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Perception of the Access to Assisted Reproduction in Spanish Female Couples

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Abstract

The design and implementation of healthcare policies regarding the assisted reproduction can exclude female couples through a series of legal and social barriers. It happens when a family model associated with the heterosexual couple is reinforced. The aim of this work is to analyse the perception that female couples have regarding the Spanish legislation on assisted reproduction techniques. An ethnographic research was conducted with eleven female couples. The results show that the access to assisted reproduction is determined by socio-political conditions. Consequently, this situation affects the paths to access (public or private), as well as their experiences in the healthcare process. Finally, it may be concluded that it is necessary a design of inclusive health policies that promote the health of the entire population, without excluding anyone because of their sexual orientation.

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1. Introduction

Assisted reproduction techniques have allowed female couples access to biological motherhood with the socio-political implications that this entails (i.e. Cadoret, 2013; Mamo, 2007; Pichardo, 2008). However, on the route to access, these couples may face discrimination on three levels: negative medical opinions and recommendations, social smear campaigns and excluding legislative measures.

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Firstly, with regard to the medical recommendations, there are indications that certain healthcare systems prefer granting access to heterosexual couples to assisted reproduction treatment, causing detriment to the rest of the beneficiaries (i.e. Michelle, 2006; Sen George and Ostlin, 2005). In the early nineties, the Ethics Committee of the American Fertility Society made public their preference for married heterosexual couples (Sabelowski in Johnson, 2012). Likewise, research based on 224 specialists in assisted reproduction techniques in Brazil, Germany, Greece and Italy indicated that 77% of these professionals were against same-sex couples having access to this type of treatment. The reasons given had to do with the welfare of the future offspring –specifically, social rejection and conflicts arising from not knowing the identity of the father (Záchia et al., 2011).

Secondly, social smear campaigns have been promoted, mostly by conservative political sectors that have articulated their discourse around the absence of the "father" (Bryld, 2001; Hicks, 2011; Smith, 2003). This absence has been associated with the well-being and the psychological development of children, which has served, in turn, to question the validity and quality of family relationships (Domínguez and Montalbán, 2012; Robison, 2002).

Finally, at the legal level, it can be noted that access conditions vary considerably from one country to another. According to Teresa Peramato (2013), globally two groups of countries can be differentiated: those that do not limit access according to sexual orientation and/or marital status, and those that reserve the right to reproductive technology for heterosexual couples only. Spain is situated in the first block since, at legislative level, both single women and female couples are entitled to have access to this technology. With the approval of same-sex marriage in 2005, the right of female couples to have free health coverage for these types of treatments was recognised. However, the latest legislative reforms within the public healthcare system have set criteria that exclude access to single women and female couples, and as a result many of them have to go to private clinics. Exceptionally, some autonomous communities have pledged to continue providing public coverage to these couples, which entails a situation of legal disparity.

In the Spanish context, studies that have analysed the access of female couples to assisted reproduction treatments with their respective implications are scarce (Donoso, 2013; Pichardo, 2008). Therefore, the aim of this work is "to analyse the perception that female couples have regarding Spanish legislation on assisted reproduction techniques".

2. Methodology

An ethnographic study was carried out with eleven Spanish female couples, of whom at least one partner of each couple had undergone assisted reproductive treatment. The profile of the sample was homogeneous in age (M.: 38,4), level of education (Bachelor's degree) and income (M.: 1800 €). All of the couples had one child, except one of them that had two children. Finally, all couples were married as a way to access motherhood.

This work was conducted between June 2013 and November 2014. Semi-structured interviews were conducted with both members of each couple, which favoured the efficiency of the procedure (time management and resources), as well as creating a shared space for reflection (Bjornholt and Farstad, 2012). Most of the interviews took place in the homes of the interviewees and, on rare occasions, in public spaces. The average length was of ninety minutes. At the beginning of the interview, permission for recording was requested and the anonymity of the interviewees was guaranteed by using fictitious names. The first questions in the interviews were related to aspects such as biographic topics. Next, families were asked about their motherhood and assisted reproductive treatment, specifically: desire and motivations to be mothers, access to the treatment, influence of their sexual orientation on the process and the impact of the legislation on this matter. After the transcription, data analysis was conducted from a phenomenological perspective in order to understand the meaning that the interviewees were giving to the subject of study (Patton, 2002).

3. Results

In this section, fragments of the conducted interviews are presented, in which the paths of access to assisted reproduction are reflected (public or private), as well as experiences of the healthcare process.

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