporting couples' individualised needs is beneficial (Darwin & Greenfield, 2022; Topper & Bauermeister, 2022).



Certain information that the client comes with, may be based on comparisons with the heterosexual experiences and would therefore require clarification by informed healthcare providers.

### **Experiences of same-sex and heterosexual couples when making use of ART**

Heterosexual and same-sex couples come to the ART clinic with different experiences, needs and expectations. While heterosexual couples mostly utilise ART for fertility problems, same-sex couples face social infertility, due to the nature of their relationship (Lo & Campo-Engelstein, 2018; Richburg et al., 2022). Therefore, while heterosexual couples may perceive the experience of turning to ART as a conception failure, same-sex couples may perceive ART as an opportunity to become biological parents (Rubio et al., 2017). This hope may be suppressed by the risk of perinatal complications, such as discrimination, which have been found to impact healthcare quality (Bayen et al., 2020; Darwin & Greenfield, 2019; Steele et al., 2017).

Although there may be a genetic connection to both parents, especially if one of the parents is transgender female and the partner is female, children will most commonly be genetically related to one parent. In a heterosexual society, same-sex families may feel the need to confront the genetic asymmetry. This is accomplished by altering the mothers' perspective on the importance of genetics in parenting (Nelson & Hertz, 2016). The genetic parent may recognise herself in the child to reduce the power of the sperm donor, and the non-genetic mother may emphasise the value of upbringing and cooperative parenting over genes (Nelson & Hertz, 2016). This reduced significance of genetics in parenting is also observed in heterosexual couples who are not genetically linked to their children (Siermann et al., 2022).

### **Creating meaning through narratives**

Genetic asymmetry may occur in couples who employ ART and donated gametes to complete conception, resulting in one parent being genetically unrelated to the child. Due to the possibility that their parental status may be questioned, non-genetic parents frequently seek legal protection to mitigate risk, and sometimes choose to not divulge information on who the genetic parent is (Goldberg & Allen, 2022). While heterosexual couples may conceal the fact that they used ART, same-sex couples cannot conceal the necessity of a sperm donor for conception.

Same-sex parents may deem it necessary to find a way of narrating how the child came to be when they begin asking questions. Gross and Richardot (2019) found that lesbians narrate the story by emphasising their affection for one another, without obscuring the involvement of a male who provided the sperm or giving prominence to the biological connection. The discourse employed in the narratives, whether “sperm donor” or “daddy”, conveys different implications to the child, with the latter connoting parenthood (Provoost, 2017).

By moving away from the definition of a heteronormative family and focusing on familial love, the family is better equipped to nurture resilience, which is protective against discrimination and stigma (Crouch et al., 2017).

### ***Recognising the non-birth parent***

The family narrative in lesbian relationships involves both the birth and non-birth mothers, who both need to be recognised, supported and validated as parents. In fact, the perinatal framework calls for services to hold the child and family members in mind even when working with the birth parent (Darwin et al., n.d.).

When the non-birth mother is constantly striving to be recognised as a parent, the parenting role may no longer be rewarding (Malmquist, 2016; McInerney et al., 2021).

Unfortunately, in certain countries, non-birth parents need to go through the process of second-parent adoption to be legally recognised and supported as a parent (Farr & Goldberg, 2018). Second-parent adoption reduces the likelihood of the non-birth parent and child losing their relationship in the event of the birth parent dying, resolves custody disputes and removes legal parenthood of the sperm donor (Acosta, 2017; Malmquist, 2015a; Richburg et al., 2022). When a non-biological parent encounters socio-cultural obstacles to being acknowledged as a parent, resilience is necessary to strengthen the parenting relationship (McInerney et al., 2021).

Having the couple both feeling legitimate as parents, is essential for same-sex parents in a heteronormative society due to the impact of the role transition individually and as a couple.

### **The impact of the transition on the couple**

The couple's transition to parenthood begins during the antenatal period. Transitioning to parenthood is a delicate process for heterosexual and same-sex couples, which can be further complicated by heteronormativity and minority stress caused by institutions, lack of support and financial challenges (Appelgren Engström et al., 2018; Bayen et al., 2020; Darwin & Greenfield, 2019; Patterson et al., 2018; Rausch & Wikoff, 2022; Tate & Patterson, 2018). Notwithstanding the differing processes for same-sex and heterosexual couples, adjustment levels in co-parenting do not vary much and same-sex couples still show high levels of adjustment (Miscioscia et al., 2017).

The transition to parenthood is complicated by the country's stigma (Miscioscia et al., 2017). Parents can feel isolated or distressed, due to ideological conflicts and prejudice against non-normative families, which may negatively impact the child's development in the long-term (Iudici et al., 2020). Certain perceptions regarding lesbian couples include the fact that the lack of presence of a father figure can be detrimental to the psychosocial

development of the children (Wrande et al., 2022). These myths are harmful especially in light of their debunking. In fact, studies indicate that children who grow up with same-sex parents, function well in adulthood (De Wert et al., 2014). Such discourse impacts the transition to parenthood and the couple relationship.

Parents need to be ready for adjustments to the individual and couple wellbeing. As with heterosexual parents, parents may feel unprepared for the time and commitment required by their new-born, who takes priority (Carvalho et al., 2017; Delicate et al., 2018; Lévesque et al., 2020). In fact, although relationship quality may normally deteriorate over time, becoming parents for the first time has been found to lead to a more rapid decline in marital satisfaction for both same-sex and heterosexual parents (Doss & Rhoades, 2017).

Factors that play a role in the transitioning quality include baby-care duties and housework responsibilities. When housework duties and parenting roles are not egalitarian, lesbian couples are increasingly discontented, while when they are egalitarian, relationship satisfaction increases (Álvarez Bernardo et al., 2017; Ascigil et al., 2020). Interpersonal issues and the parent-infant bond have long-term consequences on the child's subsequent attachment patterns, highlighting how important it is to care for the relationship (Kerr et al., 2022).

Both parents, especially the non-birth parent, need to find novel strategies to secure and develop their parental identity and role in a heteronormative country (McInerney et al., 2021). Relationship elements including empathy, connectedness, and resilience, shield against the psychological, physical or minority stressors brought on by the heteronormative environment (Lacombe-Duncan et al., 2022; Rausch & Wikoff, 2022). It is therefore essential to evaluate the parents' mental health during the perinatal period due to the long-term effects of this transition and the challenges involved.

## **Perinatal mental health**

All family constellations may face mental health challenges during the perinatal period. The focus in this section will be on maternal mental health due to the nature of the study. As is the case with all expectant and new parents, evidence of mental health struggles during the perinatal period, are usually followed up on.

Perinatal mental health disorders significantly affect the ability to care for the infant due to the possibility of risk of harm to self or the infant (Centre of Perinatal Excellence (COPE), 2022). Both heterosexual and non-heterosexual people may experience mental health problems for a variety of reasons, including stressful life circumstances (Milgrom & Gemmill, 2015). However, in same-sex couples, mental health problems may be exacerbated by legal and policy barriers, discrimination and lack of awareness of legal obstacles (Chen et al., 2019; Imaz, 2017; Richburg, 2022).

Detecting mental health issues in parents from various family constellations is crucial as these impact the relationship, the couple and the child's development (Milgrom & Gemmill, 2015). Unfortunately, certain campaigns such as the NHS (2019) Long-Term Plan, tend to focus on the mother, failing to recognise non-birth parents as parents, but simply as partners. Recognition also needs to expand to birth parents who are not women but are non-binary or transgender (Darwin & Greenfield, 2019). This invisibility could parallel the experience of fathers who also seem to be missed in perinatal care (Hambidge et al., 2021; Hodgson et al., 2021). As part of the perinatal mental health study being conducted in Malta, men are being screened with their partner to identify mental health difficulties, and if necessary, to refer them to therapy (Times of Malta, 2020).

In any perinatal situation, the risk of suicide or infanticide must be assessed during therapy and the parent-infant interaction monitored (COPE, 2022). The escalation of mental health difficulties could be prevented with improved screening and education for prospective

parents and their families (Fairbrother et al., 2016). It is necessary to identify the contextual obstacles to strengthen the interventions and enhance the parent-infant relationship (Milgrom & Gemmill, 2015). Mother-foetus bonding and postpartum depression have in fact been related to parental bonding, which affect the child's socio-emotional development (Nakić Radoš et al., 2023; Ramsdell & Brock, 2020).

Assessment needs to be ongoing since stressful events that happen during the perinatal period may trigger mental health issues.

### ***Stressful events happening during the perinatal period***

Stressful events surrounding conception and perinatal events are not uncommon for most couples. Examples of such occurrences include the birth parents discovering that they are infertile or needing numerous treatments owing to fertility problems (Carvalho et al., 2019). The stress experienced can be mitigated by educating healthcare professionals on what couples may encounter and the impact of such events on the couple (Rubio et al., 2017). Despite the stress-related components, it has been found that a desire for children and delight in the couples' journey of family formation results in positive psychological health prior to and following treatment (Borneskog et al., 2013).

Another complicating issue that has not been given much attention in LBT literature is fear of childbirth (FoC) including the fear of self-injury or injuring the infant, loss of control and pain (Malmquist et al., 2019; Sjögren & Thomassen, 1997). The advantageous element of lesbian couples is that if one spouse in a lesbian partnership has FoC, the other partner may be able to deliver the baby (Malmquist & Nieminen, 2021). FoC is a crucial factor to monitor since it may affect the psychological adjustment that occurs throughout pregnancy and the postpartum bonding with the child, particularly if the birthing mother has low self-efficacy (Challacombe et al., 2020).

The non-birth parent may likewise be significantly impacted by birthing complications with various factors increasing the likelihood of perceiving the delivery as traumatic (Simpson & Catling, 2016). Both spouses should be prepared for childbirth and receive care before and after labour, especially if the other parent may eventually give birth (Malmquist et al., 2019; Malmquist & Nieminen, 2021).

Perinatal support may therefore impact the perinatal experience, maternal bonding, and long-term attachment of the child.

### ***Support for perinatal mental health difficulties in same-sex couples***

Support from close relatives, the partner and friends, may buffer against external stigma and discrimination associated with being a same-sex couple (Downing et al., 2021). Even if there is initial opposition to the lesbian couple becoming parents, support from the family of origin is actively sought, particularly in cultures that are significantly family-oriented (Alexandre Costa et al., 2019).

Sexual minorities may experience worsening perinatal depression symptoms if their family support network is weak, especially when this is coupled with prejudice or a need to conceal their sexual orientation (Marsland et al., 2021). If the couple had already experienced stigma associated with parenthood, they could feel pressured to project the ideal parent image despite struggles, refraining from seeking mental health treatment. In fact, Smith (2022) posits that lesbian women who are privileged in race, may be pressured to conform with narratives of ideal motherhood.

Both the non-birth parent and the birth parent need to be supported due to the physical and emotional changes experienced (Abelsohn et al., 2013; Marsland et al., 2021). Professional support from mental health professionals is crucial in improving the mental wellbeing of the parents, couple, child, and family as a whole.

### ***Formal therapeutic support***

To assist parents in building appropriate coping mechanisms and to foster a strong parent-infant attachment, psychological therapies such as interpersonal psychotherapy and cognitive behaviour therapy are recommended (COPE, 2022). In addition to therapy, couples employing ART from the public hospital in Malta, also receive conception counselling. Such counselling is beneficial if the professional is aware of the contextual factors influencing the perinatal journey.

The sociocultural context may function as a protective or risk factor that mediates minority stress and perinatal problems (Marsland et al., 2021). The counsellor's understanding of the fertility process, research, legal restrictions, and pressures faced by the sexual minority can assist in offering the clients an empowering approach to make educated decisions (Daniluk & Koert, 2014; Rausch & Wikoff, 2022). Knowing the success rates of the various reproductive treatments may assist prospective parents in feeling prepared throughout the emotionally and financially taxing process of ART (Rausch & Wikoff, 2022; Wrande et al., 2022).

Through the ART clinic in Malta, both prospective parents are informed about the country's reproductive laws and sperm donation policies (ART Clinic Mater Dei Hospital, 2020). Parents are provided with consultation and implication counselling so that they feel prepared and aware of the legal, emotional and medical short and long-term implications of treatment, on them, the conceived child, and the family system (ART Clinic Mater Dei Hospital, 2020). By educating prospective parents on how to handle difficult situations such as homophobia and heteronormativity, parents and the child can be supported to build resilience (Ehrensaft, 2008).



**Conclusion**

This chapter presented a review of recent literature on factors that could impact the perinatal experience of same-sex couples when making use of ART including history, laws, discourse and perinatal mental health. These have been contextualised in the current European and Maltese legal and social environment. The next chapter presents the methodology used in this study.

## **Chapter 3: Methodology**

### **Introduction**

This chapter presents an outline of the design used in this research study. The rationale behind the use of narrative analysis as a qualitative methodology is presented, along with reference to the ontological and epistemological assumptions. The recruitment criteria, selection process and data collection procedure, will be explained, making reference to the pilot interview. Participant information, data analysis, verification methods and ethical considerations are also included.

### **Research questions**

The research questions found in the introduction call for a qualitative design rather than a quantitative one. A qualitative design uses frameworks to inform the issue through the collection of data from a natural setting, involving people and environment. The aim is to find patterns or themes that represent the voices of the participants who interpret the issue (Creswell, 2013). The researcher is the instrument who collects the data through interviewing and interpretation, followed by an inductive process. The resulting detailed understanding, supported by reflexivity, participant empowerment and sensitivity to the context, would not be obtained through quantitative research (Creswell & Poth, 2017). The research questions call for an exploration of the life and stories of individuals, which can be done through a narrative methodology.

### **Narrative methodology**

#### ***Rationale behind the methodology***

Narrative research is concerned with how the world and a sequence of events are narrated, ordered and interpreted subjectively to try to make sense of the event (McAdams & McLean, 2013; Murray & Sargeant, 2012). The positioning of the self in the story reflects the individual's positioning in the world (Josselson & Hammack, 2021). Qualitative research

allows for the exploration of subjective or shared experiences (Austin & Sutton, 2014; Crowe et al., 2015). Through narrative research, the researcher does not only analyse what is narrated but also how this is storied (Gubrium & Holstein, 2009). Hence, phenomenological philosophy and hermeneutics are reflected in the objective analysis of narratives, keeping in mind that some interpretations may be true and some subjectively true (Missel & Birkelund, 2020).

Exploring the experience of an individual starts by asking a question that supports the narration of the participant's story. In fact, the narrative provides the researcher with a mode of access into the participant's experience and the associated meaning, depicting the interpretation of this lived reality, and the construction of the self within the cultural, social and historical reality of the individual or couple (Murray & Sargeant, 2012; Riessman, 2008). Moreover, the social categories presented in stories, such as one's sexual identity, will have their own cultural meaning, impacting the construction of the narrative (Hammack, 2008; Josselson & Hammack, 2021).

Since narrative research captures details of the lived experience of an individual and provides insight on the narrator's identity and self-perception, it best fits the current research study (Creswell & Poth, 2017). The plot, theme, structure, setting, characters and time narrated and analysed, all provide a deeper understanding of the participants' lived experience (Murray & Sargeant, 2012). Prior to deciding on the use of a narrative methodology, both thematic analysis and interpretative phenomenological analysis (IPA) were considered as alternative research methods. Since thematic analysis encompasses themes and not experiences, narrative analysis was preferred to better answer the research question. Although this study will consider themes in the findings, this will not be the main focus of the research but rather the narratives in themselves. IPA was not chosen, since its aim is to understand how people in general would perceive or organise the experience rather

than the subjective experience. Narrative research aims to provide insight into the unique stories of the participants, without generalising these to the rest of the population.

### ***Context in narrative research***

Stories narrated by humans are unique and not necessarily created to be theorised on. Narrative analysis therefore, follows an idiographic approach concerned with the uniqueness and process of the individual experience (Hammack & Toolis, 2019; Josselson & Hammack, 2021; Schiff, 2017). To understand their uniqueness, the narrative needs to be interpreted holistically, considering the influence of the larger context (Harper & Thompson, 2012; Josselson & Hammack, 2021). The context provides the research participant with resources, such as taken for granted discourse and cultural resources (Riessman, 2008).

After considering the context, society and culture, one can explore how the participant's narrative makes the story unique. The research participants take an active role in narrating and owning the story by deciding which stories to narrate, how to story them and how to embody the story (Burkitt, 2014; Lyons & Coyle, 2016). Their role is influenced by the fluidity of the narration as the narrator is in the moment while "becoming" (Riessman, 2008). To gain insight and perspective on the momentary nature, the narrator is encouraged to describe the emotional experience apart from the physical experience (Creswell & Poth, 2017; Riessman, 2008). The transient nature of the narrative is crucial, since a story about the past is narrated and made sense of by the interviewer and potential readers, in the present moment and context (Lyons & Coyle, 2016; Riessman, 2008). It is therefore not the person who is being analysed in this study but the narrative offered by the participant (Josselson & Hammack, 2021).

Through a holistic exploration and a "thick description" of the experience, the reader can gain insight on how the research participants' actions were functional and meaningful at a point in time (Lyons & Coyle, 2016; Ponterotto, 2006; Riessman, 2008). The reader of this

study is engaged and provided with the opportunity to decide on the meaning of complex experiences and make sense of alternative narratives (Riessman, 2008).

### ***Ontological and epistemological assumptions***

Since the psychosocial phenomenon is relative to the narrator's experience, narrative analysis takes the approach of ontological relativism (Lyons & Coyle, 2016). This means that the nature of "being" is impacted by the social construction of the individual and the human cognition (O'Grady, 2002). A hermeneutic and inductive approach is used during analysis, reflecting an idiographic experience (Josselson & Hammack, 2021).

Hermeneutics, the branch dealing with knowledge, was further developed by Paul Ricoeur (1998) who suggested that interpretation is required for language to be accessible, since language in itself is recounted based on the experience of the present, understanding of the past and expectation of the future (Gadamer, 1976; Murray & Sargeant, 2012). This acknowledges the possibility of communication being affected by the intention of the narrator during the interview (Missel & Birkelund, 2020; Ricoeur & Thompson, 2016).

Moreover, due to the influence of the social context, the analysis of narratives builds on social constructionism since the interaction of language is created through a shared meaning and the reality of truth is both relative and multiple (Gergen, 1985; Josselson & Hammack, 2021). To reduce the possible power difference between the narrator and researcher, expand the narrative and enhance the interpretation of implicit and explicit experiences, the narrator needs to be empowered (Josselson, 2004; Murray & Sargeant, 2012).

Hence, the narration is a fluid dialect impacted by intent, interpretation of events, narrative resources and the temporality of events, and should be interpreted as such.

## Participants

### *Selection criteria*

In order for individuals to be considered eligible for this study, the inclusion criteria included:

- Being female same-sex couples who have been together for at least two years;
- They made use of ART to conceive a child;
- They experienced the perinatal period in Malta and successfully become parents through the process; and
- They are over the age of eighteen.

### *Gaining access to participants*

The researcher was in touch with the relevant gatekeepers in the services found in table 4, to share the information letter (Appendix C) with their members or clients.

Prospective participants were provided with the researcher's contact details in the case that they expressed interest or wished to ask any questions. The researcher did not contact prospective participants directly to ensure that participants felt free to consent.

Table 4 outlines some information about the organisations that were contacted.

**Table 4**

### *Information on gatekeeping organisations*

Organisations	Information
Drachma and Drachma Parents	A Maltese community of people who identify as LGBTQIA+, their parents, relatives, and friends who seek religious truth by merging sexuality and spirituality.
ARC (Allied Rainbow Communities) Malta	The mission of ARC Malta is to engage individuals in order to foster the development, safety, and

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	opportunity of the Maltese and foreign LGBTQIA+ community in Malta.
Rainbow Support Services	The services were set by MGRM (Malta Gay Right Movement) to support LGBTQIA+ individuals, friends and families through information and services
LGBTI+ Gozo	The only queer organisation set in Gozo aiming to provide a safe space and a voice for LGBTQIA+ Gozitans
MCP (Malta Chamber of Psychologists) and MAFT-SP (Malta Association of Family Therapy and Systemic Practice)	Consists of psychologists and family therapists (respectively) who may be working with individuals from the LGBTQIA+ community

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### ***The participants***

Two lesbian couples participated in this study, Alex (birth parent) and Hale, and Jess (birth parent) and Chri (fictitious names used). Both couples were from a small village in Malta, which seemed to have impacted their experience and narration.

Alex and Hale used ART in their 20s and have been together for eight years, married for three years. Their procedure was conducted in Cyprus in 2022 and they returned to Malta for the rest of the perinatal period. Their son Nicky will be one year old this year.

Chri and Jess were in their late 30s during the period of the procedure. The couple have been together for 10 years, married for three years. The ART procedure was carried out

in Denmark in 2020, after which they returned to Malta for the rest of the perinatal period. Their son Sky will be three years old this year.

## **Data collection and analysis**

### ***Interview structure***

In keeping with a narrative research design, semi-structured interviews were used to provide flexibility to the narrator (Riessman, 2008). Questions were minimal, open and non-directive in order to enhance the openness of the narrator (Bloor & Wood, 2006). A short interview guide (Appendix E) was used to cover the research questions in a holistic and idiographic manner, while providing the participants with the liberty to decide what and how to narrate.

Prior to the commencement of interviews, the consent form (Appendix D) was provided, explained and signed. Attention was given to creating a safe, confidential and convenient space for participants to narrate their stories (Taylor & de Vocht, 2011). All participants preferred online meetings for flexibility. Zoom was used as the online medium platform, with its audio and video recording feature.

So as to gain equal perspective and experience of both the birth parent and the non-birth parent, both an individual and conjoint interviews were held (Raush & Wikoff, 2022; 2017). The interviewees were provided with the option to choose whether the interviews, couple and individual, would be held on separate days or the same day. All participants selected to have them done on the same day except for one participant. Upon meeting, we started with initial pleasantries to get to know each other and for the participants to feel comfortable. The research was explained in full and any lingering questions were answered to reduce any power imbalance (Riessman, 2008). Through the provision of a safe space, the interview became more like a flexible conversation that was based on what the participants felt pertinent. Participants were asked for clarifications and probed during the



interview, so as to enhance reflection and interpretation of the meaning projected by the narrator, reduce researcher bias and manage the researcher perspective (Creswell & Poth, 2017; Josselson & Hammack, 2021). Interviews lasted between forty-five minutes to an hour and a half.

The participants were asked about the date of first conception, since the political situation, policies and social discourse in Malta at the time bring context to the narrative and the lived experience (Riesmann, 2008). The length of time since the experience may also impact the recollection of the lived experience. These would be important when reporting the data and when the research is referred to in the future.

### ***The interviewer's positioning in narrative research***

Narrative analysis aims to understand and examine the lived experience that is significant to the individual, by reflecting and gaining insight on the perspective, structure and meaning attributed to the perinatal experience (Smith et al., 2009). The focus of the data analysis was on the discourse of the stories and evaluated according to the individual's subjective experience, and how this experience aligns with their identity (Frank, 2012; Reissman, 2008).

Making sense of complex phenomena necessitate a hermeneutic lens, moving back and forth with the data and clarifying sections in relation to the whole (Smith et al., 2009). The narrative accounts are told as a whole rather than fragmented, allowing for details to emerge while providing insight on how the study is narrated and why it is narrated in that way.

Due to contextual influences on the narration, it is important for myself as the researcher to reflect on how my presence could have impacted the narrator since the process is a co-construction between the narrator and researcher, including their shared and unshared backgrounds (Josselson & Hammack, 2021; Mishler, 1986; Riessman, 2008). Certain words

used and the impact of the self may have different meanings and weighting for the researcher and narrator, therefore context is of great importance. By following a constructionist epistemology, the narrative is placed in a specific context and moment in time, acknowledging the ongoing construction of the self, the intersubjective co-construction of meaning between the narrator and researcher, in confinement with language and power (Josselson & Hammack, 2021; Smith et al., 2009).

For the researcher to understand the essence of the experience, there is a need for bracketing of judgement, reflexivity and attending to that which is taken for granted (Smith et al., 2009). Any biases and presuppositions are presented since they can impact the interviewing process, interviewee and analyses of the data. Furthermore, the interviewer uses probes to reduce assumptions, especially if they may have experienced similar experiences. The above factors will all have an impact on how the dynamic process of a narrative is transformed into writing, ultimately impacting data analysis (Riessman, 2008).

Considering that the researcher was also the interviewer, the analysis and interpretation process started during the interviews (Riessman, 2008). Emerging concepts and reflections were noted in order to become aware of how information is processed, reflect on the narrative's meaning, and gain insight on the narratives. (Creswell & Poth, 2017; Kim, 2016; Riessman, 2008). Discussions were held with the supervisor to explore personal perceptions and reflections, to generate different points of views and possibly reduce bias.

### ***Pilot interview***

The first interview was used as the pilot interview to review whether any changes were needed. Due to the small pool of available prospective participants, the pilot interview was included as data for this study.

### ***Data analysis procedure***

Interviews were conducted between December 2022 and January 2023 in English and Maltese, depending on the preference of the participants. The interviews were audio and video-recorded and transcribed verbatim including performance features such as asides, repetitions, and expressive sound to reflect on the dynamics and uncertainties in the interview (McCormack, 2004).

To gain a deeper understanding of the participants' lived experience, the hermeneutic cycle was used through multiple readings of the narratives (Schleiermacher, 1998). Through reading the entire transcript, the holistic meaning and the impact of the social context can be derived. It allows for both the implicit and explicit meanings to be illustrated, bringing out the gestalt of the experience (Josselson, 2004).

The process of analysis followed the guide offered by Josselson and Hammack (2021), who suggests an optional fifth stage to the process that focuses on cross-case analyses. Since the current research involved a small cohort with the aim of gaining insight into the idiographic experience of the four participants interviewed, the fifth stage of analysis was not carried out. Table 5 presents an overview of the goal of each stage of reading and the procedure followed for analysis.

**Table 5**

*Goal and procedure at each analysis stage (Josselson & Hammack, 2021)*

	Goal	Procedure
1	To identify the overall gestalt attributed to the narrated life event and the initial thematic content.	A time-intensive process of listening to the audio while noting reflections, initial ideas and a thematic list. The level of reflexivity at this stage required a level of vulnerability to enhance validity.

2	To identify the discourse and voices of ideologies, individuals, cultural narratives or social categories, with special attention to explicit and implicit meanings.	Different voices were allocated a colour that was noted in the analysis journal. The colour of the text on the transcript was changed to reflect the voice used.
3	To identify the larger themes and coherent patterns that unite elements of the narrative.	Previous annotations were reviewed to identify the larger units of pattern and broader meanings. These are expressed as complete sentences in the analysis journal.
4	To engage in a dialogic mode between the data and theory.	The transcript, annotations and reflections were reviewed and linked to theories, moving from inductive to deductive analysis. The link to theory is presented alongside the results from reading 3.

An extract of the analysis process and results can be found in Appendix F.

While narrating the story, the results that emerged were used to guide which aspects, themes and patterns are more prominent for the narrator so as to stay as close to the narrator's truth as possible. The chronology of the events over time was used to format the writing of the narrative.

As the researcher, I gave importance to reflexivity and intersubjectivity by making explicit the research relationship such as the interactions, perceptions and interpretations (Riesmann, 2008). While listening to the narratives, I was reflexive on how I was being impacted during the interview, to provide depth and enhance the validity of the data analysis.

## **Validity and verification**

Validity in narrative research is concerned with the accuracy of measuring the study's aims and representing the narrative according to the participant's or couple's truth rather than to verify facts, while reliability is concerned with the data being credible and trustworthy (Riessman, 2008).

Validity in narrative analysis includes two phases, the validity of the participant's narration and the validity of the researcher's retold narrative (Riessman, 2008). The participants are provided with enough time to develop and achieve a detailed account, making the interpretation of the narrative more holistic and realistic (Murray & Sargeant, 2012). Having individual and joint interviews allowed for data triangulation, comparing responses and reactions, while enhancing the understanding of the complexities involved in the perception of a specific event (Wilson, 2016). However, the interviews in themselves were not concerned with confirmation but rather the narrator's meaning-making process (Josselson & Hammack, 2021).

As part of the verification process, the participants' stories were shared with the couples for review. Couples were invited to integrate, alter and verify whether the research findings were a correct representation of their narratives. This reduces biases that impact the reconstruction of data while strengthening the study's trustworthiness (Lincoln & Guba, 1985, pp. 314). Participants were also invited to remove data that they felt uncomfortable with (Klein & McCabe, 2007).

Also crucial to improving the validity of narratives, is the researcher's reflexivity, as this enhances transparency on how the narratives impacted and resonated with the same researcher. Transparency on methodological decisions and interpretation allows for the possibility of readers making other interpretations, thus further enhancing validity (Riessman, 2008). During interviews, transcription and the data analysis, it was important to note feelings

and insights, to document the development of meaning-making and understanding throughout the research process (Josselson & Hammack, 2021). This was referred to throughout the process to gain awareness of how my experience could have influenced the coding and interpretation of the data (Berger, 2015; Connolly, 2007; Creswell & Poth, 2018).

As part of verification and validity, the quality of data collection was ensured via regular ongoing meetings with my academic supervisor.

### ***Translation***

Three of the interviews were carried out in Maltese and three in English, although there were moments when the participants shifted between languages since Malta is a bilingual country. While the analysis was conducted on the original transcripts, in the language used during the interview, the quotes used in the results are in English, necessitating translation from Maltese to English.

At times, it was hard to find the equivalent phrases, therefore back-translation was used and reviewed repeatedly, to enhance the equivalence of the translation to the original data. With translation, an interpretative decision was made, influenced by the researcher's personal context, the interpretation of truth, and the shared meaning that influences the co-construction of the stories (Gergen, 1985; Josselson & Hammack, 2021). Since narrative analysis gives a voice to the particularity of the narrator's voice, the possible impact of translation needs to be acknowledged.

In order to reduce the co-construction of stories, strengthen validity and transparency, and present the participants' truth as closely as possible, the translated version is included in the appendices with the original language in italics (Appendices G and H).

### **Ethical considerations**

A number of ethical considerations were in place for this research to happen. An application was submitted to the Faculty Research Ethics Committee (FREC) from the

University of Malta to ensure that the Research Code of Practice, international standards of research and the EU General Data Protection Regulations (GDPR) were adhered to. Once ethical approval was provided from FREC and gatekeepers confirmed their participation (Appendix B), information about the research (Appendix C) was sent to the gatekeepers. The information sheet and consent forms for participation and audio-recording (Appendix C and D respectively) were only given to prospective participants once they showed interest in the research and contacted the researcher themselves. In this way participants were free to opt-in.

Every participant was given a copy of the consent form before the interview to read thoroughly, sign and keep for reference. Participants were also informed that the data would be kept in a password-protected file on the researcher's laptop so as to ensure privacy, until December 2023 after which it would be erased. Moreover, participants had the option to withdraw from the study at any moment, without explanation or penalty. They were also informed that data could be erased as long as technically possible, and were provided with the opportunity to decline to answer questions at any point during the interview.

Once consent was obtained, the researcher made an effort to develop trust with the participants. Respect for the integrity and dignity of research participants was accomplished through empathy, respecting boundaries, and being mindful of any indicators of discomfort in body language. Priority was given to negotiating "process consent", by constantly checking with the participants on their comfort with the research process. Attention was given to avoiding prejudice during the entire process of this study, including recruitment, interviewing, and information publication. Additionally, care was taken to avoid applying undue pressure on participants and to use inclusive language. Participants were listened to and engaged with, through constructive, transparent, and honest discourse.

Since questions were asked about the couple's life, a number of safeguards were put in place to protect their privacy and instill comfort. Apart from a safe space as previously

discussed, interview questions were carefully worded to focus specifically on the couple and individual narrative, whilst respecting the participant's dignity at all times.

Working with individuals and couples can be complex in itself. Ground rules of confidentiality and respect were set. The researcher was mindful of the impact that the interview could have on the couple and the relationship, especially if topics that were not normally discussed in the couple would be brought up, or conflict was stirred. During individual interviews, the researcher was reflective on how certain information could impact their partner if it were to be shared, and this concern was discussed with the individual who shared the information. The researcher provided contacts for free therapy in the case that the participants needed further support. Time was allowed for debriefing before ending the interviews.

Data was pseudonymised to protect confidentiality, and androgynous pseudonyms were used to respect the individual's identity. Identifiable information was removed to ensure couple and individual confidentiality.

### ***Managing data storage***

Material was organised hierarchically in folders and sub-folders in the local disk drive on the researcher's laptop with most folders being password-protected. Folders included recordings, transcriptions, consent forms, project documents such as the research proposal, individual-level data such as the length of relationships and demographics on the ART process, and PDFs of related literature. Old material that had been processed and no longer active were placed in separate folders.

### **Conclusion**

This chapter presented the methodology used in this study, including information on the research questions and the methodology used, the research participants, data collection



and analysis, validity and verification and ethical considerations. The next chapter presents the research findings.

## Chapter 4: Results

### Introduction

This chapter presents the findings of this study through stories told by the participating couples. An attempt was made to shed light on the experience of lesbian couples who made use of ART, and their subsequent perinatal period experienced in Malta. I will be presenting one story per couple, that is made up of the individual narratives and the couple narrative since the narratives flowed into each other, triangulating the data.

The names used are pseudonymised and the narratives presented are in English. Appendix G presents the original Maltese version in italics, followed by the translated English version. Reflections on the interviews are shared in Appendix H.

I feel grateful and honoured to have met the participants who trusted me with their stories. I hope that the stories told will represent their process, relationship and thick description of reality.

### Jess and Chri's story

#### *Introducing the couple*

Jess and Chri started their relationship years after they initially met. Chri considers herself to be the practical and pragmatic person in the couple. She focuses on “always thinking ahead . . . sometimes a bit too much”. Jess focuses more on the present moment, is adventurous and outgoing. While it was easy for Jess to not be secretive about her sexual orientation and eventually the pregnancy, being open got easier in “recent years” due to “the introduction of laws”.

#### *The impact of a civil conservative history*

Both Chri and Jess grew up with different “civil liberties and rights” than today, which impacted their perinatal journey. “Growing up pre-2014 . . . it was very conservative”.

Jess shares that “coming out in 2001” within an “established narrative” made it hard to imagine oneself a parent.

It was a very different era . . . we used to talk about the possibility, you know, of having a family, and they seemed extremely far away . . . there were gay families, but most of them were couples who had already, you know, kids from previous relationships and then they had a same-sex partner. So they eventually, you know, were seen as gay families. So those were the only formulas that we knew at the time.

Growing up with internalised heteronormativity and lack of role models, Chri and Jess experienced unique struggles to identify with the role of a parent. For Jess, the trouble with “coming to terms with [her] sexuality was mostly the fact that [she] couldn’t . . . reconcile” her sexuality and the possibility of having her own children.

The hardest bit, coming to terms with the fact, listen, I still want a family, I still want kids, erm but yes, I’m gay. So that was the . . . bit which I had difficulty reconciling, because at the time . . . [pause] there were no, I couldn’t see anyone, you know, there were no examples that I could perhaps see or follow. (Jess)

On top of this, it was hard to have their voices heard. They “were inexistent to the state and the state made it a point to tell [them] that [they] have no rights and . . . [they] shouldn’t expect to have the same rights as other individuals in society”. While certain organisations tried to fight for their voices to be heard, “even meetings were declined . . . let alone to have a debate or a discussion”. So they “had grown accustomed to the idea that [they] were never gonna be given full rights”.

The divorce referendum “started laying the groundwork, where from an ultra-conservative society . . . social changes” were happening. Once the “legal framework” changed in 2014 and there were “laws which allow[ed] [them] to get married like any other couple”, the social narrative started to change.

We weren't even convinced it was gonna happen. You know we we didn't actually believe that it is happening until I think, the day of the celebrations. (Chri)

Until 14th of April 2014. (Jess)

Subsequently, “visibility increased”, which led to “society becoming a bit more [pause] accepting not just towards LGBT, but . . . also of different families”. Visibility, a social shift in conservatism, and “equality at law” was “reassuring”, contributing to contemplating the prospect of having children.

### ***Deciding to use ART***

“Chri was always a bit reluctant with the idea of having kids” since she found it difficult to reconcile the gay identity with the maternal instinct due to the socio-political climate in which she grew. It was Jess who put the idea of having kids “on the table”.

The wish to have children was pushed aside for a number of years due to their studies and buying a place. At age 37, Jess felt that “if it is to happen, [they] have to do something about it”. Chri reflected on her priorities and values and got into a “rational argument” with herself “whereby there’s no reason why [she] can’t have kids”, leading her to “reconsider this position”.

So if I say no . . . most probably it will not, you know break up the relationship, but . . . I would have taken something from her.

To not take away what seemed “central and core” for Jess, Chri “put aside [her] fear and discomfort with having children”. Adoption was out of the question for them, especially since there were a lack of options for same-sex couples. They were “not the couple who wanted kids at all costs”. IVF was not considered since Jess had heard how invasive, intense and expensive the procedure is. The couple reflected on their priorities and found a compromise. “What was more important is that [they] try . . . because once you try you have a possibility of succeeding”. Chri felt reassured that they were

going to give it a shot, a one off, and if it doesn't work, it doesn't work. And you know, we're not going to sort of make this the central point of our lives and relationship. Erm and probably that was what I was most afraid of, probably subconsciously is . . . having seen other couples [pause] you know making it so central to their lives, it consumes them financially and emotionally.

This decision led them to a “purely functional” wedding. They were not “very keen to the institution of marriage” since “it is just a written contract”, but “it would be easier . . . because [Chri] would be automatically the mother. Otherwise [she] would have had to adopt him”.

After the wedding, Jess started searching for information on ART but encountered a “vacuum”. She emphasised the value of knowledge asserting, “if you're unaware of certain information . . . you might leave out certain possibilities, or you might not even consider them”. Once they planned the procedure, they sought advice from couples who had experienced the process.

### *Antenatal*

Since the same-sex ART service in Malta was new, the couple believed it crucial to find experienced professionals to not serve as “guinea pigs”. As a result, their gynaecologist directed them to clinics abroad. Jess expected to be forced into IVF owing to her age. She was appreciative that the clinic provided guidance while leaving them “completely free to choose” their course of treatment.

The next step was to select the sperm donor. The sole requirement was for the hair colour to match Chri's. The couple prioritised nurture over nature, therefore Jess found browsing through catalogues to be stressful, meaningless, and consumeristic. What mattered was having sperm that “get[s] the job done” and having “a healthy baby”. Finally, the couple

“went for an open donor” so that “Sky will have the possibility of getting in contact with the donor when he’s 18”.

They sent some medical tests abroad and later went to Denmark for a week for the insemination. At this point, Jess did not “want to deal with disappointment that if it didn’t work, then [she would] have to tell people”, so only a family member and a lesbian couple were informed. They felt like they did not need support, although it was a “very stressful period”.

Jess initially assumed the “driving seat”. When they learnt that the insemination was successful, they “were over the moon . . . ecstatic”. Chri felt that “suddenly everything changed, that ok, it is really happening, so . . . [she has] to sort of take the front-seat again now”. Chri felt fortunate to have “been successful on the first try . . . it wasn’t as expensive as it was for other people”. She interpreted this success as evidence that “it’s meant to be” and that she “should really throw [herself] into this”.

During medical appointments, Chri was surprised at how common it was for “women [to be] on their own” for “this whole daunting process” which “re-indicated the decision” to do everything together. She “always felt very involved”, “witness[ing] the same events”.

However, while they prioritised nurture over nature, Chri’s lack of biological link felt prominent and “weird” to her. She wondered whether it was her “own perception of how [she’s] seeing people reacting around [her]. Maybe . . . [her] misreading or . . . misunderstanding of how people are seeing [her]”. Chri felt that by being the non-birth mother, she needed to put in added effort to create the bond present between biological parents and their baby.

My partner was pregnant with a child and and biologically . . . half of this child is hers and the other half we don’t know because it was an anonymous donor so we don’t really know the profile, nor nor does it really make a difference at this point. But sort

of yes, I sort of, the absence of that biological link erm, kind of, I struggled sort of to see how I'm gonna fit in the picture. Erm but what I did is even during pregnancy I would . . . stay close to the tummy to . . . hear the movement. And I actually used to talk to him erm and sing to him a lullaby which . . . I'd like to think that today he recognises it, like 'cos he does calm down when he hears it. So I I sort of, I made those extra steps to try and start creating a bond . . . even before his arrival.

Despite the struggle, Chri was grateful that she did not need to go through pregnancy and childbirth. While Jess enjoyed the pregnancy, feeling like the “queen of [her] castle”, Chri would not have been “willing to go . . . through so many changes happening in [her] body . . . hosting another, another human being, and then actually deliver[ing] that human being”.

When it came to sharing the news with their parents, the couple kept with the “traditional six weeks and maybe even a bit more”. The initial reaction was, “whose is it?” The couple believes that this reaction reflects the patriarchal society and the difficulty for others to recognise the possibility of two women being mothers without a man. They then had “to actually explain the difference between “father and donor”. A difference that was crucial to the couple.

The heteronormative roles also impacted their experience in the prenatal course. Chri noticed that apart from the fact that they were “the only lesbian couple and the only gay couple”, “some of the men who were there . . . were like walking in the clouds . . . they had no idea what was going on”. She observed the mother attending to the baby while the father appeared “clueless”, which she attributed to the typical patriarchal Maltese mentality. She remarked on society's narrative;

the baby needs the mother's milk, the midwives would know how to handle it for, or maybe. . . the grandmother because they've been through this experience. So the concept of you know the . . . father being hands-on from day one I feel it is still very

alien here in Malta and . . . there is that assumption that maybe they're not, you know, in need of support. . . . So that by extension, because services are mostly tailored towards heterosexual couples, erm sort of I fit under that, you know, weird demographic, you know which I, I feel I didn't belong in there, but there was also no place for me as the other-mother.

During antenatal classes there was a focus on “the man as the main partner” except when “there was a younger midwife who . . . mindfully said partner instead of husbands”.

Unfortunately, all these factors made Chri feel “pretty much the odd one out”. Coming from a history of being told that gay people do not deserve space, this did not affect her much. She believes that the LGBTQIA+ community has gotten “used to it. . . . I would say I was not surprised because also a lot of the . . . trainers were . . . of a certain age”.

Chri feels that “on a general level, doctors, especially Maltese doctors, have no bedside manners”, speaking in jargon, being “brusque” and treating the client as ignorant. She perceives the profession as “traditional and conservative” with consultants of an older age not “know[ing] how to speak to women” “and to add on, that layer of, you know, we [were] a lesbian couple at a time when, you know, artificial insemination was not really possible in Malta”. In fact when they went to hospital to meet the consultant “he looked baffled”, asking Chri, “what are you then?” For the couple, it felt like the consultant had “grabbed us, squashed us like a like ball of paper and thrown us”. Chri expressed how they “could have got it worse” since they heard that some doctors were “overtly racist and we imagine would be also overtly anti-LGBTI”. So when professionals passed heteronormative assumptions, Jess spoke up by for example, emphasising that her partner is a woman.

Along with the issue of gender, Jess felt that her age may have played a role in the consultant's confusion. She felt that Maltese doctors perceived her as a “geriatric mum” although the “average European woman actually has . . . kids at the age of 38”. It felt



“horrible” to be seeing the heartbeat for the first time, while being questioned on why she is pregnant. All she wanted was to be supported through the process, as she had been with the clinic abroad. When asked whether she felt different due to the use of ART, she asserted,

I think it is like becoming a parent, whether it is through, I don't see the difference you know? I could have adopted Sky . . . when they're young you go through the same you know, the sleepless night, the caring for a newborn, the forgetting yourself, not taking care of yourself. Then you know, trying to pick up where you left off relationship-wise. So I don't think that [ART] makes me, my experience as a parent anything different. . . . They always treated me as if I am a special [pause] yes, once even the gynae, she used a particular [pause] kind of special baby . . . because you know we didn't just have sex and have the baby but [long pause] I never thought about that part making me [pause] a different parent.

It was important for the couple to proactively look for medical professionals who would patiently explain what was happening. Chri observed that legal changes were not enough to support professionals in being sensitive to the LGBTQIA+ reality.

There were massive efforts to change the law erm and to give a strong message that . . . Malta is the place to be for LGBTI couples . . . Very little was done to sensitise certain professions. . . . ok, you have the occasional training, but you know I've never heard of . . . a policy of [pause] you know how you should speak to certain patients or that you shouldn't say certain things to certain patients, you know. Erm so I think, whereas the law ok is great and it is exemplary and we're first in the world in other areas, we're still lagging behind and significantly behind ey. It doesn't mean that because we have a very strong legal framework that everything is, you know, perfect. We still have a long way to go.

### ***Childbirth***

The narrative emphasised the dominance of hospitals and institutions, which was exacerbated by the stringent restrictions imposed during the pandemic. Jess knew that Chri would not be allowed inside the delivery room, therefore delaying her hospital admission to the last minute. After delivery, it was only due to a shift change that Chri was spared a few minutes with Sky before being ordered to leave. Jess was hospitalised and left feeling overwhelmed with the prospect of “dealing with a new boy” while Chri was left with an urge to compensate after missing-out on the first few days.

The lack of support was hard since they had to “figure it out” alone, which “set the tone” of exhaustion. “Not having relatives . . . able to visit . . . was harsh . . . torture”. Jess even missed “suggestions or advice” that others may complain about.

You know, you’d always imagine people bringing you flowers and balloons and ‘Aa it is a boy!’ . . . and you know I didn’t have that because the pandemic prevented me from having that. (Jess)

The experience of childbirth and being alone was “traumatic” for Jess who struggled to meet her basic needs. She expressed how important mental healthcare is, especially when the “new mum” is vulnerable and not able to assess herself. Healthcare professionals are “too busy to care for a mother . . . the focus is on the child”, even during home follow-ups”.

### ***Postnatal***

Unfortunately, while support was not crucial antenatally, this changed postnatally. At this stage, support and the mental health suffered due to the pandemic, leading to complete isolation, complicating the transition for the couple. It was like “a treadmill and not getting anywhere”.

Chri felt that the midwife was “only concerned with the baby and . . . the biological mother” and not “the other partner”. She advocates for support for the non-birth parent who is present in the upbringing of the child.

I think if you know any . . . partner who's involved and who bothers to . . . take a front-seat and . . . be present and be around, it is also a challenging reality. Erm but there are no services . . . unless you seek them out yourself . . . and for us it was even worse because of the pandemic.

Both of them did not get “relief in terms of sleep and . . . we were sort of [pause] struggling and fumbling our way through . . . this whole new reality on our own”. While their parents could bring them food and leave it behind the door, they could not come in. Fear of the pandemic precipitated isolation. Jess realised that her dreams of the lifestyle with a new-born, such as carrying the baby in a sling to go shopping, have coffee and read a book were a “romanticised image”.

Apart from pandemic hardships, Chri was going through her own turmoil. The socio-political climate growing up had repercussions on her identity, complicating her identification with motherhood. She “never imagined kids as being . . . one of the chapters in [her] life”.

I never sort of thought of myself as a mother or how I could be a mother. And even you know when . . . the thought used to cross my mind as a child or you know in conversation someone else would mention it, I could never really imagine myself, you know, mothering a child. It might have been related to the fact that perhaps deep down, I knew I wasn't your conventional woman . . . so like I struggled to reconcile the motherly role with a gay woman.

Chri was struggling to make sense of her experience due to implicit and explicit norms.

I kind of struggled to find a place within this, you know, trio of a of a family in the sense that you know, whereas I saw that Jess had [pause] the natural link because she she was, you know, she's the birth mother, I kind of, you know. Ok on paper it says I'm the mother too, but, you know if this child ever needs something you know in hospital, you know we're not of the same DNA . . . I can't give him my bone marrow. . . . So at . . . the beginning the very . . . fact that biologically I had nothing in common with this baby, I couldn't, I struggled. I struggled sort of, you know, to reconcile the . . . idea of being also his mother in my head.

Social reactions were mixed. People in their village were "extremely nice" and the reactions were "funny because . . . Sky is so blonde-looking and when [they] used to go out for walks", people looked at Chri and commented on how alike they look. Others outrightly asked Jess, "am I missing part of the picture? You're still with a woman right?", "how?" "Somehow they never expect[ed] [her] to have had a child". She believes that being pregnant during the pandemic hindered others from seeing her pregnant, which contributed to her being asked, "is he yours?". Such questions would not have been posed to a "straight couple", Chri stated.

People do look twice, but I think it is out of curiosity and like until they figure out that we're both his mummy or because he refers to us as mum and mama and . . . he clearly calls us, refers to us both as his mother. Erm so you can see sort of that, they're confused and curious at the same time. But we never encountered [pause] you know negative comments.

Since they felt weary of the Maltese context, the couple decided to spend their free time in places "where you know most people wouldn't go". There was power in altering their lifestyle and choosing where to be and who to be with, thereby defending themselves from heteronormative reactions.

Sadly, avoiding heteronormativity was not always possible. When they took Sky to childcare, the manager “expected [them] to provide information about the father” even though Jess had clearly stated that there is no father. Jess was annoyed and needed to explain to the manager that they did not “need any information . . . because the donor has no rights over the child”. The couple perceived the reaction as a depiction of how strong the heteronormative norms in Maltese society are. Nonetheless, they appreciate that they were “never . . . treated any differently than any other couple” by the childcare. In fact they received two cards for Mother’s Day.

Another concern was the connection between Chri’s sense of recognition and implicit heteronormativity. The feeling of equality did not seem to be achieved through legal acknowledgment.

In the initial months and up to the first year, I also kind of struggled to place myself in the whole equation [pause]. Because [pause] you know, the dad was not there and you know my traditional Maltese values, you know, the dad needs to be there, and I struggled so ok, I’m his mother, but I have . . . no blood relation with this child. . . . I really struggled to see how I could possibly nurture a link, because biologically, he’s not mine. I . . . felt I wasn’t recognized [pause] as his mother on the same level as [Jess was] because [she] had the biological link

The struggle arose when Chri returned to work after long-term leave. Her co-workers were unaware that she was married, let alone that her “spouse” had given birth. She could “see the questions going on . . . behind someone’s mind”. It

felt odd, explaining that I I took, I was on sort of long-term leave because I had a baby but they never saw me pregnant . . . they see me in a different way than they would see another person, another woman who, you know, was pregnant, delivered her baby and is coming back after maternity leave.

This led her to yearn for her “placeholder”.

Whereas for other, let’s say heterosexual couples they would know in which placeholder to fit once they become a parent, for me it was a bit more complex . . . none of the other placeholders fitted, so I have to carve my own.

Making sense of this became Chri’s priority and upon Jess’ advice, she “made it [her] priority to invest [her] time” to “feel on equal footing erm with Jess, in his eyes”. She valued equality and persevered to depart from the heteronormative parenting roles. Being the non-birth mother, she found that it was easy to misinterpret her position,

to see the difference and to misinterpret it in a way which . . . I suppose it was sort of my way of putting my head around it as well.

### ***The transition***

Chri perceives her life as “part one is pre-Sky and part two is post-Sky”. The arrival of Sky brought on considerable changes for Chri and Jess, individually and as a couple. Adjusting was in fact the gestalt of the couple’s interview. “Time alone and as a couple [was] significantly diminished if not non-existent”. In general, the couple “realised that [they] [couldn’t] expect to keep living [their] lives as [they] did previously”. Jess was intent on the importance of Sky’s “developmental stage” given that “needs . . . not met in childhood . . . come to haunt you”, giving meaning to these changes. Chri was resigned to the idea that she has “to give [space] up for a number of years until he grows a bit older and you know becomes a bit more independent”.

Chri found parenting at their age to be physically and emotionally draining, especially considering the “very steep learning curve” involved. The greatest challenge was to be continuously aware of her “default mode of reactions”, triggered by being overwhelmed, so as “not to repeat the mistakes of [her] parents”. Having a parenting blueprint led to “a struggle because you have to literally learn, [pause] everything” “to not be [her] parents”.

Identity adjustment was necessitated, “irrespective whether you’re giving birth or not”. “It is a lot to take on, also, because we have much more . . . hats to wear than what our parents used to have”. Having a child does not entail stopping other commitments. One needs “to go to work . . . switch off and then . . . ensure that everything is going ok, the relationship is going ok as well . . . it is, I think . . . too much pressure and too much to ask of anyone”. Jess “was inundated by work . . . going back to [her] old responsibilities, and trying to cope with the lack of sleep and everything”.

The sleep deprivation was so serious that Jess used to dread the night, feeling anxious and sad as it approached. The couple eventually began alternating who gets to sleep through the night and who wakes up when the baby does. The first year, according to Chri, was rough owing to a “horrible feeling of anxiety, of being tired and overwhelmed and, you know, barely surfacing”.

Further to the pandemic, support was restricted since their parents were “not young, so there’s a limit to what you can expect from them”, which caused further strain on the relationship. While they did try to have date nights, the baby was “too young for babysitters” and they felt guilty if they stayed out late and “somebody ha[d] to suffer at [their] expense”. So, Jess remarked, their relationship was put on hold until they could “pick up where [they] left off”. Jess believes that since they went through this experience together, their relationship may be stronger, although only time will tell. They are now more aware of the care they need as individuals and as a couple. She acknowledged that “any relationship with a new-born will suffer” and becomes “purely functional” due to lack of time and energy.

I feel like right now, both of us are very much engulfed with you know, trying to ensure that we’re . . . both going forward kind of and we know that there will be a time when things will be easier, also because he will be, you know, growing up. . . . Right now it is a bit like ok, we’re trying to cope here.

## *Resilience*

Jess expresses how “parenthood is a journey . . . it doesn’t need to be one way or the other. You just adapt it to make it work your way”. Having a child was “a dream come true”, “part of the missing jigsaw that I held . . . and now . . . I have those pieces in place”.

I’ve been through all the stages, the civil unions, the marriage . . . we were celebrating and everything. But way back in 2001 when I was at university and I was coming out as a gay person and I still held on to the fact that . . . I’m going to have kids irrespective of what society says, I don’t need a man to have kids. I do, I did but yes, not in the same way. . . . So I think in a way I feel that yes, it is fulfilled, but to me it means that I’ve gone against all odds and it happened.

Nowadays, Chri feels that she “can’t imagine [her] life without Sky” and that sometimes there is “that slight regret that it took [her] so long to get around to the . . . idea”.

Adaptation also happened physiologically. While at first Chri used to be at work, exhausted, feeling horrible and not registering what was happening, eventually her body got used to it. She “was somehow functioning on three hours of sleep”. Jess exclaimed that while now they were “running on low” and “still recovering” as they continuously learn and adapt, previously they “were running on basically nothing” but they somehow survived. It feels like “a truck passed over them and they do not know what hit them”.

This experience helped Chri realise that she is “more resilient and stronger than [she] thought” and although it was “the most difficult period in [her] life” because she “had to unlearn a lot of things”, she is “still standing”. Chri had never “imagined [pause] at any point how tough it was going to be”. Jess concurs, “there is also a certain level of resilience . . . that [she] never knew [she] had . . . before it got tested”. She shares how these universal challenges should be normalised since she noticed that most of the parents were struggling and not speaking up. Chri felt that society expects parents “to be overjoyed”, but in reality



one is “so exhausted that you don’t have the presence of mind to enjoy it”. Fortunately, Jess had the resources to be aware of her difficulties and pay for professional support, which she believes to be crucial although not all mothers can afford it.

The experience has helped me grow as a person. So automatically, our relationship has definitely been impacted by that growth. Of course . . . a lot of readjusting . . . still needs to happen, as we go along, as he grows older. (Jess)

They went “back to the drawing board” individually and as a couple, re-evaluating their goals and way forward. In retrospect, Jess cherishes their experience and what they learnt, while acknowledging the importance of a solid relationship foundation “prior to ever considering having kids”.

## **Hale and Alex's story**

### ***Introducing the couple***

Hale is an educator, loves reading, sports and travelling. She expresses that she is prone to overthinking. Alex is a calm and self-sufficient person, which she perceives eased the perinatal experience.

For both Hale and Alex, the relationship means a lot. Hale feels that Alex “is a big part of my life . . . from the things we've been through they changed me a lot”. The couple are both out as gay but do not make a big deal out of it, as the more one hides, the more people “tend to gossip behind your back”. Their perspective is that if people like them, “that’s good” and if they do not “that’s good as well”. After three years together, Alex proposed, they planned a wedding and a year later started the process of adoption.

The couple was always there for each other and this experience was no exception. They prioritised being “both happy”, trusting and respecting each other. Alex explained how important it was to find a balance, “it is a give and take”. While previously housework was Alex’s role, pregnancy brought about lack of energy and time. It was up to Hale to take care of the housework. She did them wholeheartedly since Alex was carrying Nicky, even though the extra duties were overwhelming, “more than double the load”.

### ***Antenatal***

We had a very good time together before Nicky came . . . we travelled abroad to a lot of different places together, we have a lot of beautiful experiences together. But now kind of, we are both ready to embrace our new journey.

Hale feels that others may not understand how much ART means to them. While some say, “so what, just adopt”, “you can adopt but the adoption process is very difficult . . . especially for gay couples, who are very restricted, there are a lot of countries who do not accept gay couples”, making it “more difficult [to be] paired” with a child.

Alex always wanted her own child and on the outset of their relationship, they shared the dream of getting married and having children. IVF was not the first choice for Hale. From a young age, before knowing that she was gay, she used to tell her mother that she wanted to both have her own children and adopt. The couple started the adoption process, choosing from the limited selection available for gay couples but were informed that the children chosen had been paired with another family. They were disappointed. Hale expressed, “without wanting to, you start thinking about them”. Since adoption was not working out and “Alex always wished to conceive a baby, so we said, why not go for it”. They chose IVF and decided that eventually “if God sends adoption, we’ll go for it”, which was their plan all along, just not in that order.

Hale knew that they “were heading for a big change”. “I remember . . . we went for a drive with the car”. They were “like children, exciting themselves . . . something new”.

Their gynaecologist guided them to a hospital in Cyprus and they “went for that” since the service in Malta was in its infancy. The gynaecologist “made it sound very easy . . . take the blood, take the meds, you go up there, erm they put in the fertilised egg and you get pregnant”. Hale felt blind-sighted, “that’s not it, that’s really not it”. However she appreciated not knowing as “God forbid you know what is to come because, I think a lot of people would opt-out”.

It was an automatic decision for Alex to carry the child since Hale was afraid of childbirth. Due to Alex’s health issues however, they needed to check whether she could be pregnant. At this stage, since having children was a shared dream, Hale was willing to put aside her fears and “carry the child” if Alex was unable to, “as it was only fair” and it was “one of the most beautiful things in life”. When they got the go ahead, Alex felt mixed emotions.

it was something truly emotional that made me really happy, at the same time afraid [giggles]. I mean it is not something easy, IVF is not easy, you would not have an idea what pregnancy means. . . . when you're going through it, erm you start realising that it is not easy. I started to admire women more . . . you don't hear anyone, [sighs] like recounting how pregnancy is not easy. . . . emotionally I did not suffer much, but physically . . . after OHSS [ovarian hyperstimulation syndrome], summer came and really [breathed in], I was feeling like a piece of floor-cloth, literally erm. There is a beauty to it obviously, the baby moves, you start seeing yourself growing, so they are nice things, but erm it is not so easy.

**Cyprus.** They went to Cyprus for a week for the procedure. Hale acted as Alex's cousin since they had the same surname and they could not show that they are married. For Hale this "was a bit weird, awkward" especially since they had to remove their wedding rings. Hale reasoned that "it needed to happen like that".

Although Hale felt anxious, she kept her distance due to the fear that if the hospital realised that they were a couple, they would be declined treatment. While in hospital, they were allowed to remain together, until the embryo implantation stage.

I wished her to have been there but at the same, it is a really beautiful moment because you see everything [smiling], that is, from the ultrasound they show you, then you see him going into the womb . . . something really beautiful. (Alex)

While Alex appreciates that for a heterosexual couple there is a beautiful shared act to conceive, for them it was beautiful as they planned it together.

You see it happening in front of your eyes . . . as if you know what you are doing, it is as if you have everything, how to explain it, with a program not needing to wait for a month after erm if you get pregnant or not.

Hale may not have seen it but did experience the process. From choosing the sperm donor, choosing physical characteristics, although from “a closed box”, travelling for IVF, seeing the heartbeat, “it is something nice” to see from the very start. “It is an opportunity for those who cannot have children”, as if it were not for ART, a lot of families, whether gay or straight, would still be without children.

Unfortunately, Alex, a healthy and athletic person, was “hardly able to walk”, her heart rate rising quickly to 120 beats per minute. Even her face seemed older showing that she was not well. They informed professionals that things were not right, but were brushed off, “it’s normal, it’s normal, it’s normal, when nothing is normal at all”. However, Alex was determined to not let this get in the way of their plans to drive around Cyprus before returning to Malta.

**Malta.** During the first three months of the pregnancy, Alex woke up every morning to take two needles which was “a bit tiring” but beautiful “it is like you want the thing, so you don’t give it much thought”.

Back home, Hale was Alex’s main support system, along with her family. Once, Alex fainted on the bed, so Hale called the gynaecologist and was once again told that it is normal. She had to be assertive to be taken seriously and was only then told to go straight to emergency. Hale felt like all the gynaecologist cared about was Alex getting pregnant and not her health when “in reality, to have a good pregnancy . . . we need to take care of [the mother] too”. The statement “it’s normal” was repeated a number of times throughout the interview showing the significance of the minimisation which escalated Hale’s anxiety. Hale believed that had they been heard, they may have avoided the illness that endangered Alex’s life. However, “afterwards, everyone is wise”.

When a parent comes to ask me, how can I help my daughter to learn certain things . . . as a professional, as a teacher, I go out of my way to help 100%. I believe that this, the first gynaecologist did not do his work well . . . I expected a bit better. (Hale)

When Alex got sick, she was hospitalised for ten days. Unfortunately, due to hospital regulations during the pandemic, she was alone.

Only one person could come to see me and at the same time if you are not feeling well, you would want people who you are close with to be close to you. So I think when I was at the hospital it was not an easy time because, as far as I remember, they could stay next to me till six, so at night, or till eight, erm I used to be alone . . . I used to wait for them a lot.

To make matters worse, the hospital was not telling her why she was unwell. Alex started looking up her symptoms, realising that it may be OHSS. She turned to a friend whose aunt is a gynaecologist and received feedback confirming the serious nature of her illness. Alex took matters into her own hands and decided to look for another professional opinion. Her OHSS was verified as serious by the new medical team. An ultrasound and blood tests were finally taken, but all the team could do was monitor. She feels that when someone goes for IVF, they should be aware of the serious health risks, a cause that she advocates for.

During the hours alone, she joined an OHSS group but when she saw the pictures with all the pipes in the ITU she “was going to go crazy”, so she left the group. Although close friends and family visited her, “at the end of the day, it needs to be you who gains some courage”.

At one point, the nurse told Hale to wake up during the night and make sure that Alex was still breathing. She was very scared and woke up every two hours to check on Alex, fearing that she would not find her

breathing or that the baby does not get to the end you know? Sometimes I even used to think, imagine we need to choose kind of Alex's life or the baby's.

Hale shared that although she did not carry the child, she was anxious, wanting to ensure that they are "on the right track". Alex was her "number one priority", but she perceived her anxiety as a weakness, an obstacle. "Mentally [she] had gotten tired, very tired" "but certain things . . . it is not that you want to think about them, but they did not help". To deal with the fear of the unknown, Hale turned to academia, "downloading a lot of papers, I used to read to try to understand, try to see what I can do". It was not enough as what she cared about was their situation and getting individual support. Nonetheless, she felt instrumental in the pregnancy as otherwise certain things "wouldn't have worked out if I was not there 100% full-on".

Since she was anxious, she opened up with her mother and a colleague on a superficial level and dealt with most of her anxiety alone. She became "like a machine moving from one thing to another to make things work" "juggling through a lot of things at the same time". Priority was given to making sure that Alex was well as "in reality the things were as they were so certain experiences . . . that come to you in life, you cannot really control". "I believe that it needs to be you . . . to fight your own battles . . . at the end of the day". She persevered through her lonely battle by focusing on her belief that "everything passes", "all's well that ends well".

Although she was mentally and physically tired, she felt "very lucky" to walk hand-in-hand with her wife, "that's a plus plus", "without each other's support, [she] [did] not think that [she] would have managed". They had previously experienced challenging times and always supported each other so for her, "it is part of our relationship when she was bad yes [sighs], it is part of life".

The second and third month were easier.

Word of Alex's pregnancy spread. As "it was something very big" in the village, there was "a bit of a commotion", but not, as far as they could tell, in a negative way. The couple compared this to their wedding which had been "the highlight, the gossip". The pregnancy was more popular than that of heterosexual couples, unexpectedly receiving more messages and presents than Alex's brother had, even though they knew the same people. For the couple this was a sign of social support.

Word got out fast . . . even . . . people who congratulated us, everyone even buying us presents and so on. (Alex)

We had an overload of presents, even from people who I don't know. (Hale)

However, there seemed to be a lack of awareness on sperm donation even by other LGBTQIA+ individuals and healthcare professionals. A nurse asked Hale how it worked, which did not bother her as it meant that she was interested. However, Alex pointed out that these topics should be included in medical education. A friend informed them that there was gossip going on, "how did Alex get pregnant, from where did they get the sperm . . . how did they mess around, who knows who the father is". Hale claimed that heterosexual couples are spared from this gossip.

There are heterosexual couples who also . . . cannot have children unfortunately, due to fertility problems. I don't believe people ask, ii I wonder from where he came . . . but as I told you, when you're gay and especially our generation . . .

While Hale was used to certain comments, now that it concerned her son, it bothered her. She started wondering what will happen when he grows up and goes to school, if someone will bother him with, "who knows who your dad is . . . you don't have a father". She reflected on the fact that even a heterosexual couple would worry about what may happen to their child, so she was just a mother worrying about her child and they "need to face them".



The couple enjoyed seeing the baby grow through ultrasounds, which for Alex was “very beautiful”. When Hale saw the “heartbeat [emotional softer voice] tiny bounce”, it was very beautiful and “a big relief”. She felt amazed “you start saying, oh my God you know [smiling emotionally], that is a baby growing”.

The couple shared their gender reveal with their sports team-mates, which meant a lot.

Alex started experiencing labour anxiety toward the end of her pregnancy, which she believed was natural. Unfortunately, Alex was informed by medical personnel that she might have high blood sugar levels, which would complicate labour due to wider shoulders, possibly perpetuating long-term issues for their child. She consequently decided to have a C-section and was “not scared anymore because you would so want to meet the baby and you don’t start thinking from what you will pass through and whatever”. Unfortunately,

until he was born and they brought Nicky into my arms, till the end things kept coming up till the end, [sighs] it was always one thing or the other, sometimes that, always almost coming. (Hale)

### ***Childbirth***

On the day of the delivery, Alex was told that she would be the first mother to deliver that morning. She was prepped with the catheter and was going to start the C-section when the nurse realised that their hospital file had been misplaced. Hale started to get tense. Alex reasoned that getting nervous would not change the situation so she reached out to a friend to gain information on where the file was and when it would reach their department. She had to endure the discomfort of the catheter for six hours. When it was her turn, there was a shift change, and they were assigned the gynaecologist they began working with months earlier. Alex was grateful for this given his expertise and knowledge of their entire story.

Alex felt the pull and told Hale “now he’s out” and moments later they hear Nicky’s cry. “It is a moment that you cannot forget, in the sense, it is too beautiful”. It “is one of the best ups of [Hale’s] life”.

The team that helped with giving birth to Nicky started shouting, being joyful, jumping and so on. It was a very beautiful experience. Then when they brought Nicky into my hands, euphoria that I never never never would have felt before and kind of, mothers say it, you say maybe it is a type of cliché that they say that. But it is true the joy that you feel when they bring the baby into your hands. (Hale)

During the following days, when Hale visited Alex in the labour ward, she was greeted by security guards asking, “who are you, always who are you?” since usually only male partners visit. If there was new security, Hale would need to explain everything “all over again”, and the security would excuse themselves and let her in. Midwives and security were eventually notified that Alex has a female partner. Hale expressed how these are “things that you expect” and that she is “used to it”.

Throughout this experience, the hospital staff “were amazing” and there was no discrimination. The heteronormative system was simply bypassed by for example changing father to mother in biro.

### ***Postnatal***

Things changed for Hale but “that’s ok” thanks to their strong relationship foundation, priorities and perspectives changing. Alex had to stop all sports while Hale reduced her hours which she surprisingly did not mind. “In fact when [she] [did] not have training, [she] [took] a break . . . because [she] stay[ed] at home, enjoying the child, [she] [could] help Alex more”.

Then it is like . . . without wanting to, it just happens that you start looking from the perspective of a mother . . . all that interests you as if first it is the child . . . if there is

there is the need to do something, it is ok that it will happen an hour later or two hours later or it does not happen and it happens the next day.

Previously their lifestyle was very hectic, going out and travelling anytime they could, now they had to hold back. Although things changed, Alex realised that “it is not only about these things”. The relationship needed to change out of respect for each other, to provide the required support. “So yes life, without knowing and without wanting to, it changes, you change it”. Moreover, communication shifted between them. There were moments when it was more directive, “do that, do that, do that”, which led to some disputes caused by hormonal changes, panic, or differing opinions.

The meaning of family also changed, “not me or Hale or our son, it is like what we do is for the good of the three of us”. Hale’s family continually encouraged her to carry the next child. She replied with, “there is no need . . . Nicky is still mine”. For Hale, it was not about the genes, even adoption would have been beautiful since it entails adding “a new member in your family”. Additionally, Hale asserted, the pregnancy process, all the needles, and blood testing “don’t encourage me”.

After listening to other parents’ experiences, Alex shared how she was uncertain on how things would work out.

In the beginning I started saying that two mothers are too much on the baby due to the fact that if we are going to change, we are both going together . . . our eyes are on the same thing, first the child and obviously our relationship needs to be strong, good, keeps going the same way because the child grows up in the family with . . . love.

The fact that IVF was a success meant that “it was written that way for us”. Hale still hopes that someday she will get to adopt to “give a better life” to a child.

Looking back now, I think it made us stronger as a couple. You know, she always found me, I always found her, erm we both work so that our relationship remains

strong, you know? Because after a journey like this you have ups and you have downs. . . . But . . . I know, kind of Alex is there, we are both ready to help each other, erm that is very fulfilling for me erm and it makes me happy you know. That it is a success story, I think that we kind of got here. Erm at this point, I, I am very happy with us, you know, us three.

Having Nicky has been an inexplicably beautiful experience that changed them a lot, “having a different meaning for life . . . you start seeing things from a different lens”. They got close in a new way, “as if we are experiencing each other from . . . a different angle that was never, we were never in this situation before obviously”.

### ***Meaning making***

Without time for reflection, the experience felt like a rollercoaster. Hale welcomed the opportunity to “start reflecting on what [she] went through” through this interview. These stories depict their path, their family and what made them stronger, “I mean when you are not going through such a good time, is the moment that you realise that you are on the right track”.

This journey was perceived as a part of their relationship, the good and the bad, and not as the pregnancy on its own.

We see us too together to be able to distinguish the perinatal period of our life you know. It is one journey I think.

Their marriage was one chapter, Nicky’s birth was another, both “very fulfilling”. “Right now in [Hale’s] hands [she has] . . . the biggest treasure a mother could wish for”.

Hale regards their narrative as a catalyst for shifting the heteronormative status quo, while inspiring lesbian couples and teenagers.

You can have a mummy and daddy and the baby is not treated well and a daddy and daddy and the baby is treated highly . . . so in reality it depends on the couple, on the

dynamic of the couple, from the person, from the character. So yes, I think it helps for people to see that we're doing well, you know, even for young children who grow up and are gay and they want to do, and they want to build their family.

Therefore, although they went through a difficult experience “at the end of the day” it was “the process, it [was] the road, the journey how Nicky got to [her] hands” “so it [made] it all worthwhile”. Without those obstacles, or if they had done the procedure elsewhere, they would not have had Nicky. “So it [was] all part of the process and we embrace[d] it”. Finding meaning gave them the strength to keep going, “through thick and thin”.

### **Conclusion**

In this chapter, I presented the narratives of the two couples who participated in my research. These narratives will be discussed in relation to literature in the chapter that ensues.

## **Chapter 5: Discussion**

### **Introduction**

This chapter discusses the participants' subjective and unique experiences by analysing how the narratives were constructed and incorporating existing literature. This will be done in response to the research question "How do the birth and non-birth parents in same-sex relationships experience the perinatal period in the Maltese culture?"

The primary objective of this discussion is to gain a better understanding of the interplay between same-sex couples in a heteronormative society with the perinatal period, following ART. Following that is a discussion of how participants' earlier life experiences, predisposing and protective factors, and narratives may have influenced their interpretation of the perinatal period. Despite the fact that both participating couples were Maltese and experienced the perinatal period in Malta, their narratives and perceptions were distinct.

### **Intersectionality of identities in creating the dominant story**

It has been acknowledged that LGBTQIA+ persons are influenced by an intersectionality of discrimination or privilege, which may influence whether or not they feel they belong in certain settings or social groupings (Goldberg, 2022; Tam, 2021). These narratives illustrate how these women's identities, ART and the perinatal period interact in a heteronormative society. According to Josselson and Hammack (2021), the way people perceive themselves and where they place themselves in the world, have an impact on the perspective they take on an experience.

Despite the fact that both lesbian couples became mothers, two of them were not genetically related to the child. This had different repercussions on the individuals and couples.

### *The non-birth mother*

Chri kept her identity as the other mother, disguised for a while due to the heteronormative culture, although still in the forefront of her thoughts. Given Chri's predominance of heteronormativity, she started wondering what her co-workers were thinking when she requested leave, realising that it is easier to misinterpret social reactions. Despite the fact that they were married, that the couple had selected donor traits that resemble Chri's and that she possessed maternal legitimacy, the lack of a genetic link prevailed for Chri. In fact, for couples who desire to establish some sort of biological connection with both mothers, the characteristics of the donor may be crucial, but not necessarily adequate to feel equal (Hayman et al., 2015; Łukasiewicz & Allan, 2022). Chri was prompted to reflect on her internal dialogue realising that she believed that she needed to work harder to feel equal to Jess.

This was not easy as she felt that being a non-birth mother represents paternity in a heteronormative society, a role that she does not identify with. Chri observed that the healthcare sector essentially expects fathers to be disengaged during the perinatal journey, and to therefore not require mental health support. Contrarily, Chri ensured that she was present throughout the perinatal journey, as has been observed among other lesbian couples (Malmquist, 2015b). Hence, she felt she did not fit into heteronormative roles, concluding that she needed to carve her own "placeholder" (Malmquist, 2015b).

Previous research found that this sense of being different necessitates the creation of unique techniques to develop one's role and strengthen the maternal identity (McInerney et al., 2021; Wojnar & Katzenmeyer, 2014). In her narrative, Chri described her struggle against both implicit and explicit societal norms. Despite the fact that their relationship deviated from heteronormativity, Chri recognised that she still needed to work on breaking some ingrained heteronormative values she had picked up from her family of origin, such as the importance

of nature. This demonstrates that, while same-sex couples are non-normative, equality in relationships, although favourable to the relationship, is not necessarily automatic (Álvarez Bernardo et al., 2017; Ascigil et al., 2020; Malmquist, 2015b). The fact that she missed the baby's first few days owing to pandemic regulations may have contributed to Chri's stronger desire for compensation. The sense of missing out on bonding time was shared by partners of women who gave birth during the pandemic (Friesen et al., 2021; Vasilevski et al., 2022).

Hale did not appear to struggle to fit in with her family. Despite missing out on the insemination experience, she regarded it as an unavoidable sacrifice that had to be done in order for them to have Nicky. To feel equal with Alex, Hale made compromises and committed more time to housework. Hale also appeared to take on a more protective role, checking in on Alex's health, reading documents to learn more about Alex's condition and how to help her, and preparing to defend their rights if necessary. This could be indicative of her assuming the heteronormative paternal role of safeguarding the mother and child since the other mother assumed the nurturing role (Pakaluk & Price, 2020; Yaffe, 2020).

The perspectives of the non-birth mothers on having children may account for the variations in their narratives. Due to Hale's FoC, her story of having a child favoured adoption over a biological tie. This is reinforced by literature claiming that lesbian women with FoC value the nature of their relationship since the other partner may carry the child (Malmquist & Nieminen, 2021). This may explain the absence of a struggle regarding the biological link in Hale's narrative, unlike Chri who was influenced by the socially constructed lesbian identity that felt incongruent with the perceived maternal identity. The social construction of the lesbian identity seemed important.

### ***Being lesbian***

Recently, there has been a shift in conservatism and legal equality, which has expanded visibility and the prospect of having LGBTQIA+ rights (Borg, 2023; Isailovic,



2018; MaltaToday Survey, 2018). As a result, Jess and Chri's perceptions of what it means to be a lesbian in society differed from Hale and Alex's. In fact, Chri and Jess' narrative was dominated by their perspective of being a lesbian in a heteronormative culture. Their identities and experiences seem to have been influenced by the long-standing patriarchal institutionalisation that was perpetuated by governmental discourse (Lasio et al., 2018; Miscioscia et al., 2017). Due to their lesbian identity, they experienced being socio-politically marginalised, and had to fight for a voice obtain the same rights to marriage and parenthood as other couples. The social discourse impacted their attitude towards marriage, a common experience for lesbian and gay people in their mid-life (41-63 years) (Bosley-Smith & Reczek, 2018). Getting married became a formality to reduce second-parent adoption challenges, rather than a reflection of the couple's fidelity (Malmquist, 2015a). Contrastingly, Hale and Alex, perceived marriage as normal and the ART procedure as a means to an end, the end being having a child and fulfilling their dreams of becoming mothers.

The disparity in how dominant minority status was in the narratives appears to be a reflection of the shifting socio-political climate (Fredriksen-Goldsen et al., 2022; Ophir et al., 2022). Moreover, Kröner and Beedholm (2019) describe how society has the power to determine social vulnerability. It seems that the differing generational experience of the prevailing socio-political context and the absence of lesbian role models seem to have impacted the narratives and how they are perceived.

### *Age*

A study on lesbian and gay adults from different generations, demonstrating how social attitudes, policies linked to adverse experiences and vulnerability, influence their lives, emphasising the value of taking generational demographics into consideration (Fredriksen-Goldsen et al., 2022; Ophir et al., 2022). In fact, the couples' mesosystem

responded differently, depending on their and the system's age. This reveals how influential social discourse is on how people envision their futures and narrate their stories.

Same-sex parents tell stories to normalise their families (Gross & Richardot, 2019). Having children was always a part of Alex and Hale's relationship narrative. Their narrative of what a family is, fits into their reality of not necessarily being related to the child. However, Hale's family of origin did not agree with her assertion that having a family does not require genetic connection, especially since she was of fertile age. Moreover, Jess and Chri's parents were perplexed as to how Jess became pregnant, possibly since they experienced different generational norms. This unfavourable reaction to lesbian parenthood was also identified in a study conducted in Portugal, a country with family values similar to Malta. (Costa et al., 2020).

Negative reactions were also experienced in healthcare. Since Jess believed that IVF was too invasive, she was directed to a clinic that did not base reproductive treatment decisions on age. However, the Maltese medical system made a big deal out of the fact that she was older when she became pregnant. Her age was probably questioned due to the link between higher maternal age, comorbidities and adverse outcomes (Attali & Yogev, 2021). It is possible that because she was part of a minority, words like "special" from healthcare professionals were perceived negatively, especially if her experience of healthcare had been unfavourable (Snyder, 2018). In actuality, Jess asserted, the method of becoming a parent was irrelevant, one was still a parent.

### ***Maternal identity***

The context and narratives around the mother's identity had an effect on how the mothers transitioned into the motherhood role (Cronin-Fisher & Parcell, 2019). Years of explicit and implicit relationship and social discourse, necessitated specific adjustments. While Jess perceived motherhood as the missing jigsaw piece she had previously neglected,

Chri needed to update her personal story to match this identity and feel legitimate, as demonstrated by McInerney et al. (2021). Becoming a mother had been a long uphill battle for Jess, but she had ultimately succeeded “against all odds”. There appeared to be a variety of perceived obstacles and changes, such as lesbian rights, marriage, ART, and the potential of adding a child to their story.

Contrastingly, Alex and Hale’s narrative as a couple and as individuals had always entailed becoming parents. Since Hale envisioned herself as an adoptive mother from a young age, she prioritised nurture above nature. This supported her in not perceiving the lack of a biological link as a problem. The transition to motherhood was rendered smoother, since having a child fit within their personal and relational narrative. In fact, the dialect of ‘discourse of motherhood as desired’ and ‘discourse of motherhood as learned’ have been identified by Cronin-Fisher and Parcell (2019) as elements that influence the transition to motherhood. Mothers who identify with the latter discourse are more likely to experience the transition to motherhood as complex and feel discontented.

Transitions in life become harder for same-sex couples, since socio-political discourse and previous life experiences frequently seep into family discourse.

### **The impact of personal heteronormativity experiences**

According to Fredriksen-Goldsen et al.’s (2022) generational study, an individual’s self-perception and how they present themselves to others are greatly influenced by personal experiences of societal reactions to their identity. Changes in the macrosystem pertaining to same-sex people affect how the LGBTQIA+ identity is socially constructed, which in turn significantly impacts the exosystem and institutions interacting with the microsystem.

The impact of the interaction between personal experiences, intersectionality and predisposing and protective factors on the perinatal experience are explored through the use of the ecological systems theory.

### ***Macrosystem***

The couples' stories seemed to have been influenced by changes in societal values and practices. In fact, the stories narrated and the positions adopted were influenced by the generational experiences. Chri and Jess' accounts were profoundly influenced by the need to persevere and struggle due to their more traditional upbringing. Contrastingly, Hale and Alex's upbringing enabled their voices to be heard. The recent societal shift in discourse towards the LGBTQIA+ community and the increased visibility, may have alleviated the minority position, enabling Alex and Hale to construct more resilient narratives, perceiving themselves as catalysts of change for future generations. Therefore, a resilient attitude is not necessarily driven by collective trauma and stigma, mostly prevalent in older generations (Bower et al., 2021).

Alex and Hale were able to perceive the lesbian reality as conventional and integrating into society due to their common supportive generational past. This contrasted with the experiences of lesbians who refused to conform to heteronormative norms, possibly due to differing experiences (Bosley-Smith and Reczek, 2018; Hank and Wetzel, 2018). In fact, having experienced their relationship and identity as non-normative for a number of years, Chri and Jess' ART experience differed.

Although Hale was not distressed by discrimination towards her sexual identity, it became a concern once she realised that the discrimination may impact Nicky. Hale draws on her assets, particularly her solid interpersonal support and resilience, to maintain a strengths-based perspective, retaining the conviction that the couple could overcome any challenge together. This supports the findings of Crouch et al. (2017), who discovered that the narrative of familial love fosters resilience in the face of stigma. This attitude may also reflect lesbian mothers' pressure to uphold the ideal image of parenthood (Smith, 2022). In fact, when confronted with minority stress, LGBTQIA+ persons are more resilient when they

focus on the significance of their journey rather than their lack of choice or ongoing struggle. (Lacombe-Duncan et al., 2022). The different approach could be due to the different social background. For Hale and Alex, unlike Chri and Jess, having children was never an “if”, but a “how” and “when” question. Similar to Rubio et al. (2017), Hale and Alex perceived ART as an opportunity that was accessible to them when they considered having children.

Chri and Jess’ experiences were so disparate that when asked what influenced their decision to employ ART, they emphasised the significance of experiencing gay discrimination in Malta on their self-perception and future prospects. The minority position had persisted over so many years, that institutions’ power became a significant motif in their story, silencing their voice. In fact, one of the elements that emerged in their stories was silence. While the legislation finally permitted them to have children, it came with the baggage of experience that had impacted the system around them. For Jess, coming out had meant renouncing her right to be married and raise a family. While being a woman with a feminine identity is socially associated with having children, the lesbian identity’s “social-infertility” permeated (Lo & Campo-Engelstein, 2018). Making sense of social ageist and heteronormative assumptions through a cultural lens, helped to reduce the adverse effects of ambiguous social reactions.

Although the perinatal experience occurred within a similar cultural climate, the couples’ differing perceptions on the institutions’ power impacted how predominantly the minority status was portrayed in the narratives. Given this, Malta's social and legislative reforms were vital.

### ***Exosystem***

Despite advances in medical care due to legal reform, Chri and Jess chose to remain silent about their marriage and pregnancy, possibly due to their prior experiences (Rainbow Europe, 2022).

COVID-19 exacerbated the situation and prolonged the silence, contributing to a sense of isolation and exhaustion, as evidenced by the experiences of new parents during the pandemic (Friesen et al., 2021; Vasilevski et al., 2022). Due to the strain of the pandemic on the healthcare system, Jess was unable to receive the necessary mental healthcare. Contrary to what was discovered in earlier studies, in Jess and Chri's narrative, adjustment problems and mental health problems were linked to the pandemic and not minority stress (Appelgren Engström et al., 2018; Bayen et al., 2020; Chen et al., 2019; Darwin & Greenfield, 2019; Imaz, 2017; Patterson et al., 2018; Rausch & Wikoff, 2022; Richburg, 2022; Tate & Patterson, 2018).

To complicate matters, the pandemic prompted the imposition of stringent restrictions, which had an impact on social norms. Jess missed the social support and guidance that new mothers typically receive from family and friends and peers. On the contrary, she spent the initial few days following childbirth, alone, precipitating physiological tiredness and psychological distress, as was found in studies on mothers who gave birth during the pandemic (Gray & Barnett, 2021; McKinlay et al., 2022; Spatz & Froh, 2021). Another aspect that contributed to their exhaustion was the couple's and their parents' age. Their parents, being older, encountered more problems during the pandemic, and lacked the strength to care for Sky. The health system and support seemed to be central in mitigating the pandemic's impact.

### ***Mesosystem***

While the healthcare system was overwhelmed by the pandemic, Jess and Chri faced challenges that were unrelated to the pandemic. When they started searching for information on ART in Malta, they encountered a void. This lacuna could have been attributed to ongoing changes, such as ART being newly available for lesbian couples, and the recent establishment

of laws permitting same-sex couples to have children (Civil Unions Act, 2014; Embryo Protection (Amendment) Act, 2018).

Initially, Jess and Chri were unsure of where to look for information on fertility options; an experience that Swedish women echoed (Appelgren Engström et al., 2018). They deliberately sought specialists who were respectful of and knowledgeable about lesbian reproductive requirements in order to better prepare themselves and support their decision-making (Jin & Dasgupta, 2016; Rausch & Wikoff, 2022; Teall et al., 2019; Wrande et al., 2022). Finding supportive healthcare providers alleviated considerable distress for both couples, as previous research suggested (Darwin & Greenfield, 2022; Holley & Pasch, 2022; Topper & Bauermeister, 2022).

While certain healthcare experiences may be classified as microaggressions, others were unrelated to sexual identity and instead a reflection of social norms (Anzani et al., 2021; Haines et al., 2018; Nadal, 2019; Vaccaro & Koob, 2019). Many heteronormative presumptions were encountered while interacting with medical personnel. Only one professional was cautious in not employing heteronormative discourse in prenatal classes. Other professionals discounted the significance of the non-birth mother in favour of male and female parenthood as the norm. This demonstrates the significance of individual attitudes among healthcare providers in perpetuating minority status (Tzur-Peled et al., 2019). Hale faced heteronormativity when she went to see her wife in the labour ward since, typically, only males visit labour wards. The system, in this case, was receptive to adapting to the couple's needs, leading to acknowledgment and validation, appreciated by both the birth and non-birth parents (Dahl and Malterud, 2015). Hale recounted that her experience with the system was like a rollercoaster, a metaphor used by Wojnar and Katzenmeyer (2014), emphasising the value of healthcare providers' assistance in easing the transition to motherhood.

Unfortunately, Chri narrated that she received no assistance for her mental health needs, which may parallel fathers' experiences of being disregarded in perinatal care (Hambidge et al., 2021; Hodgson et al., 2021). Neglecting the non-birth mother could also be attributed to the age of the healthcare providers, as older professionals in Malta were raised and educated in a predominantly heteronormative environment, which has been connected to inferior LGBTQIA+ sensitive healthcare (Ayhan et al., 2019; Miscioscia et al., 2017).

While there may be various causes for the absence of mental health support, including the pandemic and education, healthcare practitioners' gender and sexual orientation competence appears to be essential, as it affects the individual's microsystem and perceptions (Kirubarajan et al., 2021).

### ***Microsystem***

The perinatal narrative was influenced by the perspective taken on societal reactions, prior and current experiences. What stood out throughout the interviews was the prominence of the couples' voice and the significance of the relationship in coping.

Chri and Jess only revealed that they were travelling for ART to one family member and two friends due to preoccupation with things going wrong. Lacombe-Duncan (2022) found that the consequences of miscarriage for LGBTQIA+ people may be higher, due to the unique financial costs and challenges associated with starting a family. It is also possible that Jess and Chri were selective on who to share their journey with, due to their heteronormative upbringing. In fact, they notified their parents a few weeks later. Unfortunately, the heteronormative discourse made it difficult for their parents to comprehend the concept of lesbian parenthood, as well as the fact that the sperm donor was not considered the child's father. The couple who had to explain the difference between father and sperm donor found this upsetting, highlighting the significance of heteronormative language (Provoost et al., 2017).



Contrastingly, Hale and Alex, engaged their relatives and friends throughout the perinatal period and did not appear to struggle as much. This may be attributable to the correlation between social support and resilience, which was identified as a buffer for mental health distress experienced during COVID-19 (Krueger & Upchurch, 2020; Li et al., 2021; Thartori et al., 2021). In fact, Alex seemed to have more stamina when supported, gaining confidence in her ability to overcome problems. This does not imply that the couple were not subject to heteronormative reactions; rather, it suggests that these comments were perceived through a different lens. Alex argued that midwives should learn through their education rather than from their patients, a viewpoint shared by Røndahl et al. (2009). Hale, inversely, welcomed the inquiries from neighbours, friends, and professionals and took on the role of an educator and LGBTQIA+ rights advocate. Both Jess and Hale advocated via their experience, believing that it was vital to show others that, contrary to popular belief, being a non-heteronormative family was achievable. Heteronormative reactions were perceived as an opportunity to educate others, thereby supporting future LGBTQIA+ mothers.

Adding new meaning to life events was vital to Hale and Alex, who focused on the wonder of the perinatal period and their gratitude for the opportunity to experience it from beginning to end. In turn, unfavourable events that are known to complicate the perinatal experience, were reframed and perceived optimistically, by focusing on their personal objective and at times trusting in a higher power (Carvalho et al., 2019; Simpson & Catling, 2016; Vos et al., 2021). While trust in a higher power can promote resilience and quality of life, as it did for Hale, it has also been shown to potentially reduce the degree of responsibility taken for a circumstance. (Dewi & Hamzah, 2019; Mueller, 2021). Since Hale perceived the situation as successful, all hurdles were regarded as less critical. The perinatal period was viewed as a chapter in their love story, a step toward realising their goal of

starting a loving family. Their desire to start a family seemed to promote psychological wellness as found in Borneskog et al. (2013).

Developing their own coping and adjustment strategies was beneficial, particularly since postnatal care was scarce (Miscioscia et al., 2017). Malmquist (2021) found that it was common for partners to experience childbirth as distressing and not receive support. It is probable that the transition to parenthood was more difficult for Chri and Jess since they needed to alter their relationship narrative. Furthermore, Chri believed her non-heteronormative identity to be inherently incongruent with the socially constructed role of a married mother. Chri altered her definition of family, minimising the heteronormative narrative's idealisation of genetic symmetry, supporting parental equality (Malmquist, 2015b; Nelson & Hertz, 2016). It is possible that high educational achievement, common to Chri and Jess, encouraged their resilience (Krueger & Upchurch, 2020). Meanwhile, Hale and Alex dealt with the isolation, lack of control, and status quo through utilising their own resources, such as connections, relationships, reframing, support, and personality attributes, to succeed. In fact, it has been established that resourcefulness serves as a protective attribute against discriminatory discourse (Hayman et al., 2013; Renaud, 2007).

Apart from the socio-political discourse, Jess and Chri struggled with the experience of feeling "engulfed" by Sky (Carvalho et al., 2017; Delicate et al., 2018; Lévesque et al., 2020). The change in the family system necessitated individual and relational adjustment of expectations and priorities, as often happens in family life cycle transitions (Bateson, 1972; Dallos & Draper, 2015). The couple rationalised that sacrifices were necessary, particularly during Sky's early developmental stages, giving more weight to nurture over the "reality" to the biological link (Malmquist, 2015b). The couple agreed that while having a child was vital, they also wanted to find a way to maintain their personal identities and roles, including their marriage and their career.

Therefore, while the social context may require same-sex couples to struggle to attain their goals, the perception and stance taken toward society appears to have impacted the perinatal experience. Both couples established a homonormative narrative based on mutual respect and equality, as reflected in previous literature (Malmquist, 2015b; Rausch & Wikoff, 2022). Supportive relationships seem to be of such significance that they in fact mediated heteronormative reactions (Downing et al., 2021).

### **Conclusion**

By delving into the couples' narratives in this chapter, I have sought to analyse the told narratives, revealing an interconnectedness of different identities, prior life experiences, personal risk and protective variables, contextualised in the surrounding Maltese context. The author acknowledges that the narratives are not fixed but that the research participants' lives are ongoing, thus these narratives provide insight into the participants' subjective truth at a specific point in time (Josselson & Hammack, 2021; Smith et al., 2009). The study will be concluded in the following chapter.

## Chapter 6: Conclusion

### Introduction

This chapter presents a summary of this study's salient findings, followed by implications for clinical practice and development. Limitations of this study, along with suggestions for future research, are included.

### Summary of salient findings

This study tells the narratives of two lesbian couples who used ART and went through the perinatal period in Malta. Findings show that the Maltese culture is shifting, accommodating non-normative family constellations. The stories themselves reflect the socio-political climate of the time, the surrounding organisations, as well as family, interpersonal, and personal aspects.

### *Intersectionality of identities in creating the dominant story*

This study highlighted how the prominent storylines of the participating couples were impacted by an intersectionality of identities, institutions and the heteronormative society. The two non-birth parents in the study had differing perspectives on their roles. Chri attempted to make sense of her role in terms of heteronormative norms, resulting in a silent internal conflict to find her role in the family. Hale also modified her priorities to feel like she was equally contributing to the family, but did not struggle to identify with the role of a mother. These variances might be attributed to FoC and the impact socio-political experiences have on the value of the maternal biological link to the child.

The perceived context and surrounding discourse also influenced whether the lesbian and motherhood identity narratives were characterised by vulnerability, resilience or advocacy, impacting their perinatal transitions. For a long time, Jess and Chri's experiences of lesbian identification and lesbian motherhood in Malta were unconventional, implausible and taboo, thus their perceptions had to change to accommodate the new reality of becoming

a non-normative family. On the other hand, Hale and Alex's lesbian experiences proved to be favourable, aided by lesbian families who served as role models. The story of having a family was woven into their relationship narrative from the outset. The transition to the maternal role appeared to be easier if being a mother had always been a part of the individual's narrative. However, an incongruence between the lesbian and maternal identities, complicated the transition.

### ***The impact of personal heteronormativity experiences***

As is evident from the findings above, the narratives appear to be significantly influenced by both the individual's experience of identifying as a lesbian and the social construction of the identity along with predisposing and protective factors.

The importance ascribed to external elements in the couples' stories corresponded to the perceived external power. While Alex and Hale's experiences were narrated as normative and resilient, Chri and Jess' oppressed experiences shaped the narrative as a struggle. The differing experiences reflect social changes in media, legislation, and regulations, which may not always be apparent in social attitudes and discourse. In fact, the heteronormative narrative marginalising non-birth parents was perpetuated by some healthcare professionals. This could be a reflection of the healthcare professionals' education, experiences or the system that focuses primarily on mothers, even amongst heterosexual couples.

Unfortunately, the perinatal and COVID-19 timeline coincided, contributing to the strain. Jess and Chri's perinatal journey in 2020, happened to be the year that the pandemic broke out in Malta, resulting in isolation from social support. The fact that their parents were also deemed vulnerable due to their age, reduced the amount of support available. Furthermore, although both couples valued professional assistance, healthcare was inundated and implementing stringent restrictions, which had an impact on the quality of support offered to service users. Hale and Alex's pregnancy commenced in 2022, which was the year

when pandemic restrictions were relaxed. While, both spouses experienced challenges, mental health support was lacking, particularly for the non-birth mother. Personal coping mechanisms such as resilience, advocacy, reframing, meaning development and relationship and social support appeared to be crucial pillars in alleviating distress and the power accorded to the minority status.

### **Implications for clinical practice and development**

The narratives emphasised the relevance of the social and legal context. Malta's policies have adjusted to be more inclusive, but further efforts may be made to resolve shortcomings and promote equality in practice for enhanced quality of life (Human Rights and Integration Directorate, 2018; Ministry for Social Policy and Children's Rights, 2022). Additional laws and training can address the discrimination and stigma present in various settings, followed by the monitoring of policy implementation.

In education, from elementary to tertiary levels, narratives on what constitutes a normal family should reflect the diversity of potential family configurations. Increasing the visibility of role models, could support people with different genders and sexual orientations to develop family narratives that reflect their truth. All professionals, including managers, teachers, caregivers in elderly peoples' homes, people working with immigrants or people with disabilities, law enforcement personnel, or healthcare professionals, need to be educated on the significance of the discourse used.

It is beneficial to provide suitable and accessible resources and support for non-heterosexual people during the perinatal period. Open-ended questions at the beginning of healthcare sessions, provide individuals with the space to disclose information, precluding heteronormative assumptions (Singer et al., 2019). Antenatal LGBTQIA+ groups and preconception counselling may offer expectant parents with support sensitive to their reality (Jin & Dasgupta, 2016; Klittmark et al., 2018; Malmquist, 2016; Steele & Stratmann, 2006).

It would be beneficial for professionals to be competent on the country's culture and reproductive access rights, to support the perinatal journey, while advocating for the rights to perinatal health care (Danielson & Nelson, 2017; Tam, 2021). Clients benefit from validation and expertise for optimal outcomes, therefore healthcare personnel should be reflective of their attitude and possible prejudice (Khalili et al., 2015; McInerney et al., 2021; Parameshwaran et al., 2016).

Healthcare professionals must also acknowledge the non-birth parent's role in the perinatal system. The partner was kept in mind during the individual interviews, which supports Darwin et al.'s (n.d.) guidelines that emphasise working systemically with perinatal clients. Now that fathers are being assessed in Malta, it would be beneficial to extend support to non-birth parents who are not male.

### **Limitations of the study**

The methodology used has a number of advantages, one of which is its emphasis on the holistic individual, giving space for both implicit and explicit meanings through the hermeneutic cycle. The study also has several limitations.

Since the LGBTQIA+ community on the island is small, there was a small sample of potential participants, making it difficult to find people who were willing to participate in the study. Since the focus was on the stories of two couples, the findings cannot be generalised but can generate new research questions that contribute to theory (Josselson & Hammack, 2021). This study may represent the reality of participants who are more open to recalling and narrating their story with others. Furthermore, the participants were lesbians, white, Western Europeans, in a stable relationship, and from an educated background. It is therefore unclear how the findings can be extrapolated to couples from different demographics.

The couples reflect on their experiences, and the results reflect the personal truth based on what is recalled, rather than the objective truth, as is the aim in narrative research

(Riessman, 2008). The precision of memory recall is in fact influenced by serial recall, ongoing experiences, language use, cultural context, contextual cues, and internal affective states (Clewett et al., 2019; Wang, 2021; Wimmer et al., 2020; Zacks, 2020). It has been observed that couples may support one another in remembering specific details, however, shared memories or feelings experienced can be reinterpreted (Arango-Muñoz & Michaelian, 2020; Harris et al., 2014, 2017).

Furthermore, the research method calls for subjective narration, analysis and interpretation. The presence of the interviewer may influence the participant's decision on how and what to narrate at that specific moment (Lyons & Coyle, 2016; Missel & Birkelund, 2020; Ricoeur & Thompson, 2016). I wonder how the narration might have been modified for a researcher of a different age, gender, and cultural background. In turn, while I reflected on my biases, the study's narrative and the identified results remain subjective to my interpretation of the narrative (Josselson, 2004; Murray & Sargeant, 2012). To mitigate my bias, I reviewed my reflections on the narratives and findings with my supervisor, and the participants were invited to revise the narratives (Creswell, 2017).

### **Suggestions for future research**

Moving forward, one could research the experiences of those who experience the perinatal period starting from conception in Malta. Since the ART service from same-sex couples is a relatively new service locally, there were no prospective participants for the current study. A possibility is to incorporate participants at the onset of their perinatal journey. Participants can reflect and note their experiences, enhancing the quality of recollection.

Other research might focus on transgender and non-binary people's experiences in Malta, especially since this seems to be an under-researched area (Greenfield & Darwin, 2020). Furthermore, once ART is made available to gay men in Malta, research studies can be



conducted to examine the holistic LGBTQIA+ ART and perinatal experiences in Malta. This study could examine how policies and healthcare services might be modified to support the perinatal and family-building process.

Longitudinal research could follow various generations to investigate the cultural influences on the risk and protective factors of the perinatal experience for LGBTQIA+ people, potentially providing insight into how mental health professionals could support individuals, couples, and families in maintaining a good quality of life.

Investigating the perspectives of Maltese medical professionals and the current social perceptions would also be a potential research area that could support the perinatal experience of same-sex couples. This could demonstrate what may assist professionals in providing the highest calibre of care.

## **Conclusion**

The purpose of this study was to provide a voice to same-sex couples who experienced the perinatal period in Malta. The study may provide the reader with the opportunity to gain insight on the narratives and implications of internal and external factors. These stories serve as an essential reminder of the value of resilience in overcoming obstacles.

I will cherish these stories as this adventure draws to an end. I will use the participants' experiences as inspiration for my future professional endeavours and will keep advocating for the needs of minorities in interventions, services, and policies.

I remain grateful to the participants who volunteered to share their narratives, providing a window into their world. Only because of their trust and resilience can I share their stories, in the hope of supporting other LGBTQIA+ individuals. I hope that this study will inspire policymakers and professionals to be more sensitive to the needs of this demographic and to keep striving to support the family as a whole.

Below are quotes by the four participants that reflect the significance of resilience and support.

Jess and Chri: It “happen[ed] against all odds”, “a dream come true” and while it was “the most difficult period”, I was “resilient and stronger than I thought”. I grew “as a person” and “our relationship has definitely been impacted by that growth”.

Hale and Alex: The experience itself was “fulfilling” as we got “a new member in [our] family”. “Each other’s support” and “family support” helped “through thick and thin”. “So it’s all part of the process and we embrace it”. “All’s well that ends well”.

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## Appendix A

### Access to ART in European countries

ART is available in twenty-two of the forty-one countries, but only two of those countries permit access to surrogacy for gay men. Despite ART being accessible, there might be particular regulations that restrict it. For instance, Czech Republic uses the term “civil union” instead of “marriage”, which allows for the drafting of legislation specifically for same-sex couples, which could imply inferiority (Hašková & Sloboda, 2018). Hungary has legal frameworks and social disparities that restrict same-sex reproduction. Poland’s laws are poorly and ambiguously implemented, if not outright restrictive (Leibetseder & Griffin, 2018). Table 3 outlines the access to ART in European countries.

**Table 3**

*Access to ART in European countries*

Country	Access to ART in 2022
Albania	Not Accessible Refusal to register female same-sex couple as parents to their children
Andorra	Not Accessible Surrogacy parenthood recognised if carried out in a country where it is legal
Armenia	Not Accessible
Austria	Limited access to IVF, access to IUI Surrogacy not accessible
Belarus	Not Accessible
Belgium	ART accessible Added more trans ART information in websites
Bosnia and Herzegovina	Not Accessible
Bulgaria	Limited access to IVF, Access to IUI
Croatia	Not Accessible
Cyprus	Not accessible
Czechia	Need male to sign consent for ART, not accessible for a woman in a female couple Surrogacy not Accessible
Denmark	Accessible Surrogacy not Accessible
Estonia	Accessible Surrogacy not Accessible
Finland	Accessible Working to make surrogacy regulated and accessible



France	Accessible Surrogacy not Accessible
Georgia	Not Accessible
Germany	Limited access to IVF, access to IUI Surrogacy not Accessible
Greece	Not accessible Surrogacy only for heterosexual couples and single women
Hungary	Not Accessible Surrogacy not accessible
Iceland	Limited access to IVF, access to IUI Surrogacy not Accessible
Ireland	Accessible No legislation on surrogacy
Italy	Not Accessible Surrogacy not Accessible
Latvia	No access to IUI, limited access to IVF Surrogacy not Accessible
Lithuania	Not Accessible Surrogacy not Accessible
Luxembourg	Right to access artificial insemination undergoing review with no automatic parenthood recognition
Malta	Accessible Surrogacy not yet implemented
Netherlands	Accessible Surrogacy Accessible
Macedonia	Not Accessible Surrogacy not Accessible
Norway	Access to IUI, limited access to IVF Preservation of gametes only for trans women Access not clear for non-binary and trans men Surrogacy not Accessible
Poland	Not Accessible Surrogacy not Accessible
Portugal	Accessible Surrogacy only for single women and lesbian couples, not men
Romania	Accessible
Russia	Not Accessible
Slovakia	Not Accessible Surrogacy not Accessible
Slovenia	Not Accessible Surrogacy not Accessible
Spain	Accessible

	Surrogacy not Accessible – many couples travel abroad
Sweden	Accessible Surrogacy not accessible
Switzerland	Married lesbian couples have access to domestic sperm banks Surrogacy not Accessible
Ukraine	Accessible Surrogacy not Accessible
United Kingdom	Accessible Surrogacy available

## Appendix B

### Ethical approval

REDP Application ID: SWB-2022-00477

Dear Valentina Bezzina,

Your ethics application regarding your research titled *The perinatal experience of same-sex couples who reside in Malta when making use of Assisted Reproduction Technology (ART)* has been **approved**.

**Attached** find a **copy of the feedback sheet** containing FREC's feedback and approval. Kindly check the sheet in case of any comments from FREC.

Faculty Research Ethics Committees are authorised to review and approve research ethics applications on behalf of the University of Malta, except in the case of sensitive personal data. In this regard, your ethics proposal **does not need to be sent to UREC-DP**. Hence, **you may now start your research**.

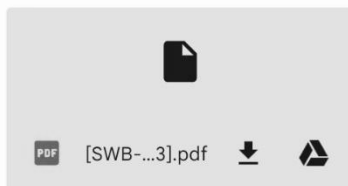
**Disclaimer:** *The research team should note that only the English versions of the documents submitted have been reviewed by FREC. It is the duty of the research team to ensure that all documents in Maltese (or any other language) are faithful translations of the English version.*

Regards,



#### Faculty Research Ethics Committee

Faculty for Social Wellbeing  
Room 113, Humanities A Building  
+356 2340 2237/3689/3220  
[um.edu.mt/socialwellbeing/students/researchethics](http://um.edu.mt/socialwellbeing/students/researchethics)



### **Ethical approval letter for organisations**

Dear [Institution name],

My name is Valentina Bezzina and I am a full-time student at the University of Malta, reading for a Master of Psychology in Counselling Psychology. I am presently conducting research as part of my dissertation titled ‘The perinatal experience of same-sex couples who reside in Malta when making use of Assisted Reproduction Technology (ART)’; this is being supervised by Dr. Ingrid Grech Lanfranco.

To carry out my research, I would need your organisation to kindly act as a gatekeeper and disseminate my research invitation to LGBTIQ+ expatriates within your organisation. But before I do that, I require signed consent from you as an agreement that you will act as a gatekeeper to help with my study. Please find more information in the attached document (the Information Letter), and if you agree to act as a gatekeeper, I would appreciate it if you return this document to me signed.

The data collection at this stage would involve the dissemination of an Information Letter with information on the interview process to gain insight on the lived experience of sexual minorities upon taking the decision to pursue the assisted reproduction process, accessing support and up to one year postnatally, providing a voice to both the birthing and non-birthing parents-to-be.

I will forward the Information Letter to be disseminated to your members once I receive ethics approval.

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I confirm my participation as a gatekeeper in this research

Name of gatekeeper: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of researcher  
Email address of researcher

\_\_\_\_\_  
Name of supervisor  
Email address of supervisor

## **Appendix C**

### **Information letter**

#### **English version**

28th October 2022

Dear Sir/Madam/Mx,

My name is Valentina Bezzina and I am a student at the University of Malta, presently reading for a Masters of Psychology in Counselling Psychology. I am presently conducting a research study for my dissertation titled ‘The perinatal experience of same-sex couples who reside in Malta when making use of Assisted Reproduction Technology (ART)’; this is being supervised by Dr Ingrid Grech Lanfranco. This letter is an invitation to participate in this study. Below you will find information about the study and about what your involvement would entail, should you decide to take part.

The aim of my study is to gain insight on the lived experience of sexual minorities upon taking the decision to pursue the assisted reproduction process, accessing support and up to one year postnatally, providing a voice to both the birthing and non-birthing parents-to-be. Your participation in this study would help contribute to further informing policy makers, practitioners who work in the area with the couples, users and provide for further areas of research. The Malta Mater Dei ART Clinic is also going through new changes with the introduction of surrogacy for gay couples, therefore, the narratives can further promote the wellbeing of couples who will be going through the ART process in the future. This experience can be valuable for couples and their families, who are still apprehensive of the process, through the enhancement of support, education and awareness, through recommendations from the research. Any data collected from this research will be used solely for purposes of this study.

Should you choose to participate, you will be asked to participate in interviews first as a couple, then alone and finally as a couple again. Interviews can take from 30 minutes to 1 hour and will be held in a confidential room that you feel comfortable in, on separate days as per your preference. The interviews will be recorded and transcribed by the researcher. The raw interview will only be accessible to the researcher. The interview will contain questions to bring out your story, which will provide you with the opportunity to focus on what you deem to be appropriate. Once data is analysed, the results will be shared with you to integrate them as a couple, verify what will be shared, and make any required changes.

Data collected will be treated confidentially using a pseudonym (a made-up androgynous name chosen by yourself) and stored in an encrypted file on the researcher’s password-protected computer. The encrypted data will be stored in a separate location from the pseudonymised research data. Only the researcher and academic supervisor will have access to this information.

Participation in this study is entirely voluntary; in other words, you are free to accept or refuse to participate, without needing to give a reason. You are also free to withdraw from the study at any time, without needing to provide any explanation and without any negative repercussions for you. Should you choose to withdraw, any data collected from your interview will be erased as long as this is technically possible (for example, before it is pseudonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in pseudonymised form.

If you choose to participate, please note that there are no direct benefits to you. Your participation does not entail any foreseeable risks since the questions will be about your experience and what it means to you. Since you form part of a small pool of individuals, you will participate in privacy; negotiate the 'process consent', whereby the researcher will constantly check that you are comfortable with the research process; will have time for debriefing and for ending research; and will be provided with a list of therapists that could provide them with support, if any issues are triggered.

Please note also that, as a participant, you have the right under the General Data Protection Regulation (GDPR) and national legislation to access, rectify and where applicable ask for the data concerning you to be erased. All data collected will be erased following publication of results, in December 2023.

A copy of this information sheet is being provided for you to keep and for future reference.

In the event that you feel distressed due to participation in the interview, the service of a healthcare professional from Kana (2223 8000, 79014827, 79011435, support@canamovement.org), Psychology Services at FSWS (<https://fswscms.gov.mt/en/sedqa/Pages/psychology-services.aspx>) will be available at no financial cost on your part.

Thank you for your time and consideration. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

---

Name of researcher  
Signature of researcher

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Name of supervisor  
Signature of supervisor

## Maltese version

28 ta' Ottubru 2022

Għaziz/a/Gheżiez Sinjur/a/i,

Jiena Valentina Bezzina, studenta fl-Università ta' Malta, u bħalissa qed insegwi Masters tal-Psikoloġija fil-Psikoloġija tal-Counselling. Ir-riċerka għad-dissertazzjoni tiegħi jisimha: L-esperjenza perinatale ta' koppji tal-istess sess li joqogħdu Malta meta jagħmlu użu mit-Teknoloġija ta' Riproduzzjoni Assistita (ART); it-tutor tiegħi hi Dr Ingrid Grech Lanfranco. B'din l-ittra nixtieq nistiednek tipparteċipa fir-riċerka. Hawn taht issib aktar informazzjoni fuq l-istudju li qed nagħmel u fuq xi jkun l-involviment tiegħek jekk tiddeċiedi li tiegħu sehem.

L-għan tal-istudju hu biex jinkiseb għarfien dwar l-esperjenza hajja tal-minoranzi sesswali meta jieħdu d-deċiżjoni li jsegwu l-proċess ta' riproduzzjoni assistita, jaċċessaw appoġġ sa sena wara t-twelid, biex tipprovdi vuċi kemm lill-ġenituri futuri li jkunu qed iwelldu kif ukoll li ma jwelldux. Sehmek jgħin biex tikkontribwixxi f'aktar informazzjoni lil dawk li jfasslu l-politika, il-prattikanti li jaħdmu fil-qasam mal-koppji, l-utenti u tipprovdi għal aktar oqsma ta' riċerka. Il-Malta Mater Dei ART Clinic ukoll għaddejja minn bidliet ġodda bl-introduzzjoni tas-surrogacy għall-koppji gay, għalhekk, in-narrattivi jistgħu jkomplu jippromwovu l-benessri tal-koppji li se jkunu għaddejjin mill-proċess ART fil-futur. Din l-esperjenza tista' tkun ta' valur għall-koppji u l-familji tagħhom, li għadhom jibzġu mill-proċess, permezz tat-tiġib tal-appoġġ, l-edukazzjoni u l-għarfien, permezz ta' rakkomandazzjonijiet mir-riċerka. L-informazzjoni kollha li tingabar fir-riċerka tintuża biss għall-fini ta' dan l-istudju.

Jekk taqbel li tipparteċipa, tintalab biex tipparteċipa fl-intervisti l-ewwel bħala koppja, imbagħad waħdek u fl-aħħar mill-ġdid bħala koppja, fi granet separate, skont il-preferenza tiegħek. L-intervisti jistgħu jieħdu minn 30 minuta sa siegħa u se jsiru f'kamra kunfidenzjali li tħossok komdu/a/i fiha. L-intervisti se jiġu rreġistrati u traskritti mir-riċerkatriċi. L-intervista mhux ipproċessata, tkun aċċessibbli biss għar-riċerkatriċi. L-intervista se jkun fiha mistoqsijiet biex toħroġ l-istorja tiegħek u tagħtik l-opportunità li tiffoka fuq dak li tqis li hu xieraq. Ladarba d-dejta tiġi analizzata, ir-rizultati jiġu kondivizi miegħek biex jiġu integrati bħala koppja, tivverifika dak li se jkun kondiviz u tagħmel kwalunkwe tibdil meħtieġ.

L-informazzjoni miġbura se jiġi ttrattat b'mod kunfidenzjali bl-użu ta' psewdonimu (isem androġinu magħmul magħżul minnek innifsek) u maħzun f'fajl kriptat fuq il-kompjuter protett bil-password tar-riċerkatriċi. Id-dejta kriptata tinħażen f'post separat mid-dejta ta' riċerka psewdonimizzata. Ir-riċerkatriċi u s-supervizur akkademiku biss se jkollhom aċċess għal din l-informazzjoni.

Il-partecipazzjoni tiegħek f'dan l-istudju se jkun għalkollox volontarja; fi kliem ieħor, inti liberu/a/i li taċċetta jew tirrifjuta li tiegħu sehem, mingħajr ma tagħti raġuni. Inti wkoll liberu/a/i li twaqqaf il-partecipazzjoni tiegħek fl-istudju meta tixtieq, mingħajr ma

jkollok tagħti spjegazzjoni u mingħajr ebda riperkussjoni. Jekk tagħzel li tirtira mir-riċerka, l-informazzjoni li tkun laqget ittiehdet fl-intervista miegħek tithassar diment li dan ikun teknikament possibbli (nghidu ahna, qabel ma tiġi pseedonimizzata jew ippubblikata), u sakemm l-għanijiet tar-riċerka jkunu jistgħu jintlaħqu u ma jintlaqtux serjament. F'dak il-każ, l-informazzjoni tiegħek tintuża u tinzampseedonimizzata .

Jekk tagħzel li tipparteċipa, jekk jogħġbok innota li m'hemm l-ebda benefiċċju dirett għalik. Il-parteeipazzjoni tiegħek ma fiha l-ebda riskju magħruf jew mistenni peress li l-mistoqsijiet se jkunu dwar l-esperjenza tiegħek u xi tfigger għalik. Peress li inti tiffirma parti minn grupp żgħir ta' individwi, int se tipparteċipa fil-privatezza; tinnegozja l-'kunsens tal-proċess', fejn ir-riċerkatrċi tiċċekkja kontinwament li inti komdu/a/i bil-proċess ta' riċerka; se jkollok ħin għal debriefing u biex tingħalaq tar-riċerka; u se tiġi pprovdit/a/i b'lista ta' terapisti li jistgħu jipprovdulhom appoġġ, jekk jinqalgħu xi kwistjonijiet.

Bħala parteċipant/a/i, għandek id-dritt, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u l-legiżlazzjoni nazzjonali, li taċċessa, tikkoreġi u fejn hu applikabbli, titlob li l-informazzjoni li tikkonċernak tithassar. L-informazzjoni kollha li tingħabar fl-istudju se tithassar wara li johorgu r-riżultati, f'Diċembru tal-2023.

Qed ngħaddilek kopja ta' din l-ittra biex iżzommha bħala referenza.

F'każ li tħossok imnikket/a/imnikktin minħabba l-parteeipazzjoni fl-intervista, is-servizz ta' professjonisti fil-kura tas-saħħa minn Kana (22238000, 79014827, 79011435, support@canamovement.org), u Servizzi tal-Psikologija fl-FSWS (<https://fswscms.gov.mt/en/sedqa/Pages/psychology-services.aspx>) se jkunu disponibbli mingħajr ebda spiża finanzjarja min-naħa tiegħek.

Grazzi tal-ħin u l-kunsiderazzjoni tiegħek. Jekk ikollok xi mistoqsija, tiddejjax tikkuntattjani.

Tislijiet,

---

Isem tar-riċerkatur  
Firma tar-riċerkatur

---

Isem tas-superviżur  
Firma tas-superviżur



## Appendix D

### Participant consent form

#### English version

The perinatal experience of same-sex couples who reside in Malta when making use of Assisted Reproduction Technology (ART)

I, the undersigned, give my consent to take part in the study conducted by Valentina Bezzina. This consent form specifies the terms of my participation in this research study.

1. I have been given written and/or verbal information about the purpose of the study; I have had the opportunity to ask questions and any questions that I had were answered fully and to my satisfaction.
2. I also understand that I am free to accept to participate, or to refuse or stop participation at any time without giving any reason and without any penalty. Should I choose to participate, I may choose to decline to answer any questions asked. In the event that I choose to withdraw from the study, any data collected from me will be erased as long as this is technically possible (for example, before it is pseudonymised or published), unless erasure of data would render impossible or seriously impair achievement of the research objectives, in which case it shall be retained in a pseudonymised form.
3. I understand that I have been invited to participate in an interview in which the researcher will ask questions to explore the lived experience of parents-to-be in same-sex relationships upon taking the decision to start the assisted reproduction process and accessing support in Malta. I am aware that both interviews will take approximately 30-60 minutes each, on separate days according to your preference. I understand that the interviews are to be conducted in a place and at a time that is convenient for me.
4. I understand that my participation does not entail any known or anticipated risks.
5. I understand that there are no direct benefits to me from participating in this study. I also understand that this research may benefit others by providing the best service and support during the antenatal and perinatal period. The research can also inform policy makers and practitioners who work in the area, to promote the wellbeing of couples through enhanced support, education and awareness.
6. I understand that, under the General Data Protection Regulation (GDPR) and national legislation, I have the right to access, rectify, and where applicable, ask for the data concerning me to be erased.
7. I understand that all data collected will be erased following publication of results, in December 2023.
8. I have been provided with a copy of the information letter and understand that I will also be given a copy of this consent form.
9. I am aware that I am giving my consent for this interview to be audio recorded and converted to text as it has been recorded (transcribed).

10. I am aware that I am asking to review extracts from my interview transcript that the researcher would like to reproduce in research outputs, before these are published. I am also aware that I may ask for changes to be made, if I consider these to be necessary.
11. I am aware that my data will be pseudonymised; i.e., my identity will not be noted on transcripts or notes from my interview, but instead, a code will be assigned. The codes that link my data to my identity will be stored securely and separately from the data, in an encrypted file on the researcher's password-protected computer, and only the researcher, academic supervisor and examiners will have access to this information. Any hard-copy materials will be placed in a locked cabinet/drawer. Any material that identifies me as a participant in this study will be stored securely for the duration of the study and destroyed in December 2023.
12. I am aware that my identity and personal information will not be revealed in any publications, reports or presentations arising from this research.
13. If I feel that the interview has distressed me in any way, a service of a healthcare professional from Kana (2223 8000, 79014827, 79011435, support@canamovement.org), Psychology Services at FSWS (<https://fswscms.gov.mt/en/sedqa/Pages/psychology-services.aspx>) will be available to assist me at no financial cost on my part.

I have read and understood the above statements and agree to participate in this study.

Name of participant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of researcher  
Signature of researcher

\_\_\_\_\_  
Name of supervisor  
Signature of supervisor

## Maltese version

### Formola tal-kunsens tal-partecipant/a/i

L-esperjenza perinatali ta' koppji tal-istess sess li joqogħdu Malta meta jagħmlu użu mit-Teknoloġija ta' Riproduzzjoni Assistita (ART)

Jiena, hawn taht iffirmat/a/i, nagħti l-kunsens tiegħi li nieħu sehem fl-istudju ta' Valentina Bezzina. Din il-formola tal-kunsens tispjega t-termini tas-sehem tiegħi f'din ir-riċerka.

1. Inghatajt l-informazzjoni bil-miktub u/jew bil-fomm dwar l-iskop tar-riċerka; kelli l-opportunità nagħmel il-mistoqsijiet, u kull mistoqsija ngħatajt twegiba għaliha b'mod sħiħ u sodisfaċenti.
2. Nifhem ukoll li jiena liberu/a/i li naċċetta li nieħu sehem, jew li nirrifjuta, jew li nwaqqaf il-partecipazzjoni tiegħi meta nixtieq mingħajr ma nagħti spjegazzjoni jew mingħajr ma niġi penalizzat/a/i. Jekk nagħzel li nippartecipa, jaf niddeċiedi li ma nwegibx kull mistoqsija li ssirli. F'każ li nagħzel li ma nkomplix nieħu sehem fl-istudju, l-informazzjoni li tkun laħqet ingabret mingħandi tithassar diment li jkun teknikament possibbli (ngħidu ahna, qabel ma tiġi psewdonimizzata jew ippubblikata), u sakemm l-għanijiet tar-riċerka jkunu jistgħu jintlaħqu u ma jintlaqtux serjament. F'dak il-każ, l-informazzjoni tiegħi tintuża u tinzamm psewdonimizzata.
3. Nifhem li ġejt mistieden/mistiedna/mistednin nippartecipa f'intervista u l-persuna li qed tagħmel ir-riċerka se tistaqsi mistoqsijiet biex tesplora l-esperjenza ħajja tal-ġenituri futuri li qiegħdin f'relazzonijiet bejn persuni tal-istess sess, meta jieħdu d-deċiżjoni li jibdedw il-proċess ta' riproduzzjoni assistita u jaċċessaw l-appoġġ f'Malta. Jiena konxju/a/i li ż-żewġ intervisti se jdumu bejn wieħed u ieħor 30-60 minuta kull wieħed, fi granet separate, skont il-preferenza tiegħek. Nifhem li l-intervisti ser isiru f'post u f'hin li jkun konvenjenti għalija.
4. Nifhem li l-partecipazzjoni tiegħi ma fiha l-ebda riskju magħruf.
5. Nifhem li bil-partecipazzjoni tiegħi f'dan l-istudju, mhemm l-ebda benefiċċju dirett għalija. Nifhem ukoll li din ir-riċerka taf tkun ta' benefiċċju għall-oħrajn billi ttejjeb is-servizz u l-appoġġ matul il-perjodu ta' qabel it-twelid u perinatali. Ir-riċerka tista' tinforma wkoll lil dawk li jfasslu l-politika u lill-prattikanti li jaħdmu fiż-żona, biex jippromwovu l-benessri tal-koppji permezz ta' appoġġ, edukazzjoni u għarfien imtejba.
6. Nifhem li, skont ir-Regolament Ġenerali dwar il-Protezzjoni tad-Data (GDPR) u l-legiżlazzjoni nazzjonali, għandi dritt naċċessa, nikkoreġi u, fejn hu applikabbli, nitlob li l-informazzjoni li tikkonċernani tithassar.
7. Nifhem li l-informazzjoni kollha miġbura se tithassar wara li johorġu r-riżultati, f'Diċembru 2023.
8. Inghatajt kopja tal-ittra ta' tagħrif biex inzommha u nifhem li se ninghata wkoll kopja ta' din il-formola tal-kunsens.
9. Konxju/a/i li qed nagħti l-kunsens tiegħi biex din l-intervista tiġi rrekordjat/a bl-awdjo u maqluba f'kitba fl-istess waqt (traskrizzjoni).

10. Konxju/a/i li, qed nitlob li nara siltiet mit-traskrizzjoni tal-intervista miegħi li r-riċerkatriċi se tirriproduċi fir-riżultati tar-riċerka tagħha qabel ma jiġu ppubblikati. Jiena konxju/a/i wkoll li nista' nitlob li jsir xi tibdil fihom jekk ikun mehtieg.
11. Jiena konxju/a/i li l-informazzjoni tiegħi se tkun psewdonimizzata, jiġifieri l-identità tiegħi mhix se titniżżel fit-traskrizzjonijiet jew fin-noti tal-intervista, imma minflok, se niġi assenjat/a/i kodiċi. Il-kodiċijiet li jorbtu l-informazzjoni dwari mal-identità tiegħi se jinżammu b'mod sigur u separat mill-informazzjoni, f'file kodifikat fuq il-kompjuter tar-riċerkatriċi, protetti b'password, u r-riċerkatriċi, it-tutor akkademika u l-eżaminaturi biss se jkollhom aċċess għal din l-informazzjoni. Kwalunkwe materjal stampat se jitqiegħed f'armarju msakkar. Kwalunkwe materjal li jidentifikani bħala parteċipant/a f'dan l-istudju se jinżamm b'mod sigur sakemm isir l-istudju u se jinqered f'Diċembru 2023.
12. Konxju/a/i li l-identità tiegħi u d-dettalji personali tiegħi mhux se jiġu żvelati f'xi pubblikazzjoni, rapport jew prezentazzjoni li tista' tohroġ minn din ir-riċerka.
13. Jekk inħoss li l-intervista b'xi mod kiddni jew iddisturbani, servizz ta' professjonist fil-kura tas-saħħa minn Kana (2223 8000, 79014827, 79011435, support@canamovement.org) u Servizzi ta' Psikologija fl-FSWS (<https://fswscms.gov.mt/en/sedqa/Pages/psychology-services.aspx>) ser ikunu disponibbli li jassistinu bla ħlas.

Qrajt u fhimt l-istqarrijiet t'hawn fuq, u naqbel li nipparteċipa f'dan l-istudju.

Isem il-parteeipant/a/i: \_\_\_\_\_

Firma: \_\_\_\_\_

Data: \_\_\_\_\_

\_\_\_\_\_  
Isem tar-riċerkatur  
Firma tar-riċerkatur

\_\_\_\_\_  
Isem tas-supervizur  
Firma tas-supervizur

## Appendix E

### Interview guide

#### English version

#### *Couple interview guide*

Pseudonymised Names:      Length of Relationship:  
 First experience of conception (year):

#### Introductory Statement

I have developed a set of questions to use during this interview. These will be a guide, however, feel free to share anything that you feel will be of importance, at any point. The guide is meant to allow us to have more of a conversation rather than a question-and-answer interview and will therefore be adapted according to our conversation. During this interview, I aim to help you to elicit stories about your perinatal experience. The perinatal period is defined as the time from the beginning of the pregnancy up to a year after the birth.

#### Questions

1. Could you share a story about you as a couple?

*Probe: This could be a memory that you hold close to heart, or an experience that you feel made you the couple that you are today.*

2. What was a pivotal point in your relationship that impacted your perspective on having children?

*Probe: This could have been a conversation, an experience or your own visions*

3. How was the experience to arrive at the decision to use Assisted Reproduction Technology and have a child?

*Probe: Was this planned from earlier in your relationship?*

4. How do you see your relationship to have developed as a couple through this experience?

*Probe: This period of time is life-changing and you may have seen changes in each other and yourself, how you spend time together, how you communicate or what you give priority to*

5. What form of support were you receiving or did you wish to receive?

*Probe: support from your family, friends, each other, colleagues, medical professionals, mental health professionals.*

6. Can you share a story of your experience within the Maltese culture?

*Probe: How did society react to having a child as a same-sex couple. The looks of the people, conversations that you may have had that may have impacted whether or not to hide or voice your experience.*

#### Debriefing

We are nearing the end of the interview.

- Is there anything that is currently on your mind and that you wish to share?
- Is there anything that you found to be important in your journey and I have not touched upon?
- How did you feel during this interview?

Thank you for your participation in this research.

### ***Individual interview guide***

Pseudonymised Name:

#### Introductory Statement

I have developed a set of questions to use during this interview. These will be a guide, however, feel free to share anything that you feel will be of importance, at any point. The guide is meant to allow us to have more of a conversation rather than a question-and-answer interview and will therefore be adapted according to our conversation. During this interview, I aim to help you to elicit stories about your perinatal experience. The perinatal period is defined as the time from the beginning of the pregnancy up to a year after the birth.

#### Questions

1. Can you tell me about yourself?

*Probe: You can focus on the strengths that may have played a part in this experience, your visions and values.*

2. Could you share your initial experience when you decided to go through ART for the conception?

*Probe: Every new experience comes with its emotions. Do you remember your initial moments, what you may have been feeling and what was happening?*

3. Tell me about your story as time went by and what this meant to you.

*Probe: As time goes by, you may have experienced different emotions, had new experiences, had conversations and met new individuals.*

*Probe: What impact did this experience have on you?*

4. Every new experience changes who we are as an individual and in relation to others.

What is your perspective on how your 'self-in-the-relationship' was impacted through this experience?

*Probe: How did such a life altering experience impact what you need from a relationship and how you relate to your partner?*

#### Debriefing

We are nearing the end of the interview.

- Is there anything that is currently on your mind and that you wish to share?
- Is there anything that you found to be important in your journey and I have not touched upon?
- How did you feel during this interview?

Thank you for your participation in this research.

## Maltese version

### *Gwida għall-intervista tal-koppji*

Ismijiet Pseudonimizzati: Tul tar-Relazzjoni  
L-ewwel esperjenza tal-konċepiment (sena):

#### Dikjarazzjoni Introduttorja

Żviluppajt sett ta' mistoqsijiet biex nuża waqt din l-intervista. Dawn se jkunu gwida, madankollu, hossok liberu li taqsam kull haġa li tħoss li tkun ta' importanza, fi kwalunkwe punt. Il-gwida hija maħsuba biex tippermettilna li jkollna konversazzjoni aktar milli intervista ta' mistoqsija u twegiba u għalhekk se tkun adattata skond il-konverżjoni. Waqt din l-intervista, jien nimmira li ngħinek tikseb stejjer dwar l-esperjenza perinatali tiegħek. Il-perjodu perinatali huwa definit bħala ż-żmien mill-bidu tat-tqala sa sena wara t-twelid.

#### Mistoqsijiet

1. Tista taqsam storja dwarkom bħala koppja.

*Probe: Din tista' tkun memorja li żżommu għal qalbkom, jew esperjenza li tħossu li għamlitkom il-koppja li intom illum.*

2. X'kien punt ċentrali fir-relazzjoni tagħkom li kellha impatt fuq il-perspettiva tagħkom rigward it-trobbija ta' tfal bħala koppja?

*Probe: Din setgħet kienet konversazzjoni, esperjenza jew il-viżjonijiet tiegħek stess*

3. Kif kienet l-esperjenza li waslet għad-deċiżjoni li tuża t-Teknoloġija tar-Riproduzzjoni Assistita (ART) u li jkolkom tarbija?

*Probe: Dan kien ipplanat minn qabel bdiet ir-relazzjoni?*

4. Kif tara li r-relazzjoni tagħkom żviluppata bħala koppja permezz ta' din l-esperjenza?

*Probe: Dan il-perjodu ta' żmien ikollu impatt li jibdel il-ħajja u jista' jkun li rajt bidliet f'xulxin u fik innifsek, kif tqattgħu hin flimkien, kif tikkomunikaw, dak li tagħti prijorità għalih*

5. Liema forma ta' appoġġ kontu qed tircievu jew xtaqtu tircievu?

*Probe: Appoġġ mill-familja tagħkom, ħbieb, xulxin, kollegi, professjonisti mediċi, professjonisti tas-saħħa mentali.*

6. Tista' taqsam storja tal-esperjenza tiegħek fi hdan il-kultura Maltija?

*Probe: Kif irreaġixxiet is-soċjetà lejkom (bħala koppja tal-istess sess) li ser ikollkom it-tfal? Ir-reazzjoni tan-nies, konversazzjonijiet li seta' kellkom li setgħu hallew impatt fuq jekk taħbix jew issemmax l-esperjenza tiegħek.*

#### Debriefing

Wasalna lejn it-tmiem tal-intervista.

- Hemm xi haġa li bħalissa tinsab f'moħħok u li tixtieq taqsam?
- Hemm xi haġa li sibt li hija importanti fil-vjaġġ tagħkom u li jien ma missejtx?
- Kif hassejtek waqt din l-intervista?

Grazzi tal-partecipazzjoni tagħkom f'din ir-riċerka.

## ***Gwida għall-intervista individwali***

### Isem Pseudonimizzat:

### Dikjarazzjoni Introduttoria

Żviluppajt sett ta' mistoqsijiet biex nuża waqt din l-intervista. Dawn se jkunu gwida, madankollu, hossok liberu li taqsam kull haġa li tħoss li tkun ta 'importanza, fi kwalunkwe punt. Il-gwida hija maħsuba biex tippermettilna li jkollna konversazzjoni aktar milli intervista ta' mistoqsija u twegiba u għalhekk se tkun adattata skond il-konverżjoni. Waqt din l-intervista, jien nimmira li ngħinek tikseb stejjer dwar l-esperjenza perinatali tiegħek. Il-perjodu perinatali huwa definit bħala ż-żmien mill-bidu tat-tqala sa sena wara t-twelid.

### Mistoqsijiet

1. Tista' tgħidli dwarek innifsek?

*Probe: Tista' tiffoka fuq is-saħħiet li setgħu kellhom sehem f'din l-esperjenza, il-viżjonijiet tiegħek u l-valuri tiegħek.*

2. Tista taqsam l-esperjenza inizjali tiegħek meta ddeċidejt li tgħaddi minn ART għall-konċepiment?

*Probe: Kull esperjenza ġdida tiġi bl-emozzjonijiet tagħha. Tiftakar il-mumentu inizjali tiegħek, dak li seta' kont qed tħoss u x'kien qed jiġri?*

3. Tista' tgħidli dwar l-istorja tiegħek maż-żmien u xi tfisser għalik.

*Probe: Aktar ma jgħaddi ż-żmien, jista jkun li esperjenzajt emozzjonijiet differenti, kellek esperjenzi godda, kellek konversazzjonijiet u ltqajt ma' individwi godda.*

*Probe: X'impatt jista' kellha din l-esperjenza fuqek?*

4. Kull esperjenza ġdida tbiddel min ahna bħala individwu u f'relazzjoni mal-oħrajn. X'inhil-perspettiva tiegħek dwar kif 'il-jien fir-relazzjonijiet' kienet affetwata permezz ta' din l-esperjenza?

*Probe: X'impatt kellha esperjenza bħal din fuq dak li tfittex minn relazzjoni u kif tirrelata mal-partner tiegħek?*

### Debriefing

Wasalna lejn it-tmiem tal-intervista.

- Hemm xi haġa li bħalissa tinsab f'moħħok u li tixtieq taqsam?
- Hemm xi haġa li sibt li hija importanti fil-vjaġġ tiegħek u li jien ma missejtx?
- Kif hassejtek waqt din l-intervista?

Grazzi tal-partecipazzjoni tiegħek f'din ir-ricerka.



## Appendix F

### Excerpts of analysis process

#### Excerpt from Jess and Chri's interview analysis

Reading 1: Annotation	Transcript	Reading 2: Voices and Dialogue
<p>Depicting the perceived Maltese significance of the biological link</p> <p>Control on mesosystem</p> <p>Expectation that being gay means not having children</p> <p>The couple feel that as a same-sex couple they get asked more questions than straight people would not get</p>	<p>J: <b>Then the Maltese context is also. Not in the face here, but sometimes we also get. I also get “dan tieghek?”</b> “Ehe hu tieghi”</p> <p>C: Also because he’s really blonde and she’s not so so [pause] you know people get, but if you look at him I mean they resemble each other very much.</p> <p>J: Yes imma imma</p> <p>C: They have the same nose, the same cheeks.</p> <p>J: Ehe people you know sometimes they. We didn’t get lots of people questioning but.</p> <p>C: But we also surround ourselves with generally nice people.</p> <p>J: But ehe but for example ehe, colleagues I’ve had colleagues who have asked, “dak tieghek?” “ehe?” <b>“u kif ghamilt? &lt;eqq&gt; imma stenna, am I missing part of the picture? You’re still with a woman hu?”</b> <b>“Iva I’m still with a woman”. “Ehee? Allura kif?”</b> And they don’t, they’re not [pause] they don’t, you know, they don’t kind of hold back from asking questions which are quite</p> <p>C: <b>Which you wouldn’t ask to a straight couple</b></p> <p>J: <b>No, you don’t ask them.</b></p> <p>C: <b>You know like if a straight couple tell you they’re pregnant.</b></p> <p>J: X’ghamilt?</p> <p>C: Hadd ma jghidilhom kif ghamiltuh tipo? [giggles] you know qisu</p>	<p><b>Conservative / Patriarchal society</b></p> <p><b>Internalised heteronormativity</b></p>
<p>Expecting the questioning reactions</p>	<p>J: So the Maltese context speci ta’, we’re not. <b>We’re not weary of it because we’re aware</b> and these have been. erm they’ve</p>	<p><b>LGBTI Community</b></p>

<p>Coping through humour</p> <p>Isolated due to COVID</p> <p>Also isolate the self to mitigate comments from society</p> <p>Curiosity and confusion on having two mothers rather than judgmental looks</p> <p>Strong impact of how the inner family reacts</p>	<p>been occasional, you know, that's we kind</p> <p>C: We laugh them</p> <p>J: We laugh them off imma ehe [pause] And we have been also for a long part. So for the first year of Sky's life, we were also very isolated as well as jigifieri</p> <p>C: So we didn't ehhe [pause] you know expose exposed no</p> <p>J: We didn't really. [pause] And to be fair as well, possibly our lifestyle. Like we'd much rather jien naf go for a picnic in the middle of nowhere or in a field, or where you know most people wouldn't go then.</p> <p>C: We'd rather avoid people than.</p> <p>J: We'd rather avoid people you know speci ukoll, jigifieri ehe</p> <p>C: erm [pause] To be fair, I mean now that we we're out, we're out and about and we we go to restaurants now that he's getting a bit older</p> <p>J: we've never had any</p> <p>C: We've never really had any like bad looks or or. <b>People do look twice, but I think it is out of curiosity and like until they figure out that we're both his mummy or because he refers to us as mum and Mama and he, you know. And and he clearly calls us, refers to us both as his mother. erm so you can see sort of that, they're confused and curious at the same time.</b> But we never encountered [pause] you know negative comments or [pause]</p> <p>J: no</p> <p>C: You know,</p> <p>J: Not really</p> <p>C: I think a lot of everyone our parents made a stupid comment [snickers] I think, I can't remember anyone.</p>	<p>Couple</p>
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<p>The narrative of the patriarchal society is strongly felt, even frustrating</p> <p>Significance of difference between father and donor</p>	<p>I: Seems like they were [pause] qisu more comfortable ukoll because [pause] they're your parents</p> <p>C: Possibly</p> <p>J: Though they can ask certain questions imma ehe imma their first reaction to us was very also representative of how patriarchal society is hu li <b>speçi min hu l-missier, ta' min hu ooo</b></p> <p>C: And then we have to actually <b>explain the difference between missier</b></p> <p>J: <b>U donor you know</b></p> <p>C: U donor, donator fhimt, it is different</p> <p>I: mm qisu kienet important ghalikom li ma this this was a donor, the the fact li donor</p>	<p>Non-birth parent</p>
<p>Struggle of finding the place and role in the family due to the lack of biological relatedness. Her not being recognised like her partner seemed impactful. The traditional values of the importance of the father perpetuated the struggle.</p> <p>Due to societal and personal values there was the expectation of others judging, so</p>	<p>C: mm</p> <p>I: mhux missier. Dik il-kelma kienet important qisha ghalikom</p> <p>C: mm. And also I'm I'm remembering it.</p> <p>J: It is hu</p> <p>C: I also in the in the initial months and up to the first year, <b>I also kind of struggled to place myself in the whole equation [pause]. Because [pause] you know, il-missier ma kienx hemm and you know my traditional Maltese values, you know, il-missier irid ikun hemm, and I struggled so OK, I'm his mother, but I have I have no blood relation with this child. He has nothing, his DNA is not mine. erm so I I, I felt in the beginning I really struggled to see how I could possibly nurture a link, because biologically, he's not mine. I kind of, you know, felt I wasn't recognised [pause] as his mother on the same level as you were, because you had the biological link.</b> Until I</p> <p>I: Recognised with who?</p> <p>C: Sometimes you know comments. Mostly, it is not comment, it is it is how. [pause] <b>Maybe it could have been my own perception of how I'm seeing people</b></p>	

<p>ambivalent reactions may lead to the perception of judgmental reactions</p> <p>Process of finding position as a mother who is not biologically related</p> <p>Felt like she needed to work harder to build bond to feel equal</p> <p>Recognition that any parent needs to find time but she feels that finding the link is easier if there is a genetic link</p>	<p>react around me. Maybe maybe it was <u>my misreading or mis [pause] misunderstanding of how people are seeing me.</u></p> <p>J: Or maybe it was along the process of you actually finding where you're</p> <p>C: Ehe exactly.</p> <p>J: Position tieghek kind of fhimt</p> <p>C: Exactly, so I kind of in the beginning it took me a while sort of to position myself, <u>OK as also his mother and the way I'm going to be linked to him is different from a blood link because I don't have that blood link, but he's still my child, you know and and obviously today I feel very much his mother, you know jigifieri you know, as in. But I had to, I feel in a way that I had to work extra hard to build a bond with him, where he also. Where I see that I would, you know, be on equal footing, because there wasn't that biological link.</u></p> <p>I: So you feel like you have to do <i>more</i> in a way to get a reaction from him or for you?</p> <p>C: Ehe sometimes in hindsight. In hindsight, it is nothing more than what any parent should do fil-verita', which is ultimately you need to spend time with your children,</p> <p>I: mhm</p> <p>C: because that's what I did. I mean, I did not do anything special, but for some for other couples, for for straight couples. <b>I don't think the father has to struggle as much to establish that link.</b></p> <p>I: OK.</p>	
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## Excerpt from Hale and Alex's interview analysis

### *Stage 1: Gestalt and Themes*

#### **Gestalt**

- Fight for what you want
- Part of the journey

#### **Themes**

1. Heteronormative life script
2. Choice and control
3. Change: Personal
4. Silence
5. Explicit recognition
6. Social Popularity
7. Professionals: trust and education
8. Protection: cover up, normalise and downplay
9. Social change for the LGBTQIA+ community
10. Positive outlook

### *Stage 2: Voices and Dialogue*

Thematic cluster	Voices	Strength
Society	Heteronormative Life script, 'normal'	3
	Generation	2
	Culture protecting the family	5
	Social Voice	10
	Loss	4
	Age expectations	7
	Higher power	7
Control	Professionals	1
	Institutional	8
	Directive communication	9
Personal	Resilience	10
	Fear	6
	The future	6
	Couple voice	10
	LGBT advocate	10

*Stages 3 and 4: Patterns and unity*

Reading 3: Pattern	Reading 4: Theory
<b>Social</b>	
Heteronormativity and social expectations are accepted as the couple's life script and way of being.	Social identity theory, Expectation states theory, Narrative identity theory
Status quo heteronormativity and social popularity is handled by perceiving themselves as agents of change.	Resilience theory, Life course narrative theory of sexual identity development, Existential theory, Narrative identity theory
Social expectations and gossip mitigated through acceptance and resilience by simply moving forward	Resilience theory, Life course narrative theory of sexual identity development
Social judgment leading to worry on the child's future, mitigated through acceptance, normalising and believing in the self	Resilience theory
<b>Institution</b>	
Institutional control and heteronormativity mitigated by the decision to let go, trust (sometimes through religion) to be resilient	Minority theory, Resilience theory
Institutional power requiring change and flexibility, controlled by taking control and protecting the family to keep a positive and resilient outlook	Role theory, Life-story theory, Existential theory
Lack of trust and education in the professional body leading to acceptance of role to support current and future LGBT community	Resilience theory, Life course narrative theory of sexual identity development, Minority stress, Narrative identity theory
Being silenced by professionals leading to perseverance to gain control, be heard, be recognised and achieve change	Resilience theory, Minority stress
<b>Personal</b>	
Lack of choice in needing to change mitigated by focusing on meaning making and gaining control through choosing	Life-story theory, Existential theory, Personal construct theory
Changes in identity, obstacles and loss mitigated by change in meaning, gratitude, a positive outlook and trust in the future	Life course narrative theory of sexual identity development, Existential Theory, Personal construct Theory, Narrative identity theory
Fear and social ignorance deflected and rationalised to not be pulled down.	Life-story theory, Minority stress theory, Resilience theory

## Appendix G

### The couples' stories interspersed with direct quotes in Maltese

#### Jess and Chri

##### *Introducing the couple*

Jess and Chri started their relationship years after they initially met. Chri considers herself to be the practical and pragmatic person in the couple. She focuses on “always thinking ahead . . . sometimes a bit too much”. Jess focuses more on the present moment, is adventurous and outgoing. While it was easy for Jess to not be secretive about her sexual orientation and eventually the pregnancy, being open got easier in “recent years” due to “the introduction of laws”.

##### *The impact of a civil conservative history*

Both Chri and Jess grew up with different “civil liberties and rights” than today, which impacted their perinatal journey. “Growing up pre-2014 . . . it was very conservative”. Jess shares that “coming out in 2001” within an “established narrative” made it hard to imagine oneself a parent.

It was a very different era . . . we used to talk about the possibility, you know, of having a family, and they seemed extremely far away . . . there were gay families, but most of them were couples who had already, you know, kids from previous relationships and then they had a same-sex partner. So they eventually, you know, were seen as gay families. So those were the only formulas that we knew at the time.

Growing up with internalised heteronormativity and lack of role models, Chri and Jess experienced unique struggles to identify with the role of a parent. For Jess, the trouble with “coming to terms with [her] sexuality was mostly the fact that [she] couldn't . . . reconcile” her sexuality and the possibility of having her own children.

The hardest bit, coming to terms with the fact, *isma* listen, I still want a family, I still want kids, erm but yes, I'm gay. So that was the . . . bit which I had difficulty reconciling, because at the time . . . [pause] there were no, I couldn't see anyone, you know, there were no examples that I could perhaps see or follow

On top of this, it was hard to have their voices heard. They “were inexistent to the state and the state made it a point to tell [them] that [they] have no rights and . . . [they] shouldn't expect to have the same rights as other individuals in society”. While certain organisations tried to fight for their voices to be heard, “even meetings were declined . . . let alone to have a debate or a discussion”. So they “had grown accustomed to the idea that [they] were never gonna be given full rights”.

The divorce referendum “started laying the groundwork, where from an ultra-conservative society . . . social changes” were happening. Once the “legal framework” changed in 2014 and there were “laws which allow[ed] [them] to get married like any other couple”, the social narrative started to change.

We weren't even convinced it was gonna happen. You know we we didn't actually believe that it is happening until I think, the day of the celebrations. (Chri)

Until 14th of April 2014. (Jess)

Subsequently, “visibility increased”, which led to “society becoming a bit more [pause] accepting not just towards LGBT, but . . . also of different families”. Visibility, a social shift in conservatism, and “equality at law” was “reassuring”, contributing to contemplating the prospect of having children.

### ***Deciding to use ART***

“Chri was always a bit reluctant with the idea of having kids” since she found it difficult to reconcile the gay identity with the maternal instinct due to the socio-political climate in which she grew. It was Jess who put the idea of having children “on the table”.



The wish to have children was pushed aside for a number of years due to their studies and buying a place. At age 37, Jess felt that “if it is to happen, [they] have to do something about it”. Chri reflected on her priorities and values and got into a “rational argument” with herself “whereby there’s no reason why [she] can’t have kids”, leading her to “reconsider this position”.

So if I say no . . . most probably it will not, you know break up the relationship, but . . . I would have taken something from her.

To not take away what seemed “central and core” for Jess, Chri “put aside [her] fear and discomfort with having children”. Adoption was out of the question for them, especially since there were a lack of options for same-sex couples. They were “not the couple who wanted kids at all costs”. IVF was not considered since Jess had heard how invasive, intense and expensive the procedure is. The couple reflected on their priorities and found a compromise. “What was more important is that [they] try . . . because once you try you have a possibility of succeeding”. Chri felt reassured that they were

going to give it a shot, a one off, and if it doesn’t work, it doesn’t work. And you know, we’re not going to sort of make this the central point of our lives and relationship. Erm and probably that was what I was most afraid of, probably subconsciously is . . . having seen other couples [pause] you know making it so central to their lives, it consumes them financially and emotionally.

This decision led them to a “purely functional” wedding. They were not “very keen to the institution of marriage” since “it is just a written contract”, but “it would be easier . . . because [Chri] would be automatically the mother. Otherwise [she] would have had to adopt him”.

After the wedding, Jess started searching for information on ART but encountered a “vacuum”. She emphasised the value of knowledge asserting, “if you’re unaware of certain

information . . . you might leave out certain possibilities, or you might not even consider them”. Once they planned the procedure, they sought advice from couples who had experienced the process.

### *Antenatal*

Since the same-sex ART service in Malta was new, the couple believed it crucial to find experienced professionals to not serve as “guinea pigs”. As a result, their gynaecologist directed them to clinics abroad. Jess expected to be forced into IVF owing to her age. She was appreciative that the clinic provided guidance while leaving them “completely free to choose” their course of treatment.

The next step was to select the sperm donor. The sole requirement was for the hair colour to match Chri’s. The couple prioritised nurture over nature, therefore Jess found browsing through catalogues to be stressful, meaningless, and consumeristic. What mattered was having sperm that “get[s] the job done” and having “a healthy baby”. Finally, the couple “went for an open donor” so that “Sky will have the possibility of getting in contact with the donor when he’s 18”

They sent some medical tests abroad and later went to Denmark for a week for the insemination. At this point, Jess did not “want to deal with disappointment that if it didn’t work, then [she would] have to tell people”, so only a family member and a lesbian couple were informed. They felt like they did not need support, although it was a “very stressful period”.

Jess initially assumed the “driving seat”. When they learnt that the insemination was successful, they “were over the moon . . . ecstatic”. Chri felt that “suddenly everything changed, that ok, it is really happening, so . . . [she has] to sort of take the front-seat again now”. Chri felt fortunate to have “been successful on the first try . . . it wasn’t as expensive as

it was for other people". She interpreted this success as evidence that "it's meant to be" and that she "should really throw [herself] into this".

During medical appointments, Chri was surprised at how common it was for "women [to be] on their own" for "this whole daunting process" which "re-indicated the decision" to do everything together. She "always felt very involved", "witness[ing] the same events".

However, while they prioritised nurture over nature, Chri's lack of biological link felt prominent and "weird" to her. She wondered whether it was her "own perception of how [she's] seeing people reacting around [her]. Maybe . . . [her] misreading or . . . misunderstanding of how people are seeing [her]". Chri felt that by being the non-birth mother, she needed to put in added effort to create the bond present between biological parents and their baby.

My partner was pregnant with a child and and biologically . . . half of this child is hers and the other half we don't know because it was an anonymous donor so we don't really know the profile, nor nor does it really make a difference at this point. But sort of yes, I sort of, the absence of that biological link erm, kind of, I struggled sort of to see how I'm gonna fit in the picture. Erm but what I did is even during pregnancy I would . . . stay close to the tummy to . . . hear the movement. And I actually used to talk to him erm and sing to him a lullaby which . . . I'd like to think that today he recognises it, like 'cos he does calm down when he hears it. So I I sort of, I made those extra steps to try and start creating a bond . . . even before his arrival.

Despite the struggle, Chri was grateful that she did not need to go through pregnancy and childbirth. While Jess enjoyed the pregnancy, feeling like the "queen of [her] castle", Chri would not have been "willing to go . . . through so many changes happening in [her] body . . . hosting another, another human being, and then actually deliver[ing] that human being".

When it came to sharing the news with their parents, the couple kept with the “traditional six weeks and maybe even a bit more”. The initial reaction was, “*ta’ min hu?*” “whose is it?” The couple believes that this reaction reflects the patriarchal society and the difficulty for others to recognise the possibility of two women being mothers without a man. They then had “to actually explain the difference between “*missier* and donor” “father and donor”. A difference that was crucial to the couple.

The heteronormative roles also impacted their experience in the prenatal course. Chri noticed that apart from the fact that they were “the only lesbian couple and the only gay couple”, “some of the men who were there . . . were like walking in the clouds . . . they had no no idea what was going on”. She observed the mother attending to the baby while the father appeared “clueless”, which she attributed to the typical patriarchal Maltese mentality. She remarked on society’s narrative;

the baby needs the mother’s milk, the midwives would know how to handle it for, or maybe . . . the grandmother because they’ve been through this experience. So the concept of you know the . . . father being hands-on from day one I feel it is still very alien here in Malta and . . . there is that assumption that maybe they’re not, you know, in need of support. . . . So that by extension, because services are mostly tailored towards heterosexual couples, erm sort of I fit under that, you know, weird demographic, you know which I, I feel I didn’t belong in there, but there was also no place for me as the other-mother.

During antenatal classes there was a focus on “the man as the main partner” except when “there was a younger midwife who . . . mindfully said partner instead of husbands”.

Unfortunately, all these factors made Chri feel “pretty much the odd one out”. Coming from a history of being told that gay people do not deserve space, this did not affect her much. She

believes that the LGBTQIA+ community has gotten “used to it . . . I would say I was not surprised because also a lot of the . . . trainers were . . . of a certain age”.

Chri feels that “on a general level, doctors, especially Maltese doctors, have no bedside manners”, speaking in jargon, being “brusque” and treating the client as ignorant. She perceives the profession as “traditional and conservative” with consultants of an older age not “know[ing] how to speak to women” “and to add on, that layer of, you know, we [were] a lesbian couple at a time when, you know, artificial insemination was not really possible in Malta”. In fact when they went to hospital to meet the consultant “he looked baffled”, asking Chri, “*mela int x'int?*” “what are you then?” For the couple, it felt like the consultant had “*qabadna, għaffigna bħal ka bħal karta ballun hekk, u waddabna*” “grabbed us, squashed us like a like a ball of paper and thrown us”. Chri expressed how they “could have got it worse” since they heard that some doctors were “overtly racist and we imagine would be also overtly anti-LGBTI”. So when professionals passed heteronormative assumptions, Jess spoke up by for example, emphasising that her partner is a woman.

Along with the issue of gender, Jess felt that her age may have played a role in the consultant’s confusion. She felt that Maltese doctors perceived her as a “geriatric mum” although the “average European woman actually has . . . kids at the age of 38”. It felt “horrible” to be seeing the heartbeat for the first time, while being questioned on why she is pregnant. All she wanted was to be supported through the process, as she had been with the clinic abroad. When asked whether she felt different due to the use of ART, she asserted,

*I think it is like becoming a parent, whether it is through, I don't see the difference fhimt? I could have adopted Sky . . . when they're young you go through the same you know, the sleepless night, the caring for a newborn, the forgetting yourself, not taking care of yourself. Then you know, trying to pick up where you left off relationship-wise. So I don't think that [ART] makes me, my experience as a parent anything different. . .*

*. They always treated me as if I am a special [pause] eħe, darba anki l-gynae, she used a particular [pause] kind of special baby . . . because you know we didn't just have sex and have the baby imma [long pause] I never thought about that part making me [pause] a different parent.*

I think it is like becoming a parent, whether it is through, I don't see the difference you know? I could have adopted Sky . . . when they're young you go through the same you know, the sleepless night, the caring for a newborn, the forgetting yourself, not taking care of yourself. Then you know, trying to pick up where you left off relationship-wise. So I don't think that [ART] makes me, my experience as a parent anything different. . . . They always treated me as if I am a special [pause] yes, once even the gynae, she used a particular [pause] kind of special baby . . . because you know we didn't just have sex and have the baby but [long pause] I never thought about that part making me [pause] a different parent

It was important for the couple to proactively look for medical professionals who would patiently explain what was happening. Chri observed that legal changes were not enough to support professionals in being sensitive to the LGBTQIA+ reality.

There were massive efforts to change the law erm and to give a strong message that . . . Malta is the place to be for LGBTI couples . . . Very little was done to sensitise certain professions . . . ok, you have the occasional training, but you know I've never heard of . . . a policy of [pause] you know how you should speak to certain patients or that you shouldn't say certain things to certain patients, you know. Erm so I think, whereas the law ok is great and it is exemplary and we're first in the world in other areas, we're still lagging behind and significantly behind ey. It doesn't mean that because we have a very strong legal framework that everything is, you know, perfect. We still have a long way to go.

### ***Childbirth***

The narrative emphasised the dominance of hospitals and institutions, which was exacerbated by the stringent restrictions imposed during the pandemic. Jess knew that Chri would not be allowed inside the delivery room, therefore delaying her hospital admission to the last minute. After delivery, it was only due to a shift change that Chri was spared a few minutes with Sky before being ordered to leave. Jess was hospitalised and left feeling overwhelmed with the prospect of “dealing with a new boy” while Chri was left with an urge to compensate after missing-out on the first few days.

The lack of support was hard for them since they had to “figure it out” alone, which “set the tone” of exhaustion. “Not having relatives . . . able to visit . . . was harsh . . . torture”. Jess even missed “suggestions or advice” that others may complain about.

You know, you’d always imagine people bringing you flowers and balloons and ‘Aa it is a boy!’ . . . and you know I didn’t have that because the pandemic prevented me from having that. (Jess)

The experience of childbirth and being alone was “traumatic” for Jess who struggled to meet her basic needs. She expressed how important mental healthcare is, especially when the “new mum” is vulnerable and not able to assess herself. Healthcare professionals are “too busy to care for a mother . . . the focus is on the child”, even during home follow-ups.

### ***Postnatal***

Unfortunately, while support was not crucial antenatally, this changed postnatally. At this stage, support and the mental health suffered due to the pandemic, leading to complete isolation, complicating the transition for the couple. It was like “a treadmill and not getting anywhere”.

Chri felt that the midwife was “only concerned with the baby and . . . the biological mother” and not “the other partner”. She advocates for support for the non-birth parent who is present in the upbringing of the child.

I think if you know any . . . partner who’s involved and who bothers to . . . take a front-seat and . . . be present and be around, it is also a challenging reality. Erm but there are no services . . . unless you seek them out yourself . . . and for us it was even worse because of the pandemic.

Both of them did not get “relief in terms of sleep and . . . we were sort of [pause] struggling and fumbling our way through . . . this whole new reality on our own”. While their parents could get them food and leave it behind the door, they could not come in. Fear of the pandemic precipitated isolation. Jess realised that her dreams of the lifestyle with a new-born, such as carrying the baby in a sling to go shopping, have coffee and read a book were a “romanticised image”.

Apart from pandemic hardships, Chri was going through her own turmoil. The socio-political climate growing up had repercussions on her identity, complicating her identification with motherhood. She “never imagined kids as being . . . one of the chapters in [her] life”.

I never sort of thought of myself as a mother or how I could be a mother. And even you know when . . . the thought used to cross my mind as a child or you know in conversation someone else would mention it, I could never really imagine myself, you know, mothering a child. It might have been related to the fact that perhaps deep down, I knew I wasn’t your conventional woman . . . so like I struggled to reconcile the motherly role with a gay woman.

Chri was struggling to make sense of her experience due to implicit and explicit norms.



I kind of struggled to find a place within this, you know, trio of a of a family in the sense that you know, whereas I saw that Jess had [pause] the natural link because she she was, you know, she's the birth mother, I kind of, you know. Ok on paper it says I'm the mother too, but, you know if this child ever needs something you know in hospital, you know we're not of the same DNA . . . I can't give him my bone marrow. . . . So at . . . the beginning the very . . . fact that biologically I had nothing in common with this baby, I couldn't, I struggled. I struggled sort of, you know, to reconcile the . . . idea of being also his mother in my head.

Social reactions were mixed. People in their village were "extremely nice" and the reactions were "funny because . . . Sky is so blonde-looking and when [they] used to go out for walks", people looked at Chri and commented on how alike they look. Others outrightly asked Jess, "am I missing part of the picture?" "*You're still with a woman hu*" "You're still with a woman right?", "how?" "Somehow they never expect[ed] [her] to have had a child". She believes that being pregnant during the pandemic hindered others from seeing her pregnant, which contributed to her being asked, "is he yours?" Such questions would not have been posed to a "straight couple", Chri stated.

People do look twice, but I think it is out of curiosity and like until they figure out that we're both his mummy or because he refers to us as mum and mama and . . . he clearly calls us, refers to us both as his mother. Erm so you can see sort of that, they're confused and curious at the same time. But we never encountered [pause] you know negative comments.

Since they felt weary of the Maltese context, the couple decided to spend their free time in places "where you know most people wouldn't go". There was power in altering their lifestyle and choosing where to be and who to be with, thereby defending themselves from heteronormative reactions.

Sadly, avoiding heteronormativity was not always possible. When they took Sky to childcare, the manager “expected [them] to provide information about the father” even though Jess had clearly stated that there is no father. Jess was annoyed and needed to explain to the manager that they did not “need any information . . . because the donor has no rights over the child”. The couple perceived the reaction as a depiction of how strong the heteronormative norms in Maltese society are. Nonetheless, they appreciate that they were “never . . . treated any differently than any other couple” by the childcare. In fact they received two cards for Mother’s Day.

Another concern was the connection between Chri’s sense of recognition and implicit heteronormativity. The feeling of equality did not seem to be achieved through legal acknowledgment.

*In the initial months and up to the first year, I also kind of struggled to place myself in the whole equation [pause]. Because [pause] you know, il-missier ma kienx hemm and you know my traditional Maltese values, you know, il-missier irid ikun hemm, and I struggled so ok, I’m his mother, but I have . . . no blood relation with this child . . . I really struggled to see how I could possibly nurture a link, because biologically, he’s not mine. I . . . felt I wasn’t recognized [pause] as his mother on the same level as [Jess was] because [she] had the biological link.*

In the initial months and up to the first year, I also kind of struggled to place myself in the whole equation [pause]. Because [pause] you know, the dad was not there and you know my traditional Maltese values, you know, the dad needs to be there, and I struggled so ok, I’m his mother, but I have . . . no blood relation with this child . . . I really struggled to see how I could possibly nurture a link, because biologically, he’s not mine. I . . . felt I wasn’t recognized [pause] as his mother on the same level as [Jess was] because [she] had the biological link.

The struggle arose when Chri returned to work after long-term leave. Her co-workers were unaware that she was married, let alone that her “spouse” had given birth. She could “see the questions going on . . . behind someone’s mind”. It

felt odd explaining that I I took, I was on sort of long-term leave because I had a baby but they never saw me pregnant . . . they see me in a different way than they would see another person, another woman who, you know, was pregnant, delivered her baby and is coming back after maternity leave.

This led her to yearn for her “placeholder”.

Whereas for other, let’s say heterosexual couples they would know in which placeholder to fit once they become a parent, for me it was a bit more complex . . . none of the other placeholders fitted, so I have to carve my own.

Making sense of this became Chri’s priority and upon Jess’ advice, she “made it [her] priority to invest [her] time” to “feel on equal footing erm with Jess, in his eyes”. She valued equality and persevered to depart from the heteronormative parenting roles. Being the non-birth mother, she found that it was easy to misinterpret her position,

to see the difference and to misinterpret it in a way which . . . I suppose it was sort of my way of putting my head around it as well.

### ***The transition***

Chri perceives her life as “part one is pre-Sky and part two is post-Sky”. The arrival of Sky brought on considerable changes for Chri and Jess, individually and as a couple. Adjusting was in fact the gestalt of the couple’s interview. “Time alone and as a couple [was] significantly diminished if not non-existent”. In general, the couple “realised that [they] [couldn’t] expect to keep living [their] lives as [they] did previously”. Jess was intent on the importance of Sky’s “developmental stage” given that “needs . . . not met in childhood . . . come to haunt you”, giving meaning to these changes. Chri was resigned to the idea that she

has “to give [space] up for a number of years until he grows a bit older and you know becomes a bit more independent”.

Chri found parenting at their age to be physically and emotionally draining, especially considering the “very steep learning curve” involved. The greatest challenge was to be continuously aware of her “default mode of reactions”, triggered by being overwhelmed, so as “not to repeat the mistakes of [her] parents”. Having a parenting blueprint led to “a struggle because you have to literally learn, [pause] everything” “to not be [her] parents”.

Identity adjustment was necessitated, “irrespective whether you’re giving birth or not”. “It is a lot to take on, also, because we have much more . . . hats to wear than what our parents used to have”. Having a child does not entail stopping other commitments. One needs “to go to work . . . switch off and then . . . ensure that everything is going ok, the relationship is going ok as well . . . it is, I think . . . too much pressure and too much to ask of anyone”. Jess “was inundated by work . . . going back to [her] old responsibilities, and trying to cope with the lack of sleep and everything”.

The sleep deprivation was so serious that Jess used to dread the night, feeling anxious and sad as it approached. The couple eventually began alternating who gets to sleep through the night and who wakes up when the baby does. The first year, according to Chri, was rough owing to a “horrible feeling of anxiety, of being tired and overwhelmed and, you know, barely surfacing”.

Further to the pandemic, support was restricted since their parents were “not young, so there’s a limit to what you can expect from them”, which caused further strain on the relationship. While they did try to have date nights, the baby was “too young for babysitters” and they felt guilty if they stayed out late and “somebody ha[d] to suffer at [their] expense”. So, Jess remarked, their relationship was put on hold until they could “pick up where [they] left off”. Jess believes that since they went through this experience together, their relationship

may be stronger, although only time will tell. They are now more aware of the care they need as individuals and as a couple. She acknowledged that “any relationship with a new-born will suffer” and becomes “purely functional” due to lack of time and energy.

I feel like right now, both of us are very much engulfed with you know, trying to ensure that we’re . . . both going forward kind of and we know that there will be a time when things will be easier, also because he will be, you know, growing up. . . .

Right now it is a bit like ok, we’re trying to cope here.

### ***Resilience***

Jess expresses how “parenthood is a journey . . . it doesn’t need to be one way or the other. You just adapt it to make it work your way”. Having a child was “a dream come true”, “part of the missing jigsaw that I held . . . and now . . . I have those pieces in place”.

I’ve been through all the stages, the civil unions, the marriage . . . we were celebrating and everything. But way back in 2001 when I was at university and I was coming out as a gay person and I still held on to the fact that . . . I’m going to have kids irrespective of what society says, I don’t need a man to have kids. I do, I did but yes, not in the same way. . . . So I think in a way I feel that yes, it is fulfilled, but to me it means that I’ve gone against all odds and it happened.

Nowadays, Chri feels that she “can’t imagine [her] life without Sky” and that sometimes there is “that slight regret that it took [her] so long to get around to the . . . idea”.

Adaptation also happened physiologically. While at first Chri used to be at work, exhausted, feeling horrible and not registering what was happening, eventually her body got used to it. She “was somehow functioning on three hours of sleep”. Jess exclaimed that while now they were “running on low” and “still recovering” as they continuously learn and adapt, previously they “were running on basically nothing” but they somehow survived. It feels like

*“għadda trakk minn fuqna u ma nafux x’laqatna”* “a truck passed over them and they do not know what hit them”.

This experience helped Chri realise that she is “more resilient and stronger than [she] thought” and although it was “the most difficult period in [her] life” because she “had to unlearn a lot of things”, she is “still standing”. Chri had never “imagined [pause] at any point how tough it was going to be”. Jess concurs, “there is also a certain level of resilience . . . that [she] never knew [she] had . . . before it got tested”. She shares how these universal challenges should be normalised since she noticed that most of the parents were struggling and not speaking up. Chri felt that society expects parents “to be overjoyed”, but in reality one is “so exhausted that you don’t have the presence of mind to enjoy it”. Fortunately, Jess had the resources to be aware of her difficulties and pay for professional support, which she believes to be crucial although not all mothers can afford it.

The experience has helped me grow as a person. So automatically, our relationship has definitely been impacted by that growth. Of course . . . a lot of readjusting . . . still needs to happen, as we go along, as he grows older. (Jess)

They went “back to the drawing board” individually and as a couple, re-evaluating their goals and way forward. In retrospect, Jess cherishes their experience and what they learnt, while acknowledging the importance of a solid relationship foundation “prior to ever considering having kids”.

## Alex and Hale

### *Introducing the couple*

Hale is an educator, loves reading, sports and travelling. She expresses that she is prone to overthinking. Alex is a calm and self-sufficient person, which she perceived has eased this experience.

For both Hale and Alex the relationship means a lot. Hale feels that Alex “*hija parti kbira minn ħajti . . . mill-affarijiet li għaddejna bidluni ħafna*” “she’s a big part of my life . . . from the things we’ve been through they changed me a lot”. The couple are both out as gay but do not make a big deal out of it as the more one hides, the more people “tend to gossip behind your back”. Their perspective is that if people like them, “that’s good” and if they do not “that’s good as well”. After three years together, Alex proposed, they planned a wedding and a year later started the process of adoption.

The couple was always there for each other and this experience was no exception. They prioritised being “both happy”, trusting and respecting each other. Alex explained how important it was to find a balance, “it is a give and take”. While previously housework was Alex’s role, pregnancy brought about lack of energy and time. It was up to Hale to take care of the housework. She did them wholeheartedly since Alex was carrying Nicky, even though the extra duties were overwhelming, “more than double the load”.

### *Antenatal*

*We had a very good time together qabel ma gie Nicky . . . sifirna ħafna postijiet differenti ma’ xulxin, għandna ħafna esperjenzi sbieħ ma’ xulxin. Imma issa speċi we are both ready to embrace our new journey.*

We had a very good time together before Nicky came . . . we travelled abroad to a lot of different places together, we have a lot of beautiful experiences together. But now kind of, we are both ready to embrace our new journey.

Hale feels that others may not understand how much the opportunity of ART means. While some say, *“uwija mhux taddotta”* “so what, just adopt”, *“tista’ taddotta imma l-adoption process huwa ferm diffiċli . . . speċjalment għal gay couples li they are very restricted, hemm ħafna pajjiżi fejn ma jaċċettawx gay couples”* “you can adopt but the adoption process is very difficult . . . especially for gay couples, who are very restricted, there are a lot of countries who do not accept gay couples”, making it “more difficult [to be] paired” with a child.

Alex always wanted her own child and on the outset of their relationship, they shared the dream of getting married and having children. IVF was not the first choice for Hale. From a young age, before knowing that she was gay, she used to tell her mother that she wanted to both have her own children and adopt. The couple started the adoption process, choosing from the limited selection available for gay couples but were informed that the children chosen had been paired with another family. They were disappointed. Hale expressed *“qisek bla ma trid, tibda taħseb fihom”* “without wanting to, you start thinking about them”. Since adoption was not working out and *“Alex dejjem xtaqet li she conceives a baby, so għedna, why not go for it”* “Alex always wished to conceive a baby, so we said, why not go for it.”, They chose IVF and decided that eventually *“jekk il-bambin jibgħat adoption, we’ll go for it”* “if God sends adoption, we’ll go for it”, which was their plan all along, just not in that order.

Hale knew that they “were heading for a big change”. *“Niftakarna . . . morna dawra bil-karozza”* “I remember . . . we went for a drive with the car.” They were *“bħat-tfal hekk, jeċitaw ruħhom . . . xi ħaġa għdida”* “like children, exciting themselves . . . , something new”.

Their gynaecologist guided them to a hospital in Cyprus and they “went for that” since the service in Malta was in its infancy. The gynaecologist *“il-ħaġa vera għamililna tinstema’ faċli . . . tieħu d-demm, tieħu l-meds, you go up there, erm idahlulek fertilised egg and you get pregnant hekk”* “made it sound very easy . . . take the blood, take the meds, you go up there, erm they put in the fertilised egg and you get pregnant”. Hale felt blind-sighted,



“that’s not it, that’s really not it”. However she appreciated not knowing as “*allaħares tkun taf x’hemm quddiemek għax naħseb ħafna nies, they will opt-out*” “God forbid you know what is to come because, I think a lot of people would opt-out”.

It was an automatic decision for Alex to carry the child since Hale was afraid of childbirth. Due to Alex’s health issues however, they needed to check whether she could be pregnant. At this stage, since having children was a shared dream, Hale was willing to put aside her fears and “carry the child” if Alex was unable to, “as it was only fair” and it was “one of the most beautiful things in life”. When they got the go ahead, Alex experienced mixed emotions.

*kienet xi ħaġa vera emotional li kont ferħana ħafna, fl-istess ħin tibza [giggles]. I mean mhux xi ħaġa faċli, l-IVF mhix faċli, il-pregnancy ma jkollokx idea xi tfisser. . . . x’ħin tkun għaddej minnha, erm tibda tinduna kemm mhix xi ħaġa faċli. Li bdejt nammira n-nisa aktar, I mean . . . lil ħadd ma tisma, [sighs] qisu jirrakonta kemm vera, mhix faċli l-pregnancy. . . . emotionally jien ma tantx bagħtejt, imma physically . . . wara l-OHSS, imbagħad gie s-sajf u vera [breathes in], kont qed inħossni qisna biċċa tal-art, litteralment erm. Fih s-sabiħ tagħha ovjament, il-baby jiċċaqlaq, tibda tarah tikber, jiġifieri huma affarijiet sbieħ, imma erm mhix daqshekk faċli.*

it was something truly emotionally that made me really happy, at the same time afraid [giggles]. I mean it is not something easy, IVF is not easy, you would not have an idea what pregnancy means. . . . when you’re going through it, erm you start realising that it is not easy. I started to admire women more . . . you don’t hear anyone, [sighs] like recounting how pregnancy is not easy. . . . emotionally I did not suffer much, but physically . . . after OHSS, summer came and really [breathed in], I was feeling like a piece of floor-cloth, literally erm. There is a beauty to it obviously, the baby moves, you start seeing yourself growing, so they are nice things, but erm it is not so easy.

**Cyprus.** They went to Cyprus for a week for the procedure. Hale acted as Alex's cousin since they had the same surname and they could not show that they are a gay couple. For Hale this "was a bit weird, awkward" especially since they had to remove their wedding rings. Hale reasoned that "*kellu jġgri hekk speċi bilfors*" "it needed to happen like that"

Although Hale felt anxious, she kept her distance due to the fear that if the hospital realised that they were a couple, they would be declined treatment. While in hospital they were allowed to remain together until the embryo implantation stage.

*Xtaqtha kienet hemm, imma fl-istess hin mument vera sabiħ għax tara kollox*

*[smiling], jġġifieri, mill-ultrasound juruk, imbagħad tarah sejjer ġol-utru . . . xi haġa vera sabiħa. (Alex)*

I wished her to have been there but at the same it is a really beautiful moment because you see everything [smiling], that is, from the ultrasound they show you, then you see him going in the womb . . . something really beautiful. (Alex)

While Alex appreciated that for a heterosexual couple there is a beautiful shared act to conceive, for them it was beautiful as they planned it together.

*li qisu taraha tiġri quddiem għajnejk . . . tkun taf x'qed tagħmel qisha, qisek għandek kollox, kif taqbad tgħid, bi programm mhux qed tistenna xagħar wara erm jekk inqbadtx jew le.*

you see it happening in front of your eyes . . . as if you know what you are doing, it is as if you have everything, how to explain it, with a program not needing to wait for a month after erm if you get pregnant or not.

Hale may not have seen it but did experience the process. From choosing the sperm donor, choosing physical characteristics, although from "a closed box", travelling for IVF, seeing the heartbeat, "it is something nice" to see from the very start. "*It is an opportunity for those li ma jistgħax ikollhom tfal naturally*" "It is an opportunity for those who cannot

have children naturally ”, as if it were not for ART, a lot of families, whether gay or straight, would still be without children.

Unfortunately, Alex, a healthy and athletic person, was “*bilkemm niflaħ nimxi*” “hardly able to walk”, her heart rate rising quickly to 120 beats per minute. Even her face seemed older showing that she was not well. They informed professionals that things were not right, but were brushed off, “it’s normal, it’s normal, it’s normal, when nothing was normal at all”. However, Alex was determined to not let this get in the way of their plans to drive around Cyprus before returning to Malta.

**Malta.** During the first three months of the pregnancy, Alex woke up every morning to take two needles which was “a bit tiring” but beautiful. “*Qisek tkun trid il-ħaġa, li qisek ma taġhtix każ daqshekk*” “it is like you want the thing, so you don’t give it much thought”.

Back home, Hale was Alex’s main support system along with her family. Once, Alex was fainting on the bed, Hale called the gynaecologist and was once again told that it is normal. She had to be assertive to be taken seriously and was only then told to go straight to emergency. Hale felt like all the gynaecologist cared about was Alex getting pregnant and not her health when “*fil-verita’ biex ikollok pregnancy sura ta’ nies . . . irridu nieħdu ħsiebha [l-omm] ukoll*” “in reality to have a good pregnancy . . . we need to take care of [the mother] too”. The statement “it’s normal” was repeated a number of times throughout the interview showing the significance of the minimisation which escalated Hale’s anxiety. Hale believed that had they been heard, they may have avoided the illness that endangered Alex’s life. However, “*wara, kulħadd għaref*” “afterwards, everyone is wise”.

*Jien meta ġenitur jiġi jistaqsini, kif nista ngħin lil binti biex titgħallem ċertu affarijiet . . . bħala professional, bħala għalliema, I go out of my way li ngħin 100%. Nemmen li dan, the first gynaecologist, li morna għandu, mghamilx xogħlu sew . . . stennejt naqra aħjar.* (Hale)

When a parent comes to ask me, how can I help my daughter to learn certain things . . . as a professional, as a teacher, I go out of my way to help 100%. I believe that this, the first gynaecologist did not do his work well . . . I expected a bit better. (Hale)

When Alex got sick, she was hospitalised for ten days. Unfortunately, due to hospital regulations during the pandemic, she was alone.

*Kull ma setgħet tiġi tarani persuna waħda u fl-istess hin jekk inti ma tkunx qed tħossok sew tkun trid nies close tiegħek illi jkunu viċin tiegħek. Jiġifieri nahseb fi żmien l-isptar ma kienx daqhsekk faċli għax, mingħalija li naf sas-sitta setgħu idumu hdejja, allura qisu l-lejl kollu, jew sat-tmienja, erm kont inkun waħdi . . . kont nistennihom hafna.*

Only one person could come to see me and at the same time if you are not feeling well, you would want people who you are close with to be close to you. So I think when I was at the hospital it was not an easy time because, as far as I remember, they could stay next to me till six, so at night, or till eight, erm I used to be alone . . . I used to wait for them a lot.

To make matters worse, the hospital was not telling her why she was unwell. Alex started looking up her symptoms, realising that it may be OHSS. She turned to a friend whose aunt is a gynaecologist and received feedback confirming the serious nature of her illness. Alex took matters into her own hands and decided to look for another professional opinion. Her OHSS was verified as serious by the new medical team. An ultrasound and blood tests were finally taken, but all the team could do was monitor. She feels that when someone goes for IVF, they should be aware of the serious health risks, a cause that she advocates for.

During the hours alone she joined an OHSS group but when she saw the pictures with all the pipes in the ITU “*kont ha niġġennen*” “I was going to go crazy”, so she left the group.

Although close friends and family visited her, “*fl-aħħar mill-aħħar, imbagħad qisu inti trid tagħmel naqra kuraġġ*” “at the end of the day, it needs to be you who gains some courage”.

At one point, the nurse told Hale to wake up during the night and make sure that Alex was still breathing. She was very scared and woke up every two hours to check on Alex, fearing that she would not find her

*tieħu nifs jew lil-baby ma jasalx sal-aħħar tafkif? Ġieli anka kont ngħid, immagina jkollna ngħazlu speċi l-ħajja ta’ Alex jew il-baby.*

breathing or that the baby does not get to the end you know? Sometimes I even used to think, imagine we need to choose kind of Alex’s life or the baby’s.

Hale shared that although she did not carry the child, she was anxious, wanting to ensure that they are “on the right track”. Alex was her “number one priority”, but she perceived her anxiety as a weakness, an obstacle. “*Mentally kont għajjejt, ħafna kont għajjejt*” “Mentally [she] had gotten tired, very tired” “*imma ċertu affarijiet . . . mhux għax tkun trid taħseb fuqhom, imma ma kienux jgħinu*” “but certain things . . . not that you want to think about them, but they did not help”. To deal with the fear of the unknown, Hale turned to academia, “*innizzel xeba papers, kont noqgħod naqra biex nipprova nifhem, nipprova nara x’nista’ nagħmel*” “downloading a lot of papers, I used to read to try to understand, try to see what I can do”. It was not enough as what she cared about was their situation and getting personalised support. Nonetheless, she felt instrumental in the pregnancy as otherwise certain things “*wouldn’t have worked out kieku ma kontx hemmek 100% full on*” “wouldn’t have worked out if I was not there 100% full on”.

Since she was anxious, she opened up with her mother and a colleague on a superficial level and dealt with most of her anxiety alone. She became “*qisni ġejt magna għaddejja minn ħaġa għall-oħra to make things work*” “like a machine moving from one thing to another to make things work” “juggling through a lot of things at the same time”.

Priority was given to making sure that Alex was well as *“fil-verita’ l-affarijiet kienu kif kienu so ċertu esperjenzi . . . li jiġu fuqek fil-ħajja ma tkunx tista tikkontrollhom wisq”* “in reality the things were as they were so certain experiences . . . that come to you in life, you cannot really control”. *“Nemmen li inti trid tkun”* “I believe that it needs to be you to fight your own battles . . . *fl-aħħar mill-aħħar”* “I believe that it needs to be you to fight your own battles . . . at the end of the day”. She persevered through her lonely battle by focusing on her belief that *“kollox jgħaddi”* “everything passes”, “all’s well that ends well”.

Although she was mentally and physically tired, she felt “very lucky” to walk hand-in-hand with her wife, “that’s a plus plus”, *“mingħajr is-sapport ta’ xulxin ma [hasbitx] li kien jirnexxieli jiena”* “without each other’s support, [she] [did] not think that [she] would have managed”. They had previously experienced challenging times and always supported each other so for her, *“it is part of our relationship li meta hi kienet ħażin heq ehe [sighs], it is part of life”* “it is part of our relationship when she was bad yes [sighs], it is part of life”.

The second and third month were easier.

Word of Alex’s pregnancy spread. As “it was something very big” in the village, there was “a bit of a commotion”, but not, as far as they could tell, in a negative way. The couple compared this to their wedding which had been “the highlight, the gossip”. The pregnancy was more popular than that of a heterosexual couple, unexpectedly receiving more messages and presents than Alex’s brother had, even though they knew the same people. For the couple this was a sign of social support.

*Il-kelma qisha ġriet aktar malajr, fhimt . . . anki . . . in-nies li ferħulna, kulħadd anki jixtrilna l-presents u hekk.* (Alex)

*Kellna overload ta’ presents, anki minn nies li jiena ma nafhomx.* (Hale)

Word got out fast . . . even . . . people who congratulated us, everyone even buying us presents and so on. (Alex)

We had an overload of presents, even from people who I don't know. (Hale)

However, there seemed to be a lack of awareness on sperm donation even by other LGBTQIA+ individuals and healthcare professionals. A nurse asked Hale how it worked, which did not bother her as it meant that she was interested. However, Alex pointed out that these topics should be included in medical education. A friend informed them that there was gossip going on, *“kif inqabdet pregnant, minn fejn gabu l-isperm . . . , kif hawdu . . . min jaf min ha jkun il-missier”* “how did she get pregnant, from where did they get the sperm . . . how did they mess around . . . who knows who the father is”. Hale claimed that heterosexual couples are spared from this gossip.

*Haw koppji heterosexual li ukoll . . . ma jkunx jista' jkollhom tfal unfortunately due to fertility problems. Ma nemminx li n-nies joqghodu jistaqsu, ii dak minjaf minn fejn gie . . . Imma kif għedtlek when you're gay u speċjalment il-generation tagħna . . .*

There are heterosexual couples who also . . . cannot have children unfortunately, due to fertility problems. I don't believe people ask, ii I wonder from where he came . . . but as I told you, when you're gay and especially our generation . . .

While Hale is used to certain comments, now that it concerned her son, it bothered her. She started wondering what will happen when he grows up and goes to school, if someone will bother him with, *“min jaf min hu missierek . . . mgħandekx missier”* “who knows who your dad is . . . you don't have a father”. She reflected on the fact that even a heterosexual couple would worry about what may happen to their child, so she was just a mother worrying about her child and they “need to face them”.

The couple enjoyed seeing the baby grow through ultrasounds, which for Alex was *“hekk xi haġa vera sabiħa”* “something very beautiful”. When Hale saw the “heartbeat [emotional softer voice] tiny bounce”, it was very beautiful and “a big relief”. She felt

amazed “*tibda tgħid, oh my God taf kif [smiling emotionally], dak baby qed jikber*” “you start saying, oh my God you know [smiling emotionally], that is a baby growing”.

The couple shared their gender reveal with their sports team-mates, which meant a lot.

Alex started experiencing labour anxiety toward the end of her pregnancy, which she believed was natural. Unfortunately, Alex was informed by medical personnel that she might have high blood sugar levels, which would complicate labour due to wider shoulders, possibly perpetuating long-term issues for their child. She consequently decided to have a C-section and was “*lanqas tibqa’ tibza’ għax tant kemm tkun tixtieq li tiltaqa’ mal-baby u ma tibdix taħseb qisu minn xiex se tgħaddi u whatever*” “not scared anymore because you would so want to meet the baby and you don’t start thinking from what you will pass through and whatever”. Unfortunately,

*sakemm twieled u ġabuli lil Nicky f’idejja, sal-aħħar bqajna nqatru, [sighs] daqqa hekk daqqa hekk, daqqa hekk, dejjem qisu gej.* (Hale)

until he was born and they brought Nicky into my arms, till the end things kept coming up till the end, [sighs] it was always one thing or the other, sometimes that, always almost coming. (Hale)

### ***Childbirth***

On the day of the delivery, Alex was told that she would be the first mother to deliver that morning. She was prepped with the catheter and was going to start the C-section when the nurse realised that their hospital file had been misplaced. Hale started to get tense. Alex reasoned that getting nervous would not change the situation so she reached out to a friend to gain information on where the file was and when it would reach their department. She had to endure the discomfort of the catheter for six hours. When it was her turn, there was a shift change, and they were assigned the gynaecologist they began working with months earlier. Alex was grateful for this given his expertise and knowledge of their entire story.



Alex felt the pull and told Hale “*issa ħareġ*” “now he’s out” and moments later they hear Nicky’s cry. “*Huwa moment li ma tistax tinsih, fis-sens, wisq sabiħ*” “it is a moment that you cannot forget, in the sense, it is too beautiful”. It “is one of the best up of [Hale’s] life”.

*It-team li welldu lil Nicky bdew jgħajtu, jifirħu, jaqbzu u hekk. Kienet vera esperjenza sabiħa. Imbagħad xhin ġabuli lil Nicky f’idejja, hekk ferħ kbir li qatt qatt qatt ma tkun ħassejtu qabel u speċi, il-mothers jgħidu, tgħid forsi tip ta’ clicé li jgħidu hekk. Imma vera! il-ferħ li thoss meta jġibulek it-tarbija f’idejk. (Hale)*

The team that helped with giving birth to Nicky started shouting, being joyful, jumping and so on. It was a very beautiful experience. Then when they brought Nicky into my hands, euphoria that I never never never would have felt before and kind of, mothers say it, you say maybe it is a type of cliché that they say that. But it is true the joy that you feel when they bring the baby into your hands.

During the following days, when Hale visited Alex in the labour ward, she was greeted by security guards asking, “*int min int, dejjem int min int?*” “who are you, always who are you?” since usually only male partners visit. If there was new security, Hale would need to explain everything “all over again”, and the security would excuse themselves and let her in. Midwives and security were eventually notified that Alex has a female partner. Hale expressed how these are “*affarijiet li tistennihom*” “things that you expect” and that she is “used to it”.

Throughout this experience, the hospital staff “were amazing” and there was no discrimination. The heteronormative system was simply bypassed by for example changing father to mother in biro

### ***Postnatal***

Things changed for Hale but “that’s ok” thanks to their strong relationship foundation, priorities and perspectives changing. Alex had to stop all sports while Hale reduced her hours

which she surprisingly did not mind. “In fact when [she] [did] not have training, [she] [took] a break . . . because [she] stay[ed] at home, enjoying the child, [she] [could] help Alex more”.

*Imbagħad qisu bla ma . . . trid tiġri waħdu li tibda tħares minn lat ta' mother . . . kull ma jinteressak qisu l-ewwel it-tifel . . . jekk hemm hemm bżonn nagħmel xi haġa, it is ok li ha ssir siegħa wara jew sagħtejn wara, jew ma ssirx u ssir l-għada. Fis-sens erm dik naħseb hija l-instinct tal-mother. (Alex)*

Then it is like without . . . wanting to it just happens that you start looking from the perspective of a mother . . . all that interests you as if first it is the child . . . if there is there is the need to do something, it is ok that it will happen an hour later or two hours later or it does not happen and it happens the next day. I mean erm that I think is the instinct of the mother. (Alex)

Previously their lifestyle was very hectic, going out and travelling anytime they could, now they had to hold back. Although things changed, Alex realised that “*mhux dawn l-affarijiet biss*” “it is not only about these things”. The relationship needed to change out of respect for each other, to provide the required support. “*So ehe l-ħajja, qas tkun taf imma mingħajr ma trid tinbidel, tibdilha*” “so yes life, without knowing and without wanting to, it changes, you change it”. Moreover, communication shifted between them. There were moments when it was more directive, “*aġħmel hekk, aġħmel hekk, aġħmel hekk*” “do that, do that, do that”, which led to some disputes caused by hormonal changes, panic, or differing opinions.

The meaning of family also changed, “*mhux jiena jew Hale jew it-tifel, qisna li nagħmlu għall-aħjar tagħna t-tlieta*” “not me or Hale or our son, it is like what we do is for the good of the three of us”. Hale’s family continually encouraged her to carry the next child. She replied with “*mhemmx għalfejn, taf kif, Nicky xorta tiegħi*” “there is no need . . . Nicky is still mine”. For Hale, it was not about the genes, even adoption would have been beautiful since it entailed adding “a new member in your family”. Additionally, Hale asserted, the

pregnancy process, all the needles, and blood testing “*ma tagħmillix kuragġ*” “don’t encourage me”.

After listening to other parents’ experiences, Alex shared how she was uncertain on how things would work out as two mothers.

*Fil-bidu bdejt ngħid qisu two mothers wisq fuq il-baby għal fatt li jekk ha mmorru nbiddu, ha mmorru nbiddu t-tnejn f’daqqa. Fis-sens [giggles] nagħmlu flimkien ... għajnejna fuq qisu l-istess haġa, l-ewwel it-tifel. U ovjament ir-relazzjoni tagħna trid tkun strong, tajba, tibqa għaddejja l-istess biex inti t-tifel jitla’ go familja bil- . . . mħabba.*

In the beginning I started saying that two mothers are too much on the baby due to the fact that if we are going to change, we are both going together ... our eyes are on the same thing, first the child and obviously our relationship needs to be strong, good, keeps going the same way because the child grows up in the family with . . . love.

The fact that IVF was a success meant that “*hekk kien hemm miktub għalina*” “it was written that way for us”. Hale still hopes that someday she will get to adopt to “give a better life” to a child.

*Looking back issa, naħseb bħala koppja saħħitna hafna. Fhimt, hi dejjem sabitni, jiena dejjem sibtha erm it-tnejn naħdmu speċi biex ir-relazzjoni tagħna tibqa b’saħħitha, fhimt? Għax inti ovjament wara journey bħal din ikollok ups u kemm ikollok downs taf kif. Imma kif taf, ha nitkellem fuqi, il-fatt li naf li speċi Alex qiegħda hemmek, erm it-tnejn qiegħdin lesti biex ngħinu lil xulxin, erm that is very fulfilling għalija erm and it makes me happy taf kif. Li it is a success story, naħseb li speċi wasalna s’hawnek. Erm at this point in time, I, I am very happy with us, taf kif, us three.*

Looking back now, I think it made us stronger as a couple. You know, she always found me, I always found her, erm we both work so that our relationship remains strong, you know? Because after a journey like this you have ups and you have downs. . . . But . . . I know, kind of Alex is there, we are both ready to help each other, erm that is very fulfilling for me erm and it makes me happy you know. That it is a success story, I think that we kind of got here. Erm at this point, I, I am very happy with us, you know, us three.

Having Nicky has been an inexplicably beautiful experience that changed them a lot, “*meaning għal hajja differenti . . . tibia tara l-affarijiet mill-lenti differenti*” “having a different meaning for life . . . you start seeing things from a different lens”. They got close in a new way, “*qisu qiegħdin nesperjenzaw lil xulxin minn . . . angle different li qatt ma, qatt ma konnha f’di-sitwazzjoni qabel ovjament*” “as if we are experiencing each other from . . . a different angle that was never, we were never in this situation before obviously”.

### **Meaning making**

Going through the experience felt like a rollercoaster, with no time to reflect. Through this interview, she appreciated that she could “*tibia tirrifletti fuq li għaddejti*” “start reflecting on what [she] went through”.

Without time for reflection, the experience felt like a rollercoaster. Hale welcomed the opportunity to “start reflecting on what [she] went through” through this interview. These stories depict their path, their family and what made them stronger, “*I mean meta inti ma tkunx daqshekk għaddejja minn żmien tajjeb, huwa l-mument li tgħaraf li you are in the right track*” “I mean when you are not going through such a good time, is the moment that you realise that you are on the right track”.

This journey was perceived as a part of their relationship, the good and the bad, and not as the pregnancy on its own.

*Narana wisq ma' xulxin biex inkun nista niddistingwixxi bejn fhimt l-perinatal period of hajjitna taf kif. It is it is one journey nahseb. (Hale)*

We see us too together to be able to distinguish the perinatal period of our life you know. It is one journey I think. (Hale)

Their marriage was one chapter, Nicky's birth was another, both "very fulfilling". "*Bhalissa f'idi [Hale] għand[ha] . . . the biggest treasure a mother could wish for*" "right now in [Hale's] hands [she has] . . . the biggest treasure a mother could wish for".

Hale regards their narrative as a catalyst for shifting the heteronormative status quo, while inspiring lesbian couples and teenagers.

*Jista' jkollok mummy u daddy u t-tarbija ma tkunx trattata sew u daddy u daddy u t-tarbija tkun hemm fuq . . . so fil-verita jiddependi mil-koppja, mid-dinamika tal-koppja, mill-persuna, mill-karattri. So ehe nahseb, tgħin li n-nies jaraw li we're doing well taf kif, anki għal tfal zghar li forsi jitolghu u jkunu gay u jridu jagħmlu, u jridu jibnu familja tagħhom*

you can have a mummy and daddy and the baby is not treated well and a daddy and daddy and the baby is treated highly . . . so in reality it depends on the couple, on the dynamic of the couple, from the person, from the character. So yes, I think it helps for people to see that we're doing well, you know, even for young children who grow up and are gay and they want to do, and they want to build their family.

Therefore, although they went through a difficult experience "at the end of the day" it was "*l-proċess, [kienet]-triq, il-journey kif wasal Nicky f'idejja*" "the process, it [was] the road, the journey how Nicky got to [her] hands" "so it [made] it all worthwhile". Without those obstacles, or if they had done the procedure elsewhere, they would not have had Nicky. "So it [was] all part of the process and we embrace[d] it". Finding meaning gave them the strength to keep going, "through thick and thin".

## Appendix H

### Reflections on the interviews

#### Hale and Alex

*30/12/2022*

The couple sat near to each other and appeared to be cheerful. Hale seemed eager and enthusiastic to narrate their story to benefit others. Alex seemed nervous, but as time went by, I could feel her becoming more comfortable and opening up. The gestalt of their interview was that they fought for what they wanted. Any obstacle, such as healthcare professional insensitivity, losses and heteronormativity, are perceived as a part of the journey which seemed to support them in maintaining a positive outlook.

They opted to continue their separate interviews on the same day once the joint interview ended. The second interview was with Alex, who revealed her resilience. Her gestalt of the story is that what needs to be done is done, in fact, her attitude throughout the narration was factual. While healthcare professionals were a significant aspect of her story, their relationship, her resilience, and support system all played significant roles in enhancing her wellbeing and mental health.

Hale narrated her story with Nicky in her arms. She appeared relaxed, which may be attributed to the fact that she recently completed her masters and was familiar with the interviewing process. Her gestalt was that she finds meaning through persevering alone and in the relationship. The relational voice was in fact quite prevalent throughout her narrative, balanced with rationalisation that enabled her to find meaning and feel fulfilled. She felt that the interviews had supported her in further reflecting on their experience.

During the interviews, I was moved by how much their love and family means to them.

**Jess and Chri*****19/01/2023***

Jess seemed at ease right away. Her gestalt was that the event occurred “against all odds”. While the healthcare professionals had a significant impact on her narrative, this was balanced by the relationship support and her educational history, which enhanced her resilience. She intended to use this interview to advocate for alternatives to conventional motherhood roles.

***21/01/2023***

Jess and Chri sat next to each other. Jess appeared more at ease, possibly because we had already met. Chri initially appeared guarded, however, as time went by, she relaxed and opened up. Their gestalt was one of adaptation. Relationship support, psychological distress, and the LGBTQIA+ community were all powerful voices in their story, all of which were influenced by internalised heteronormativity as a result of the social and legal power over equality and rights. I was moved by their excitement when recounting the narrative of when the legal framework changed. Their narration made me truly recognise how special this moment was for this generation.

Chri opted to hold her interview immediately following the joint interview. She settled into a room alone and recounted her story. Her thoughts were very structured, most likely influenced by her profession. While she clearly battled with implicit and explicit societal norms, she sought to adjust to changes in order to be coherent in her identity.

I am grateful for the time dedicated, reflexivity and openness to sharing their narrative.