

## **ASSISTED REPRODUCTION IN INDIVIDUALS AND HETEROSEXUAL AND HOMOSEXUAL COUPLES IN SPAIN.**

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### **Abstract**

Artificial Insemination from a Donor has been one of the Techniques of Assisted Reproduction most used to resolve masculine factors of sterility or subfertility until the appearance of In Vitro Fecundation with Intracytoplasmic Sperm Microinjection (IVF/ICSI). However, the increase in requests for AID by heterosexual women without a partner and homosexual women is increasing, since it is an option that many women in that situation consider to be healthy. This increase in demand is also influenced by the better knowledge of this possibility by society due to the diffusion which has taken place in the media because it is an alternative to maternity that does not lack debate because of the ethic, moral and religious implications involved.

The average age presented by the sample (37,5) is high and over that obtained in other studies, bearing in mind the index of fecundability of women decreases around 35 years of age. Related to this data is the low rate of pregnancy per cycle (13.3%) that results from the gynecological study. However, this average age is not surprising since age is precisely one of the motives for which women, principally heterosexual ones, request AID.

Of all the applicants, a high percentage of them had university studies and sufficient economic solvency to face the maintenance of future children. They were independent women who had enough social network to help them in their motherhood, since a high percentage already had the support from family members and friends before starting the process. And so, in principal, some of the arguments against this practice are not the case, which state that these women would not be able to give their children adequate economic and social support.

Amongst the professions that appear most frequently are, teachers, nurses and others related to health science. We could say that probably this is due to the fact that they are professions that are intrinsically connected to motivation for the care and well-being of others.

One detail that is surprising is the low percentage of homosexual women who we have in our sample, since this alternative for maternity seems particularly indicated amongst these women. This low percentage has impeded more detailed comparative studies amongst women alone and homosexual women. In fact, homosexual women do not choose this method because their reproductive period is reaching its end but rather because they wish to constitute a family together with their partner.

The details about the relationships with a partner, maintained by the women interviewed in the past, and also the high percentage of these who had had coital sexual relationships, seem to discard in the sample conflicts at the moment of maintaining relations with men or problems that would have impeded them from carrying out sexual relations.

The average time between the last partner is situated at 4 or 6 years, a detail that was born in mind when carrying out the psychological evaluation. If the person interviewed had broken off a relationship less than a year ago, this event was explored, eliminating if it was the result of the break that had brought about the decision for AID.

Of the total sample, 80.8% did not have a partner at the time of the interview, a detail that agreed with the motives to carry out AID, since the second most cited motive was the lack of a partner. However, what is surprising is the percentage of women who had a relationship in partnership with a married man (2, 3 %), a percentage, on the other hand, less than the 5% in a study carried out by our group.

We also observed a high percentage of the sample (43%) who had maintained relations with the intention of becoming pregnant, which can be related to the strong wish for motherhood. 37.8% had had a previous pregnancy followed by a voluntary interruption in some cases and a miscarriage in others, a detail that leads to thinking about greater motivation to procreate after having experienced pregnancy before. Many of those interviewed explained freely the wish for motherhood which had remained latent after the experience of a miscarriage, desired or not.

The percentage of pregnancies obtained (37,3%) is high in respect to other techniques of assisted reproduction, as in general these were healthy women, without a factor of determined sterility. However, given the advanced age of many of the applicants, an added factor of subfertility exists that makes this rate of pregnancy per cycle lower than what should be expected in women under 35. MMPI was used in the psychological evaluation to discard psychopathology to be expected in the general public. This coincides with the results obtained in other studies in which other measures have been used.

Amongst the motives for which it was recommended not to accept some of these women (in 22 cases) in the AID programme, were the psychopathological criteria and a deficient elaboration of strategies of confrontation before the situation they were going to face. Another aspect which it is important to stress is the high percentage of those interviewed who had the intention to communicate to the child his/her real form of conception, a point recommended by the majority of professionals who are dedicated to this field in Anglosaxon countries. Although these women were thinking about saying it, they had frequent doubts as to how and when to do it.

The results of our study seem to reject the candidates not belonging to be treated via AID to obtain a pregnancy, claiming psychological, economical or social problems, since the normality found in our interviews contradicts these arguments. Therefore we coincide with other authors in that there are no empiric reasons that do not recommend the practice of AID in women without partners or who are homosexual, although we do recommend that a psychological evaluation be carried out prior to a process of treatment.

Other arguments against such a practice, centre their attention on the optimum psychological development of the future child, we find it difficult to make a prognosis "a priori" of the psycho-social consequences that these new family structures can have for the children. In the few existing studies on children brought up by single mothers or lesbian families who have conceived via AID, the authors find no differences in the cognitive, social, emotional development, nor in the behaviour in the role of gender, comparing them with children who have grown up in families of couples. And so, the investigation in this field must continue aimed at obtaining empiric data about the consequences from applying AID, for children and mothers, both to ensure the well-being of the child and also to facilitate for governments and Assisted Reproduction centres, the decision to carry out AID in this part of the population. 85% of those interviewed accepted future follow ups with great motivation thinking that this could result in help for them by having feedback from professionals who could help them and indicate the most recommendable path with a view to a future child. This indicates that greater information about this part of the population would also help to establish programmes of prevention of possible problems.

