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Meaning-Making of Infertility: Digital Interaction and Identity Negotiation in an Indonesian IVF Support Community

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ABSTRACT

Online infertility communities have become important spaces for social support, information exchange, and connection among individuals experiencing infertility. However, less is known about how everyday communication within these communities transforms individual experiences into shared meanings. This study examines how members of the Indonesia IVF Community (KITA), an online support community on Telegram, construct and negotiate meanings through digital interaction. Using a qualitative phenomenological approach, data were collected in June 2026 through semi-structured in-depth interviews with two active KITA members, participant observation, and digital documentation. The findings identify five interconnected dimensions of meaning-making: emotional support, fertility literacy and collective knowledge, identity transformation, solidarity and symbolic language, and structural inequality. The study shows that KITA functions not merely as a channel for exchanging medical information, but as a communicative environment in which members interpret their experiences, develop shared knowledge, negotiate infertility-related identities, and construct solidarity. These processes, however, unfold amid differences in socioeconomic circumstances and access to fertility-related resources. The study contributes to digital health communication research by emphasizing how meanings are produced through everyday interaction. It also highlights the potential of online communities to complement formal fertility care through peer support and experiential knowledge sharing.

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INTRODUCTION

Infertility constitutes a significant global reproductive-health concern, affecting approximately 17.6% of the adult population, or one in six individuals worldwide (World Health Organization, 2023). The World Health Organization (WHO) also reports that infertility prevalence varies across countries and regions, with lifetime prevalence ranging from 3.5% to 16.7% in high-income countries and from 6.9% to 9.3% in low- and middle-income countries. These estimates indicate that infertility affects individuals across different socioeconomic contexts. In Indonesia, the Indonesian Society of Obstetrics and Gynecology (POGI) estimated that infertility affects approximately 10–15% of couples of

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reproductive age in 2019 (Putra et al., 2025). These figures highlight infertility as a significant reproductive-health issue affecting a substantial proportion of the population.

Although infertility is not generally considered life-threatening or physically debilitating, it can have substantial consequences for individual well-being and development. Infertility may cause frustration, psychological distress, and diminished self-esteem, particularly because many couples regard parenthood as an important life goal. Previous studies have also shown that infertility-related stigma negatively affects mental health and emotional well-being (Yeshua-Katz, 2018). Such stigma may originate from society, other women, and individuals' own perceptions of their condition (Njogu et al., 2022; Taebi et al., 2021). Self-stigma, in particular, can lead to negative emotions, self-devaluation, diminished self-esteem, and psychological distress (Borowczak & Rotoli, 2022). Consequently, individuals may adopt coping strategies such as concealing their infertility, accepting their condition, or seeking support from their social environment (Yeshua-Katz, 2018).

These challenges are also relevant in Indonesia, where individuals undergoing in vitro fertilization (IVF) may experience emotional distress, stigma, and social pressure. Although Indonesia has a relatively high total fertility rate compared with several Southeast Asian countries (United Nations Department of Economic and Social Affairs, 2024), population-level fertility indicators do not directly reflect the experiences of individuals facing infertility or undergoing assisted reproductive treatment. Social stigma may further discourage individuals from openly discussing fertility-related difficulties (Safitriana, 2022). In this context, online support communities provide alternative spaces for individuals undergoing IVF to connect with others who share similar experiences, access information, and obtain emotional support (Erčulj & Žiberna, 2022; Hamidzadeh et al., 2024).

Recent studies have increasingly examined how digital media and online communities shape the experiences of individuals undergoing infertility treatment. For example, women undergoing IVF have used Instagram to document their medical and emotional experiences, exchange information, and provide or receive social support (Aarts et al., 2015; Erčulj & Žiberna, 2022; Kovacs et al., 2012). Research on online peer-support communities has also shown that these spaces can provide informational and emotional support that may not always be available from family members, friends, or healthcare professionals (Montgomery et al., 2024; Lin & Shorey, 2023; Montgomery, 2021). These findings indicate that digital communities can facilitate connection and mutual understanding among individuals experiencing infertility.

Beyond support and information exchange, digital media also provide spaces to construct and negotiate infertility-related identities. Women may position themselves as warriors, prospective parents, or infertility advocates through their online interactions (Rodríguez González & Rodríguez González, 2022; Van Der Meij & Declercq, 2025). Previous research has also examined infertility stigma, individual perceptions, family attitudes, coping, and psychosocial well-being (Perone et al., 2021; Yuniarti & Mirfat, 2023). Taken together, these studies demonstrate that digital platforms function not merely as channels for disseminating health information but also as social environments where users build relationships, share experiences, and negotiate identities. Phenomenological studies of social media communication further show the value of examining subjective experiences in digitally mediated settings (Budiono et al., 2026; Widianingsih & Cahyani, 2020).

However, the existing literature leaves an important issue insufficiently explored. While previous studies have established the supportive functions of online communities and their role in identity work, less attention has been given to how members produce shared meanings through everyday communication and experience those meanings in their lived realities. In particular, the communicative processes through which members use distinctive expressions, forms of address, and symbolic vocabularies to negotiate stigmatized identities remain underexplored. Further attention is needed to understand how individuals communicate and transform their experiences of infertility into shared meanings, collective identities, and feelings of solidarity. Thus, the research gap concerns not only what digital communities provide to individuals but also how members make meaning through everyday interactions.

The Indonesia IVF Community (KITA), a private online community operating primarily through Telegram, provides a relevant context for examining these processes. Through continuous interaction, members exchange fertility-related information, share treatment experiences, provide emotional support, and participate in educational and other community activities. Their communication involves more than transmitting medical information; it also includes interpreting experiences, emotions, and symbolic expressions. Members use expressions such as *"two-line warrior," "bunda," "sis,"* and *"stay strong, sister,"* while medical terms such as IVF, IUI, PGTA, and embryo transfer may take on meanings beyond their technical definitions. These communicative practices provide an empirical context for examining how individual experiences become socially meaningful through interaction. For example, the transformation of stigmatizing labels such as *"infertile"* into more agentive identities such as *"survivor"* and *"warrior"* illustrates how meanings may be reconstructed through interaction (Blumer, 1986).

This study combines Alfred Schutz's phenomenological perspective with Herbert Blumer's Symbolic Interactionism to examine these meaning-making processes. Schutz provides a basis for understanding infertility and participation in KITA as lived experiences interpreted within members' everyday social worlds, while Blumer explains how meanings emerge, are interpreted, and are modified through social interaction. The two perspectives complement each other: phenomenology reveals the subjective and intersubjective dimensions of members' experiences, while Symbolic Interactionism provides an analytical lens for examining how these experiences acquire shared social meanings through interaction. In KITA, members may reinterpret experiences of isolation, stigma, uncertainty, or failure through shared symbols, contributing to collective identities and solidarity (Hidayat et al., 2024; Widianingsih & Cahyani, 2020). Accordingly, this study asks: How do KITA members construct and negotiate meanings, identities, and solidarity through everyday digital communication? By focusing on meaning-making processes rather than community functions alone, this study contributes to digital health communication research by examining how lived experiences of infertility become socially meaningful through digital interaction.

METHOD

This study employed a qualitative approach and communication phenomenology to explore how individuals experiencing infertility construct and interpret meaning through interaction within an online support community. The research focused on the Indonesia IVF Community (KITA), a private online support community operating primarily on Telegram. A phenomenological approach was selected because the study seeks to understand participants' lived experiences and the meanings they attribute to their participation and interactions within the community. Phenomenology is appropriate for qualitative inquiry that seeks to examine how individuals experience and make sense of a particular phenomenon from their own perspectives (Creswell & Poth, 2017; Moustakas, 1994). In this study, the phenomenological orientation examined how participants experienced and interpreted infertility and participation in KITA within their everyday lifeworlds.

The study involved two active KITA members, referred to as Subject A and Subject R to protect their identities. Both participants were women undergoing or who had previously undergone in vitro fertilization (IVF) treatment. The participants were selected purposively based on their active participation in the KITA community, direct experience with infertility, and willingness to share their experiences. Purposive selection is appropriate when participants are intentionally selected because they possess experiences or characteristics relevant to the phenomenon under investigation (Creswell & Poth, 2017). The two participants were considered relevant because they had direct experience with infertility and sustained involvement in the community, enabling them to provide detailed accounts of how they experienced and interpreted communication within KITA.

Data collection took place in June 2026 using three complementary techniques: semi-structured, in-depth interviews; participant observation; and digital documentation. Interviews with Subject A and Subject R explored their experiences participating in KITA,

their interpretations of member interactions, and the meanings they attributed to emotional support, fertility-related information, identity, solidarity, and community communication. Participant observation within the KITA Telegram group examined naturally occurring communication practices, including member interactions, fertility-related information exchange, emotional support, forms of address, and symbolic language. Relevant screenshots and other digital materials were used as supplementary data to contextualize and support the interview findings. Using multiple qualitative data sources enabled comparison between participants' accounts and naturally occurring communication practices (Creswell & Poth, 2017).

Data were analyzed thematically through data familiarization, reduction, open coding, thematic development, and interpretation. Interview transcripts, observation notes, and digital documentation were repeatedly reviewed and coded to identify recurring meanings, communication practices, and experiential patterns, which were subsequently organized into broader themes (Braun & Clarke, 2006; Nowell et al., 2017). The themes were interpreted through Alfred Schutz's phenomenological perspective and Herbert Blumer's Symbolic Interactionism. Schutz helped examine participants' lived experiences of infertility and community participation within their everyday lifeworld, while Blumer informed the analysis of how meanings emerged and were negotiated through interaction and shared symbolic practices.

Member checking and source triangulation strengthened the credibility and trustworthiness of the findings. The researchers conducted member checking with Subject A and Subject R to confirm the accuracy of their interpretations, while source triangulation involved comparing evidence from interviews, participant observation, and digital documentation (Creswell & Poth, 2017; Nowell et al., 2017). Given the private nature of the KITA community, the study obtained informed consent before data collection and removed or anonymized identifying information when presenting the findings.

FINDINGS AND DISCUSSION

Emotional Support as a Shared Experience

Emotional support emerged as one of the most important meanings constructed through interaction within KITA. For the participants, participation in the community was not simply a way to obtain information about IVF treatment, but also a means of overcoming the sense of isolation associated with infertility. This was particularly evident in Subject A's experience. Having experienced infertility treatment for many years and undergone repeated treatment failures, Subject A described a sense of isolation in her offline social environment. The limited presence of people with similar experiences made it difficult for her to share the emotional burden of infertility with people around her.

> *"In my real-life environment, there are very few of us; perhaps in my entire neighborhood, I am the only one struggling to achieve two lines." (Subject A, Personal Communication, June 2026)*

The statement illustrates that the meaning of infertility is partly shaped by the social environment in which an individual experiences it. In her everyday environment, infertility was experienced as an individual and relatively isolated struggle because there were few people who could directly understand her situation. The Telegram community therefore provided a different social environment in which what had previously felt uncommon became recognizable as a shared experience. This transformation was expressed by Subject A:

> *"I joined because I felt alone. This community made me realize that there are actually so many people going through the same struggle." (Subject A, Personal Communication, June 2026)*

The community's significance lies not merely in the presence of others experiencing infertility, but in recognizing shared experiences. Through repeated interaction, members encounter stories of treatment failures, IVF procedures, pregnancy attempts, and emotional

difficulties that resemble their own. These encounters can transform infertility from an isolated personal problem into a collectively experienced condition. From Schutz's phenomenological perspective, this reflects the lifeworld, where people interpret experiences through meanings and knowledge in everyday social contexts. KITA extends this lifeworld into a digital environment where experiences rarely encountered offline become visible and communicable.

This sense of shared experience also appeared in the way Subject A described the emotional support received from other members:

> *"Yes, because at least we receive support from fellow two-line warriors. We do not get that from other people." (Subject A, Personal Communication, June 2026)*

The expression *"two-line warriors"* is important because it reflects more than a reference to individuals undergoing fertility treatment. It represents a shared category through which members recognize one another as people who have experienced similar struggles. The term creates a sense of belonging by distinguishing those who understand infertility through direct experience from those who do not. Thus, recognition fosters emotional support: members feel supported because they interact with people perceived to understand the emotional and practical dimensions of IVF from lived experience.

Subject R similarly emphasized the importance of being surrounded by people who understand the specific challenges associated with IVF. She explained:

> *"Not everyone faces the challenge of IVF, perhaps only a small percentage of people do, and joining an online community is extremely helpful for sharing experiences." (Subject R, Personal Communication, June 2026)*

For Subject R, the value of the community was closely related to the relatively uncommon nature of the IVF experience. The community enabled members to exchange experiences that might not be easy to discuss with family members, friends, or colleagues who had never undergone similar treatment (Ayda & Hendriani, 2022). This indicates that emotional support in KITA is closely connected to experiential similarity. Members do not necessarily need to know each other personally in order to establish meaningful interaction. Their shared experiential background connects them.

This point is particularly evident in Subject R's description of KITA as a "real community":

> *"For sure, I can say that it feels like a real community because we constantly share with one another. We do not know who these people are personally; what matters is that we understand the conditions they are going through." (Subject R, Personal Communication, June 2026)*

The statement demonstrates that community belonging does not depend primarily on physical proximity or pre-existing interpersonal relationships. Instead, it is constructed through mutual recognition and continuous interaction. From a phenomenological perspective, this reflects intersubjectivity, in which individuals develop an understanding of others through shared experiences and socially available meanings (Schutz et al., 1972). Although KITA members may not have direct personal relationships outside the platform, their repeated communication allows them to recognize one another as people who occupy a similar experiential world.

This shared understanding also becomes visible when members respond to one another's successes. Subject R described how members react when someone becomes pregnant:

> *"Mashallah, everyone is very supportive. Even when someone becomes pregnant, we congratulate them and say, 'Congratulations, hopefully your success will spread to us as well.'" (Subject R, Personal Communication, June 2026)*

The statement shows that an individual member's pregnancy is understood not only as a personal treatment outcome but also as a source of collective hope and emotional encouragement. Figure 1 illustrates this form of communication by showing an example of the interaction documented by the researcher.

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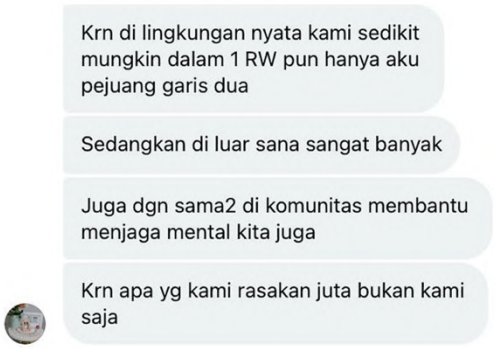


Figure 1. Screenshot of Instagram Direct Messages with Subject A.
Source: Compiled by the researcher (2026)

The interaction reflects encouragement and emotional recognition in response to another member's IVF experience. The exchange shows that emotional support is built through everyday communication, in which members acknowledge one another's experiences and link individual outcomes to collective hopes.

For Subject R, KITA's value was closely tied to the relative rarity of IVF experiences, enabling members to exchange experiences that might be difficult to discuss with family, friends, or colleagues who had never undergone similar treatment (Ayda & Hendriani, 2022). This shared experiential background fostered meaningful connections without requiring members to know each other personally. Emotional support also extended beyond individual experiences, as pregnancy announcements could encourage and inspire hope among members still undergoing treatment. Figure 2 illustrates this collective response by showing how KITA members respond to a member's pregnancy.

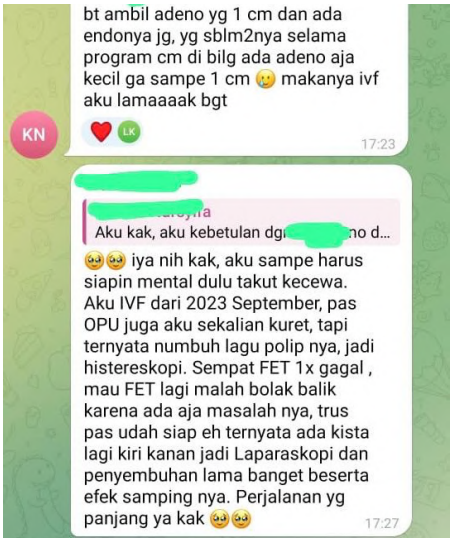


Figure 2. Screenshot of the KITA Telegram Group Conversation.
Source: Compiled by the researcher (2026)

Responses to another member's pregnancy transform an individual treatment outcome into a shared emotional event. The congratulatory responses simultaneously recognize one member's achievement and express hope among members still undergoing treatment. In this interaction, individual experiences become part of a collective emotional framework. Success becomes a source of encouragement, while other members' difficulties remain connected to a shared expectation of eventual success.

From Blumer's perspective, meanings are not inherent in words or events but are produced through social interaction (Blumer, 1986). For example, the expression *"hopefully your success will spread to us as well"* gains emotional significance through members' shared understanding of IVF experiences. Similarly, terms such as *"two-line warrior," "sister,"* and *"bunda"* become meaningful through repeated interactions that convey empathy, encouragement, and belonging. These expressions form part of KITA's shared vocabulary, through which members construct emotional support by recognizing similar experiences, sharing personal stories, and responding to treatment outcomes. This process reflects Schutz's emphasis on a shared lifeworld and intersubjective understanding, while Blumer explains how meanings of support, belonging, and hope emerge through interaction. Telegram enables these exchanges to continue despite geographical distance.

Taken together, the findings suggest that KITA transforms emotional experiences that may initially be understood as private or individual into experiences that can be collectively interpreted. The community does not remove the difficulties associated with infertility or IVF treatment. Instead, it provides a social environment where members can recognize that others share their experiences, receive acknowledgment, and reinterpret their struggles through collective interaction. Emotional support, therefore, emerges not simply because members are surrounded by others, but because communication enables them to construct a shared understanding of what it means to experience infertility and undergo IVF treatment.

Fertility Literacy and Collective Knowledge

Beyond emotional support, KITA also functions as an important space for developing fertility literacy and constructing collective knowledge. The findings show that members do not enter the community with the same level of knowledge about infertility treatment. Instead, their understanding develops through continuous interaction with other members who share experiences, information, and practical knowledge about IVF. In this context, knowledge is not produced only through formal medical encounters but also through everyday communication among community members.

Subject R described the learning process associated with IVF as particularly challenging because it required her to understand medical knowledge that was initially unfamiliar to her:

> *"A social-science student having to master natural science." (Subject R, Personal Communication, June 2026)*

This statement reflects how complex IVF-related information can be for people without a medical background. Fertility treatment introduces patients to medical terminology, procedures, tests, and treatment options that may not have been part of their previous everyday knowledge. The difficulty is therefore not simply a lack of information, but the need to develop the capacity to understand and interpret specialized information in relation to one's own treatment experience. Subject R explained that KITA played an important role in this process:

> *"At first, all of those medical terms were unfamiliar to me. But because of the community, I now understand what PGTA and embryo transfer are. As a result, I feel more prepared when consulting with doctors." (Subject R, Personal Communication, June 2026)*

Through community interaction, KITA members gradually develop what Schutz et al. (1972) call a *stock of knowledge*, accumulated through conversations, explanations, questions, and shared treatment experiences. This knowledge helps them interpret their own situations and navigate interactions with healthcare professionals. KITA thus serves as an intermediary between specialized medical knowledge and members' everyday experiences, making medical information more understandable through personal narratives and shared experiences. Knowledge consequently becomes both informational and experiential.

This process also changes how members approach consultations with doctors. Subject R emphasized the importance of preparing questions before meeting a doctor:

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> *"Before meeting a doctor, it is essential to know what we should discuss. Otherwise, we might forget to ask important questions." (Subject R, Personal Communication, June 2026)*

This finding suggests that fertility literacy involves more than knowing medical terms. It also includes the ability to identify relevant questions, recognize information gaps, and participate more actively in treatment conversations. KITA consequently becomes a space where members prepare themselves for encounters with formal healthcare institutions. Knowledge obtained through the community can function as a resource that helps members navigate those encounters.

The importance of experiential knowledge becomes even clearer when Subject R described how members learn from one another's treatment experiences:

> *"Sometimes we forget to ask detailed questions or overlook important cases that should be discussed. But when we join an online community, we already know the experiences of people A, B, and C." (Subject R, Personal Communication, June 2026)*

The statement shows that members use others' experiences as a reference to understand and anticipate their own treatment situations. Figure 3 illustrates this exchange of experiential knowledge through an example of the digital communication documented in the study.

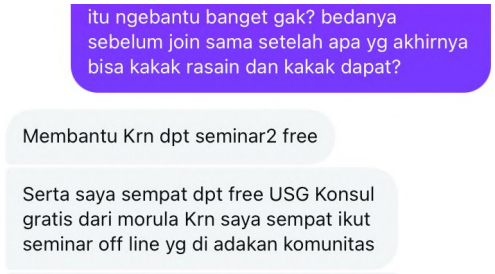


Figure 3. Screenshot of Instagram Direct Messages with Subject A.
Source: Compiled by the researcher (2026)

Members' experiences can function as a communicative resource through which treatment-related knowledge is shared and interpreted. When one member shares an experience about a particular procedure, medical consultation, or treatment stage, other members can use that experience to formulate questions or anticipate situations they may encounter. In this sense, individual experiences become collective knowledge available to other members.

This process can be understood through Schutz's concept of the stock of knowledge at hand (Schutz et al., 1972). Individuals do not approach every situation without prior understanding. Instead, they draw upon knowledge accumulated through previous experiences and social interactions. Within KITA, members contribute to this stock of knowledge by sharing their own experiences. A member who has previously undergone a particular procedure can provide practical information to another member who is preparing for it. The knowledge circulating in the community is therefore continuously expanded through members' lived experiences.

Importantly, the process is reciprocal. Members are not simply passive recipients of information. Subject A, for example, described her own role in helping other members:

> *"I have often helped others by sharing information about surgical procedures, the stages involved, the required documents, and what to expect afterward." (Subject A, Personal Communication, June 2026)*

This statement demonstrates that knowledge circulation within KITA operates in multiple directions. Members who previously received information can later become information providers for others. Their personal experiences become resources members facing similar situations can use. Consequently, the community functions as a collective knowledge-

making environment in which experiential knowledge is continuously exchanged and accumulated.

From Blumer's perspective, meaning emerges through interaction rather than from information alone (Blumer, 1986). Members interpret information in relation to their circumstances and through exchanges with others. For example, a medical procedure discussed by one member may become particularly meaningful to another preparing for the same procedure. Through questions, clarification, and shared experiences, members collectively interpret information within their treatment contexts. KITA's knowledge environment therefore differs from a conventional information repository, as the value of information lies in the interaction through which it is communicated. Members can compare experiences and relate medical information to their circumstances, making knowledge more contextualized and meaningful. While experiential knowledge does not replace professional medical advice, it serves as an additional resource for navigating formal medical information and preparing for healthcare interactions. Thus, KITA's collective knowledge complements institutional medical knowledge.

These findings indicate that fertility literacy in KITA is socially constructed through the interaction between formal medical information and members' experiential knowledge. Schutz's concept of the stock of knowledge helps explain how accumulated experiences become resources for interpreting future situations, while Blumer's symbolic interactionism highlights how meanings are continuously interpreted and negotiated through interaction. KITA's contribution to fertility literacy therefore lies not simply in providing information, but in creating a communicative environment where members translate, contextualize, exchange, and reinterpret fertility-related knowledge through shared experience. Through this process, individual experiences become part of the community's shared understanding of infertility and IVF treatment.

Solidarity and Symbolic Language

Solidarity within KITA is built not only through exchanging experiences but also through shared symbolic language. The findings show that members develop particular forms of address and expressions that communicate familiarity, empathy, encouragement, and belonging. Terms such as *"sister,"* "*bunda*," *"sis,"* "*kak*," and *"two-line warrior"* are repeatedly used in interactions and gradually acquire meanings that are specific to the community. These expressions allow members to recognize one another as part of a shared social and emotional environment, even without a prior personal relationship.

For Subject A, expressions such as *"stay strong, sister"* and "*bunda*" convey emotional recognition among individuals facing similar struggles, fostering closeness that may be absent in offline relationships (Miranti & Wibawa, 2021). These familiar forms of address symbolically position members as sharing a common experience. The term *"two-line warrior"* is particularly significant, referring to members striving for a positive pregnancy result, represented by two lines on a pregnancy test. Beyond its literal meaning, the expression symbolizes perseverance, struggle, and hope, becoming a shared symbolic language through which members recognize and connect with one another.

Subject A described the importance of this shared identity when discussing the support she received from other members:

> *"Yes, because at least we receive support from fellow two-line warriors. We do not get that from other people." (Subject A, Personal Communication, June 2026)*

The expression *"two-line warriors"* therefore marks a collective identity. Members are not simply identified as individuals undergoing IVF; they are positioned within a symbolic category that emphasizes their struggle and resilience. The use of the term also creates a distinction between people who have direct experience with infertility and those who may have difficulty understanding it. This symbolic language is closely related to Schutz's concept of the shared lifeworld. According to Schutz et al. (1972), individuals develop intersubjective understanding through a world of meanings that is shared with others. In KITA, members develop such a shared world through recurring communication about

infertility, IVF procedures, treatment failures, pregnancy, and hope. Expressions such as *"bunda," "sis,"* or *"two-line warrior*" become meaningful because members share sufficient experiential knowledge to understand the emotional significance attached to them.

Subject R similarly described the emotional meaning of using particular terms and discussing medical experiences within the community:

> *"The emotional meaning is definitely there because only people like us truly understand what PGTA and IVF mean." (Subject R, Personal Communication, June 2026)*

This statement illustrates that symbolic meaning is closely connected to shared experience. Terms such as PGTA and IVF may have technical meanings in medical contexts, but within KITA they also carry emotional meanings because they are associated with members' personal struggles, expectations, disappointments, and hopes. The same term can therefore function as both medical terminology and a symbol of shared lived experience (Ardito et al., 2026).

This is where Blumer's symbolic interactionism becomes particularly relevant. Blumer (1986) argues that meanings emerge through social interaction and are subsequently interpreted by individuals. The meaning of a symbol is therefore not fixed independently of interaction. In KITA, words such as *"sister," "bunda,"* or *"warrior"* acquire their particular meanings through repeated use among members. Members reinforce and sometimes modify their meanings as they use them in different situations, such as offering encouragement, responding to treatment failures, or congratulating another member's pregnancy.

Solidarity also shows up in how members respond to one another's achievements. Subject R explained:

> *"Even when someone becomes pregnant, everyone supports one another and says: congratulations, hopefully your success will spread to us as well.'" (Subject R, Personal Communication, June 2026)*

The expression illustrates how individual experiences become part of a collective symbolic framework. A member's pregnancy is recognized as a personal achievement while also generating hope for others, as conveyed by the phrase *"hopefully your success will spread to us as well."* This connects individual success to the aspirations of the wider community. This interaction also reflects solidarity and intersubjectivity, as members understand the emotional significance of pregnancy through shared experience. Their congratulations thus extend beyond conventional politeness, functioning as symbolic acts that reaffirm connection and sustain collective hope.

Subject R's description of KITA as a community also reinforces this interpretation:

> *"For sure, I can say that it feels like a real community because we constantly share with one another. We do not know who these people are personally; what matters is that we understand the conditions they are going through." (Subject R, Personal Communication, June 2026)*

Solidarity within KITA emerges from shared infertility experiences rather than personal relationships or face-to-face interaction. From Schutz's perspective, this reflects intersubjectivity, whereby members understand one another through a sufficiently similar social world (Schutz et al., 1972). Blumer complements this view by explaining how solidarity is continuously reproduced through interaction as members negotiate meanings of support, hope, struggle, and belonging (Blumer, 1986). KITA's digital environment enables these meanings to circulate among geographically dispersed members through recurring expressions of encouragement, familiar forms of address, and shared treatment-related vocabulary. Although members differ in treatment histories, socioeconomic circumstances, and medical knowledge, shared symbolic language allows these differences to coexist within a common communicative environment. Figure 4 illustrates this process

through a digital exchange in which supportive expressions and familiar forms of address communicate and reinforce solidarity.

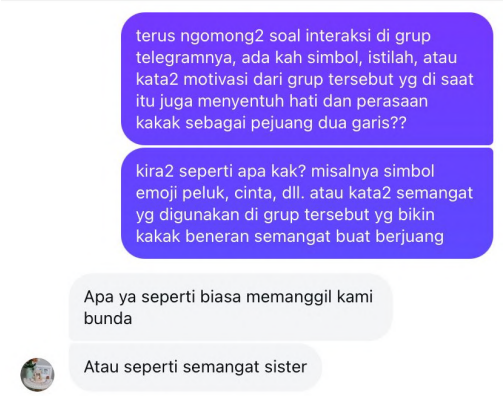


Figure 4. Screenshot of Instagram Direct Messages with Subject A.
Source: Compiled by the researcher (2026)

Symbolic expressions in KITA communicate familiarity, emotional recognition, and support, creating a shared communicative environment where members recognize experiences that may be difficult for others to understand. Terms such as *"bunda," "sis," "sister,"* and *"two-line warrior"* function as symbolic resources through which members construct belonging, express empathy, and reaffirm their connection. Through repeated interaction, these expressions transform individual experiences of infertility into a shared symbolic world grounded in common language, hope, struggle, and solidarity.

Structural Inequality and Phenomenological Meaning

Although KITA provides emotional support, collective knowledge, and a sense of solidarity, the findings also show that participation in the community occurs within broader social and economic inequalities. Members do not experience infertility and IVF treatment from the same social position. Differences in geographical location, economic resources, access to fertility services, and ability to participate in community activities shape how members experience and interpret their involvement in KITA.

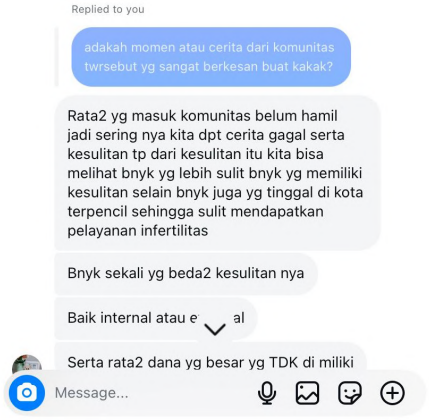


Figure 5. Screenshot of Instagram Direct Messages with Subject A.
Source: Compiled by the researcher (2026)

As Figure 5 shows, members' experiences of participation in KITA are shaped by different social and material circumstances. Although the community provides a shared space for individuals experiencing infertility, access to treatment, participation, and the

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ability to benefit from information may differ according to members' geographical, economic, and personal circumstances.

Subject A highlighted the geographical dimension of inequality, particularly for members living outside major urban areas:

> *"Many of my friends live in rural areas, making it difficult for them to access fertility services." (Subject A, Personal Communication, June 2026)*

This statement highlights unequal access to infertility treatment among KITA members. Although the digital community enables members to exchange information about IVF procedures, clinics, and treatment experiences, access to medical services remains dependent on geographical location and local availability. From Schutz's perspective, individuals interpret information through their lifeworld and accumulated stock of knowledge (Schutz et al., 1972). Consequently, the same information may carry different meanings depending on members' circumstances. For someone living near an urban fertility center, information about a clinic may represent a practical treatment option, whereas for a member in a rural area, it may signify an opportunity that remains difficult or impossible to access. Thus, the meaning and value of shared knowledge are shaped not only by digital interaction but also by the social and material conditions of members' everyday lives.

Inequality is also visible in participation in community activities. Subject A explained:

> *"Even though around one thousand people joined the seminar, the number is actually small because many of my friends on Instagram who are also infertility warriors did not participate. Honestly, many of us are already exhausted." (Subject A, Personal Communication, June 2026)*

The statement suggests that participation in KITA requires resources, including time, energy, internet access, and emotional capacity. Consequently, visible participation may not represent the entire infertility community, as some members may be unable or unwilling to engage in particular activities. This highlights an important dimension of digital communities: while platforms reduce geographical barriers to communication, they do not eliminate other barriers to participation. Members' engagement remains shaped by their everyday circumstances, meaning that digital communities expand opportunities for interaction while also reflecting inequalities beyond the platform.

Economic differences were particularly evident in Subject R's experience. She stated:

> *"I sometimes feel insecure because many people in this community are very wealthy." (Subject R, Personal Communication, June 2026)*

This perception indicates that belonging to the same community does not necessarily mean experiencing infertility from the same socioeconomic position (Zhang & Luo, 2025). Members may share the same general struggle while having very different capacities to finance treatment, access fertility-related services, or adopt recommended lifestyles. Economic differences can therefore shape how members see themselves in relation to others in the community.

At the same time, Subject R also emphasized that KITA could accommodate members from different backgrounds:

> *"People from different backgrounds participate, and so far, I have always felt safe and accepted." (Subject R, Personal Communication, June 2026)*

These two statements are important when considered together. On the one hand, socioeconomic differences can generate feelings of insecurity or distance. On the other hand, interaction within the community can create a sense of acceptance that allows members from different backgrounds to participate. This suggests that solidarity does not

require eliminating social differences. Instead, solidarity can be constructed despite those differences through everyday interaction.

The tension between inclusion and inequality becomes even clearer when Subject R discussed the cost of fertility-related lifestyles:

> *"Healthy food and fertility-related exercise are still expensive for many people. I hope the KITA community will become less exclusive and more accessible to everyone." (Subject R, Personal Communication, June 2026)*

The statement extends the meaning of inequality beyond access to IVF procedures themselves. Fertility discourse may also involve recommendations concerning diet, exercise, supplements, and other forms of self-care. However, the ability to follow such recommendations can depend on economic resources. Consequently, practices that are presented as desirable for fertility management may not be equally accessible to all members.

From a phenomenological perspective, differences among KITA members reflect their distinct lifeworlds, shaped by biographical experiences, accumulated knowledge, resources, and possibilities for action (Schutz et al., 1972). Consequently, members interpret information and encounter treatment opportunities differently. Blumer's Symbolic Interactionism further explains how these differences acquire meaning through interaction, as members compare their circumstances with those of others (Blumer, 1986).

For example, Subject R's insecurity emerged partly from recognizing these differences, while her hope for greater accessibility reflected her interpretation of inequality through interaction. Thus, KITA fosters both solidarity and awareness of unequal access to healthcare, financial resources, geographical opportunities, and fertility-related knowledge. Rather than eliminating structural inequalities, the community provides a space where members interpret and negotiate these differences while building support and belonging. Schutz explains how inequality is experienced within distinct lifeworlds, while Blumer illuminates how its meanings are constructed through interaction, extending the understanding of digital infertility communities beyond support and knowledge sharing to the collective interpretation of unequal social conditions.

Digital Interaction and Identity Negotiation in an Indonesian IVF Support Community

The findings suggest that KITA is not simply an online support group but a digitally mediated environment in which members collectively make sense of infertility. While previous research has largely emphasized the supportive and informational functions of online infertility communities (Erčulj & Žiberna, 2022; Lin & Shorey, 2023; Perone et al., 2021), this study shows how these functions acquire meaning through interaction. Emotional support emerges through the recognition of shared experiences, while fertility-related information becomes meaningful when contextualized through members' experiential knowledge. These findings align with previous research demonstrating that online infertility communities facilitate emotional and informational peer support, treatment-related experience sharing, and IVF-related education (Perone et al., 2021).

Beyond support and information exchange, interaction within KITA also shapes identity and solidarity. Previous studies have shown that digital infertility communities provide spaces for identity negotiation, stigma coping, and community formation (Van Der Meij & Declercq, 2025; Yeshua-Katz, 2018). The present findings extend these observations by highlighting how such identities and forms of belonging are continuously produced through everyday communication. From Blumer's Symbolic Interactionism, meanings are not inherent in words, identities, or expressions but emerge through social interaction and interpretation (Blumer, 1986; Low & Thomson, 2021). Shared forms of address, supportive expressions, and fertility-related vocabulary therefore function as symbolic resources through which members recognize one another and negotiate belonging. These interactions

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are also grounded in intersubjectivity, as Schutz explains that individuals understand one another through sufficiently similar experiences and a shared experiential world (Schutz et al., 1972). Thus, identity and solidarity are not simply attributes of community membership but develop through members' ongoing interpretation of shared experiences.

However, shared experiences do not necessarily translate into equal circumstances or opportunities. Although digital connectivity enables members from different geographical locations to communicate, differences in economic resources, healthcare access, geographical opportunities, and capacity to participate remain. Previous research has similarly highlighted how broader social conditions shape infertility experiences and the limitations of online peer communities (Njogu et al., 2022; Lin & Shorey, 2023). From a phenomenological perspective, members experience infertility through distinct lifeworlds shaped by their biographical circumstances and available resources. Through interaction, these differences become visible and acquire meaning as members encounter and compare their experiences with those of others. KITA therefore becomes a space where solidarity coexists with an awareness of unequal circumstances: members may share a common understanding of infertility while recognizing that their opportunities to respond to it differ.

Taken together, the findings demonstrate that everyday communication within KITA involves interconnected processes of meaning-making, knowledge exchange, identity negotiation, and solidarity. These processes are grounded in members' lived experiences and shared understandings, while also shaped by the interpretations and differences encountered through interaction. The community's significance lies not only in the support and information it provides but also in how members make sense of infertility, themselves, and one another through digitally mediated communication.

CONCLUSION

This study concludes that KITA functions as a digitally mediated environment where members collectively make sense of infertility and IVF through everyday interaction. Beyond providing emotional support and exchanging fertility-related information, communication within the community enables members to interpret their experiences in relation to others, develop shared meanings and symbolic expressions, and negotiate identities and belonging. These processes foster solidarity among members while also revealing that shared experiences of infertility do not eliminate differences in socioeconomic circumstances, access to fertility care, or opportunities for participation. Thus, meaning-making in KITA emerges through the interplay of shared experiences, interpersonal interaction, and members' diverse life circumstances.

Theoretically, this study demonstrates the complementary value of Schutz's phenomenology and Blumer's symbolic interactionism for understanding meaning-making in digital infertility communities. Schutz shows how members draw on their lifeworlds, intersubjective experiences, and accumulated knowledge to interpret infertility, while Blumer explains how meanings, identities, and solidarity are constructed and negotiated through interaction and symbolic expression. Practically, the findings suggest that online infertility communities can complement formal fertility-care environments by facilitating peer support, experiential knowledge sharing, and fertility literacy. Community organizers and healthcare practitioners may consider these communicative and emotional dimensions when developing digital support initiatives, while remaining attentive to socioeconomic and geographical inequalities that shape members' access to information, care, and participation.

This study is limited by its focus on two active members of a single Telegram-based community, which may not capture the diversity of experiences and participation within KITA or other online infertility communities. Future research could involve a broader range of members and examine multiple communities across different digital platforms and social contexts. Such studies could further explore how members' varied circumstances and platform-specific affordances shape meaning-making, identity negotiation, solidarity, and inequalities in digital infertility support environments.

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AUTHOR CONTRIBUTION

Ayu Rachmahwati: Conceptualization; Methodology; Writing – original draft; Writing – review & editing. **Khuswatun Hasanah:** Investigation; Data curation; Validation; Supervision; Formal analysis; Writing – review & editing; Corresponding.

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DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES

During the preparation of this manuscript, the authors used ChatGPT, developed by OpenAI, in August 2026 to help interpret reviewers' comments and revision suggestions, particularly those concerning the Discussion section. The authors used the tool only to help them understand the reviewers' feedback and identify potential directions for manuscript improvement. The authors independently reviewed, critically evaluated, and made all interpretations, revisions, and final decisions. The authors take full responsibility for the accuracy, originality, integrity, and ethical compliance of the manuscript.

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