

**(IN)FERCIT**

**Παραδοτέο 3.3 «Δίκτυα σε τοπικό και παγκόσμιο επίπεδο» [Deliverable 3.3  
«Networks on local and global level»]**

**ΕΠΙΧΕΙΡΗΣΙΑΚΟ ΠΡΟΓΡΑΜΜΑ**

**«ΕΚΠΑΙΔΕΥΣΗ ΚΑΙ ΔΙΑ ΒΙΟΥ ΜΑΘΗΣΗ»**

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υποβοηθούμενης αναπαραγωγής στην Ελλάδα. Μια δι-επιστημονική και συγκριτική  
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**«(In)fertile citizens: on the concepts, practices, politics and technologies of assisted reproduction in  
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**Ερευνητική Έκθεση [Research Report]**

**Δίκτυα σε τοπικό και παγκόσμιο επίπεδο  
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**(ΥΠΟ)ΓΟΝΙΜΟΙ ΠΟΛΙΤΕΣ: ΑΝΤΙΛΗΨΕΙΣ, ΠΡΑΚΤΙΚΕΣ ΚΑΙ  
ΤΕΧΝΟΛΟΓΙΕΣ ΤΗΣ ΥΠΟΒΟΗΘΟΥΜΕΝΗΣ ΑΝΑΠΑΡΑΓΩΓΗΣ  
ΣΤΗΝ ΕΛΛΑΔΑ. ΜΙΑ ΔΙ-ΕΠΙΣΤΗΜΟΝΙΚΗ ΚΑΙ ΣΥΓΚΡΙΤΙΚΗ  
ΠΡΟΣΕΓΓΙΣΗ**

**(IN)FERTILE CITIZENS: ON THE CONCEPTS, PRACTICES,  
POLITICS AND TECHNOLOGIES OF ASSISTED  
REPRODUCTION IN GREECE. AN INTERDISCIPLINARY AND  
COMPARATIVE APPROACH**

Παραδοτέο 3.3 [Deliverable 3.3]

«Δίκτυα σε τοπικό και παγκόσμιο επίπεδο  
[Networks on local and global level]»

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The responses that governments, religions, psychological and medical disciplines and individuals address to infertility and childlessness and to their social consequences vary greatly, allowing the development of different reproductive strategies both on the part of institutions and on that of individual understandings and practices. A great variety of local reproductive milieus enlarges the reproductive options of individuals who may expand their reproductive experience beyond their local and original expectations. The act of crossing borders to participate in a reproductive experience that is built across expected limits may take on multiple and multi-layered forms. The reproductive process may lead people to cross different types of boundaries, including personal, psychological, physical, cultural, moral, religious, geographical, political and economic borders.

The present report presents an overview of the existing research investigating ARTs in Bulgaria, Greece, Italy, Lebanon, the Republic of Cyprus, Spain and Turkey discerning among them in terms of religion and law and focusing on local and global networks. The rationale for choosing these very countries as investigated locations is to be found in the intention of mapping how European and non-European neighbouring countries around the Mediterranean differently deal with ARTs and investigating whether and what kind of mobilities such differences produce.

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## **1. INTRODUCTION**

Assisted reproductive technologies (ARTs) represent one of the multiple reproductive trajectories which are nowadays differently available around the globe. The introduction of IVF more than 30 years ago and the techniques that have been successively and successfully developed, have not only provided infertile couples with new options. The increased use and diffusion of ARTs has also offered an unprecedented occasion for anthropologists and sociologists to revitalise and transform kinship studies, which had been declared “dead” by David Schneider in his *A Critique of the Study of Kinship* (1984). Schneider claimed that anthropology of kinship had been grown around ethnocentric assumptions which North-American and Anglo-Saxon anthropologists had fallaciously translated and recognised into “other” non-Western societies.

When Schneider argued that a (North-)American understanding of kinship had affected anthropological analyses, he extended his criticism to European culture by looking specifically at Anglo-Saxon anthropological discipline. His understanding of Euro-American kinship is probably to be interpreted as including middle-class (North-)American and British kinship culture. Marilyn Strathern calls “Euro-American kinship” a model that she tends to circumscribe to the English and North-American context first (1992a) and to “the largely middle-class, North American / Northern European discourse” (1996: 38), especially “confin[ing it] so as not to be Southern European” (Bonaccorso, 2009: xvii). Drawing on her ethnography on ART in Italy, Monica Bonaccorso challenges such a clear distinction, noticing that her informants “shifts the boundaries of kinship in fascinating, at times contradictory and ambivalent ways, drawing upon notions that anthropologists are familiar with in contexts such as Northern Europe and America” (Bonaccorso, 2009: xvii) and concludes that, considering the domain of kinship in the Italian case, “continuity and not discontinuity” between the so-called Euro-American and the Southern European fields emerges (Bonaccorso, 2009: 116). Recent uses of the term testify that it is currently employed to make reference to a kinship culture that includes not only Italy, but also other European Mediterranean realities like Spain (Bestard, 2004a, b, 2009; Bestard et al. 2003; Bestard and Orobítg, 2009; Marre and Bestard, 2004, 2009; Marre and Briggs, 2009) and Greece (Kantsa 2015, Chatjouli, Daskalaki, Kantsa 2015), continental European countries like France (Fortier, 2005, 2009; Théry, 2010; Cadoret, 2002, 2009a, 2009b, 2009c), Austria (Knoll, 2005) and Germany (Bergmann, 2011a, b). As suggested by Edwards (2009), thus, Euro-American can be used as a “kind of shorthand that proves valuable when trying to discern a world view that deploys and promotes a language of science and bureaucracy appropriated across national and geographical boundaries” (Edwards, 2009: 7). Although this can easily turn into “a hindrance when attached to particular populations and real lives” (Edwards, 2009:7), the specificity of ethnographic research maintains the

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appropriate balance between important symbolic familiarities across realities and fascinating, culturally located differences.

A question remains as to where the borders of such a Euro-American kinship-making contexts may be traced, on what evidences we may base our mapping and what is outside these borders.

The use of the term Euro-American to just include realities which politically belong to Europe and America is not helpful since it essentialises on geo-political realities the cultural, religious and social approach to kinship that we are interested in.

The anthropologist Marilyn Strathern (1992a, 1992b) has explored the concept of kinship in the Euro-American context as a paradigm of the relationship between society and nature. According to her, ART has introduced a shift in understanding such relationship since nature is not any more a grounding principle for kinship categories. After the introduction of ART, in fact, both nature and society are technologically “assisted” in producing kinship. “The natural facts of procreation are being assisted by technological and medical advances. The social facts of kin recognition and relatedness are being assisted by legislation” (1992b: 20). In the context of ART kinship is “doubly assisted” and “there is little now to be taken for granted” (1992b: 20).

The expansion of ethnographic research about ART beyond the boundaries of Europe and the USA to include other locations around the globe, shifted the interest of such approach to one that explores similarities and differences in the local implementation of ART and investigates translocal exchanges and mobilities which affects and are affected by ART diffusion.

International research has shown that a sense of stigma linked to infertility and involuntary childlessness is present in the majority of accounts about infertility around the globe, from North-America (i.e. Becker, 1999, 2000; Becker and Natchigall, 1991, 1992, 1994; Thompson, 2005) to Australia (i.e. Peters, 2003); from Europe (i.e. Edwards and Salazar, 2009) to Africa (i.e. Dyer et al. 2002; Hörbst, 2012a, 2012b; Hörbst and Schuster, 2006; Hörbst and Wolf 2014; Gerrit, 2002; Leonard, 2002; Sundby, 2002; van Balen and Gerrit, 2001) from the Middle-East (i.e. Inhorn and Tremayne, 2012) to East Asia (i.e. Handwerker, 2002; Bharadwaj, 2002).

Nevertheless, the ways in which stigma is socially and personally constructed are different not only according to locations and historical moments, but also within populations (Gürtin, 2013; Reissmann, 2000, 2002; Donkor and Sandall, 2007).

The responses that governments, religions, psychological and medical disciplines and individuals produce to infertility and childlessness and to its social consequences vary hugely, making room for the development of different

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reproductive strategies both on the part of institutions and on that of individual understandings and practices. A great variety of local reproductive milieux enlarges the reproductive options of individuals who may expand their reproductive experience beyond their local and original expectations. The act of crossing borders to participate in a reproductive experience that is built across expected limits may take on multiple and multi-layered forms. The reproductive process may lead people to cross different types of boundaries, including personal, psychological, physical, cultural, moral, religious, geographical, political and economic borders. The one crossing that especially interests the investigation carried out in the context of the (In)FERCIT project and that drives in particular the present report and the report “3.2 Cross-border reproduction” is one which entails people's mobility across different countries and that involves, in particular, reproductive movements within and across the following countries: Bulgaria, Greece, Italy, Lebanon, Republic of Cyprus, Spain and Turkey.

The rationale for choosing these very countries is to be found in the intention of mapping how European and non-European neighbouring countries around the Mediterranean differently deal with ART and investigating whether and what kind of mobilities such differences produce.

To start with, we dedicate this very report to illustrate the specificities of each country and each country's potentiality to be involved in people's cross-border reproductive movements. In the report “3.2. Cross-border reproduction” we explore more in detail how these movements coexist with other kinds of transnational reproductive mobilities.

The present report presents an overview of the existing research investigating ART in Bulgaria, Greece, Italy, Lebanon, the Republic of Cyprus, Spain and Turkey. Firstly, the methodology that has been used to prepare the present report is introduced. Then, each country is dedicated a specific session. Since religion represents a crucial interest topic within the (In)FERCIT project, we propose two additional sessions which especially (i) examine the challenges raised by religion to the introduction and understandings of ART in the contemporary world; (ii) and explore the peculiar complex realities of Islamic reactions and positions towards ART.



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## **2. METHODOLOGY**

The present report is especially based on the existing sociological, anthropological and psychological research concerning ART in the countries of our interest (Bulgaria, Republic of Cyprus, Greece, Italy, Lebanon, Spain and Turkey). Our search for different sources, including especially journal articles, edited volumes, monographs and conference papers, has been based on article databases, cross-references and direct contact with scholars in the fields. In some cases we have referred to legal studies. In the case of The Republic of Cyprus, we only had access to two Cyprus National Bioethics Committee (CNBC)'s official opinion documents about ART and related matters and the Law 69(I)2015.

The languages we could use to explore the literature are English, Italian, Spanish, French and Greek.

The present report will show that the material we managed to gather is not equal for all countries and that research carried out in some countries (Italy, Spain, Turkey, Lebanon, Greece) is more abundant and more accessible than studies about other countries (Republic of Cyprus, Bulgaria).

The literature that we have taken into account for this report mainly includes anthropological, sociological and psychological works. The ethnographic accounts and sociological studies that are available for the different countries do not always overlap in terms of focus. While, in some contexts, infertile and ART patients have been directly addressed and thoroughly explored (Italy, Spain, Greece, Lebanon, Turkey, Bulgaria), in others patients' experiences were mainly reported by practitioners or never addressed (Republic of Cyprus). Religion is an important topic of research for what concerns some countries (Lebanon, Italy, Greece, Turkey); it is taken into account in other studies (Bulgaria) and has almost never been addressed in the context of Spain and the Republic of Cyprus.



### **3. RELIGION AND ART**

The emergence of ethnographic studies on the application of ART in non-Euro-American contexts (see above) brought to light a special dimension that has further contributed to the contestation of the analytical dichotomy between natural and social categories in kinship. This dimension is religion, intended both in transcendent and spiritual terms. A number of studies show how “national context, religious institutions and traditions, family formations, and cultural familiarity or distance really count in the making of scientific contexts” (Rapp, 2006: 420) and eventually illustrate the “irreducibly specific nature of multiple modernities” (ibid: 419), where scientific knowledge and practice appear as transformational and transformed by their being embedded in specific locations.

Unsurprisingly, the appreciation that “religion plays a productive part in reproductive technologies in many different national and religious contexts” (Thompson, 2006: 557), raises interesting questions in the analysis of ART in the Euro-American context. Franklin retrieves her ethnography of IVF in the UK to notice how the diffuse expression “miracle babies”, popularly employed to refer to children of ART, has a transcendent taste. She argues that a gap exists between “explanatory power of modern science” (Franklin, 2006a: 548), which is at the basis of the development of technologies “assisting” reproduction, and the very low success rate of ART. Such a gap leaves room for the appearance of IVF and ART as “hope technolog[ies]” (Franklin, 1997), meaning technologies that produce and call for “hope” to be successful. “IVF is a process of embodied investments in specific cultural values, such as scientific progress; [...] these are paradoxical; and [...] they require an over-arching belief-system (hope, progress, technological-enablement) to produce an ambivalent coherence (see Franklin and Roberts 2006; Thompson 2005)” (Franklin, 2006a: 549).

Religion helps to make sense of the failures, gaps, unknown interstices and unexpected and expected events and outcomes. “Cosmologies illuminate the gap between can-do ideologies of success and the painful experiences of failure or delay that keep many a patient and provider locked in prayer or philosophical entreaty. Multiple reasons thus index our collective hegira toward the study of reproductive medicine in its particular globalizing and religious contexts” (Rapp, 2006: 420).

Inhorn, Patrizio and Serour (2010) have made a great contribution to contemporary understanding of ART on the global scale by comparing how law, religion and moralities are differently deployed in the local contextualisation of third-party reproductive assistance in the Mediterranean context. By analysing qualitative material from Egypt and Lebanon and from Italian practitioners and patients living and travelling to US fertility clinics, they explore the legal, moral and legal principles that support the ban or the availability of donor conception in Egypt, Lebanon and Italy by illustrating how these are interconnected with the

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political and religious claims and practices. The analysis shows how Lebanese Shi'a opinions represent the most permissive ones in terms of donor conception practices while Sunni and Catholic prohibitions affect national legal and practical ban on donor conception.

Comparisons of this kind are uncommon, although their appearance has proved to be useful for understanding how ART travel across different countries and socio-cultural contexts and how biotechnologies differently affect and are affected by local moralities, politics, economies, socialities and understandings (Inhorn, Patrizio and Serour, 2010). Moreover, Inhorn, Patrizio and Serour (2010), who first compare Muslim with non-Muslim contexts, illustrate how comparisons are needed to “ (i) demonstrate the timeline of treatment invention, establishment and diffusion, and the astounding rapidity with which treatments have globalized (Inhorn, 2003); (ii) delineate the similarities in clinical practice around the world, thereby demonstrating the scientific ‘literacy’ and ‘modernity’ of physicians and patients living in nations on the receiving end of transfers (Inhorn, 2003).”

With this report, we want to contribute to the comparative challenge by offering an overview on how religion interacts with public and private reproductive matters when ART enter the reproductive national and transnational landscape.

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## **4. BULGARIA**

### **SOURCES**

Tatyana Kotzeva, Yulia Panayotova and Irina Todorova are among the very few social scientists who have studied infertility and ART in Bulgaria. Unfortunately, our ignorance of Bulgarian language limited our possible research to English written papers and the literature we could find on this topic is limited.

Nevertheless, the four papers we had access to by Panayotova and Todorova (2009), Todorova and Kotzeva (2003; 2006) and Assia Assenova (2012) offer a careful account of the cultural understanding and political approaches to ART in Post-Soviet Bulgaria.

The four papers we had access to are mainly conducted from a psychological perspective. They are based on qualitative research with infertile women and offer background information about public debates and national reproductive policies.

### **REPORT**

The first national law regulating ART came into force in 2005 and allowed all sorts of methods that could help conception when a heterosexual couple is unable to conceive. The law bans cloning and non-medical sex selection and allows people to donate to research their gametes and embryos which are not used for procreative purposes. Beyond that, the practical implementation of these measures has not been issued yet, leading infertility clinics to develop and put into practice their own rules and protocols resulting in a number of different arrangements (Panayotova and Todorova, 2006 in Panayotova and Todorova, 2009). In 2009 fifteen infertility clinics were open in Bulgaria. They were located in the largest cities and funded privately (Panayotova and Todorova, 2009).

In order to make sense of the ways in which ART have been perceived both publicly and privately in Bulgaria, some specifics of the political context of their introduction and of the health care system of Bulgaria are needed.

The transition from socialist to democratic liberal society has meant some transformations in the ways in which women's roles and identities are framed. Among these is the emergence of the “return to home discourse” (Kotzeva, 1999: 88 in Todorova and Kotzeva, 2003: 140), by which women are encouraged to focus on motherhood and housekeeping instead of identifying as working mothers. This discourse makes more desirable an otherwise new socio-economic reality, where an increasing unemployment rate and a limited job market makes it more difficult for women to work than it was before transition.

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The transition has affected women's reproduction behaviours in different ways. The age of women at first birth has increased and the number of births per woman has dropped (Buhler and Philipov 2005; Philipov 2001 in Panayotova and Todorova, 2009: 62). Abortion rate has grown to a significantly high level and during some years the number of abortion performed is 30% higher than the number of births in the country (Mirchev, 1996: 5 in Todorova and Kotzeva, 2003: 141). A discourse which connects abortion with successive infections and difficulties in conceiving tries to talk women out of abortion on the one hand and to push the implementation of public policies which restrict abortion rights, on the other.

Although abortion rights are granted and reproductive matters are not under the strict control of the state any longer, motherhood is especially valued in the Bulgarian traditional and contemporary context as a constitutive and a taken-for-granted experience of womanhood (Assenova, 2012; Panayota and Todorova, 2009) and giving birth is a “sacred duty to family and nation” (Gavrilova 1000; Kjotzeva and Todorova, 1994; Marinov 1994 in Panayotova and Todorova, 2009: 62).

Childlessness is a desirable option only for the 3% of women in Bulgaria (Philipov, 2001 in Panayotova and Todorova, 2009: 62). For the others, childlessness is an involuntary condition which corresponds to reproductive disruption and provokes pain and distress. Infertility affects women's sense of identity by inducing a sense of “emptiness” and “incomplete self” (Todorova and Kotzeva 2003; Todorova and Kotzeva, 2006: 128-129), by making them identifying themselves as “other” (Assenova, 2012) and “separate” from their peers and from the life they were expecting for themselves, and sometimes even making them question their professional identity (Todorova and Kotzeva, 2006: 133-134). And yet, Todorova and Kotzeva (2006) find that infertile women display autonomous agentive selves fighting to get over infertility and seeking treatments and argue that they often take on the whole responsibility of infertility and the one of making choices about going into treatments and embodying them, turning their partners into silent observers and subverting the usual paternalistic decision-making roles which are dominant in Bulgarian households (Panayotova and Todorova 2009).

The experience of infertility and the medical experience of ART involves infertile women into a process of self-blame (Assenova, 2012) and active participation in assisted reproductive procedures. According to Panayotova and Todorova's work the very act of seeking appropriate treatments requires special efforts given that ART are only performed in private clinics and that gynaecologists do not always report their infertile patients to fertility clinics.

After the transition, the national total fertility rate fell to 1.2 in 1995 (Philipov, 2001 in Panayotova and Todorova, 2009: 62) and the emigration

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phenomenon became demographically significant. Discourses of demographic crisis inhabit the public sphere and are internalised by infertile women, who display ambiguous feelings about ART being offered by the public health care service.

On the one hand, in fact, a shared opinion exist among women who maintain that if the government were honest about its demographic concerns about low birth-rates, it would make it possible to access high quality infertility treatments with subsidies in order to encourage Bulgarian population to make use of them (Panayotova and Todorova, 2009: 70). More generally, there is a diffuse consensus that public health care is desirable and should be maintained in order to avoid unequal access to health (Panayotova and Todorova, 2009: 65). In reality, the large-scale health care reform which Bulgaria has embarked on after the end of socialism does not cover population needs and has rather deepen health care inequalities (Panayotova and Todorova 2009).

On the other hand, there is a perception among infertile women that physicians working in private fertility clinics are expert and trustworthy professionals who may make the hope of a child possible for infertile women. The financial transactions characterising the private sector is perceived by many women as a warranty of the high quality and specific competence of the personnel involved (Panayotova and Todorova, 2009).

Although concerns are expressed about risks combined with hormonal stimulation and complains are exposed about the cost of private services, ART are mainly perceived as benevolent and empowering. This happens in a context where science and technology have historically been welcome as a sign of national progress, particularly in the field of reproductive medicine (Panayotova and Todorova, 2009: 79).

Interestingly, women report that men are more sceptical with regards to ART. This may be due to the fact that they connect ART with possibly provoking uncertainty of fatherhood while women understand them as their option for achieving motherhood. These doubts lead men to be less trustful than women both in technologies and in the clinical staff (Panayotova and Todorova, 2009; Todorova and Kotzeva, 2003) and to take on the secondary role of supporters.

Panayotova and Todorova (2009) observe that male infertility is very much stigmatized in the Bulgarian context, where childbearing is an important part of manhood construction. The authors argue that, although assisted reproduction may help infertile men to achieve fatherhood, they often feel so much stigma that they feel ashamed to even address fertility treatments (ibi: 75).

According to Panayotova and Todorova (2009) and Assenova (2012), no moral or religious principles commonly affect the ways in which public and private discourses on ART are shaped and the ways in which people make decisions

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about ART. Although 31.8 % of Bulgarians define themselves religious, the women interviewed by Panayotova and Todorova (2009) do not seem to consider religious values being involved in their decisions and understanding about ART.

In general, the Bulgarian Orthodox Church does not take dogmatic positions on ART but rather express a positive attitude towards technologies which help alleviating human suffering, while rejecting the involvement of donors and surrogates. Moreover, the church seems to consider more important that people take their decision on a personal level than delivering doctrinal statement about reproduction (Panayotova and Todorova, 2009).

If God appears in women's accounts, it is rather because they may interpret the outcome of treatments dependent on God's will. Anyhow, they seem not to consider God's will being intrinsically against ART and do not mobilise religious beliefs when making decisions about reproductive treatments (Panayotova and Todorova, 2009).

ART have been intensively debated upon in Bulgaria (Kotzeva and Dimitrova, 2010). The focus of public attention, especially put forward by patients' and civic organizations, has been the adequate availability and state support of ART (Kotzeva and Dimitrova, 2010). On the contrary, moral and ethical issues regarding ART seem not to constitute a topic of public confrontation as it is not a private concern (Panayota and Todorova, 2009).

Kotzeva, Panayotova and Todorova illustrate how ART are perceived among infertile Bulgarian women as positive and empowering specific medical techniques which may help women to overcome the pain of infertility and fix what they feel as a disrupted and incomplete self-identity.

The existing studies underline the ambivalent position that these women display towards infertility and ART when denouncing the public social ignorance of infertility and express the feeling of being misunderstood and not supported in their personal and social pain of involuntary childless on the one hand, and claim the unfair stigmatization of childlessness as a life condition, on the other. Infertile women variously approach the act of silencing their condition, both complying with and protesting against it in different situations (i.e. size of the city they live in; whether or not they are asked direct questions) and at different degrees (i.e. different reasons are mobilised to justify childlessness which do not necessarily correspond to the ones the women held responsible for their own condition).

Besides, the present studies explore the multiple kinds of stigma to which infertile people are exposed and the multi-layered resistance they engage into. Although ART and specialised private clinical settings are perceived as benevolent and empowering women, the medicalization of conception and reproduction emphasises and shapes stigmatization and victimization in a very special way. In this context, infertile women are more likely to be publicly



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represented as both “passive and desperate objects of authoritative medical interventions” and “active, dangerous and devious” (Todorova and Kotzeva, 2003: 149). The peculiar forms of resistance that women display tend not to openly challenge the “motherhood mandate” discourse, but rather to oppose the representation of the childless woman as the only people to blame and the passive subjects of powerful medical treatments. This goes together with women taking on the role of leaders in seeking medical solutions to their situation and with that of male partners being the accompanying and supporting parts (Todorova and Kotzeva, 2003: 147).

Altogether, ART are perceived as helpful and trustworthy technologies. The reasons for such a general positive public and private attitude are to be found in the strong personal and social expectations for motherhood both for the virtue of national re-production and gender social accomplishments and in the high trust that people have in science and technologies and in medical professionals especially private practice in contemporary Bulgaria.

**WHAT IS NEXT?**

The existing literature shows that the transition context offers a special occasion to analyse how ART is implemented in relation to health-care structures and organisations; how “reproductive modernities” relate to “medical modernities” at different levels in given located networks of social, economic and political forces; how reproductive gender identities may be expressed through different reactions to reproductive medicine; how ethical issues are framed and (de)problematized; and how some religiosity co-exists with a claim of non-religious reproductive options.

A follow up on these different topics is awaited especially in relation to the increasing international availability of reproductive services.

More investigation about the reasons why implementation of the legal measures has been postponed might produce interesting knowledge about local public understandings of reproductive practices and technological options.

Donor conception is not deeply investigated and needs more scholarly attention in its multiple socio-anthropological, psychological, ethical and political dimensions.

The reproductive understandings and practices of those who are excluded from ART represents another interesting axe of research which seems to be unexplored.



## **5. GREECE**

### **SOURCES**

The majority of research on ART in Greece is about its legal dimensions (i.e.: Kotzabassi, 2003; Kounoyeri-Manoledakis, 2005; Kriari-Catranis, 2003; Fountedaki, 2007; Trokanas, 2011; Milapidou 2011) with a few publications on its psychological aspects (Abatzoglou, Manolopoulos, Papaligoura, Skoulika 2006, Papaligoura 1992, 2013). Ethnographic accounts are still relatively rare. Heather Paxson (2003, 2004, 2006), Venetia Kantsa (2006, 2011, 2013a,b) and Eirini Tountasaki (2013, 2015) are among those few anthropologists who have ethnographically explored infertility and ART in Greece and their studies have informed this report.

In her study among Athenian women who undertook IVF during the 1990s, Heather Paxson (2003, 2004, 2006) depicts how these women consider the use of medical assistance in reproduction as “spiritual kin work” and as a means to accomplish their womanly status by normalizing it in reference to ideologies of motherhood in which womanhood is achieved through suffering and sacrifice (see also Kantsa, 2013a).

Kantsa has studied ART in relation to lesbian motherhood (2006) and cultural conceptualizations of motherhood in general (2013a) as well as to the multiple dimensions of “time” implicated in women’s experiences of infertility and pursue of assisted reproduction technologies (2011, 2013c).

The study of Tountasaki (2013) examines ART in relation to official (parliamentary) discourses and the relevant legal framework in Greece. In addition, her recent ethnographic study (Tountasaki, 2015) concentrates on infertile women who underwent assisted conception with donor eggs. Her study examines their experience of third-party assisted reproduction in relation to shifting conceptualizations of motherhood and kinship in Greece.

### **REPORT**

Even though there are multiple socio-cultural facets to ART in Greece -i.e. cultural conceptualizations of parenthood, meanings of “infertile”, the permissiveness of the Greek law, the absence of state control, the large number of medical centres and clinics, the stance of the Orthodox Church- the ethnographic literature on ART is still limited.

Greece has one of the highest ratios between assisted reproduction clinics and medical centers, and its population, as well as one of the most “liberal” legal profiles among European countries. IVF was introduced in Greece in 1984 and

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legal regulation mainly consists of three Laws (Law 3089/2002<sup>1</sup>, Law 3305/2005<sup>2</sup> and the recent Law 69 (I)/2015<sup>3</sup>) allowing for preimplantation genetic diagnosis, embryo freezing, anonymous sperm and egg donation, embryo donation, surrogacy, research on genetic material.

The legal context in Greece was first set with the 3089/2002 Law “Medical Assistance in Human Reproduction”, which was followed by the 2005 Law “Application of Medical Assisted Reproduction Methods.” The 2002 Law was an attempt to compensate for the previously existing legal vacuum and introduced amendments to the Civil Code on issues of kinship and inheritance. It regulated ART, defined kinship as a social-sentimental relationship (*koinoniko-sinesthimamatiki sigeneia*), where choice and the desire for the child hold priority over biological relationships, and empowered married people, non-married couples and single women alike with access to reproductive technologies. More specifically, the Law prohibits human cloning for reproductive reasons and sex selection, permits the use of fertilized eggs for research or therapeutic reasons, permits surrogate motherhood, permits posthumous conception and imposes anonymity for both egg and sperm donors. The age limit for donors is 35 and 40 for women and men respectively, while recipient women should be no older than 50. The 2005 Law –which came to supplement the 2002 Law and regulate many legal issues which had been left unregulated by the previous Law– subsequently focused on the applications of medically assisted reproduction and issues of “National Health.” Its 30 articles are structured around two central principles, which are summarized in: 1) “the application of medically assisted reproduction methods in a way that secures respect of individual freedom, right to personhood and satisfaction of the desire to acquire descendants (*epithimia gia tin apoktisi apogonon*), based on the facts of medicine and biology and the principles of bioethics” and 2) a concern that “during the application of the aforementioned methods, the interest of the child to be born is of primary importance” (Law 2005, article 1). Following these two axes, the Greek legal context allows for all medically accepted technologies and methods of assisted reproduction, including surrogacy. The recent Law 69 (I)/2015 also came to supplement the previous Laws on ART and mainly regulated the founding, organisation and operation of the so-called Committee for Medically Assisted Reproduction. It also regulated the implementation of a system of control and supervision of the operation of clinics in accordance with the existing legal framework. The subject of ART and particularly the content of the Laws 3089/2002 and 3305/2005 have been widely discussed among experts of Law (i.e.: Kotzabassi, 2003; Kounoyeri-Manoledakis, 2005; Kriari-Catranis, 2003; Fountedaki, 2007; Trokanas, 2011; Milapidou 2011).

<sup>1</sup> <http://nomoi.info/ΦΕΚ-Α-327-2002-σελ-1.html>

<sup>2</sup> <http://nomoi.info/ΦΕΚ-Α-17-2005-σελ-1.html>

<sup>3</sup> [http://www.cylaw.org/nomoi/arith/2015\\_1\\_69.pdf](http://www.cylaw.org/nomoi/arith/2015_1_69.pdf)

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In Greece the number of reproductive clinics and centres was 50 in 2006 according to the European IVF-monitoring (EIM) Consortium for the European Society of Human Reproduction and Embryology (ESHRE) (de Mouzon et al., 2010: 1853). More than half were located in Athens and the remaining are divided among the major cities of Thessaloniki, Larissa, Patras, Ioannina, Alexandroupolis, and Volos, Chania and Heraklio, where each had one clinic. 10 of these centres belong to public hospitals (6 to university hospitals) and the rest are private clinics and centres (Panagiotidou-Prapa and Prapas, 2006: 236-239). From the 50 centres only 9 reported their results of assisted reproductive techniques to ESHRE (less than 18% percent). This very low percentage (the lowest among all European countries) raises questions, especially when compared with the 2003 report when 22 out of 44 clinics and centres, 50% in total, shared their statistics. The law on “Application of Medical Assisted Reproduction Methods” which was voted in the meantime, in 2005, perhaps had an impact.

Although the 2005 Law specifically prescribed that one of the first and main tasks for the National Authority for Medical Assisted Reproduction would be to give the specific number and details of these centres, the list is even nowadays far from complete due to the difficulties the Authority has encountered. Thus, we lack any official data in relation to ART in Greece. The only data we possess derive from the very few clinics and medical centres that give out their numbers to ESHRE.

Yet, the press frequently publishes articles that entail some statistical numbers based on doctors’ (gynecologists, embryologists) estimations. Thus, according to a recent article published in the Greek Sunday newspaper *Kathimerini* 9-6-2013 p. 4: 300.000 couples in Greece are infertile, 12.000 assisted reproduction cycles were performed in 2012, 4.000 euros is the average cost for each effort (drugs included), 70 medical centres and clinics exist nowadays in the country that make a 50.000.000 euro turnover every year. Yet, as there has been a decline in the number of assisted reproduction cycles from 15.000 in 2009 to 12.000 in 2012 (a decline of approximately 20%), clinics and medical centres in Greece are investing in cross-border reproduction in order to attract infertile couples and women from European and neighboring countries.<sup>4</sup>

From an anthropological perspective, Greece has been largely described as a society where kinship and family relations play a crucial role in the definition

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<sup>4</sup> The investment in cross-border reproduction is related to the large number of clinics and medical centres that exist in Greece, the high level of medical technology, and the permissiveness of the law on assisted reproduction which allows for anonymous egg donation, anonymous sperm donation and surrogate motherhood. However, the permissiveness of the law combined with the absence of state control poses considerable questions that have recently alerted journalists and public opinion (see for example *HOTDOC*, issue 28, May 2013).

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of female and male identities, while full adult status for both women and men is obtained through marriage and childbearing or the acquisition of children (*apoktisi paidion*) (Loizos and Papataxiarchis, 1991; Kantsa, 2013a). At the same time, it has been well established in the ethnography of Greece that notions of state, national continuity and identity draw heavily on both religion and kinship (i.e. Paxson, 2003, 2004, 2006; Kantsa, 2006, 2013a). Parenthood, and especially motherhood, has persistently provided a metaphor for the nation's continuity and integrity appropriated by both the state and the church (Paxson, 2006, Kantsa 2006, 2013a). Additionally, ethnographers of the Greek society have persuasively demonstrated the prominent role of religious idioms as metaphors for gender and kin relations and practices, and have particularly elaborated on the powerful idiom of *Panayia* (All Holy Mary),<sup>5</sup> which ascribes a significant value to motherhood and associates proper motherhood with offering, suffering and sacrifice (Paxson 2004, 2006). Simultaneously, it has also been widely discussed in this string of literature that kinship ideologies and practices draw on religion and *vice versa* religious ideologies and practices draw on kinship. On the one hand, this is obvious in the symbolic conflation of motherhood with religious idioms of *Panayia* and the nation, and the achievement of motherhood with a sort of national duty (Paxson, 2004, 2006). On the other hand, it is also evident in the normalizing effect –despite its contestations<sup>6</sup>– of top-down biopolitical discourses about gender, reproduction, sexuality, marriage and the family predominately elaborated by the state and the church produced in the framework of the demographic crisis and the “threat” of undernataality (Paxson, 2004; Kantsa, 2013a).<sup>7</sup>

Issues of gender, sexuality and reproduction have recently re-caught the attention of ethnographers of Greece, especially in relation to the so-called “demographic problem” that is attributed to undernataality (i.e. Paxson, 2004, 2006),<sup>8</sup> sexuality and “new” family forms (i.e. Kantsa, 2006),<sup>9</sup> changing notions of motherhood (Kantsa, 2013a). More recently, significant changes in the realm of medically assisted reproductive technologies (ART) and legislative formation provided new terrain in the anthropological study of reproduction, parenthood and family (Paxson, 2003, 2004, 2006, Kantsa, 2006, 2011, 2013a, Tountasaki, 2013, 2015).

The intensive medicalization of reproduction in Greece (i.e. Georges, 2008; Trakas, 2013) has provided a fertile ground for the establishment of a

<sup>5</sup> Well portrayed in the icons of *Theotokos* (Christ Bearer) and *Panayia Vrefokratousa* –All Holy Mary holding Christ as a child in her arms.

<sup>6</sup> See for instance the studies of Athanasiou (2006) on women who chose not to have children and the study of Kantsa (2006) on lesbian mothers.

<sup>7</sup> See also Halkias, 2004; Athanasiou, 2006; Georges, 2008; Chatjouli, 2013.

<sup>8</sup> See also, Halkias, 2004; Athanasiou, 2006.

<sup>9</sup> See also, Kantsa, 2007, 2011, 2014a; Kirtsoglou, 2004; Yannakopoulos, 2010.

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reproductive “industry”, particularly in the private sector, within a highly “permissive” legal framework on ART. Additionally, the cultural value attributed to parenthood, in tandem with the scientific advances that have offered a wide range of infertility diagnoses and fertility therapies have reinforced an equation of infertility with a state of ill health, “in need” of medical treatment. It therefore comes as no surprise that in the Greek cultural framework, assisted reproduction is viewed as a means to facilitate the fulfillment of personal goals and provides an answer to nationalist concerns regarding low fertility and birth rates, as they are expressed in the discourses used by the state and the church (Kantsa, 2013a).

The first ethnographer who examined ART in Greece -IVF in particular- was Heather Paxson. In her ethnography (2004) among Athenian women during the 1990s Heather Paxson, introducing the term to a non-Greek audience, comments that “[...] the Greek term for IVF [is] *eksomatiki gonimopoiisi*, literally out of body fertilization. In everyday Greek, IVF is referred to simply as to *eskosomatiki*” (2004: 218). With reference to motherhood, Paxson (2004: 214) argued that women in Greece see themselves and are largely seen by society and social institutions as attaining their womanly status through the achievement of motherhood. At the same time, Paxson (2004: 18) maintained that childlessness and infertility equate with women’s personal incompleteness stemming from a failure to achieve both their gendered selves and “a *social duty*”.

With reference to understandings of women’s “reproductive agency” in her study in Athens, Paxson (2004: 39) argued that “[i]n depicting changing ideas about *teknopiía*, Athenians frequently voice a narrative of increased ‘consciousness’”. And she goes on to explain that this happens in a context in which a shift from an *ethic of service* predominately among women of older generations is gradually replaced by an *ethic of choice* among women of younger generations: “As an idiom of human will replacing that of God’s will in women’s reproductive narratives, contemporary Athenians perceive reproductive agency differently than did their mothers and grandmothers. Women should ‘know why’ they have children, presupposing they understand ‘what a child means for them’ personally—not just as ‘a woman,’ or even as a Greek woman” (ibid.: 39). In fact, Paxson (2004: 39) talked about a socially and historically constructed shift from an ethic of women’s self-control over their sexuality in the service of men and the family towards an ethic of women’s maternal decisions and practices premised on what she calls an “increased consciousness”, needless to say constrained by certain limitations. Paxson (2004) demonstrated the shifts in women’s understanding of what it takes “to realize their natures in a world characterized by changing social, economic, and political contexts” (ibid.: 5) which frame a dominant discourse on modernity. Specifically, she pointed to “newly available virtues of self-determination and autonomy” (ibid.: 35) that played a central role in



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shaping women's understanding of motherhood and particularly "proper" motherhood as a "personal achievement" that fulfils their "womanly nature" (ibid.: 9).

In her ethnography among infertile women who undertook IVF in Athens in the mid 1990s Paxson (2006) elucidates how these women make moral claims about the use of medical assistance in reproduction by seeing it as the means to accomplish their womanly status. According to her (ibid, 2006: 482): "motherhood—at once emblematic of moral virtue, validating of female adulthood, and metonymic of the means of human generation appropriated by Church and State—provides a stable signifier for the shifting terms of what it takes in an intensifying market economy, and in light of new biomedical models, for a woman to properly demonstrate her womanly nature and be "completed" as a woman". For Paxson (2006), these women also appropriate IVF by normalizing it in reference to ideologies of motherhood in which womanhood is achieved through suffering, sacrifice and "spiritual kin work". Indeed, Paxson's (ibid) co-discussants who undertook IVF pointed to the ideal mother as the woman who suffers in order to fulfill her desire for procreating (*maternal suffering*), normalizing this way the pursue of medically assisted reproductive practices as well as the pursue of divine assistance.

Simultaneously, by approaching motherhood "as something to be worked at, achieved and continuously demonstrated", she suggests that "IVF in Greece does not so much make explicit the social construction of nature, as has been argued of the US and the UK (Strathern 1992, Franklin 1997), but is accommodated into a prior understanding of "nature" as socially realized. [...] In urban Greece, the ethical questions raised by IVF centrally concern the extent to which use of the technology might go "with" or "against" the nature of persons that are partially realized through kinship relations [...] I suggest that IVF is more amenable to Greek women, who use it to realize a key aspect of their feminine nature through pregnancy and birth, than it is to men, for whom a central aspect of their gendered nature is bypassed by IVF technology" (Paxson 2003: 1854). Therefore, for Paxson (2003: 1858) "Greek women use IVF in ways that reinforce patriarchal ideologies of reproduction and motherhood, often enlisting the process into visions of modern motherhood as a virtuous achievement, one through which Greek values of maternal sacrifice, suffering, and spiritual work continue to be enacted".

In short, what Paxson (2003, 2004, 2006) has eloquently pointed out in her research is that the subjects' ways of reasoning their choices on assisted reproduction are construed through redefinitions of dominant reproductive ideologies and kinship practices and reinterpretations of dominant religious values that take place within particular existing systems of cultural meanings.

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Whilst focusing on women's experiences of the use of IVF, Paxson (2004, 2006) also brought into discussion the stance of the Church of Greece regarding ART during the period when the discussion and the passage of the bill on assisted reproduction submitted by the Ministry of Justice in the Greek parliament for approval in 2002. As she demonstrated, despite the acknowledged significance of Orthodox Christianity in Greek cultural representations, along with the close ties between the church and the state, the Church of Greece, has kept a "low" profile and has only been "discreetly" involved in matters concerning ART (ibid.). Drawing on a press release issued by the Special Synodical Committee for Bioethics of the Holy Synod of the Church of Greece (16/02/2002), Paxson (2006) indicated that at official level the church strongly opposed the use of medically assisted reproductive practices and particularly opposed the use of the term "reproductive material" as a defining term for the embryo used in the discussion of the draft bill on assisted reproduction.<sup>10</sup>

At the same time, though, she stressed the fact that the Church's official negative stance towards ART co-existed with her acceptance of the theological principle of the primacy of the person's autonomy and freedom of choice, clearly pointing to a flexible stance which tolerates deviations from her official positions on ART up to a certain extent. This "window" of articulated tolerance seems to be in accordance with another Orthodox theological principle in which sin is not seen as a reason for guilt (Paxson 2004).<sup>11</sup> As Paxson (ibid: 23) describes: "The church trusts people to make peace with their own sin, which is, according to Orthodox theology, inevitable to the human condition and therefore not translated into personal guilt". And conversely, her co-discussants acknowledge this "window" of tolerance, emphasizing both the autonomy of the person as a religious subject (and a concept of faith premised on a personal morality that is not subject to religious imposition) as well as the fact that making a sin for the sake of a greater purpose (here becoming mothers) is compatible with their perceptions of religiosity (Paxson, 2006). In fact, her co-discussants by drawing both from the dominant religious doctrines and popular religious idioms as well as from discourses on the autonomy of reproductive choices and "good" parenting (ibid, 2004, 2006), they tend to normalise their choices and dilemmas regarding ART by incorporating them into a dominant model of kinship.

The recent ethnographic study of Tountasaki (2015) concentrates on women who underwent assisted conception with donor's ova and examines their experience of third-party assisted reproduction in relation to shifting concepts of motherhood and kinship within Greek society. Tountasaki (2015) argues that

<sup>10</sup> During the following years the Holy Synod of the Church of Greece has gradually retreated from an initial discourse of negation of ARTs (before the Law 3089/2002 was introduced) to an even more discreet, flexible and pragmatic discourse in the following years.

<sup>11</sup> That is also a major point of difference between the Catholic Church and the Orthodox Church. See Paxson (2004), pages 23-24 and chapter 5, note 10.



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women who encountered infertility and aspired to a child but couldn't have it see themselves as being "stigmatized" for not being able to "fulfill" the normalizing cultural ideals of motherhood, reproduction and family. However, her co-discussants do not merely accept the medicalized technologies which enable them to conceive a child with donor eggs. In fact, they tend to appropriate these technologies in ways that are turned into a natural process as well as in ways that are tuned with the dominant cultural models of parenthood and kinship. As Tountasaki (2015: 290) mentions, her co-discussants have taken the decision to pursue IVF with egg donation since for them: "the birth of a child is more important than sharing the same genes with the child".

Although acknowledging the importance of genealogical relationships (by ensuring the parent-child genealogical continuity through the use of the father's reproductive material), Tountasaki's (2015) co-discussants elaborate on a discourse on motherhood, the mother-child bond and kin relatedness that implicates a "choreography between nature and culture" (ibid: 290), biological and socio-emotional attributes and processes "strategically" used in ways that downplay the lack of a shared genetic material between the mother and the child (ibid: 292-293). For instance, in order to downplay the use of donated reproductive material, her co-discussants tend to give primacy to the biological substances shared through the process of gestation rather than the genetic material itself. At the same time, the use of donated reproductive material is being downplayed through their emphasis on the socio-emotional attributes of parenthood (such as love, care, responsibility) or their persistence to achieve motherhood by any means and through sacrifice (ibid: 296).

## **THE (IN)FERCIT: FILLING THE GAPS IN THE LITERATURE**

The above-mentioned literature on ART in Greece has demonstrated that lay people's ways of reasoning their choices regarding the use of assisted reproduction are construed through redefinitions of dominant reproductive ideologies and kinship practices and reinterpretations of dominant religious values that take place within particular existing systems of cultural meanings. This literature has also pointed to the fact that Greek society has recently undergone important shifts and transformations, leading to re-conceptualizations of fertility/infertility, motherhood and kinship. Or conversely that cultural perceptions of fertility/infertility, motherhood and kinship are being redefined and reproduced within a changing framework of social reality. Nevertheless, despite the growing acceptance of "new" possibilities offered by science in the domain of assisted reproduction, these shifts have not yet led to a similar broad acceptance of alternative forms of kin relatedness which come into direct conflict with "dominant" conceptualizations of motherhood and fatherhood, or those which are not easily "compressed" to normative standards. The above-discussed

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ethnographic studies on ART, along with other recent ethnographic studies on contemporary Greek society, demonstrate that the acceptance of such forms of relatedness are still pending and are under negotiation.

Acknowledging these, we could suggest that the (In) FERCIT research project has come to fill the gaps in the existing literature on ART in Greece.

The (In)FERCIT research project focused on the detailed, multi-sided ethnographic account of assisted reproduction concepts, practices, politics and technologies in Greece, related them to legal issues and human rights on (in)fertility and reproduction, and provided a comparative perspective that associated the Greek project with similar research conducted in selected European and non-European countries – Spain, Italy, Bulgaria, Turkey, Cyprus, Lebanon.

Using an array of methodologies -quantitative, qualitative, participant observation, actor-network, legal archival documentation -- this interdisciplinary (anthropological and legal) project revolved around four clusters of research:

- a) shifting concepts of kinship, relation, parenthood and personhood in the context of social and technological transformations and nature/culture/technology perceptions
- b) practices of reproduction in relation to gender, sexuality, age, religion and ethnicity
- c) politics of (in)fertility, “reproductive citizenship” and cross-border reproduction across different states
- d) reproductive technologies and networks on local and global level.

In the framework of the (In) FERCIT research project a significant number of mainly ethnographic and legal studies [Kantsa, 2015; Chatjouli, Daskalaki, Kantsa (addendum by C. Bellas and A. D. Matossian), 2015; Kantsa, Papadopoulou, Zanini, 2015; Chatjouli, 2014, 2015; Daskalaki, 2014, 2015; Daskalaki and Kantsa, in press; Kantsa and Chalkidou, 2014a,b; Kantsa and Bellas, 2015a,b; Zanini, in press; Kokota and Papadopoulou, 2015a,b; Kokota, 2015a,b; Canakis, in press] have been produced. These studies have sought to fill acknowledged gaps in the literature on ART in Greece concerning the following thematic areas:

- 1) The permissiveness of the Greek legal framework, the large number of clinics and the absence of state control over clinics’ practices had not been investigated in relation to research on clinical practices so that both medical staff’s moral and practical approach and patients’ aspirations, understandings and choices regarding ART could be juxtaposed.
- 2) Considering the permissiveness of legal context, the large number of clinics and the “tolerant” stance of the church, the reproductive

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understandings and practices of those who –for various reasons (economic, legal, moral etc.)– are excluded from ART represented another domain of research which had been rather unexplored.

3) More ethnographic research on men's viewpoints and experiences relating to ART was needed so that gender issues and asymmetries in the purse of ART are explored and any shifts in cultural conceptualisations of parenthood with reference to fatherhood are unravelled.

4) Cross-border movements for reproduction and reproductive tourism in Greece and comparative analysis of ART legal contexts and cultural perceptions on ART in neighbouring countries had not been examined so far and needs to be investigated.

Specifically, the ethnography of Chatjouli, Daskalaki and Kantsa (2015) accompanied by quantitative research undertaken by Bellas and Matossian *Out of Body, out of Home: Assisted reproduction, Gender and Family in Greece* has concentrated on thematic areas 1 and 3. Based on 130 semi-structured interviews of both women and men this ethnographic study explores the ways infertility and assisted reproduction are bound to but also escape the household, and the shifts triggered in relation to reproduction, parenting, the imagining and making of a family. Focusing on the couple and their prospective parental role the following questions have been explored: Which relationships and practices change through the experience of ART? What is kept within the couple and what is being shared with *others* (family members, friends, strangers, experts) who acquire significant roles and power in the making of family and parenthood, in the formation of *other* significant socialities, in the changing dynamics of disclosure. How does this challenging context reinforces or weakens the couple's relationship, their reproductive agency and desire, the imagining and practicing of parenting?

*Ta en oiko mi en dimo* is a popular Greek proverb meaning that whatever happens at a household (*oikos*) should not be made public (*dimos*). It underlines that in the Greek cultural context sexuality, reproduction, family relations belong to the realm of private domesticity. But what happens when reproduction moves outside the body –in Greece assisted reproduction is known as *ekso-somatiki* (out of body)- and the private sphere of the household -*ekso-oikiaki* (out of home)-, and becomes part of the public sphere exemplified in state laws, doctor's decisions, hospital laboratories, IVF forums?

In the context of ART, reproduction escapes the body but it also escapes the household. At the same time, as the household boundaries are becoming more flexible, other actors, new norms and practices enter the household. With the term *exo-oikiaki* (out of home) this study elaborates on all those shifts and differences that become central in the reproductive stories of infertility and ART by drawing our ethnographic and analytical gaze on those exact practices and

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meanings that highlight not only and strictly the *exo-somatiki anaparagogi* (out body reproduction) but also the out of home reproduction. Reproduction is no longer a private, personal, intimate, sexual matter, nor the couples own doing, at least the way it was. It escapes one's bedroom and it no longer unfolds within the boundaries, the microcosm, the symbolic world of one's own family and household. Additionally, this study unravels all those realities that construct the ART experience and which signify both continuities and discontinuities regarding this new –for our co-discussants– reproductive reality, those facets for instance that also demonstrate resistance towards the ART process of making the household more permeable. Privacy, for example, acquires new meanings in this context. Reproductive management, reproductive decision making, reproductive timing involve old and new actors and inter-mediators, while the challenges of infertility and ART may lead to shifts in the prototypic and dominant constructs of family making and kinship constructions.

The first part of the book focuses on the desire to have a child and become a parent. Different individual and family stories, expectations and projections, encounters with age, time and “nature” inform stances, attitudes, and feelings. Yet, in the case of failed repetitive attempts to become pregnant the scene changes since new persons, techniques, decisions and choices make their entrance. In the second part of the book we highlight reproductive shifts that are linked to the biomedicalization of the “problematic”, non-effective attempts of the couple to have a child. But beyond the biomedicalization of this emotionally challenging and life-changing reproductive reality, and beyond the relationships and structures that are activated in relation to the dominant role of the medical expertise, the medical institutions and power, *exo-oikiaki anaparagogi* is also about the sources and content of the information couples receive, the information exchanged or not exchanged between affected couples or even between strangers via related Internet forums. It is about the emergence of new important *other* co-discussants beyond one's partner or beyond family members, about potential new socialities structured upon the need to communicate reproductive difficulties and potentialities. It is about re-negotiating personal/public boundaries, about re-imagining intimacies, about new forms of citizenship. It is about the role of state structures and top-down norms, about the multitude of cultural practices that are activated in the construction of this *exo-oikiaki* reproductive alternative.

As this ethnographic study demonstrated, new distances and proximities seem to unfold in the context of infertility and ART. The new intimacies, the lived pressures and resistances, involve people, relationships, emotions, institutions, technologies and places that often differ from the more typical everyday reproductive setting. Imagining reproduction, realizing conception and gestation, involves the triggering of new socialities, new spaces, new connections and even new family forms and family stories of origin. In the context of the unfolding of *exo-oikiaki anaparagogi* women and men often occupy different spots, perform

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different roles that on the one hand resemble the more typical and dominant ones and on the other, relate to new gender relations and gender normativities.

Adding to his ethnographic study, the studies of Chatjouli on the use of donated genetic material by both women and men (2015a) and ART drug consumption in relation to women's conceptualizations of the achievement of motherhood (2015b) as well as the studies of Kantsa and Bellas (2015a,b) which presents a statistical approach to perceptions on heterologous assisted reproduction in relation to kinship bring also into light other facets relating to the thematic areas 1 and 4, such as third-party assisted reproduction and ART drug consumption.

In addition, a number of studies on ART and religion, such as the studies of Daskalaki (2015a, b), Daskalaki and Kantsa on ART (2015) and Zanini (forthcoming) have tried to compensate for previous omissions in the relevant literature by further exploring ART in relation to religious beliefs and the “permissive” stance of the Church of Greece on assisted reproduction. In their studies, Daskalaki (2015a) and Daskalaki and Kantsa (in press) explore official and unofficial religious discourses elaborated by the Orthodox Church and Orthodox women and men who have sought medically assisted fertility treatment. In another study, Daskalaki (2015b) comparatively examines official and unofficial religious discourses on ART among Orthodox Christian Greeks and Greeks adhered to Judaism (2015b). Additionally, in a comparative study on ART and religion in Italy, Zanini (forthcoming) discusses the extent to which Catholic principles on reproduction in Italy have gained legal legitimacy and explores how Catholic Christianity affects the regulations and practices of ART on many different levels in multiple– and often contradicting ways both in private and public contexts. These studies inform the thematic areas 1 and 4.

At the same time, the studies of Kantsa and Chalkidou (2014a,b) examine sexuality, reproduction and lesbian motherhood and parenting pursued through the use of ART “in the space between the laws” (ibid: 2014b). Not only do these studies point to certain omissions of the Greek legal context relating to same-sex couples but also to lesbian women's ways of evaluating ART “in terms of the ability to eliminate/bend/escape not necessarily biological/medical/physical limitations, but rather social restrictions and exclusions”. Along with the study of Canakis (in press) which focuses on the (conversational) narratives on gender, sexuality and reproduction among of two same-sex couples who decided help each other to become, these studies inform thematic areas 1 and 2.

Finally, the studies of Kokota and Papadopoulou (2015 a,b) on cross-border assisted reproduction from the point of view of legal studies as well as the studies of Kokota (2015a,b) on the influence of religion on the legal framework on ART and the comparative analysis of the legal framework on ART of Italy, Spain and Turkey contribute to the literature concerning thematic areas 2 and 4.



## **6. ITALY**

### **SOURCES**

A number of scholars have explored ART in Italy focusing on different aspect of their diffusion in different times. The most important ethnographies and sociological works that have informed this report are the following: Milena Marchesi's work (2007, 2012, 2013a, 2013b) analyses Italian family and reproductive policies which are aimed at reproducing the nation in the last ten years. Monica Bonaccorso (2009) and Alessandra Gribaldo (2005a, 2005b) investigate how people make sense of assisted reproductive experiences in Italy before the promulgation of the Italian law regulating ART in 2004. Patrick Hanafin (2006, 2007, 2009) and Rachel A. Fenton (2006) analyse the meaning of the law promulgated in 2004 in relation to moral rulings, gender challenges, reproductive policies and reproductive rights that are promoted or opposed within and through this law. Manuela Perrotta (2008, 2009, 2010), Laura Lucia Parolin (Parolin and Perrotta 2012) and Lia Lombardi and Franca Pizzini (Lombardi, 1999; Lombardi and Pizzini, 1992, 1994, 2004) have investigated the very implementation of ART within the Italian clinical settings after the promulgation of the law regulating ART in 2004 and have explored the challenges that this new rules and practices produced on gender identities and performativity. Giulia Zanini's work (2011, 2013a, 2013b, forthcoming, in press) focuses in particular on patients' experiences of infertility, donor conception and cross-border reproductive care and on how religiosity affects such experiences.

### **REPORT**

Recent neoliberal economic processes have modified the social contract in the European context in ways that have profoundly altered the relation between state-based services and private enterprises in a number of sectors of the private and public life. In Italy, the impoverishment of the welfare state and the need for a different social state and solidarity model has resulted in a new “moral model of governance” (Marchesia, 2013: 26), called the “model of subsidiarity”. Such a model, which escapes both the logics of state-based social support and decentralized private support services, differentiates itself from the Third Way model experienced in the UK because it is especially based on the “heteronormative family as the ideal and moral locus of [...] devolution” and on “the heavy presence and power of Catholic associations” (Marchesi, 2013a: 43). Contrary to the UK, where “voluntary sector” (Turner, 2001: 201 cited in Marchesi, 2013a: 43) takes on the challenges of mediating between the market and the state, the Italian model recognises in the third sector an “explicit ethical

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mission” (Lippi and Morisi, 2005: 74 cited in Colombo 2008: 185; cited in Marchesi 2013a: 46).

Marchesi illustrates how a Catholic-inspired sociological expert discourse is mobilised in contemporary Italy to support a new form of moralized neoliberal reorganisation of resources. Moralization takes place through the celebration of heteronormative reproductive family as the “natural basis of society and source of social solidarity and the protection of life from conception” (Marchesi, 2013a: 68).

In this context the heteronormative family constitutes the moral unity around which social change and cohesion is organised and morality is proposed as a driving force towards solidarity and social production.

The “model of subsidiarity” as it is understood and implemented in the Italian context offers a “moralized framework for the decentralization of the state” by deviating the focus from the state to the family with a special focus on its “affective forms of caretaking” (Marchesi, 2013a: 46) and to small communities and associations that represent the enactment of a special moralised social reciprocity.

Subsidiarity is mobilised as a form of social cohesion that does not give away the centralised national welfare to celebrate the autonomy and activeness of individuals but rather identifies in the institution of the “family” the source and resource of social cohesion and solidarity. Neoliberal reforms in Italy have faced the disgregation of the welfare system by proposing the institution of the family as its respectable replacement. Social citizenship is in this context referred back to family citizenship more than it is to individual relationship to the State (Marchesi, 2013a: 183-186). Subsidiarity is a principle that produces “moralized selves” which feel compelled to act in liable ways through given social structures, such as heteronormative families and religious association and institutions. In so doing, subsidiarity is that principle that allows a “new model of the social that promises to maintain social cohesion and solidarity even as the states shifts its administrative and welfare responsibilities onto non-governmental entities to families” (Marchesi, 2013a: 68).

In such a context, reproduction takes on an increased value as a practice which enlarges the familial network and responds to the moral call of social support, social cohesion and social production. In other words, it gives eligibility to access family citizenship and is especially appreciated insofar as it both traces and grounds the moral solidity of heteronormativity. We use heteronormativity to make reference to “the myriad of ways in which heterosexuality is produced as a natural, unproblematic, taken-for-granted, ordinary phenomenon” (Kitzinger, 2005: 478, cited in Parolin and Perrotta, 2012: 111).

The project to create a new model of moralised social cohesion and reproduction involves the discipline of human procreation through the limitation of practices that are considered “immoral” for their infringement of life protection or heteronormativity. The result is that the “a demographic scaremongering does not lead to a technological pronatalism” (Marchesi, 2013b: 75) but rather to a



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“demographic nationalism” (Krause, 2006: 7) which discriminates women and migrants. Although family formation within heterosexual official unions is encouraged and highly expected and despite demographic alarmism about low fertility jeopardizing social cohesion and national future (Marchesi, 2013b; Krause, 2001, 2005, 2006), assisted reproductive technologies have not being welcomed as promising family-friendly techniques but rather opposed as fearsome unnatural practices (Marchesi, 2013b; Zanini, 2013a).

The Italian parliament passed the first act on medically assisted procreation (known as Law 40) on February 19th 2004 after a lengthy parliamentary and public debate. The promulgation of this law came after a period in which, on the one hand scientific discoveries were enhancing the power of technologies in the reproductive field, nourishing the fervid imagination of some who started to talk about an “almighty” technology and its exceptional or catastrophic effects. On the other hand, Italy was becoming famous in the international press as being the place in Europe where procreative miracles could take place. Newspapers reported breaking news about women giving birth to quin- or sextuplets and women who gave birth in their sixties. Before the promulgation of Law 40, Italian jurisprudence was involved in cases of disown of paternity following assisted reproduction, children born by insemination after the death of the father, and surrogate motherhood. Since 1994 Italy had been known as the “far west” of reproduction, where everything was possible, thanks to the complicity and competence of several notorious doctors and the lack of a specific legislation in this field (Cirant, 2005: 180).

As a matter of fact, some regulations about ART had been existing in Italy for more than ten years before the promulgation of Law 40. These were mainly addressed to the public sector and provoked over the years a remarkable gap between the activities carried out in public hospitals and those offered and pioneered in the private centres. In 1985, the Minister of Health ordered public centres not to offer ART to singles, unmarried couples, and homosexual couples, and not to perform donor conception (under the name of *fecondazione eterologa*, heterologous fertilization). Ten years later, in 1995, the Code of Medical Ethics introduced the prohibition for medical practitioners to perform surrogacy, to admit homosexual couples and singles for assisted reproduction treatments, to use a dead partner's semen for insemination, and to perform assisted reproduction on women in non-precocious menopause. In 1997, the Ministry of Health prohibited the sale of human gametes (see Parolin and Perrotta, 2012).

All these measures, which had been set much before the promulgation of the act on assisted reproduction, have later been transferred into the act, although many opponents have proposed different amendments to modify its whole structure and its grounding principles (see Hanafin, 2007 and Valentini, 2004).

At the time where the final act was approved, the Parliament was occupied by a centre-right majority. Nevertheless, the positions in favour and against the

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law did not correspond to different parties. On the contrary, there were transversal positions due to the fact that many party leaders encouraged the members of their party to vote following their conscience. For example, the then-leader of the centre-left DL-La Margherita<sup>12</sup>, Francesco Rutelli, wanted his party members to vote on the law according to their conscience. Rutelli and many of his party colleagues eventually voted for the act, resulting in what Hanafin defines as the demonstration of “cross-party consensus on the issue based on a common patriarchal world-view, leading to the absence of any effective parliamentary opposition” (Hanafin, 2006: 349).

Law 40 set out the rules for the application of ART in Italy both in the public and private sector. The text of this law was immediately recognized as being very restrictive (Boggio, 2005; Fenton, 2006; Casonato et al., 2006; Picciocchi, 2005) as it was characterized by a very long list of prohibitions.

Among the unprecedented principles introduced by Law 40 was the protection of the 'conceived being', eventually referred to as both the 'embryo' or 'fertilised egg' and the 'child-to-be' (*nascituro*) which lead to prohibition of any form of embryo research, cryopreservation and selection. The moral choice of protecting the embryo represents an example on how the Italian moralised response to neoliberalism has been based on the creation of exceptional areas, such as the “Life” and the “natural family” from which the market is excluded and solidarity, support and cohesion are granted through a replication of specific moral values. As Marchesi points out, the Italian *vitapolitics* (Rose, 2011; Hanafin, 2007) is based on a diffused and pervasive “reproductive governance” (Morgan and Roberts 2012: 243 in Marchesi, 2013a: 81) that is not only promoted by governmental institutions and laws, but also and especially embodied and reproduced by different kind of actors, including associations and NGOs.

In this context, the 'embryo' represents Life and its qualities and a battle is fought about how to define the Life to be defended and under which circumstances. Marchesi argues that the claim made by catholic-inspired movements and politicians that “embryo is one of us”, which has finally found application in the final act promoting the rights of the *conceived being*, represents the constitution and definition of a “qualified us” in terms of race, ethnicity and nation (Marchesi, 2007, 2013a, 2013b). The result is a politics that protects the embryo as a vulnerable subject which represents the nation and the national racial ethnical and moral qualities and promotes “broader neoliberal transformations in social welfare that generate vulnerability among already-born

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12 DL, Democrazia è Libertà - La Margherita (Democracy is Freedom - the Daisy), known as La Margherita, was a centre-left party established in 2002 with the merger of various progressive Christian democratic and liberal small parties belonging to the l'Ulivo coalition. Since 2007 the party merged, together with Democratici di sinistra into the PD Partito democratico, Democratic Party.

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citizens in Italy” (Marchesi, 2013b: 75). This act generates a conflict between specific unborn subjects and living citizens and constitutes a political battle where the “embryo is deployed [...] as a weapon to protect an imagined notion of the Italian family, one which is based on a Roman Catholic marriage between heterosexuals” (Hanafin, 2013:47).

The peculiar status of embryos introduced by this act is one which eradicates previous distinctions between born and unborn subjects and which gives room for elaborating new rights for the unborn. Parolin and Perrotta (2012) argue that the rights that have been set in place in the act defines the embryo as a “proto-citizen”, thus “establishing a monolithic view of biotethical issues” (Parolin and Perrotta 2012: 103). Ather authors have found that the Act qualifies the embryo as a “subject” (De Zordo and Marchesi, 2010: 14, 25; Marchesi, 2012: 178), “a new citizen subject” (Meltzer, 2011:118), a “public citizen subject” (Metzler: 2007: 471; cited in Beltrame, 2013: 116), a “juridical subject” (de Zordo and Marchesi, 2010: 2), a “subject most in need of legal protection” (de Zordo and Marchesi, 2010: 13), a “subject in need of State protection” (de Zordo and Marchesi, 2010: 26), a “precarious subject” (Marchesi, 2013a: 3), as a “weak and deserving subject” (Marchesi, 2013a: 21), “an equal subject to the couple” (Marchesi, 2012: 177), emphasizing the political weight of a measure that not only recognises the humanity of the embryo but also establishes its subjecthood and its relation to the State in terms of a vulnerable citizen needing public protection.

Severe discontent provoked by the approval of such a regulation has lead to a threefold reaction, including the political way, through the organization of a repeal referendum (*referendum abrogativo*) just one year after the promulgation of Law 40; the juridical way, through the numerous legal challenges; and the private way, through self-arranged reproductive travels or other non-clinical practices.

Patrick Hanafin and Parolin and Perrotta recognise in these initiatives the agentive role by individuals and groups affected by the restrictions imposed by the law to actively contest such provisions. Hanafin argues that these actions express what Nikolas Rose has conceptualised as *ethopolitics*, meaning “a form of affirmative biopolitics in which citizens claim for themselves rights to make decisions about and over their bodies” (Rose, 2001: 19 in Hanafin, 2013 : 47). Hanafin remarks that mobilising *ethopolitics* allows an exploration of the “potential of an active counter-politics of resistance for restoring reproductive citizenship to those deprived of it by legislative interventions in its nature” (Hanafin, 2013: 47).

The referendum (12th and 13th June 2005) aimed to modify certain measures, considered particularly inappropriate with regards to social needs and clinical practice.<sup>13</sup> The four proposals of the referendum were meant to relax the

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13 This procedure requires that the petitioners (in this case the main promoter was the Radical

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provisions forbidding fecundation with donors as well as the use of extra-embryos for scientific research and limiting the access to the ART. Due to insufficient voter turnout (quorum of 25.9% instead of the minimal 50% plus 1 of voters), the referendum was declared invalid and failed to modify the text of the law, which has remained as it was issued in 2004 for a long time afterwards.

Hanafin (2007) explains this failure as the result of many factors characterising the referendum campaign on the one hand, and the nature of the mechanism of repeal referendum on the other.

“The Church set up an anti- referendum committee called 'Science and Life' (*Scienza e Vita*) to campaign on its behalf. The anti-referendum campaign instead of calling for a 'no' vote called for voters to abstain so that the required quorum of 50 per cent plus 1 of voters would not be reached and the ballot would be declared invalid. This tactic was seen as a far more effective way of allowing the law under question to remain untouched but was also a subversion of the so-called deliberative democratic process. [...] The anti-referendum campaign proved to be successful. [...] The reason for the large abstention cannot be attributed simply to the Church's call for a boycott of the polls. The issue of assisted reproduction was not one that excited the enthusiasm of many voters. They saw it as an issue that affected a minority of the population. Moreover, the recent history of referendums in Italy has been marked by a large rate of abstention. [...] This might be attributed to fatigue on the part of the electorate in relation to the use of the referendum” (Hanafin, 2007: 65-66).

Since 2004 the act has been subject to a long and complex judicial journey during which its content has been “substantially re-written by the multilevel judicial system (national judges; Constitutional Court; European Court<sup>14</sup>)” (Penasa, 2012). The legal challenges have especially put forwards by individual citizens with the legal, moral and practical support of “medical and scientific associations [and] reproductive rights interest groups” (Hanafin, 2013: 52). Hanafin calls these initiatives “affirmative biopolitics” which “allows individuals to engage power and act in a collective manner to resist their exclusion from full citizenship” (Hanafin, 2013: 53). He suggests that the collective actions taken in front of different courts and the initiatives leading to the referendum all represent the ethos of an *ethopolitics*. “Such a model stresses the need for continuous political engagement to make real the merely declaratory

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Party) obtain at least 500,000 signatures with the right to vote and present their proposals to the Constitutional Court, who decides their admissibility. In the case of Law 40, a committee made up by an alliance of the Radical Party, representative of parties of the centre-left, the Green Party, and other interested parties, including scientists, doctors and patients' groups, called for five proposals, one of which was about the total abrogation of the legislation. This was rejected by the Constitutional Court, while the four remaining were accepted.

14 See E. Dolcini, *La lunga marcia della fecondazione assistita. La legge 40/2004 tra Corte costituzionale, Corte EDU e giudice ordinario*, in *Rivista italiana di diritto e procedura penale*, 2, 2011, 428 ff.

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nature of rights. It is an active engagement with the promise contained in constitutional bills of rights to enable citizens to access rights in reality” (Hanafin, 2013:65).

Patrick Hanafin provides a careful analysis of some of the legal challenges that have characterised the life of the Act and illustrates how the whole structure and some crucial measure of the Act has been dismantled through a conceptual renegotiation of rights according to existing local, national and international legislations (see Hanafin, 2013: 55-64).

Some points of the Act have especially been considered as “unconstitutional” by the Italian Constitutional Court. A verdict of the Constitutional Court, handed down in February 2009, has invalidated the obligation of producing no more than three embryos at a time and to transfer all of them in a unique and contemporaneous transfer that the law previously stated. This intervention entrusted medical professionals with the task of deciding how many eggs can be fertilised at any cycle and how many of them can be transferred, according to scientific knowledge and adequate clinical practice in respect of each patient's health. Furthermore, these provisions practically repeal in part the prohibition of cryopreservation still formally existent in the text of the law (comma 1, Art. 14). The verdict explicitly mentions this as a consequence of the repeals imposed by the Court. “The conclusions reached [...] introduce an exception to the general principle forbidding cryoconservation” (our translation).

Article 13 of Law 40 concerning research on human embryos states that “clinical and experimental research on embryos may be performed only with therapeutic and diagnostic aims turned to the protection of health and development of the embryo itself” (art.13 law 40/2004, our translation). Ministerial guidelines of 2004 offered a very restrictive interpretation of this article and declared that pre-implantation genetic diagnostic (PGD) was not allowed, although paragraph 5, art. 14 states that the couple has the right to be informed about the number and the health of embryos produced and potentially transferred during their fertility treatments. Later on, a number of courts declared this interpretation not respectful to the original text of the law and the TAR Lazio eventually invalidated it with the sentence n. 398/2008. From that moment, prohibition of applying PGD has not been so evident, whereas explicit support for this practice has not appeared either in the law or in other ministerial decrees. As a result, PGD is applied according to the discretion of hospitals and clinics and has been at the centre of a number of trials where doctors waited for the permission of the judge before practising it. In any case, the unique risk of transmitting genetic diseases to the offspring was not sufficient to enter assisted reproduction until January 2010, when the Tribunal of Salerno first allowed a non-infertile couple to be treated with PGD due to the high risk of conceiving a baby affected by spinal muscular atrophy. This sentence has been harshly criticised by the then-under secretary of the Ministry of Health, who maintained that this is was very bad decision and that the judge should have passed the judgement of



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such a critical point on to the Constitutional Court. Another sentence by the Tribunal of Cagliari allowed in November 2012 another non-infertile couple to access PGD and ordered the hospital that they had firstly addressed to perform such practice. In the meantime, in the European Court of Human Rights (ECHR) ruled against Italy in August 2012, recognising the right of a non-infertile couple to receive PGD treatments and judging Italian Law 40 inconsistent with the existing abortion act. Such a provision was rejected by the Italian State, who appealed in November 2012. Although an increasing number of courts have ruled in favour of this practice, someone finds it still difficult to be treated in Italy.

In April 2014, the Constitutional Court decided to invalidate the ban on donor conception that was in force since 2004. The fall of this prohibition has provoked a certain embarrassment within the actual leading political forces, who are very much aware of the delicate ethical, cultural, religious and political entanglements that new measures on such topic may raise.

Milena Marchesi (2013b) observes how the prohibition of donor conception responded to a specific intention by law-makers to promote a definite preferred belonging criterion which is activated through descentance based on “homogeneity” rather than “heterogeneity”. Considering the practice of donor conception as a legalised form of adultery they preferred to limit available options of assisted reproduction only to those reproductive practices which instead represented marriage and eventually resulted in promoting marriage at a genetic level. The preference of “social, marital and gametic [and genetic] homogeneity” is expressed in the decision by the law-makers to only allow reproductive procedures which involve the use of gametes coming from the heterosexual partners who intend to be the legal parents of the child-to-be. Such a policy suggests that social and marital balance is based on avoiding heterogeneity in genetic terms so much as in social and political terms. The criteria of eligibility for reproductive assistance retraces the Italian choice for citizenship on the basis of the *ius sanguinis*, which Giovanna Zincone defines both an “ethnic law” (Zincone, 2006: 111) and a case of “legal familism” (Zincone, 2006: 156).

The choice of limiting the space of reproductive technologies to the practices that manipulate gametes coming from a stable heterosexual couple and going back to the same couple in form of embryos is both the result and an instrument of a politics of “othering”, which creates and distinguishes between categories of people who are entitled to reproduce and make acceptable parents and “others” who do not (Parolin and Perrotta, 2012). The concept of “othering” is used in this context by Laura Lucia Parolin and Manuela Perrotta (2012) in order to make sense of the “process of differentiation and demarcation, by which the line is drawn between 'us' and 'them' – between the more and the less powerful - and through which social distance is established and maintained” (Lister 2004: 101, cited in Parolin and Perrotta, 2012:112). Parolin and Perrotta perceptively employ this concept to explore both the “macro-discourses” which are fabricated by those who are in power to construct others as powerless (Jensen 2009; cited

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by Parolin and Perrotta, 2012:112) and the self-perception and performed otherness by marginalised and othered subjects.

Italian ethnographies show that the heterosexual couple is expected to be the place where reproduction takes place and that parental participation in procreation is considered equal insofar as both women and men take part in it in their specific sex-dependent way (Gribaldo, 2005). The heterosexual couple is central both in the institutional framing of the reproductive citizens and the reproducible nation and in the individual understanding of the reproductive project. The disrupted expectation of a coupled reproduction transforms into a reproductive outcome that belongs to the couple because it originated in the couple. If the desire of a child is elaborated within and by the couple then conception is considered to take place within the couple (Gribaldo, 2005). Gribaldo illustrates that the couple is considered the place where conception takes place also in the cases where donor gametes are used to achieve pregnancies, given that child conception is understood as the moment in which the desire for a child is expressed within the couple much before egg fertilization happens (Gribaldo, 2005: 114).

The literature concerning ART in the Italian context (Gribaldo, 2005; Lombardi, 1999; Lombardi and De Zordo, 2013; Parolin and Perrotta, 2012; Perrotta 2008, 2009, 2010) confirms international findings about the rhetorical devices used in scientific literature and clinical settings to treat the heterosexual couple as one single “patient” (Van der Ploeg, 2001). Irma Van der Ploeg (1995) claims that the discursive and procedural framework of assisted reproduction develops an understanding of the heterosexual couple as a body-subject, producing what she calls the “hermaphrodite couple”.

ART inhabit a context where a constant tension exists between claiming and performing heterosexual partners' intentions and parental projects on the one hand, and explicitly displaying sexual differences and gendered reproductive capabilities, on the other (Gribaldo, 2005).

Male and female bodies and reproductive cells are subject to different understandings and are manipulated in very different ways throughout the reproductive process. The existing literature on ART in Italy confirms international literature on the matter. The ways in which biomedicalisation of reproduction has lead women to be involved in a continuous process of objectification of their bodies and agency through objectification (Thompson, 2005) is well-described in Gribaldo (2005), Bonaccorso (2009), Lombardi (2009, 2013). Gribaldo stresses on the peculiar way in which her interviewees make room for very long and detailed account of the “micro-reproduction” process (Gribaldo, 2005), where oocytes, semen, embryos are at the centre of narrations. Comparing her findings to other international accounts of interviewees' narrations about their assisted reproductive experience, Gribaldo observes that such a careful account of examinations, clinical procedures and gametes and embryos routes as the one she encountered in her informants sounded unfamiliar to other previous



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international ethnographies. Manuela Perrotta suggests that such a peculiarity might be due to a twofold effect of improved biomedical reproductive assistance. On the one hand, she says, medical practitioners might be induced to talk their patients through more detailed clinical procedures and biomedical knowledges. On the other hand, the increased visual experiences in the field of assisted reproduction might lead people to feel closed to, absorb and experience their reproductive process in a more technical and micro-biological way. The reproductive experience of these people emerges as a complex intertwining between “nature, medical technologies, visual technologies, images and scientific knowledges” (Gribaldo, 2005 in Perrotta 2009: 6 our translation).

Male body is rather left on the margins of the reproductive process and is treated as an external tool for the female body to become pregnant. The process itself is segmented in different successive parts (Gribaldo, 2005) so much as female body and its reproductive capability is fragmented in different parts and examined in all its different physiological and pathological manifestations (Gribaldo, 2005; Lombardi, 2013; Thompson, 2005). While the production of right viable and high-quality oocytes is carefully monitored and induced in ways that involve the female body to be disciplined and constantly measured, semen is rather perceived as a separate substance, which originates in the body but exists on its own (Gribaldo, 2005; Lombardi, 2013). Lia Lombardi observes how in the final report of the Ministry of Health 2011 different criteria are used to display female and male infertility factors. “Contrary to what happens with female infertility, male semen and infertility are neither classified nor named” (Lombardi, 2009: 193). Percentages of different female infertility factors are listed (i.e. tubal factors; endometriosis; reduced ovarian reserve; etc.) while no specifics are offered for male infertility, although biomedicine distinguishes between different factors for male infertility too (i.e. azoospermia; oligospermia; varicocele; etc.). Lombardi cannot detect the causes of such a different way of displaying male and female infertility factors -was the survey sheet from the Ministry biased or did the clinics decide not to deliver this information?- but highlights the cultural gap in the linguistic and analytical treatments of male and female participation in reproduction. The small attention for the male body and its fragmentation represents, according to Lombardi, the small place that men are left within the procreative process in particular, and in the parental project, more generally (Lombardi, 2009).

The female body is scrutinized as to perform as a standardised female-sexed body, whose interior becomes a “public arena” where different ethics, political stances and biomedical practices battle for the definition of gender, family and the nation (Duden, 1994, 2006; Gribaldo, 2005; Lombardi, 2013). The male body, instead, does not symbolically require to investigate its interior space in order to provide procreative capacity and semen and it is not taken as a place of negotiation for defining ontological, social and political truth (Gribaldo, 2005; Lombardi 2013).

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The ethnographic work by Manuela Perrotta confirms these findings by revealing evidence of different attention for female and male diseases and dysfunctions in the clinical reproductive settings. ICSI is preferred in Italy to IVF for organisational reasons (Perrotta 2010) because it is considered more effective to produce embryos. As a matter of fact, this practice reduces the need for an accurate male diagnosis of infertility's causes and redirects clinical attention on female partners who have to undergo more treatments (Perrotta 2010, Parolin and Perrotta 2012). Parolin and Perrotta (2012) observe how the frequent use of ICSI is tantamount to an approach that treats the couple as a “collective body”, justifying a “substantial disregard for the diagnosis of male diseases” (Parolin and Perrotta 2012: 120). The result is a procedure that “reconfigures the problem of failure in the process, postponing it from fertilization to a later stage, when embryos are placed inside the female body” (Parolin and Perrotta 2012: 120).

The male role within the procreative process, and in ART in particular, has been overlooked for a long time in the social and demographic sciences (Lombardi, 2013; Inhorn, 2012; Inhorn et al. , 2009; Hudson and Culley, 2013). When interested in male reproduction, sociological, anthropological and psychological studies have mainly focused on men's responses to infertility rather than their engagement in assisted reproduction (Dooley et al. 2011; Fisher et al., 2010). Only recently, researchers have investigated how men experience and engage in ART (Hudson and Culley, 2013; Inhorn, 2012; Parolin and Perrotta, 2012; Perrotta 2010) showing how the male body does not attract clinical attention within ART context irrespective of infertility causes (Dooley et al. 2011); how men experience semen production through masturbation as a very stressful event (Hudson and Culley, 2013); how men feel marginalised in the assisted reproductive process (Hudson and Culley, 2013); how men act as “emotional care givers” (Dooley et al. 2011; Hudson and Culley, 2013; Malik and Coulson, 2008; Throsby and Gill, 2004), potentially subverting traditional gender expectations about emotional engagements (Hudson and Culley, 2013; Inhorn 2012).

In the ART context, the male body is instrumentalised as the producer of valuable semen through masturbation. The success of this production combined with the performance of a “good masculinity” is what is required to men entering the fertility clinical settings (Thompson, 2005).

Alessandra Gribaldo (2005) and Monica Bonaccorso (2009) both agree that the investigation of ART as kinship-making settings in the Italian context makes a continuity rather a discontinuity emerge between the ways in which Italian residents display, mobilise and make sense of kinship concepts and narratives and the ways in which Euro-American kinship discourse has been described by eminent kinship scholars such as, among others, Schneider (1980), Edwards (2000), Edwards et al. (1999), Edwards and Salazar (2009), Franklin (1997) and Thompson (2005).

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Bonaccorso openly faces this matter and argues that recognising a continuity between Euro-American and Southern European kinship does not mean to argue that people make kinship in the same way, but rather to identify a sort of “*kinship repertoire*” (Bonaccorso, 2009: 114) that people seem to share and variously make reference to while in fact making kinship everyday in multiple ways. Such a “kinship repertoire” represents a set of notions that people use to make sense to kinship matters, but does not say much about how these notions are mobilised and embodied in the ways in which make kinship everyday. “*Italian themselves draw on the same kinship repertoire but make kinship differently in practice*” (Bonaccorso, 2009: 114).

As seen, after 2004, the Italian law on ART has put a definite end to a number of reproductive practices that were previously partially carried out. Among these are the use of donor gametes and the treatment of single women and homosexual couples (which was possible in the private sector until 1995). Although the introduction of such measures did create two different categories of citizens, namely those who were officially entitled to procreation and parenting and those who were not in relation to their marital status and sexual orientation, the question of reproductive rights was very rarely put in these terms and the public debate developed within a “strongly heteronormative context” (Parolin and Perrotta, 2012: 110). As Parolin and Perrotta observe “since the late 1990s, the issues of freedom of choice and access to care by single women and lesbian couples (and, much less, gay males) has been completely removed from the debate that took place the following decade” (Parolin and Perrotta, 2012: 115). From very recent exploratory observations, it seems that the debate following the re-introduction of donor conception by the Constitutional Court in 2014 is equally embedded in such a logic. Although the juridical re-introduction of this practice could induce to re-consider the question of reproductive care and rights for non-heterosexual people and to frame the whole debate on ART in a different way.

The fact that a “state heteronormativity” (Parolin and Perrotta 2012) governs Italian reproductive rights “othering” non-heterosexual and “uncoupled” parental projects did not stop “others” from engaging in self-arranged reproductive processes.

Monica Bonaccorso observed how lesbian and gay prospective parents made sense of their reproductive project with donors in Italy before the promulgation of the law that excludes homosexual from assisted reproduction in 2004.

She suggested that giving birth and family-making was uncommon and unpopular within homosexual networks where “[t]he non-parenthood option among lesbians and gays who decide not to plan families, and who are more widely active, is emphatically voiced as the *real* lesbian and gay option (Bonaccorso, 2009: 94 emphasis in the original text). Parolin and Perrotta consider such an observation inaccurate and explain that the scarce appearance of news and claims about homosexual parenting in Italy did not necessarily stand

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for a “public” rejection of it within homosexual networks. On the contrary, they report that some leading members of two important and big associations of gay and lesbians (Arcigay and Arcilesbica) were not against homosexual motherhood and campaigned for self-insemination and that groups supporting homosexual parenting existed in the 1990s (Parolin and Perrotta, 2012: 116).

Bonaccorso noticed that homosexual couples could not “act *normatively*” (Bonaccorso, 2009: 105), as normativity was to conceive and give birth within stable heterosexual couples and suggested that they perceived their reproductive experience as a creative and “*imaginative*” one. Recalling Monica Konrad (2005), she observed that gamete donors remained a “*presence*” in homosexual reproductive projects even when they were unknown. Eventually, she commented that, although Italian lesbian and gay couples tended to present their reproductive plan as based on choice in opposition to biology, ultimately they “do not totally depart from a kinship model that incorporates biology; they still rely on it, although in very diverse ways – indeed partly changing its form” (Bonaccorso, 2009: 105).

Chiara Bertone (2008, 2009) provides further interesting information about the ways in which lesbians and gays experience family formation in Italy. In particular, she points out that personal networks tend to develop within, more than in rupture with or at a distance from, families of origins, allowing the development of creative practices and understandings of family relationships. An accurate study of these may lead, according to Bertone, to a more fruitful investigation of kinship practices. In particular, Bertone complains that “in Italy, a relative persistence of the institutional force of marriage, with a minor diffusion of conjugal instability, of *more uxorio* cohabitations and of births out of wedlock, and the strongly normative character of public and -often- scientific debate on families, seem to make more difficult than in other countries the abandonment of a heteronormative model of family as a more or less implicit term of reference” (Bertone, 2008: 192)<sup>15</sup>. Margherita Bottino (2008) agrees with Bertone on this point. Observing different kinds of experiences by homosexual parents in Italy, she concludes that the way homosexual parents organise their symbolic and practical relationship with each other and to those whom they consider members of their families might serve as a model for heterosexual families. She observes that Italian homosexual parents tend to perceive the presence of children as grounding the category of family, although the configurations of families include very different options. Finally, she notices that the families composed by two members and their children are those who more often claim recognition and employ the expressions “normal families” and “families like others” to define themselves, revealing an existing diffuse perception of the nuclear heterosexual family as the “normal” pattern (Bottino, 2008: 206; see also Bertone, 2009).<sup>16</sup>

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15 Our translation.

16 Academic literature on households and family configurations in Italy counts a growing number

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The work by Parolin and Perrotta (2012) adds a complementary perspective. After having explored the concept of “othering” and analysed how Italian reproductive policies produce marginalised un-reproducible citizens, they investigate how reproductive “others” perceive themselves in relation to reproductive citizenship. This approach allowed the authors to shed lights on how people's positions in relation to heteronormativity affect the ways in which they experience reproductive “otherness”. The heterosexual couples who are excluded from assisted reproduction express such an exclusion as an unexpected major “violation of their citizenship rights”, while homosexuals, who experience multiple forms of “othering” in a context in which heteronormativity prevails, do not frame reproductive restrictions as unexpected, but rather understand “reproductive rights as a luxury” (Parolin and Perrotta, 2012: 125).

**WHAT IS NEXT?**

Certainly Italy represents a very peculiar example of how moral issues may intervene in approaching ART both at institutional and individual level. Although the intersection between secularism, religion and ART has been approached by existing literature, the very specific character of Catholic organisational settings in Italy suggests that a deeper research into its multiple realities (including i.e. little and big parishes; catholic hospitals; catholic organisations; catholic-inspired media; high representatives of the Vatican; members of different religious orders; etc.) may shed light on the complexities of Catholic moral approach to reproductive matters and ART.

Moreover, a further investigation on clinical practices is needed to understand how the recent changes in the legal framework have affected both clinical and practitioner's ethical and practical approach and patients' expectations, understandings, demands and practicalities. A special attention should be paid to the re-newed implementation of donor gametes circulation and on the legal and practical trajectories of parents of surrogate-born children.

A continuous analysis of internal reproductive mobilities and cross-border reproductive travels would especially highlight how local and national ever-changing policies are received and understood by intended parents, what reactions these people organise and how local and national policies eventually shape translocal and transnational flows of reproductive assistance's seekers.

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of works focusing on monoparenting (Barbagli e Saraceno, 1998; Bimbi e Trifiletti, 2006); on homosexual parents, homoparenting and homoparental families (Bottino, 2008); on the diversity and dynamism of such experiences (Barbagli e Colombo, 2007; Bertone, 2008; Trappolin, 2008); on the problematic issue of their statistical and social visibility (Barbagli e Colombo, 2007; Trappolin, 2004, 2006; Bottino, 2008); and on the contribution of these experiences to the redefinition of social policies (Saraceno and Naldini, 2003).



## **7. REPUBLIC OF CYPRUS**

### **SOURCES**

We think that a scholarly attention on the cultural, moral, political, social principles driving the public debate which will lead to a national regulation may shed light on the very specific ways in which national and international stances and experiences are combined to establish a local response to reproductive needs and possibilities. A sociological and anthropological research on the ways in which ART are actually performed and understood in the Republic of Cyprus and the rules eventually implemented will improve scholarly knowledge on ART and contemporary kinship-formation strategies. Such a focus may especially contribute to a located understanding of how political debates, local laws and international networks merge in the implementation of ART services.

### **REPORT**

The Cyprus National Bioethics Committee (CNBC) has produced two official opinion documents on ART and related matters. The first opinion follows “an article published on the internet” (sic.) which reports the story of a Swedish couple travelling to the Republic of Cyprus in order to undergo non-medical sex selection practices, meaning to access PGD and choose the sex of their future baby. Feeling prompted to issue an opinion on the matter of non-medical sex selection, the CNBC does so in 2006. The second opinion dates 2007 and focuses on the meaning of ART; eligibility for treatments; embryo status and manipulation; the use of spare embryos; surrogacy and donor conception; PGD methods.

The two opinions aim at framing the terms of the ethical and moral discussion raised by ART in the Republic of Cyprus and at establishing some moral assumptions on which the practice of ART shall be carried out and possibly regulated by law.

The opinions show that the CNBC's members agree on some points while admit varying positions on others. The CNBC reminds that non-medical sex selection is forbidden on the basis of Article 14 of Oviedo Convention on Human Rights and Biomedicine, ratified by the Republic of Cyprus in 2002, stating that "the use of techniques of medically assisted procreation shall not be allowed for the purpose of choosing a future child's sex, except where serious hereditary sex related disease is to be avoided". The CNBC presents a unanimous document where non-medical sex selection is connected to children's psychological problems; demographic unbalance and discrimination; eugenicist policies; embryo destruction; disrupted values.

Although considering the option for non-married heterosexual couples to enter treatments, the CNBC finally suggests that ART are preferably offered to



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married couples and reject the admission of ART to homosexual couples and single parents.

CNBC members express different opinions for what concerns embryo status. Nevertheless, they all agree that embryos must be protected and advice that only one embryo in-vitro should be created for each cycle (though admitting two or three embryos for women aged more than 40), in order not to produce too many more embryos than those transferred for parental purposes.

The destiny of spare embryos is highly discussed and different opinions are made admissible according to what kind of status one considers appropriate for embryos in its different stages of development. The options which have been taken into consideration include storage and use of embryos by the same couple in successive treatments; embryo donation to other couples; immediate disposal; and use of spare embryos for research purposes.

It is unanimously supposed that the donation of embryos to another couple may provoke potential future legal, financial and other kind of claims and that both the donor and the recipient couples are to be offered “non directive counselling” in order to reduce such risk. Furthermore, embryo donation is expected to produce the same problematic effects of sperm or egg donation, including donor-conceived children's identity problems. Besides, sperm and egg donation practices are expected to potentially raise other ethical concerns, such as the medical risk of disease transmission; the competing rights to anonymity and disclosure between the actors (donors, parents, children); the question of compensation and the risk of commodification and market of gametes; and the disrespect for the very “concept of family”, by admitting a third-party within the heterosexual couple.

Interestingly, the document presents two opposite opinions with regards to PGD, but develops only the one which is against its implementation, stating that no complete elaboration has been gained about the other position yet.

The question of surrogacy is only addressed by framing a number of questions that shall be answered in order to make the introduction of such practice acceptable.

The questions raised in these two documents are partially responded to in the law proposal that Greek Cypriot law-makers have been discussing and which has been eventually voted in 2015.

According to the new legislation Law 69(I)2015 entitled to have access to ART methods and techniques, are married heterosexual couples, heterosexual couple in a steady relationship and singles (both men and women, since the Law doesn't make any distinction). However, same-sex couples are not entitled to have access.

Regarding the methods and techniques involved, all well-known and well-practiced methods are allowed (except cloning and sex selection), including PGD.

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Surrogacy, on the other hand, is allowed through a strict procedure of three stages, after the approval of the Council of ART. The legal mother of the child is the woman who asks for the permission and the ova has to be retrieved from either the legal mother or from another woman but not from the woman who will carry the baby (as it is the case of the Greek legislation).

Regarding the age limits, Law 69 is addressed to men and women who are over 18 years old can make use of ART methods and techniques (with the exception of cryopreservation) and women who are no older than 50 years old (however the Council can decide differently). There is no age limit for men.

Briefly, the law is based on the principles of “individual freedom” and the right to satisfy people's desire to childbearing, provided that the interests of the child-to-be-born are adequately protected. In particular, this draft makes married heterosexual couples the only eligible subjects for treatments and admits anonymous gamete donation and gestational surrogacy under specific circumstances.

**WHAT IS NEXT?**

We think that a scholarly attention on the cultural, moral, political, social principles driving the public debate which will lead to a national regulation may shed light on the very specific ways in which national and international stances and experiences are combined to establish a local response to reproductive needs and possibilities. A sociological and anthropological research on the ways in which ART are actually performed and understood in the Republic of Cyprus and the rules eventually implemented will improve scholarly knowledge on ART and contemporary kinship-formation strategies. Such a focus may especially contribute to a located understanding of how political debates, local laws and international networks merge in the implementation of ART services.

## **8. SPAIN**

### **SOURCES**

Publications about ART in Spain have been written in many languages. We have been able to collect and review papers, articles and books in English, French, Italian and Spanish. Given the high number of works covering the topic, for this report we have mainly analysed those with socio-anthropological or psychological approaches, limiting our use of legal sources and commentaries to contextualisation of other cited studies.

These studies include ethnographic research and in-depth interviews with Spanish infertile people (Bestard, 2004a, b; Bestard et al. 2003; Fito, 2010), single mothers by choice (Jociles and Rivas, 2010a, b; Jociles, Rivas and Poveda 2010; Jociles et al. 2010; Rivas, Jociles and Poveda, 2011) and egg donors (Bestard and Orobitg, 2009; Garcia-Ruiz and Guerra-Diaz, 2012; Orobitg and Salazar, 2005). Some socio-anthropological research has involved Spanish infertility clinics and foreign incoming reproductive travellers (Bergmann, 2011a, 2011b, 2012; Zanini, 2011, 2013).

Other works offer data about ART implementation and use in Spanish public and private clinics and resonate about current and future scenarios in donor conception (Garcia-Ruiz and Guerra-Diaz, 2012).

### **REPORT**

Spain introduced the first law on ART in 1988 (35/1988), four years after Sweden had enacted the first European regulatory legislation on artificial insemination (1140/1984).

Spanish law has been well-known as one of the most liberal one in Europe. Orobitg and Salazar (2005) explain that this law “belonged to a tradition of non-interventionist policies by successive Spanish democratic governments regarding family issues, which are considered a private matter” (2005: 34). The law was amended in 2003 (25/2003) and in 2006 (14/2006). The law allows pre-implantation genetic diagnosis (PGD), egg and sperm donation and the donation of the pre-embryo (meaning the fertilised egg up to 14 days). The first egg donation took place in Spain in 1984 (Boada et al. 1994 in Orobitg and Salazar, 2005: 34) and many others have followed as the technique has been included among those allowed by the law since 1988. Pre-implantation genetic diagnosis is allowed and sex-selection is only possible for medical reasons.

Although donation is maintained to be “altruistic”, meaning that donation may not be lucrative and gametes may not be sold, donors may get refunded by clinics or sperm banks for their efforts and for inconveniences that may be related to donation itself. On this basis, egg donors may be reimbursed with 600 to 900 Euros (Bergmann, 2011; Orobitg and Salazar, 2005). 900 Euros is the amount

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suggested by the National Commission on Assisted Human Reproduction (Garcia-Ruiz and Guerra-Diaz, 2012:115).

Donation is only allowed in its anonymous form, implying that identity of donors may not be disclosed to recipients and children and vice-versa. Such a measure may be breached only in very specific cases, where the health of donor-conceived children is at stake. Donors may recall their donation in case they need their own gametes because of suddenly occurred infertility and are entitled to be given information about the “end and consequences of the act” (in Orobítz and Salazar, 2005: 34) but not to know whether their donation has resulted in a born child.

Embryos may be donated to other couples or individuals following the same rules as gamete donation.

Anonymity was probably introduced in the beginning as a consequence to the Swedish decision to open donation for the donor-conceived children who wanted to know their donors (Swedish act of Artificial Insemination, 1984), a measure which apparently caused a decline in donor availability Garcia-Ruiz and Guerra-Diaz, 2012). Moreover, Spanish legislators were convinced that anonymity could protect recipients and donor-conceived children from social discrimination, given the novelty of ART and the supposed lack of a widespread “culture of ART” (ibid.: 117).

Interestingly, though, the Spanish law was changed from establishing that donors signed a *secret* contract with the clinic (Law 35/1988, emphasis added) to expecting them to sign a *confidential* contract (Law 14/2006 in Garcia-Ruiz and Guerra-Diaz, 2012: 117 emphasis in the text). Garcia-Ruiz and Guerra-Diaz observe how this difference is crucial when it comes to information management about donors' identity. Confidentiality allows access to certain information in special cases, while secrecy does not admit any breach and is protected by law. Although arguing that secrecy is not the ideal option when it comes to children's origin, Garcia-Ruiz and Guerra-Diaz believe that secrecy might be important in donor conception. They claim that secrecy may protect family members from social pressure; “shame because of the need for a donor in relation to infertility or sexual disfunctions; or fear that the children might feel less love for their parents if they know that they are born following donor insemination” (Golombok, 2009 in Garcia-Ruiz and Guerra-Diaz 2012: 117).

Donors are usually required to be open about how many donation they have done and where. The law, in fact, establishes that at maximum six children may be conceived with the gametes of each donor. Nevertheless, a national registry of gamete and embryo donors has not been set up yet, although its creation was established by the Law 14/2006 and despite the formal request by the National Commission on Assisted Human reproduction (Garcia-Ruiz and Guerra-Diaz, 2012: 115). Garcia-Ruiz and Guerra-Diaz warn that “[w]ithout such a facility, clinics face an almost impossible task in verifying the previous donation

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history of donors. Indeed, it is generally assumed that the set limits of numbers of children per donor are widely breached” (2012: 115-116).

Garcia-Ruiz and Guerra-Diaz argue that this lack is in violation of the “the Directive 2006/17/CE of the European Commission containing the application of the Directive 2004/23/CE from the European Parliament and Commission, concerning certain technical requirements related to donation, procurement and control of the tissues and cells of human origin and Directive 2006/86/CE from the Commission containing application of the Directive 2004/23/CE from the European Parliament and Commission, containing the technical requirements of traceability and notification of the reactions and side-effects and certain technical requirements related to the processing, preservation, storage and distribution of human tissues and cells” (Garcia-Ruiz and Guerra-Diaz, 2012:120). As they explain, “traceability implies the ability to identify the donor and without a registry this is very difficult” (Garcia-Ruiz and Guerra-Diaz, 2012:120).

Exceptionally, egg donors might be known. It is the case of married lesbian couples who have the right to exchange gametes with their partners (Garcia-Ruiz and Guerra-Diaz, 2012:114)

The Spanish law does not indicate whether parents are to tell donor-conceived children of their origin or not.

Scholars have been asking what perception people have of infertility and ART in the Spanish context where there is a liberal regulation which has been enforced over more than 15 years with the intention to facilitate reproductive disruptions.

Joan Bestard (2004a, b; Bestard et al. 2003) and Carme Fitò (2010) investigate people's experiences of ART in Spain and explore, in particular, new forms of socialities, like associations of infertile parents, emerging from these experiences.

After having done fieldwork in a private and in a public fertility clinics in Barcelona, Joan Bestard et al. (2003) have written one of the first and most complete ethnographic accounts of infertility and ART experiences in Spain. For this study, 42 people who were undergoing treatments in either of the clinics were interviewed. Moreover, researchers participated into a number of monthly meetings of patients' association where people were encountering each other and sharing their experiences and feelings.

Spanish press report demographic studies about Spanish women postponing maternity and suggest that they possibly end up into fertility treatments because of such postponement (Orobítz and Salazar, 2005). Spanish policy-makers challenge the definition of infertility as a “health problem” and wonder whether to allocate health-care resources to assisted reproduction treatments or not. “Public powers” (Bestard et al. 2003: 22) search for a definition of disease “authenticity” that infertility escapes because of its being an “experience of undefined” (ibidem). A physician describes infertile patients as “social patients” evoking not only the difference that he remarks between this

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patient's condition and others' but also challenging his very competence in treating these people whose “disease” is not well-defined. People seem to share public discomfort in front of the undefined character of the experience of infertility. In particular, they encounter communication problems connected to the impossibility of making their feelings and distress visible and understandable to those who do not have the same experience. A “shared experience” is the only way how people may escape the “semantic isolation” (Bestard et al. 2003: 23 our translation) they encounter with infertility. The search for people in similar condition leads to the emergence of “almost hermetic communities of feelings and of experiences” (Bestard et al. 2003: 23). Bestard et al. (2003) compare the cultural resources that are available to Spanish infertile people to make sense of their condition to those of other cultural contexts (i.e. Middle-East and Senegal in Bestard et al. 2003: 25), where infertility is a social condition that is codified through specific social roles and semantic networks. According to the authors, “Western societies” have seen motherhood and fatherhood loose their quality as “absolute social status”, leaving those who cannot achieve parenthood without a specific cultural reference and a disrupted social identity. Bestard et al. (2003) argue that Spanish (and Euro-American) infertile people remain “suspended in a condition of permanent liminality”(26), where they have no access to parenthood and are lacking the semantic reference of their perceived marginality.

The authors observe that voluntary childlessness is socially well-accepted as it is valued in relation to birth control, sexual freedom and family life quality while involuntary childlessness does not find a definition in cultural terms (Bestard et al., 2003: 119).

Moreover, on the one hand, Bestard et al. (2003) insist on the relational character of infertile people's distress. The impossibility to have children is in this context framed as the incapability of responding to social expectations of inscribing oneself and one's relatives in a kinship network of codified roles and relationships. People suffer for their inability to give their parents grandchildren, taking on themselves the responsibility of a kinship disruption that involves other members of one's kinship network. On the other hand, the wish of having children emerges as a codified stage of one's personal development, representing more a “personal continuity” than a “duty of social reproduction” (Bestard, 2004a: 34).

The encounter with ART makes the interviewees enter a new condition of uncertainty, where concepts such as “luck”, “hazard”, “lottery”, “chance” (“*suerte*”, “*azar*” “*lotería*”, “*casualidad*”) are continuously mobilised to express the fact that the result of treatments may not be controlled and foreseen. Many women report that they enter ART with “*nervios*” (nerves). “*Los nervios*” (the nerves) is a “cultural category that makes reference at the same time to physical and psychological aspects of a person, especially when one faces an ensemble of obstacles and has problems to control them” (Bestard, 2004a: 41).



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The works by Bestard et al. (2003) and Bestard (2004a) stress the linguistic, semantic and cultural incommuncability of infertility of Spanish couples and introduce the process of ART as it is understood and experienced by them. Almost ten years later and despite the fact that Spain has become one of the most important CBRC destinations due to its professional medical personnel and legal framework Garcia-Ruiz and Guerra-Diaz (2012) observe that there is little understanding of what kind of conception assisted reproduction techniques (ART) provide and no knowledge of gamete donation, and this can make the experience even more difficult for prospective parents (Garcia-Ruiz and Guerra-Diaz, 2012: 112).

Spain is a well-known European destination for egg-donation (Garcia-Ruiz and Guerra-Diaz, 2012; Bergmann, 2011, 2012; Zanini, 2013). Shenfield et al. (2010) estimate that the 62.2 % of cross-border reproductive travellers choose Spain as a destination country for egg donation treatments.

As observed by Orobítg and Salazar (2005), despite the liberal detailed regulation on donation, egg donors are scarce compared to recipients aspiring to donor eggs and clinics set up different kind of recruitment strategies, including “advertisements on the radio, in popular free daily newspapers and via placards and flyers on university campuses. Recruitment strategies invoke altruism and solidarity, but also in some cases address reproductive capacity and the potency of potential donors” (Bergmann, 2011b: 601). Bergmann (2011b) observes that, despite the effort that clinics put in public advertisement, practitioners report that the majority of donors reach clinics after having being informed by other donors.

In Spain, egg donors are mainly single and childless (Martin et al. 2007 in Garcia-Ruiz and Guerra-Diaz, 2012: 123), although some of them have a child, while some have experienced abortion before donation (Lindheim et al., 1998; Guerra et al., 2007 in Garcia-Ruiz and Guerra-Diaz, 2012: 123). Most of them have a medium educational level (Guerra et al. 2007) and are employed (Fielding et al. 1998; Lindheim et al., 1998; Martin et al. 2007 in Garcia-Ruiz and Guerra-Diaz, 2012: 123). The majority of egg donors indicate altruistic and economic reasons for donating (Garcia-Ruiz and Guerra-Diaz, 2012).

As donor conception is anonymous by law, the encounter between donors and recipients is mediated by the clinical setting, where donors are screened, donors and recipients are matched, gametes are anonymised and handed over to recipients through different kind of techniques. Scholars have asked how egg donors experience ART when they give away their reproductive cells for the reproductive benefits of someone else. Gemma Orobítg and Carles Salazar (2005) have investigated the cultural grammar that informs egg donors when they are called to communicate the meaning of such an experience. The authors find that the experience of egg donation is not only quite new but also “semantically inchoate [...], at least as far as egg donors are concerned” (Orobítg and Salazar, 2005: 33). They argue that the lack of public representation and shared cultural reference for donor conception makes donors navigate a cultural context where

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resources on how to make sense of this specific mode of kinship-making are insufficient.

The two scholars observe that “[t]he different individual experiences related to egg donation converge upon a representation of kinship and relatedness which moves away from a biologically understood genealogy” (Orobitg and Salazar, 2005: 32). They argue that anonymity plays an important role in the way in which donors and recipients make sense of their experiences in Spain (Bestard and Orobitg, 2009; Orobitg and Salazar, 2005). Anonymity is often considered as a device which allows imagined relationships to be developed. Bestard and Orobitg explain that one way to make donation acceptable both for donors and recipients is to try to consider donated gametes as detachable and non-meaningful parts of the body. “Donation would thus be transformed into a substance without any social identity” (Bestard and Orobitg, 2009: 282). Nevertheless, as Bestard and Orobitg (2009) and Konrad (2005) show, this solution is often substituted by other options that tend to downplay the role of genetics and especially of donated genetic substances over other aspects of reproduction and kinship. This is what happens, for example, when pregnancy is emphasised as a biological practice of parental involvement, production and reproduction; when resemblance between non-genetic parents and their children is pursued and verified; and when care, responsibility, love, daily life, economic investment and material support are mentioned as constitutional elements of parenthood. Moreover, “we should not forget that egg donation [...] involves a transaction between a donor and a recipient that implies a relationship between the two. In this particular type of donation, however, the transaction involves not two but three parties: donor, recipient and clinic.” (Orobitg and Salazar, 2005: 49). The regime of anonymity and the role of the clinic as a mediator co-exist in Spain with the non-commercial nature of donor conception. The prohibition to sell gametes and to recruit donors as paid gamete-providers is aimed at excluding the transaction between donors and recipients from a market logic and to rather inscribe it in the semantic field of gift. Orobitg and Salazar (2005) observe that “because of its anonymity, [egg donation] takes on a particular status within the system of gifts and reciprocity. [An egg] is an object which is alienable from the subject who produces it, but, in the meantime, it is a subject, since it carries an inalienable element of a person: her DNA will pass over to the descent” (Bestard and Orobitg: 2009: 284). The very specific nature of the substance that circulates in donor conception produces a peculiar understanding of the transaction which is both supported by altruism and market logics. Bestard and Orobitg (2009) observe that an apparent paradox, which values altruism on the one hand, and economic compensation on the other, characterises the understanding of egg-donation and especially of anonymous egg-donation, which is not simply understood either on the part of donor or on the part of recipients as a process of selling body parts as commodities. Hoping for a free gift from an anonymous donor reflects, for the recipient, the hope of an accomplished process of

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“resubstantialisation” of eggs leading to an acceptable kinship relationship with the donor-conceived child. This process consists in depriving donated eggs of their original meaning as kinship-carriers (desubstantialisation) and in re-conceptualising them as substances which allow kinship to take place (resubstantialisation). In other words, these substances do not carry kinship ties but make kinship ties possible.

Although such representation of donors' body as “limited to relations of production is proposed by legal, bioethical and clinical institutions (Bestard and Orobittg, 2009: 298)”, Bestard and Orobittg's ethnographic evidence show that it would be misleading to depict donors as representing their experience of donation as “focused on a body producing an excess which does not create any relation but one of production” (Bestard and Orobittg, 2009: 298). Instead they represent their body as “an active body in the creation of kinship relations through the wish to help another woman to become a mother. The two representations juxtapose each other in the narratives of donors, indicating that one cannot work without the other. In reality, the one and the other complete the relations into which these women are involved: with the clinic and with recipients. [...] On the one hand eggs result from a productive process where an excess is yield. This has (en tant que tel) a limited value. On the other hand, eggs are parts of the body which reproduce something from the donor and which, for this reason, has an incalculable value” (Bestard and Orobittg, 2009: 298-299, our translation).

As for what concerns sperm donors, it seems that the majority of sperm donors are “Spanish, young, single and have upper-middle education” (Garcia-Ruiz and Guerra-Diaz, 2012: 121). The average age of donors, in the study cited by Garcia-Ruiz and Guerra-Diaz (2012), a study by the Valencia Infertility Institute (IVI) (Dolz del Castellar, 2008), was 27, less than what reported in the studies based in the countries where donation is not anonymous (Lalos et al., 2003; Daniels et al., 2005 in Garcia-Ruiz and Guerra-Diaz, 2012). The same study shows that the 27% of sperm donors claim that economic motives were behind donation (Dolz del Castellar, 2008).

The availability of fertility treatments for single women constitutes one of the reproductive options that single intended mothers may use in order to accomplish their parental project together with adoption and planned conception with known donors or “*el engaño*”, meaning occasional unprotected sexual intercourse without disclosing to the sexual partner one's intention of conceiving. Maria Isabel Jociles Rubio and Ana Maria Rivas Rivas (2010a; 2010b; Jociles et al. 2010; Rivas et al. 2011) have especially enquired the reproductive experiences of Spanish single intended mothers who choose these trajectories. The authors observe that these different ways of attaining conception are not valued the same, but rather occupy different places on a scale of ethical choices. The choice to access clinical donor conception is more valued than the *engaño* and the known donor options and follows adoption, which is taken in great ethical

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consideration because it is linked to “solidarity”, despite experts increasingly deny this should move people towards adoption (Jociles et al. 2010).

Among those who choose assisted reproduction, two are the main arguments that support their choice. The first refers to the importance of the genetic link between mother and child and the second to the singularity of the experience of pregnancy for experiencing “physical motherhood” (Jociles et al. 2010). Besides, women who choose assisted reproduction highlight how this option allows these benefits without implying unpleasant inconveniences possibly produced by the *engaño* and by non-clinical donor conception with known donors. Assisted reproduction, in fact, is expected to (i) avoid the risk that the donor claims paternity over the born children; (ii) avoid the risk of role confusion that may emerge with a known donor, independently from his will of claiming parenity; (iii) solve the moral issue of sexual intercourse with unwanted donors; (iv) strenghten the feeling that the child-to-be is one's own child-to-be as no other known figure have engaged in the parental plan that has let to the child's birth (Jociles et al. 2010).

Although among all the options that are available to single women for accessing reproduction, two of them are offered by public services or ruled by national laws and implemented by public offices, single mothers by choice claim to be confronted with misrecognition of their choices and situation (Rivas et al. 2011). Despite high educational levels and working positions, single mother by choice may be exposed to the need to legitimise their choice in relation to a spread “traditional model of the married, two-parent nuclear family” (Rivas et al. 2011: 122).

Rivas et al. (2011) show how these women experience a paradoxical situation where they see themselves as autonomous rational subjects who enter motherhood according to their free and responsible choice, while being pushed into defining themselves in relation to expected reproductive norms. Rivas et al. (2011) observe that these women not only understand motherhood by choice as another act of independence and rationality, but they also assume their role as mothers in a way that does not trace the existing models, but rather create a new cultural reference where biparentality and reproduction are not necessarily connected, where fathers are not necessary and where “family duplication and pluriparenthood” are possible as well as parental selection (Rivas et al. 2011 our translation). In the meantime, they note that single mothers by choice develop another discourse, which mainly has the consequence of confirming “dominant cultural norms, which identify in the conventional, conjugal and biparental family as the legitimate family” (Rivas et al. 2011: 133 our translation). In particular, single mothers by choice mobilise the second discourse when reflecting about reluctant reactions that they encounter in society about their reproductive choice. As a consequence, they deploy a “camouflage strategy” (Rivas et al. 2011: 136 our translation) so that “the new may impose itself without being questioned” (ibidem, our translation). Eventually, they develop a self-understanding that

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includes ambivalent feelings of responsibility and independence, on the one hand and of lack and deficiency, on the other. This is “the expression of a contemporary and clearly visible paradox in Spain: the contradiction between the rhetoric of equality and freedom of choice within democratic societies; that is, between the discourse about citizenship and the social practices which are anyhow affected by the paradigm of patriarchal societies. Such a contradiction especially affects women, and, in particular, those who opt for single motherhood” (Rivas et al. 2011: 141, our translation).

**WHAT IS NEXT?**

The literature that we have been able to collect and analyse about infertility and ART in Spain exhibits that anthropologists, sociologists and psychologists have been very active in trying to make sense of the social, political, cultural, emotional and psychological premises and consequences of the emergence of ART industry in Spain, especially in 2000s.

The publication of recent articles and papers on the topic shows that ART occupy an important role in the current research agenda of scholars of different disciplines in the social sciences and humanities.

A review of the existing literature and a comparison with the literature that has been produced on infertility and ART in other neighbouring countries, suggest that some questions remain to be answered and call for careful research.

- We notice that little is written in the existing literature about religion and ART in the Spanish country. We wonder whether a study towards this direction might reveal something interesting for what concerns the special relation that connects Catholicism in its multiple individual and collective forms and ART. It would be worthy to investigate whether and how religion has been and is being mobilised at different levels of society in a context where a very permissive law on ART (which has been enforced since more than 20 years ago) coexists with a “traditional model of family” on public level.

- It seems that less scholarly attention has been paid to sperm donors in comparison to egg donors. Even if Spain is well-known internationally for being an egg-donation hub, it seems interesting to know more about men’s experience of donation, especially if we consider that single women and lesbian couples have legal access to sperm-donation, leaving rooms for new modes of relatedness.

- The experience of embryo donors and recipients is to be further investigated, taking into account, in particular, the existing research on the same exchange in other contexts, such as the North-American one (see Collard and Kashmeri 2011)



## 9. ART IN THE MUSLIM WORLD

Among the countries that have been included in our interdisciplinary project, Lebanon and Turkey are the countries where Islamic religion mostly affects both private and public understandings of reproduction and ART. An overview of the way in which ART are dealt with in the Muslim world allows a better understanding of the following reports on the two specific national contexts.

The existing literature on ART in the Muslim world highlights that different “cultures of Islam” (Inhorn and Sargent, 2006: 6) exists. The very “meaning of Islam is in interpretation” of Islamic text and local interpretation and morally driven interpretation of the Islamic tradition determines what being a “good Muslim” consists in. In reality, a very great variety of interpretations emerges among Muslim people and leaders as the “local moral worlds” (Kleinman 1992) which Muslim people live in are multiple and varying. Although a number of different denominations are known, the majority of Muslims belong in two of them: the Sunni, counting the 90% of Muslims and the Shi'a, counting the 10% of all Muslim, but dominating in Iran and having demographic majority in Lebanon and Iraq.

Within each denomination, religious leaders' interpretations are not necessarily unanimous (Inhorn et al. 2009; Clarke, 2007). The sources of official and respected interpretations differ. An important *fatwa* was issued in 1980 by the Grand Shaikh of Egypt's Al Azhar University, who first established what was acceptable about ART (Inhorn 1994). This *fatwa*, which allowed ART in the context of heterosexual married couples and banned donor conception, has played a grounding role in the development of Sunni approach to ART (Gürtin, 2013).

If Sunni Muslim count on four Sunni legal schools (*madhhabs*), Shi'ite leaders are supposed to autonomously exercise their independent reasoning (*ijtihad*) to express their interpretation of sacral texts (Clarke, 2007; 2009). Both these approaches lead to a number of *fatwas* (in Arabic), or “expert opinions” (Clarke, 2009: 273), on very specific issues, which regulate the ways in which people should act according to Islamic teachings. The great variety of authorities entitled to issue their own *fatwas* and the autonomy recognised to different bodies and leaders to interpret Islamic texts, in particular in Shi'a Islam, result in the fact that very different opinions on the same topic may cohabit in the same context.

Clarke sharply observes that such a cultural, religious and political frame, where multiple forms of Islamic fatwas are issued by different religious authorities in different contexts and responding to very situated questions, makes it inappropriate to speak about an “Islamic bioethic”, as doing so would imply to



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identify and define “Islam” and its institutionalised authoritative speakers. In fact, experts express their opinions in various settings, including public media, informal consultations and religious courts (Clarke, 2009: 272-273).

Nevertheless, it may be said that Muslim *shaykhs* agree on some points concerning ART. They are generally in favour of biomedical support to relieve suffering and encourage to address reproductive medicine and the use of reproductive technologies as measures to support women and child welfare and family life (Clarke, 2009; Inhorn, 2003; 2012). In the Muslim world ART are welcome as useful means to overcome suffering (Inhorn, 2006b: 445) and are appreciated as far as they do not break some limits which may be fixed according to different reasoning, which belong to different interpretation of the Islamic law.

The general appreciation for ART by Muslim religious leaders and followers and the flourishing of a ART industry in the whole Middle East and in the Muslim world are connected to the combination of Islamic support for the use of science and technologies to alleviate human suffering (Clarke, 2006b, 2009; Gürtin, 2013, Inhorn, 2012; Tremayne, 2006) with Islam being possibly described as a “pronatalist” religion (Inhorn, 2012; Clarke, 2009; Gürtin, 2013). On these bases, it is not surprising that the ART industry finds a favourable context for its development in the Muslim countries and some support in the religious institutions and leaders and that the request for treatments by the population is high.

As Jeanette Edwards observes, both marriage and reproduction within marriage are extremely valued in the Middle East (Edwards, 2010). Being unmarried is a motive of stigma (Edwards, 2014?). Married couples are very likely to be under the pressure to reproduce (Edwards, 2010; Clarke, 2009; Gürtin, 2013; Inhorn, 2003, 2012) and the burden of infertility is especially carried by women, who do not only make pressure on themselves, but very often suffer the pressure of their in-laws (Clarke, 2007; Edwards, 2011; Inhorn, 2003, 2012; Gürtin, 2013). In the Middle East, this is true not only for Muslim couples but also for Christian ones and those who display other confessional affiliations (Inhorn, 2012).

Despite being appreciated by state and religious leaders and being chosen by individuals who suffer from infertility, ART are not fully and openly accepted. For this reason and because of spread public suspicions, those who enter assisted reproduction often prefer not to disclose their reproductive experience and rather privilege “extreme secrecy” (Clarke and Inhorn 2011).

Generally, discussions concerning the ways in which ART may be part of a Muslim society have as a special focus the respect of *nasab*. *Nasab*, which can be translated as “consanguinity” or “kinship relation” or “relation of filiation” (Clarke, 2009: 94; Clarke, 2007), is what comes to someone who is conceived

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within a marriage and it is what gives someone “full membership” in society and represents the right to be part of the society. Illicit sex, *zinā*, may produce individuals who do not have *nasab* and thus may prevent new individuals to have the same right, which involves respect, support and inheritance from his/her parents and relatives. Illegitimate sex refers to sex occurring between people who are not married.

On the contrary, the legitimate child is not only fully member of society, but is also what makes a married couple socially mature. Children are “blessing for their parents” (Clarke, 2009: 97) and are what makes the Islamic social vision work. On this basis, infertile married couples attract sympathy and ART are welcomed as far as they may help them having children.

Although debates continue at all levels and specific fatwas are issued to respond to given cases, Sunni Islamic positions broadly converge on some points efficiently summarised by Inhorn (2003: 97-98):

“1. Islam is pro-medicine and pro-science, and favours any advance that does not contradict fundamental religious principles.

2. Fertility treatment can be resorted to in case of necessity, but should be confined to married couples.

3. Procedures involving the couple’s sperm and eggs are not prohibited in themselves, in so far as they do not contravene other Islamic regulations: due caution must be observed regarding the sight and touch of the private parts of others, for example. Children of such procedures are considered legitimate.

4. No techniques that involve a third party are permissible: that is, paradigmatically, artificial insemination by donor, and also IVF using donor sperm, egg donation and surrogacy arrangements, i.e. the use of gestational carriers.

5. With regard to the latter two proscriptions, the possibility of polygyny in Islam raises the question whether they might be permissible where both women are married to the same man: although initially allowed by some, this ruling was subsequently altered to prohibition.

6. Such arrangements involving third parties are analogous to, if not identical with, illegal sex, *zinā*; children born of them are illegitimate, hence have no paternal relation: the maternal relation is ascribed to the birth mother by most, but not all, Sunni authorities.

7. Such arrangements, like *zinā* in general, are pernicious because they upset and confuse the clear genealogical relations that God has laid down as the basis for the organization of human society, underpinning such important institutions as, for example, Islamic inheritance law”.

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Marcia Inhorn observes that the Sunni ban of donor conception is of a special kind. Emerging in Sunni Egypt first, a strong and binding moral condemnation for this practice has spread consensually across the Sunni Middle-East. The unanimous ban of third-party donation is evident in Sunni-dominant Islamic countries throughout the Muslim world, spanning from North Africa to the Arab Gulf and the Levant (Gürtin 2013). Despite the absence of a unique recognised Sunni paramount authority, the position on this point is so much unified and deeply shared that it makes Inhorn think of this Sunni ban as a “Catholic” one. In Catholicism, the Vatican is the only authority who determines what is possible and what is not, according to Catholic theology.

Clarke especially analyses how the Sunni reactions to egg donation and surrogacy are constructed on the basis of the “paradigmatic” unacceptability of sperm donation. He observes that despite the admission of polygamy in Islam, surrogacy is considered highly problematic. Still, the majority of the opinions would consider the gestational carrier not the genetic mother the officially recognised mother of the newborn (Clarke, 2009).

As Clarke explains, donors represent disturbing “strangers” who evoke “a vision of the disruption of social relations and of the ‘confusion of genealogy’ (ikhtildtal-ansab [pl. of *nasab*]). The right of individuals to have children makes less sense, then, than the right of relatives to receive their proper share of compassion, support and inheritance. ‘Donor’ gametes potentially create relations resulting in the deprivation of the ‘real’ relatives” (Clarke, 2007: 394).

Altogether, Sunni fatwas usually exclude third-party donor conception and consider it “immoral” for the following reasons: (1) adultery (*zina*) and its consequences on marriages; “(2) the potential for incest; and (3) the moral implications of donation for kinship and family life” (Gürtin et al., in press in Gürtin, 2013).

All Shiite authorities Morgan Clarke has consulted agree with Sunni authorities that all procedures involving husband and wife and their reproductive cells produce legitimate children.

Differently from Sunni Muslims, though, Shi’ite Muslims admit a special practice that consists in producing moral judgements based on *ijtihad*, a sort of “individual religious reasoning”, which leads Muslim clerics to take different positions with regards to gamete conception and results in heterogeneity of Shi’ite thinking and practices. Significant differences exist in the way in which Shiite authorities consider third party donation and the status of donor-conceived children. Some Shiite authorities think that donor conception is prohibited, but all reckon donor-conceived children as legitimate.

Almost all authorities express themselves against insemination with donor sperm, equalling it to an adulterous act, while some of them accept IVF with

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donor sperm, considering the kinetic act of insemination immoral but not the formation of an embryo in a petri-dish and its insertion in the womb. Differently, Ayatollah Khamene'i allows AID by stating that what makes a newborn illegitimate is the illegitimate sexual act of its conception and that the act of insemination itself is not of this kind, provided that adequate measures are taken in order for intimacy of the involved parties to be respected.

In the late 1990s the Supreme Jurisprudent of the Shi'a branch of Islam, Ayatollah Ali Hussein Khamane'i, who is looked up as spiritual reference by Lebanon's Hizbullah leaders, issued a *fatwa* which opened up to both egg donation and sperm donation, provided that the egg donor and the sperm donor be considered the parents from which the child will inherit and the intended mother and intended father be considered as adoptive parents, although the sperm-donor-conceived child can be named after the intended father. Inhorn explains that egg donation is especially made valid in Shi'ite communities through the recourse to *mut'a*, a temporary marriage between an unmarried Muslim woman and a married or unmarried Muslim man, which has been known and practised in Shi'ite but not Sunni communities since the past. Shi'ite acceptance of donor conception is anyway bound to specific procedures which aim at assuring that religious principles are respected.

In practice, disagreements exist among Shi'ite religious authorities about many aspects concerning donor conception.

Egg donation and surrogacy are under debate. Islamic polygamy gives room for accepting procedures including two wives, one providing eggs and the other carrying on the pregnancy. Moreover, the Shi'ite law allows the institution of temporary marriage, which opens the door for a man to stipulate a marriage with an egg donor or a surrogate for the necessary time of conception and birth. Some Shi'a *fatwas*, especially generated in Iran, have instead interpreted donor-conception as a measure which saves marriages and is thus included among acceptable Muslim practices (*hala*).

Eventually, Shi'ite authorities do not agree on who should be considered the mother of a child who is born from surrogacy. Some of them, alike Sunni authorities, consider the gestational carrier the mother. Others prefer to value genetics as marker of relatedness and assign maternity and paternity to the producers of the gametes (Clarke, 2009).

A few words need to be spent about the practice of infant adoption, which represents another form of contemporary assisted reproductive technologies, as Signe Howell and Marit Melhuus have perceptively noted (Melhuus and Howell, 2009) and which constitutes a publicly acceptable and viable option for intended parents in many countries. Infant adoption is differently valued in different

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contexts and it can be promoted more, less or equal to medically assisted conception.

According to the Islamic law, infant adoption is perceived as a “perversion of the ‘truth’” (Clarke, 2009: 46). The Islamic legal establishment tend to present relations of filiation (*nasab*) as non-mutable and given through procreation within marriage. A child that is born outside wedlock is called an illegitimate child and has no father according to Sunni Islamic law and neither father nor mother under Shi'ite Islamic law.

Discussing adoption has to do with filiation so much as with intimacy, seclusion (Inhorn, 1996; 2006b) and, especially, marriage rules. Intimacy -and female unveiling is part of intimate relations- is to be shared among consanguineous and spouses. From this perspective, adoption may provoke practically and morally problematic situations where unrelated people share intimate and domestic lives.

*Nasab* is perceived as a human right as it gives the child full membership within the society, which in Islamic thought resembles “a system of rights and obligations, based fundamentally on [...] relations between kin” (Clarke, 2009: 47). Given individual's relationship to society is privately and officially assumed to be mediated by their parentage, the ignorance of one's origin raises a number of problems. The suspicion that the orphan is illegitimate and resulted from sexual misdemeanour makes the stigma on him/herself and on his/her possible adoptive parents deeper.

## **10. LEBANON**

### **SOURCES**

The main sources that we have used to explore ART in Lebanon come from the works by Morgan Clarke, Marcia Inhorn and Jeanette Edwards.

Morgan Clarke (2006a, 2006b, 2007, 2009) is interested in religious approaches to new reproductive technologies in Lebanon. To do so he privileges the analysis of religious authorities' opinions on ART and focuses in particular on Sunni and Shiite religious leaders and legal experts.

Marcia Inhorn (1996, 2003, 2006a, 2006b, 2006c, 2011, 2012) has dedicated her work to infertility and ART in Egypt and in the Middle-East and has explored the transnational reproductive mobilities involving Muslim intended parents both in the USA and in the Middle-East. Her work is remarkable for having opened the way to the study of non-Western reproductive modernities and having focused on diverse aspects of infertility and ART, including male understandings and responses and migrant and refugees' assisted reproductive experiences. Her volume *The New Arab Man* (2012) presents an extremely rich ethnography which thoroughly explores the embodied subjectivities of reproductive men in the Middle-East.

For her work in Lebanon, Jeanette Edwards (2010) has collected a number of conversations with Lebanese professionals and emerging professionals in theology, medicine, and law, especially illustrating how freedom of thought and freedom of religion are claimed to be central in Lebanese society contrary to other Arab countries.

### **REPORT**

In the global world of ART, Lebanon constitutes an interesting case where to analyse how the cohabitation of different religious regimes results in the diversification of reproductive understandings and offers.

Lebanon has eighteen official religions, which are entitled to take care of “personal status law”, including matters of marriage, divorce, inheritance, filiation, custody of children (Clarke, 2009) and covering also contraception, assisted reproduction, embryo research and organ transplantation (2009). The delegation of such matter to confessional communities and courts and the different views that different religious authorities have about ART have prevented Lebanon from approving a national legislation regulating the matter. The attempts that have been done in this direction<sup>17</sup> have rather been abandoned with the implicit goal of maintaining religious and cultural pluralism and avoiding inter-religious conflicts

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17 A draft law has been proposed in 2009 but had no chance to be put into force (Edwards, 2014; Clarke, 2009).



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around such sensitive topics. The same goal is being achieved through the avoidance of open debates on dogmatic issues such as defining life and legitimate kinship (Clarke, 2009; Edwards, 2010:19)

Although acknowledging the risk of misrepresenting Lebanese realities when taking Shi'a, Sunni and Maronite groups as granted and overlooking secular liberalism (Deeb, 2008; Clarke, 2009), for the purpose of this report, we take on the suggestion by Edwards to primarily explore the different approaches to ART held by the major and broad religious categories, which especially prevent the elaboration of a common civil law and practically guide people's access to treatments (Edwards, 2010). Maronite's position is normally derived by Roman Catholic Church and is one against fertility treatments in general so much as it is against contraception and abortion.

Although “familiarity, similarity, resemblance and shared blood are all significant in Lebanese' understanding of parenthood” (Edwards, 2010:17), Muslim positions about ART vary significantly following the Sunni/ Shi'ite divide and within each context according to the different interpretation of the Islamic laws offered by different religious authorities. Altogether, it can be said that Shi'ite leaders are the ones who produce the most varied *fatwas* and those who, generally speaking, appear more permissive in terms of allowing different kind of practices.

In Lebanon, like in other Muslim contexts, people are deeply concerned about how to make babies following correct religious manners and request that “official” Islamic opinion be released in the form of a *fatwa* (Clarke 2009; Edwards, 2010; Inhorn, 2012). *Fatwas* may be produced to respond to very specific cases and the same question may be differently answered by different *shayhks* according to the circumstances (Clarke, 2009; Inhorn, 2012).

The analysis of Islamic responses to ART, leads Clarke to question the very theoretical development of recent anthropological new kinship studies based on Western reactions to ART and privileging the topic of the fluidity of the nature/culture divide, to embrace an approach which rather explores the issue of morality and legitimacy. Islamic Middle Eastern debates around ART mainly focus on ‘morals’ and, in particular, on sexual morality. Clarke's work aims at exploring how kinship is debated and negotiated in relation to morality by those who are not necessarily personally involved in the matter but rather interested in reasoning about the consistency of “Islamic society” in front of ART. To this aim he investigates the religious, medical and legal professional approach to ART in contemporary sectarian Lebanon.

Clarke carefully warns against approaching sectarian Lebanon in an essentialist way, arguing that although religious affiliation is of bureaucratic importance, major differences may not run along religious divides but rather

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among co-religionists in different national contexts and among people who differently assume and experience such affiliation. For this reason, he examines different religious reactions to new medical technologies by employing the categories that people themselves employ in Lebanon, while carefully acknowledging for the diversity and complexity of religious prohibitions.

Although a number of debates exist among Sunni authorities and *fatwas* are constantly issued to respond to specific private requests, Sunni positions about ART tend to be consistent and reflect the principles that Inhorn has properly listed (Inhorn, 2003, 2012) and that we have reported above.

As for Shi'ite leaders, a multiplicity of positions is to be accounted for. In the late 1990s the Supreme Jurisprudent of the Shi'a branch of Islam, Ayatollah Ali Hussein Khamane'i, which is looked up as spiritual reference by Lebanon's Hizbullah leaders (Clarke, 2009; Inhorn, 2012), issued a *fatwa* which opened up to both egg donation and sperm donation, provided that the egg donor and the sperm donor be considered the parents from which the child will inherit and the intended mother and intended father be considered as adoptive parents, although the sperm-donor-conceived child can be named after the intended father.

In practice, disagreements exist among Shi'ite religious authorities about many aspects concerning donor conception. Clarke (2009) shows how Ayatollah Muhammad Husayn Fadlallah (also called Sayyid Fadlallah), Lebanon's leading religious figure, does not agree with Khamane'i on permitting sperm donation, though admitting egg donation.

Marcia Inhorn (2012) offers a very interesting account on how egg donation has been firstly unavailable in Lebanon and the Middle East and then silently and slowly introduced and informally offered in Lebanese IVF clinics, and later debated upon, firstly opposed and finally accepted by locally influential *shaykh* Sayyid Fadlallah.

According to Inhorn's account, it is probable that before 2000 no IVF clinics in Lebanon was offering egg donation services, following the Middle-Eastern diffused ban on donor conception. After acknowledging the issue of a specific *fatwa* by Ayatollah Khamene'i in Iran, opening to egg and sperm donor technologies, Lebanese Shi'a IVF physicians started to offer informal egg donation arrangements. These included recruiting egg donors among family members or friends of patients and Shi'a married female patients who were asked to donate their extra eggs. In April 2003, Sayyid Fadlallah issued a *fatwa* allowing egg donation to her followers, "as long as each infertile couple was 'sure prior to taking the eggs that the woman is without husband and without sexual partner and that there must be an 'agreement' [marital], even if temporary, with the donor; otherwise, it is not acceptable" (Inhorn, 2012: 273).

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Interestingly, such a ruling limits the chances that Muslim women have in order to donate their eggs, making room for an increasing number of foreign donors travelling to Lebanon. The very practice of egg retrieval through the vagina, risks to compromise a woman's virginity, which is very much cherished among Muslim women, who may want to preserve premarital virginity. Although it might happen that Shi'a unmarried women volunteer to donate their eggs, IVF clinics which offer egg donation are mainly recruiting foreign and especially North American donors.

The North-American egg donors are requested to sign some documents in Arabic by which they agree to a temporary marriage with the recipient husband, allowing egg donation to take place within the framework designed by Sayyid Fadlallah.

Foreign egg donors receive around 3000\$ for each donation (Inhorn, 2012). Ideally, donors remain anonymous, but it may happen that recipients and donors occasionally, accidentally and silently bump into each other in the clinics. Such unplanned meetings may provoke reciprocal fantasies about the outcome of the donation and about future donor-conceived offspring (Inhorn, 2012).

Shiite leaders offer a great variety of opinions to people seeking for religious support to enter assisted reproduction. Together with the Sunni, Christian and Maronite interpretations of ART, they set the stage for the highly heterogeneous repertoire of Lebanese possibilities of assisted reproductive practices, for the flourishing of a private ART industry and for increasing national and transnational reproductive mobilities.

While religious authorities resonate about the admissibility of given biotechnological reproductive procedures according to religious principles, people find their own moral and practical way to reproduction. Sometimes, despite the unrestrictive character of certain Shiite religious opinions, people may express a more conservative attitude and their reactions may be more complex than expected.

Muslim men may not accept donor conception for three reasons: adultery, incest and confusing relationships. Moreover, it is claimed that the child won't be loved and cared enough by his non-biological parents, who will stigmatize him given his status of "illegal child" (Clarke, 2006b). This attitude is consisted with Islamic prohibition against adoption. Iranian openness to legal adoption, which is anyhow poorly addressed in practice, explains openness to gamete conception.

Inhorn's work among Muslim men in Lebanese IVF clinics shows how most both Sunni and Shi'ite Muslim men tend to resist to donor conception as they find problematic to consider a donor-conceived child as their own (2012). Nevertheless, there are men who oppose orthodoxy and choose to make donor-conceived children in Lebanese (or Iranian) clinics, especially with the hope of

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giving their wives a chance to become mothers (Inhorn, 2012) and to free them from the social stigma of infertility.

Those who do that, though, tend to not disclose their actions and to rather address donor conception under what Clarke and Inhorn define “extreme secrecy” (Clarke and Inhorn, 2011).

Secrecy seems to become not an obstructive feature in the reproductive life of Lebanese people but rather a constructive tool, which allow them to navigate the existent reproductive landscape by combining private needs with social and public life. Interestingly, according to Edwards, some sort of “opacity” inhabits not only the private reproductive life of individuals but also the public sphere, where religious heterogeneity is openly debated but ontological and ethical issues are avoided in order not to push the division among the different positions too far as to create open and irremediable partition within society.

Secrecy and opacity seem to work as aggregating ingredients of Lebanese society and challenge anthropological research insomuch as the acute and detailed outspoken manners of ethnographic research and anthropological analysis risk to break the special “tuned choreography” that keeps contemporary Lebanon together on the political, religious, cultural and social level (Edwards, 2010: 20). According to Edwards, following the life of the Draft Law on ART and its failure to become a national law, exploring the very practices of ART in Lebanese clinics and investigating the circulation of people, materials and principles pertaining the reproductive landscape of Lebanon gives an insight into the political reality of contemporary Lebanese society, “the micro-politics of discretion and polite avoidance”.

Thanks to such a political environment and to the great availability of ART in the country, Lebanese clinics are acquainted with the phenomenon of border crossing from other Sunni Muslim countries by Sunni couples who quietly break their local Sunni prescriptions to “save their marriages” through donor conception (Inhorn, 2006a, 2006b, 2006c; Clarke, 2006b).

Marcia Inhorn investigates the embodied subjectivities of Lebanese men facing infertility and ART and accounts for “emergent masculinities”, in discontinuity with both what the same men describe as “the past” and with what the author, using different kind of sources, identifies as Middle-Eastern expected “hegemonic masculinity” (2012). Male infertility is especially diffused in the Middle East and ICSI has been particularly welcomed in this area as a technique that might overcome male infertility preserving *nasab* (Inhorn, 2003, 2012). Only very rarely men, for whom no sperm at all has been found in the testicles, agree to undergo sperm donor conception and only in absolute secrecy.

The men interviewed by Inhorn in the context of fertility treatments in Lebanon display different understandings of their and their wives’ infertility and

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express different reactions with regard to the techniques proposed by IVF physicians. Altogether, Inhorn observes that male infertility is rather understood as a medical condition than a condition that diminishes manhood. On the contrary manhood is deemed related to behaviours and attitudes of care and responsibility towards wives and other family members or to a state of mind and capabilities of reasoning or to an essential condition that is not affected by fertility. The dramatic war experience of some of these men, who have survived two wars and sometimes imprisonment and emigration leads them to consider manhood as “more about the ability to persevere and to provide for loved ones under harsh conditions than about proving one's fertility per se” (Inhorn, 2012: 88). Moreover, Inhorn suggests that not only manhood is not necessarily defined in terms of fatherhood, but also that “some men feel that having children is more 'for the family' than for themselves” (ibid.).

In general, Inhorn accounts for an “emerging trend in Middle Eastern family life”, which she calls “childless-by-default” and which consists in married infertile couples, who enjoy their life as committed loving couples without children and who experience a good “conjugal connectivity” (Inhorn, 2012: 89). “Conjugal connectivity”, a notion that Inhorn has especially stressed in the context of her studies about infertility in Egypt (2003), is the special relationship that the author recognises in most Middle Eastern couples she has worked with, where loving husbands wish to protect and support their wives in social contexts that mainly stigmatise infertility and childlessness.

Inhorn's work with Lebanese men shows that marital love, complicity and commitment are mostly improved by infertility and childlessness and that divorce or polygamy are not common outcomes.

The same wish to fulfil women's desire for motherhood, which remains extremely important in social and cultural terms, lead Lebanese men to undergo economic sacrifices and to sometimes accept high-tech solutions which are new to their knowledge and that entail uncomfortable and morally ambiguous practices, such as masturbation and donor gamete conception.

Facing infertility and experiencing ART may provoke in some men a sense of guilt which may be connected to different circumstances, including their incapability of impregnating their wives; masturbation acts required for IVF or ICSI, previous sexual behaviours or other kind of misbehaviours or past events that may have somehow affected their or their wife's actual fertility.

Although very rarely do men recognise a relation between consanguineous marriages over generations and infertility, while some of them are aware of other cases of male infertility in the family and draw some correlation between these cases (Inhorn, 2012).

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Consanguineous marriages are quite common in the Middle East both among Muslims, who find support for these practices in Islamic history and tradition, and Christians (Inhorn, 2012). This kind of marriage is supported by a number of sociocultural, historical and economic reasons, which have been long debated among scholars and whose peculiarities fall outside the focus of this very report. What remains crucial is that one of the outcomes (which may also be the wanted outcome) of such marriages is the high level of affective, social and practical “closeness” that develops among family members beyond and around the married couple. Such a peculiar “closeness” of Middle Eastern families, which Clarke has deeply investigated in one dedicated article (2007) plays the double role of supporting and interfering in reproductive matters of married couples, especially when these happen not to conceive within short time after marriage (Clarke 2007; Inhorn, 2012).

The work by Inhorn (2012) illustrates how family members of Lebanese couples may provide both economic and psychological support during fertility treatments so much as constituting a source of pressure and interference for both men and women under treatments. Many men express, in fact, the wish of keeping reproductive matters private and claim the right to individual and conjugal privacy. Such claim results in “secret” or only partially disclosed treatments and in projects or fantasies of creating distance through migration (see i.e. Inhorn 2012: 156-157).

Moreover, Birenbaum-Carmeli and Inhorn (2009) offer a careful and significant study of Palestinian infertile men living in Lebanon and Israel and show how ART availability and fertility industry participate in and consolidate trajectories of reproductive in/exclusion and reproductive citizenship and how. The authors illustrate how the high cost of private fertility services in Lebanon represent unaffordable solutions to structurally civil marginalised Palestinian men, whose inability to reproduce adds suffering to an already difficult condition of poverty and social exclusion. The same study shows that, on the contrary, Palestinians with Israeli citizenship benefit from national support to assisted reproduction, finding in national public policies the relief for the distressing condition of infertility, despite their otherwise social marginality. Lebanese development of a private fertility industry and Lebanese social and political ongoing process of marginalisation of Palestinians makes the reproductive experience of Palestinians infertile couples especially painful and difficult to deal with.

In Lebanon, as in the rest of the Middle East, infant adoption does not constitute a valuable option for the majority of infertile couples as it may be in the European or North-American context (Edwards, 2010; Clarke 2007, 2009; Inhorn, 1996; 2012; Gürtin, 2013). Christian and Maronite couples may not only consider infant adoption as a more acceptable choice than ART but they also present it as



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one marker of distinction between themselves and Muslims (Edwards, 2010: 17). Adoption is possible in Lebanon for Christian and Maronites and it is handled by their religious courts (Clarke, 2009: 73).

While taking care of orphans is valuable and desirable according to Islamic rulings, the act of making an orphan one's own child through adoption is not allowed. Orphans should be looked after but not appropriated (Clarke, 2009; Edwards, 2010). Contrary to adoption, fostering (*takafful*) is valued and legally permitted for Lebanese Muslims (Clarke, 2009: 73). In this case, one does not take a child as his/her own and the non-relation to the child is remembered and made clear.

As Clarke (2009) notices, in everyday discourses adoption and fostering may be confused and “subsumed under the heading ‘adoption’” and in practices there might be fluctuation of boundaries between the two resulting in a number of different combinations which stand in-between the official religious prohibition for adoption and a creative interpretation of fostering.

The Islamic official ban of infant adoption, the many bureaucratic difficulties linked to this act and the fear of stigma are not sufficient to discourage Muslim intended parents in Lebanon to find the way to circumvent official rules and find a way to parent already born unrelated children (Clarke, 2009: 80-82).

## WHAT IS NEXT?

Lebanon offers a special occasion to investigate the political, ethical and religious entanglements involved in the diffusion of ART on a global scale. The existing works highlight in a thorough way the complex and delicate implementation of diverse assisted reproductive techniques in Lebanon and the moralities that support or prohibit each practice in relation to different religious principles. Practicalities concerning people's reaction to such a context have been investigated by Inhorn (2012) and indirectly explored through the conversations with practitioners by Clarke (2007, 2009) and Edwards (2010). These works, though, privilege Muslim opinions and practices over other religious affiliations. The work by these authors suggest that exploring broadly into the specifics of people's practicalities might give an insight on how ART are experienced and understood and how moral social and cultural elements are combined in people's reproductive lives.

Moreover, Inhorn has started to analyse the phenomenon of border crossing for donor conception from different Muslim countries and has mentioned that donors may be of different origins. A further investigation among the trajectories of donors might enlarge our understanding of how ART affect and are affected by mobilities, economies and moralities.

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## 11. TURKEY

### SOURCES

The main source about ART understandings and practices in Turkey is the work by Zeynep Gürtin (2011, 2013) who has done fieldwork in this country. Gürtin's methods span from clinical ethnography to “structured and unstructured, longer and shorter interviews with IVF patients and 'experts'” (Gürtin, 2013: 36) and including the analysis of regulations and media reports on *tüp bebek* (tube baby).

### REPORT

After the first test-tube baby was born in 1989, Turkish ART engagement increased slowly until 2005, when the market of ART services got to know a remarkable acceleration, as a response to increasing demand by Turkish patients and the extension of national public coverage for ART.

This coincides with the intention by the AKP government to promote pronatalism and conservative family values through increasing popularity, acceptability and accessibility to ART (Gürtin, 2013). The AKP government chooses to introduce ART as “therapeutic” intervention and “compulsory” expenditure, instead of inscribing them into the category of “elective” procedures (Gürtin, 2013: 68).

Moreover, as observed by Gürtin, the 2005 update of the Turkish “By-law Concerning Treatment Centres for Assisted Procreation” (Official Gazette, n. 25869, translation by Gürtin, 2013: 70) included a definition of ART that “places the marital unit as legally central and clinically indispensable for ART practice”, thus “collaps[ing] the distinction between what is scientifically possible and what is socially accepted” (Gürtin, 2011, 2012a in Gürtin, 2013: 70).

If marriage is a requirement to access ART in Turkey, only the practices that do not involve third-party donors are allowed in Turkey. Besides, since 2010 a new “Legislation Concerning Assisted Reproduction Treatment Practices and Centres” (Official Gazette n. 27613, translation by Gürtin, 2013: 70) is in force, which condemns practitioners who engage in donation against the law in Turkey and establishes penalties for people who access donor conception in the context of cross-border travels.

The reasons why donor conception is forbidden in Turkey are to be found in the intention to protect “conjugal confines” and “children's lineage”, two concepts which are especially controversial inasmuch as they are put forwards with reference to “secular” laws and contested as simply imposing “Islamic” principles (Gürtin, 2013: 73).

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As a matter of fact, contemporary Turkey is the result of a recent history of a negotiated “modernity”, beginning with the foundation of the Republic of Turkey (Feroz, 1993; Lewis, 2001; Pope and Pope, 2005 in Gürtin, 2013: 62) to pursue “scientific, educational and social modernity” (ibid.) and including legal and socio-economic reforms following European models. As explained by Gürtin (2013) this process has developed along the main dividing line between “traditional” and “modern”, where Ottoman empire is represented as the traditional past and efforts are made to push the country towards a modern republican national future. State secularism plays a pivotal role in this process and is especially represented in the Turkish concept of *laiklik*, which Gürtin describes as “distinct form both the French *laïcité* and American ‘religious freedom’ (usually understood as freedom from and freedom of religion, respectively), and is more specifically concerned with a control of religion by the state” (Gürtin, 2013: 64 note 9).

In public debates, secularism is especially opposed to Islamism providing a binary source of identifications and identities for the public and private spheres. Although being mobilised as an opposition of two different ideologies and factual behaviours, this distinction has proved to be misleading in reporting everyday life of Turkish public and private lives (Navaro-Yashin, 2002 in Gürtin, 2013: 64-65). On the contrary, secularism and Islamism emerge in a continuum where people negotiate their daily factual identities (ibidem).

Furthermore, the line between secularism and Islamism is blurred by contemporary Turkish reforms being presented as “secular” and as following allegedly defined “bioethical” and “moral” choices and denying a religious basis. The question is a controversial one and may lead to deceptive conclusions, if the way in which secular, bioethical, moral and religious domains relate to each other is not analysed in the very located context of contemporary Turkey. As Gürtin clearly illustrates, foreign scholars have often defined Turkish legislation on ART as a “religious” or “Islamic” one (see Gürtin, 2012a; Edwards 2007a, 2007b) while Turkish commentators and practitioners have argued that as a country with a predominantly Sunni Muslim population, Turkey is likely to make ethical choices that retrace Muslim principles. Not only is Turkey a “secular” country, in fact, but it is also one where the majority of people's ethical positions are certainly framed according to their being Muslim and where Islamic religion and its local official bodies plays a crucial role in political decision-making (Gürtin, 2013).

As a result, the open religious nature of governmental choices about ART are denied, while the same are rather justified as respecting “cultural” local values and thus the national values of the Turkish republican secular state (Gürtin 2012).

Differently from the majority of Muslim countries, Turkey allows infant adoption. Gürtin (2013) reports two studies about reproductive preferences (Baykal et al., 2008 and Kilic et al., 2009), where people answered that they

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would rather access infant adoption than gamete donation.

Nevertheless, Grtin' ethnographic work illustrates how difficult it is for people considering to address or involved in IVF treatments to think of infant adoption as an acceptable parenting trajectory. Even those who mention infant adoption as a possible option consider this a “second best” choice (Grtin 2013: 203) or “a very last resort” (ibid: 202) because they are afraid of the personal and social consequences that an adoptive relationship may produce. Moreover, they tend to see infant adoption more as a form of charity rather than kinship. This attitude is informed by Muslim refusal of infant adoption in favour of forms of childbearing that involve family members raising needy children of poor or dead relatives (Grtin, 2013).

In Turkey child desire and childbearing intentions seem to cross socio-economic differences. While psychological motives such as the personal joy of seeing children grow overlap across different transcultural contexts (Grtin, 2013), social and economic reasons for having children may be very different (Kġitbaşı, 1996; van Balen and Inhorn, 2002 in Grtin, 2013). Grtin recognises the three “sub-categories of social security, social power and social perpetuity desires” Inhorn isolated in the Egyptian context (Inhorn, 1994, 1996, 2003a) to be at work both in Turkey and among Turkish migrants in the UK (Grtin-Bradbent, 2009) and in the Netherlands (van Rooij et al. 2006) (Grtin, 2013: 79). In particular, Grtin reports the results of a national survey (The Family Structure Survey 2006) where people indicated that looking after their parents and bringing spouses together are two child-related values they consider the most (ibidem).

The way in which childbearing longing and expectations are framed in the Turkish context mainly combine Islamic-inspired perceptions of people's duties and responsibilities of procreation towards family-members (Bellen-Hann, 1999; Shenker, 2000; van Rooij et al. 2004, 2006 in Grtin, 2013: 78) and the nation (Dole, 2004; Kġitbaşı, 2006 in Grtin, 2013: 78) with the female “natural desire” for children (Boyacioġlu and Trkmen, 2008 in Grtin, 2013: 78). Infertility and childlessness affect both male and female identities in very special ways according to the ways in which these identities are culturally constructed in relation to procreation. Despite the multiple differential gender identities that coexist in contemporary Turkey, manhood and womanhood as dominant identities seem to be both related to childbearing. While men are generally expected to provide for their family, women are entitled to children's care and nurture. When parenthood is not happenings, people experience the need to confront dominant gender identities being disrupted and may go through different level of frustration and stigma (Grtin, 2013).

Grtin observes that, although childlessness is a heavier burden for women to carry than for men, generally speaking, it is more difficult for low-

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income or non-educated women to find alternative social identities to motherhood than for better-educated and employed women (Gürtin, 2013).

The inability of poor and unemployed women to become pregnant has a bad impact on their ability to be socially active insofar as it denies them the opportunity to share both the narratives and the practicalities of the experience of motherhood and childcare. As Gürtin illustrates, these women are often stressed by the need to “generate novel ways to fill their time, and develop strategies to for partaking in heavily child-centred female social interactions” (Gürtin, 2013: 80).

The need to invent solid narratives to support their social relationships with parents is connected with a diffuse perceived sense of asynchrony that is reported by infertile couples in relation to their peers. Watching their friends and relatives becoming pregnant and giving birth gives infertile couple the feeling of living out of synchrony and in a liminal condition where they wait for their time as parents to come (Gürtin, 2013: 111).

Moreover, poor and unemployed women are more exposed to the social fear of a failing marriage and to the risk of poverty if going through divorce or being abandoned by their husbands. As a result, motherhood does not only represent a way to express and confirm women's gender identity but also women's social and economic security (Gürtin, 2013: 80). This is especially true for poor socio-economic contexts.

Despite the social fear of childlessness producing divorce, childlessness does not necessarily tear spouses apart. On the contrary, Gürtin encounters many couples for whom the infertility experience is one of “sharing”, getting together and who deny the common social trope of infertility leading to marriage dissolution (Gürtin, 2013: 88). While it is commonly assumed in the Turkish context that a child brings spouses together (Gürtin, 2013), infertile couple resist this idea by explaining how the pursuit of a child that unifies them not only in the wish of becoming parents but especially in the wish of becoming parents *together* (Gürtin, 2013: 88 emphasis in the text).

Nevertheless, these couples do not deny that infertility has brought tensions and difficulties within the marriage, often provoking a paradoxical situation where more care for each other leads to more distance in dealing with emotions and frustrations (Gürtin, 2013).

As a matter of fact, infertility and involuntary childlessness provoke both spouses' getting closer and marital frictions not only because of gender and social disruptions produced by non-occurring pregnancy but also because of a perceived stigma as a childless couple. Gürtin reports that a sense of stigma was present in the narratives of all her infertile interviewees and that it was mobilised to explain both individual and couples' frustrations and social reactions to their condition (2013: 96).



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Gürtin explores the different levels of perceived stigmatization and the social and cultural resources which people have access to in order to resist or negotiate this perception in the very context they live. Drawing on Goffman's definition of stigma as a "language of relationship, not attributes" (Goffman, 1963: 3 in Gürtin, 2013: 97) the author explores how infertility and involuntary childlessness affect different individuals and is more or less visible in different cases, producing different levels of perceived and/or actual stigmatisation. Gürtin observes that although Turkish couples are more likely to be visible as involuntary childless people than "Western" people (Gürtin 2013: 98) and that they differently negotiate the exposure of their involuntary childlessness. As a result, Gürtin is adamant in arguing that "there is no uniform or monolithic 'Turkish' experience to be pinpointed" (Gürtin, 2013: 110).

The accounts of Turkish intended parents entering ART trace already existing accounts from both "Western" countries and Middle-Eastern ones. In the accounts of Gürtin's interviewees, ART setting is one of big contrasts. IVF turns out to be more difficult than what they had expected; the enthusiasm and hope that they had in the beginning transformed into deep sadness and disappointment in front of negative outcomes; IVF process is incommensurable and hardly understandable for non-involved people. For these reasons, couples undergoing IVF find friends in other people undergoing the same process and being able to share experiences, feelings and understandings that they hardly share with non-infertile people.

Among the challenges that people encounter in their assisted reproductive process, navigating ART industry and choosing where to undergo treatments and whom practitioner to trust in order to succeed. As Gürtin observes, Turkish couple do not really enjoy playing the role of consumers. "Trustworthiness" is the most important thing people are willing to purchase in the ART market as they feel they are looking for someone who can take care of them (Gürtin, 2013) and do not frame fertility treatments as marketable services.

Couples are especially under psychological pressure not only because of their infertile condition but also because of the many moments and parts of ART process producing unexpected uncertainties, ambivalences and dilemmas. Gürtin illustrates how God's omnipotence and benevolence are mobilised by both patients and practitioners to make sense of the incommensurable outcome of every step and God's will is thought of as guiding people's choices and decisions within the process. As Gürtin explains, "[i]n this realm of the IVF clinic, scientific logic and religious cosmologies intertwined to generate composite, complex explanations for both the meanings and causalities of childlessness and IVF success or failure" (Gürtin, 2013: 210).

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**WHAT IS NEXT?**

The literature that we have examined represents a very interesting account of the different challenges that surface with the introduction of ART within the Turkish context. The specific turn that Turkish legislation took against cross-border travels for donor conception makes it especially interesting to follow how this measure is put into practice and what kind of cognitive, social, cultural and practical reactions it entails at all levels. Law-makers, lawyers, prosecutors and judges, clinical staffs and practitioners are affected by the introduction of such a decision in very peculiar ways, which are to be investigated in relation to each other.

Moreover, in January 2015 Turkey counts more than 1.5 million refugees (UNHCR) and is expected to host almost 2 million refugees by the end of 2015. Very little has been written on the request of reproductive assistance by refugees and asylum-seekers (see i.e. Inhorn 2011, 2012), but the question is crucial if we want to map the reproductive landscape of the contemporary world. Turkey is certainly a context where such a focus would shed light on the ways in which ART navigate different social imaginaries and produce, reproduce, or dismantle socio-economic differences and actual or perceived social problems.

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