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Same-sex couples and parenthood: a look at the use of reproductive technologies

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Same-sex couples' perceptions about the use of reproductive technologies in order to put plans for parenthood into effect are discussed in this paper. This qualitative study was based on semistructured interviews that were conducted in 2011 and 2012, with 26 respondents (12 couples, one man and one woman) who were living in the greater São Paulo region of Brazil. It was noted that biological bonds preponderated in the discourse of the women, who tended to want to use reproductive technologies, especially reception of oocytes from partner (ROPA). Even when men expressed the desire to have a genetically related child, they chose adoption because of fear of the bonds that might become established through pregnancy between the surrogate mother and the child, among other reasons. The medicalization of society, and how science, technology and the market are imbricated in creating healthcare needs, is discussed.

Keywords: Reproductive technology. Homosexuality. Parenting.

Introduction

In Brazil, the parenting[a] phenomenon is occurring as a joint decision of same-sex couples and, in recent years, studies have explored some peculiarities of this fact[1-4]. The production of this event relates two fields that historically were far apart: the gay and lesbian universe[b], and medical technologies for reproduction.

Same-sex couples, in order to realize their dream of parenthood, more than just adoption, may resort to the use of Reproductive Technologies (RT), which is mainly used by women[4, 5].

RT was initially developed with the intention of being a solution for infertile heterosexual couples, being a response to a health requirement. In the West, from the 1950s, improved infertility treatments were being developed. Today, part of RT includes the artificial maturation of oocytes, ovulatory hyperstimulation, transfer of gametes and their preservation in sperm banks, artificial insemination, *in vitro* fertilization (IVF) and the transfer, freezing and storage of embryos that allow pregnancy after menopause, and surrogate pregnancy (surrogacy)[6].

The implications of new technologies are extensive and have led to diverse debates and public enquiries[7], as well as ethical dilemmas, with practices such as the freezing of embryos and insemination *post mortem*. Questions related to the risks of using these techniques and to the effectiveness of the procedures have also been raised. According to Machin[8], the use of RT may seem simple at first sight but the procedures are highly complex and present, in addition to the associated health risks, a resolution with high cost but low efficacy, information that is rarely mentioned by the clinics and Assisted Reproduction (AR) professionals.

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[a] The term 'homoparenting' (Portuguese: homoparentalidade) has been adopted in Brazil to refer to parenting practiced by same-sex couples and is a translation of 'homoparentalité', coined in 1997 by the "Association des parents et futurs parents gays et lesbiens" (APGL – English translation: Association of Parents and Future Gay and Lesbian Parents).

[b] It is recognized that the terms gay and lesbian encompass a range of differing identity concepts, which have been built up over time in a historic process, shaped by the differing subjective experiences of being gay and of being lesbian.

However, the field of RT constitutes a major representation of technological development, the use of medical service and the creation of health needs, in Brazil and elsewhere. RT produces economic, social and cultural changes, and also suffers from the results of these. As per Correa[9], the appropriation of the desire to have children through RT should be seen as part of the social medicalization process.

The term *social medicalization* is used here to describe the adaption of medical practice – through technological innovations in diagnostics and therapies, the development of the pharmaceutical industry and of medical equipment – which have the effect of increasing excessively the requirements for medical services and equipment[10]. In accordance with Donnangelo[10], when writing about the medicalization of society, medication, at first sight, can be considered as a technical method, which responds to social, economic, political and ideological practices of which it is also a part. These practices regulate the proper use of medication, as well as the means of employment and the destination of its products, scaling the object to which it applies and attributing its significance.

Therefore, within the context of social medicalization, medication, technology and consumptionare intrinsically linked and RT is one more product offered by the medical technology and service market. Strathern[11] considers that when we talk of RT, we are talking about business, or about a commercial activity, in which the option that defines the active citizen is the market option that produces things that go to meet the needs of consumers.

The relationship between science, technology and capital has enabled the spread of assisted reproduction services that go to influence people's imagination, which puts RT among the possibilities of "choice" for the realization of the desire to have a child/children[12]. According to Thompson[13], RT promises a perfect combination of commercial choice and affirmation of natural kinship. In this sense, the mode of biomedical reproduction appears to coexist comfortably with the means of capitalist production. Thompson[13] calls the process of forging a compatible functional area in which both nature and culture are strategically deployed in a meticulous work of construction, *ontological choreography*. As implied in the metaphor "family building",

the *ontological choreography* of RT "builds families" from the inter-relationship between nature and culture[13].

Demand for RT is mostly from heterosexual couples. According to research conducted by Ramírez-Gálvez[14], who studied the decision of heterosexual couples between using RT and adoption, AR is the solution most commonly used for involuntary childlessness by these couples. Among the cases posited by the author, the demand for adoption occurs in a large number of cases, following several failed attempts at using RT, that is, after finally dismissing the possibility of these couples to have a biological child. In addition, according to the author, the persistence in the use of RT occurred predominantly in couples with a higher family income, since RT is an expensive technology. Ramírez-Gálvez notes that there is the necessity to prepare for the *mourning for the biological child* when the couple has had no success in using RT and that this mourning is a condition for the start of the adoption process.

Within the context of RT, medical institutions hold considerable power in their hands. It is they who define the criteria for who is able to make use of RT, and also establish the rules of egg and semen donation. In Brazil, there is no legalized market for the commercialization of gametes and the acquisition of donated semen and eggs is mediated by the assisted reproduction services.

Not having specific laws for the use of reproductive technologies in Brazil, such use has been regulated by the Federal Council of Medicine (Conselho Federal de Medicina - CFM). The CFM established the guidelines for the procedures, thereby making it a significant medical builder for procreation, parenting and family[15].

Since 1992, there have been three resolutions by the CFM regarding Assisted Reproduction, the latest being CFM Nº 2.013/13[16], in force since May 2013. Notably, in the first (CFM Nº 1.358/92[17]) infertility was recognized as a health problem and the patient was the infertile couple, it being necessary to obtain the consent of the partner of the person who would undergo the procedure. However, in the current resolution (CFM Nº 2.013/13[16]) the text is clear about the possibility of assisted reproduction

being carried out for single people and homo-affected couples[c], normalizing some practices that were already being employed by fertility clinics.

When it is established that there is a desire to have children between couples of the same sex, and the medical field is recognized as being able to respond to this demand, some techniques, among those carried out by AR clinics, are identified by the couples, such as artificial insemination, IVF, ROPA and surrogacy. In this context, the fact emerges that lesbians and gays challenge the centrality of heterosexual sex for procreation. According to Strathern[18], in recent years, RT was more responsible than anything else in questioning the traditional understanding of family and kinship.

If, as Weston[19] points out, artificial insemination, in particular, is a technique for producing children that challenges the traditional understanding of the biological child as a product of a relationship between people of different sex, then the popularization of artificial insemination, as an alternative to the traditional conception of children, provided the historical spark that fueled the fire of unprecedented interest in homosexual parenting, having biologically related children as the couple's joint plan. According to Finkler[20], from the use of RT by homosexual couples, one sees the notion of choice entering the field of biogenetics, and thus, enhancing new understandings about kinship.

In this sense, we assume, just as Fonseca[21], that homoparenting is a co-production that involves cultural values, law, technology and money, and forces us to rethink the basic categories of kinship, based on the "traditional nuclear family", in sexual procreation and biogenetics.

Given this situation, the objective of this article is to discuss how same-sex couples, as much men as women, of the middle-class in Grande São Paulo, have come to think of RT and visiting, or not, the AR clinics as an alternative way of realizing their desire to have children. In the analytical procedure presented, the decision by the couples to have RT is counterposed to adoption.

[c] We use here the term homo-affective, seen to be the term employed in medical and legal discourse and therefore, in Resolutions.

Methodological issues

This article arises from the broader research about the formation of homoparental families from RT or adoption.

Research was drawn from qualitative studies, being based on semi-structured interviews and the use of a field diary in the context of the production of interviews. The series of interviews focused on topics such as the trajectory in the practicing of their sexuality, notions of the family, gender and reproduction, their bid to become parents, and decisions and experiences in the use of reproductive techniques and of adoption, in the realization of the desire to have children.

There were interviews of both male couples and female couples who planned to have children or who had had them, through the use of RT or adoption. The decision was made to incorporate this wide range of conditions since, through the narratives of these couples, we sought to learn about their ideas concerning the use of RT and about the cultural, economic, social, legal and subjective influences that had determined their choice to use, or not, these technologies. The study was limited to Grande São Paulo – the city of São Paulo and the Grande São Paulo municipalities – for this is the economic center of the country, where it is believed that the homoparenting phenomenon, linked to the use of reproductive technology, replicates with greater intensity when compared with other cities in the country.

We worked with a saturation criterion to define the number of interviews completed. The saturation consists in completing interviews to the point where it is considered that there are no new data available, having recurrence of the gist[22]. It occurs when the researcher acknowledges that they have reached the clear and latent meanings of the interviews, being the saturation decision of the respective researcher. In all, we conducted 14 interviews with 26 subjects. Twelve of them were conducted with both couple members together. The other two were held with subjects by themselves: one of the interviewed women was separated and one man spoke without his partner. The interviews were conducted after approval of the project by the 'ethics

in research' committees of the study's two proponent institutions, and the locations for holding them was the choice of interviewees themselves, and, in general, took place in their homes. To preserve the identity of participants, the names used in the statements are fictitious.

It is emphasized that the search for the couples was not an easy task. Besides the difficulty of finding same-sex couples with plans to have children or who already had them, there was the difficulty of couples with this profile agreeing to participate in the research. The field work was carried out over two years (2011 and 2012). At first, there was an expectation of widely using the snowball methodology[23], of which there are subsequent indications from the first interviews. However, few couples initially accessed knew of other same-sex couples with definite plans to have children or already having children. Only three contacts were made through this methodology, and the couples indicated they would not participate in the research. The search for subjects then turned to making contact with LGBTT communities (Lesbians, Gays, Bisexuals, Transvestites and Transsexuals), and we also contacted reproduction clinics. Nevertheless, the most effective way to find couples was the indication of these people through the researchers' circle of acquaintances.

The fieldwork was conducted at a time when CFM Resolution Nº 1,957/10[24], in which the patient is characterized as every capable person who applies for the use of assisted reproductive technology, was in force. CFM Resolution Nº 2,013/13[16], which normalizes that assisted reproduction can be performed for same-sex couples, had not yet been drawn up.

The process of analyzing the interviews was based on analytical-interpretative steps proposed by Gomes et al.[25], and comprised the following steps: (1) comprehensive reading, targeting impregnation, overall view and apprehension of the peculiarities of the material; (2) identification and definition of themes that emerge from the testimonies; (3) identification and problematization of explicit and implicit ideas in the testimonies; (4) search for broader meanings (sociocultural) underlying the statements of the research subjects; (5) dialogue concerning the problematized ideas, information originating from other studies about the subject, and the theoretical

framework of the study; and (6) preparation of interpretive summary, seeking to articulate the objective of the study, encompassing basic theory and empirical data.

Therefore, the qualitative analysis of the data produced was carried out in the light of relevant literature and related to the matter in question, in order to seek both the manifest and latent meanings present in the words of the interviewees, and to determine the relevant questions, which could be transformed into data to be refined as problems relating to the theme of the investigation, by means of an analytical and interpretive process.

The steps of the analysis included, first, a brief and exhaustive reading of the interviews. From this reading, we determined the prevalent themes (explicit and implicit) in the subjects' statements. Once the themes were itemized, these resulted in broader categories, made up by subcategories. These categories were problematized and discussed in accordance with selected literature, aiming to produce a dialogue of ideas and creating an interpretive summary, with articulation between the objective of the approach defined here, empirical data and basic theory.

The research subjects

Among the female couples interviewed, three had definite plans to use the RT; four had already used RT (one of which had already successfully had a baby), one couple had plans to use RT or to adopt, and the woman who was interviewed alone had already carried out a "Brazilian Adoption"[d]. In addition, both the women of the couple who had plans to carry out artificial insemination already had children from previous heterosexual relationships (one each) and another woman, a member of a couple who were considering both the use RT as well as adoption, already had three children from a previous heterosexual marriage.

[d] A "Brazilian Adoption" is the registration of someone else's child in the name of the adoptive parents, with the consent of the biological parents.

Among male couples, three had definite plans to adopt (including the couple represented by the member who gave his testimony alone) and two of them had carried out an adoption of a child. The interviewees were 27 to 50 years old, having a mean age of 36.95 years. All were white, with a high level of education, and representative of urban middle classes. The homogenous profile of the interviews does not indicate a sought situation, but is the result of a peculiarity of a field involving high cost treatment.

The names given to interviewees are fictitious, so as to protect their identities.

References to RT and the decisions of the couples

Female couples showed a preference for the use of RT to achieve their desire to become parents. However, among the men, the unanimous decision was to adopt.

Although no male couples have used or shown the wish to use RT, some interviewees mentioned the desire to have a child that would be genetically his, with "his face." Daniel's words are emblematic of this desire: "It is a desire, you know? It is a desire to see someone there that I know has my face, you understand? That it came from me." These words, which represent the idea of other male couples, exalt the importance of the biological bond issue in terms of the parenting constitution, even though the accomplishment of parenting by the interviewees was by means of adoption.

Even without having a plan to use RT, for most of the male couples the reproductive technologies, in this case, surrogacy, are seen as something hypothetical. This is what happened in the case of Rubens, Daniel's partner: "When we started the discussion (about having children), we were at that stage of thinking such outlandish solutions [...] I got to thinking: - Goodness, Daniel, imagine if my mother were younger, you could have a child, do an artificial fertilization and my mother could have a son for us ".

In addition to the hypothetical idea of using a surrogate mother, interviewees, in this procedure, revealed they fear the biological link established between the woman

and the child, and/or the egg, that occurs during pregnancy, and the ensuing legal implications. The fear of "insertion of the third" is featured in the comments of Artur: "Putting in a belly of a third. Then we are going to be tied to that person for life. How would the relationship be with that person? [...] Two homosexual parents; she can find millions of negative things, the mother having preference in the courts for guardianship of a child. It's very serious, a very serious choice [...] You involve another person, it becomes a hell."

The idea of motherhood understood as a process, which includes a gestate and genetic connection with the egg, is very strong in the men's comments. In this respect, in their discourses, there is recognition of the preponderance of the biological link over the social, and the fear of coming to "lose" the child to the biological mother.

Thus, in contrast to the use of surrogacy, seen as quite a complex solution because it requires a donated egg and a person willing to take on the pregnancy initially, and then be willing to hand over the child at the end of it. Adoption is presented as a feasible option, being that two of the couples already had, in fact, completed adoptions. This finding is also recognized by Weston[19], who states that the fact that men cannot bear children means that the solution most used by them is adoption. Generally speaking, interviewees also do not consider the care of small babies as an essential experience in parental life, having a preference for older children.

As for the women, adoption does not appear to be the most desirable option. Even when considered by couples, it tends to be seen as a difficult, lengthy process. A later adoption of older children (valued by male couples[e]), is not considered as an option by women who wish to experience pregnancy, childbirth, breastfeeding and baby care. According to Beatriz: "To achieve rapid adoption there must be a late adoption, at least here [...] And we want it: to have this: to take care of a small child. And it takes a long time [...] The insemination, the fertilization, is much quicker."

[e] The two male couples who completed adoptions, adopted boys around 3-4 years old.

The findings of this research are similar to those of Luna[26], who interviewed heterosexual women of middle and lower classes who attended clinics and assisted reproduction services. Their interviewees also mention the bureaucracy for adoption as a negative point, in contrast to the practicality of using reproductive technology to have children, which is chosen as the primary option.

The women, because gestation takes place in their bodies, emphasize this experience in the justifications of why they use the RT resource rather than adoption. Besides the experience of pregnancy and breastfeeding, the desire to have a child that is biologically theirs is also brought up by some interviewees. A similar finding is found in a study by Ramírez-Gálvez[14] in which heterosexual women choose RT and not adoption, seeking a child that is genetically theirs.

The same as for couples valuing and defending an idea of the family based on emotional bonds, as also pointed out by Weston[19] about homosexual couples, the facility for biological bonds in the construction of kinship proved significant. In such movement, there appears a stronger feeling among female couples who are seeking, or planning to access, AR services. Even with its high cost, low effectiveness and health risks [8,9,14,26], women prefer the intervention of medical technology ahead of adoption; feeling and expressing in their remarks, that a baby produced via RT is like a baby produced "naturally", an achievement only recently possible due to advances in the field of AR.

RT is associated with fertility, gender, motherhood, heredity, consanguineous reproduction, and kinship. These values refer to the desire for a biological child, seen as justification for the offer and contracting of assisted reproduction services[10], despite the fact that the techniques continuously provide the separation of biological /genetic kinship from the social. However, a difference is present between heterosexual couples and those of the same sex: while for heterosexual couples the offer of RT is a response to a health need (infertility), for lesbian couples, it is a response to a socially shaped need, not being a health need directly, at least at first.

According to Schraiber and Mendes-Gonçalves[27], health needs are shaped by demand - active seeking of intervention - which is, in turn, within a rationale of

medical service use, and depends on a context of necessities generator. The desire of lesbians to have children (a demand), matches with the availability of medical technology and the commercial interest of AR clinics: this is the context of necessities generator and so, new "health" needs, related to RT, are created, which in reality, are more needs created by, and for, the lesbian population than the health needs within the original accepted sense of the term. Through the use of reproductive technology, the biological link (at least, with one of the mothers), remains inalienable. Nevertheless, the current field of AR presents a possibility in which two women may have biological ties to the child produced via technology: ROPA.

ROPA stands for *Reception of Oocytes from Partner*, a procedure in which one of the partners gestates the embryo that has been generated by the other's egg with donor sperm. In everyday language, or as the interviewees say themselves, one puts the "egg of one in the belly of the other." Instead of reproductive technology focusing on one woman (as would be the "classic" case of an artificial insemination or a fertilization), the employment of technology is "shared" or "duplicated" between the two women of the relationship, as both are subjected to treatment.

There are reports of procedures consistent with ROPA in international literature[14, 28] but not using the term in the procedure description. Research in Spain, however, has been using the ROPA[29] designation and papers[4, 5] by Brazilian authors also make use of the term.

Of the three female couples that had real plans to effect an assisted reproduction, two expressed a desire to use ROPA. Among the four couples who had already made use of reproductive technology, three of them had each conducted at least one ROPA procedure. Even the couple who could not financially afford an assisted reproduction treatment, opting for adoption, hypothetically would have liked to make use of ROPA. Similarly, in a survey conducted by Corrêa[4] about lesbians and maternity, there is mention of interviewed couples who also made use of the technique. According to Grossi[30], this is the greatest desire of lesbians in Brazil, which corroborates our findings. And it's the next dream come true. Iris affirms about ROPA:

"It is Utopia. The Utopia of a son of the two. He was a biological son of the two. This is very strong."

The interviewees, in general, put ROPA as the facilitator of the ideal, of a child created biologically by two mothers, as happens in sexual reproduction, with heterosexual couples. The words of Clarice express this point: "Because it's a thing that heteros have the right to, and we also want to have it. To bear a child of the person we love (...) The greatest joy is knowing that you are creating a child of the person you love, that is not only yours, it is a child of hers."

The importance given to the biological link and the social and legal recognition which stems from it, is presented quite strongly in the words of the interviewees when mentioning why their preference is for ROPA. Strathern, already in 1992[28], stated that placing the fertilized egg of one of the partners in the womb of the other, has the significance of a 'natural event', that is, ideally combines the filiation via genetic transmission (for one of the mothers) and childbirth (for the other).

Thus, ROPA also constitutes a solution for both women of the couple, who are legally recognized as mothers and can, in law, gain the filial link in an interesting combination. The natural and social links merge. The biological link affirms the social bond and the "role of mother"[f].

Final considerations

According Luce[31], RT contributed to the development of a new focus on studies of kinship, because through them, lesbians are no longer being excluded from reproduction discourses. The study participants, in the same way, also present a preference for conducting ROPA, a technology that enables the two partners to establish biological links to the child produced, which extends the possibilities of legalizing the filial link with both mothers.

[f] In the single case of successful RT used among the interviewees (Lia e Carla), the registration of the son by two mothers was granted against the IVF documentation provided by the AR clinic.

In this way, we can see that among the interviewees, in general, there is the coexistence of two discourses: the preponderance of social links and the predominance of biological links, in the constitution of the parenting process. The market logic conveyed by AR clinics and the social networks that women access and participate in, both, in turn, heighten the emphasis of the importance of biological links for women. AR clinics, by offering these services, give voice to this imperative, "creating" new needs that can be satisfied through the acceptance of the terms and regulations of these establishments and the payment for their services.

ROPA is, therefore, a textbook example in this debate. Being a "new product", it is sought by that segment of lesbians who plan to become parents. It conforms because, as a new need is created, it responds both to the desire of female couples, as much as the growing market of reproduction clinics in Brazil. The RA clinics have offered ROPA as a service for some years now, as reported by the interviewees, and the 2013 CFM Resolution regulates this practice, which could indicate that it is a practice increasingly sought after in Brazil.

Within this panorama, we make two points: the first concerns the difference in terms of the recognition and legitimacy regarding the use of RT among lesbians and gays. Lesbians have the use of a "natural" form of technology, while gays' options are judged as artificial. The importance given to the experience of motherhood, in terms of breastfeeding and for taking care of babies for women, is significant for this choice. This enhancement of motherhood, and the biological bond built between woman and child from the pregnancy, makes men feel reluctant to use RT. This context reveals the emphasis of biological ties in the face of affective ties both by men and women despite the fact that in their discourses, there is present the importance of *chosen families*[19] which are based on affective choices and not biology.

The second point is intrinsically linked to the first. Medicine is a field of knowledge and a technical field that responds to social, economic, political and ideological practices, of which it is also part[11]. RT, in this context, is a representative of the technological development and medical service use, being the appropriation of the desire to have children medically, part of the *medicalization of society*[11] process. The

market is further expanded since RT enables same-sex couples to have children from an arrangement between biology, science, technology and capital, that is, through a combination of nature and culture, expressed as *ontological choreography* by Thompson[13].

Thus, the findings of the study described here, which has as its focus, the utilization or non-utilization of RT by same-sex couples, contribute to the raising of the question, in the context of RT, that there has been little research into how, in this *ontological choreography*, new "health needs" are produced and how little the individual and social implications resulting from this fact have been taken into account[9]. Despite the incipient questioning of these issues in the field of public health, the challenges and tensions between medicine and society are in place, requiring a critical look at its consequences.

Collaborators

Camila Vitule was responsible for the design of the article, the initial analysis of data, and the initial and final wording. Marcia Thereza Couto was co-responsible for the design of the article, for selecting the analytical axes and for the final draft. Rosana Machin was co-responsible for the interpretation of the results and for preparing the final text.

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[9] One could say this movement occurs with the use of RT, be it used for heterosexual or homosexual couples.

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