

Opinions of infertile Turkish women on gamete donation and gestational surrogacy

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Objective: To determine the approval levels of infertile Turkish women concerning gamete donation and gestational surrogacy.

Design: Opinion survey.

Setting: Assisted reproductive treatment center at Gulhane Military Medical Academy.

Patient(s): 368 women who had applied for infertility treatment.

Intervention(s): The patients were asked to answer a questionnaire that included questions about the patient's sociodemographic status, previous medical history with infertility treatment, and opinions on gamete donation and gestational surrogacy.

Main Outcome Measure(s): Opinions of patients concerning gamete donation and gestational surrogacy.

Result(s): Our data in this first study on infertile Turkish women show that some patients approve of gamete donation (23.3% for accepting oocytes and 3.4% for accepting sperm) and gestational surrogacy (15.1%).

Conclusion(s): Donation and surrogacy are alternate treatments for the serious condition called infertility. As there are patients who would like to use these treatments, each of these patients should have the right to try any of them. (Fertil Steril® 2008;89:817–22. ©2008 by American Society for Reproductive Medicine.)

Key Words: Gamete donation, Turkish infertile women, sperm donation, oocyte donation, gestational surrogacy

In vitro fertilization (IVF) techniques have been providing hope to infertile couples since the birth of the first IVF baby (1). However, male and female gametes and a healthy woman with a healthy uterus are required to apply these techniques. Since human oocyte and embryo donation were introduced in 1983 (2–4) and the first healthy infant delivered in 1984 (5), donation programs have become a resource for couples who cannot produce the requisite gametes. Gestational surrogacy also can allow a couple to have a child when they are unable to achieve pregnancy or when there are medical contraindications to pregnancy for the intended mother (6).

Oocyte donation was originally intended as a fertility treatment for women suffering from premature ovarian failure (7); currently the indications comprise hypergonadotropic hypogonadism, advanced reproductive age, diminished ovarian reserve, genetic defect, and poor oocyte and/or embryo quality (8). The popularity of oocyte and embryo donation can be observed from their rates in overall assisted reproductive technology (ART) applications. For example, in the United States in 2003, of 122,872 total ART procedures, 8% used freshly fertilized embryos from donor eggs, and 4% used thawed embryos from donor eggs (9).

Donor sperm is the gamete source for women in cases when “the male partner has azoospermia, severe oligospermia, or other significant sperm or seminal fluid abnormalities, ejaculatory dysfunction, the male partner demonstrates significant male factor infertility (i.e., previous failure to fertilize, significant oligoasthenospermia, male immunologic infertility) and IVF with intracytoplasmic sperm injection (ICSI) is not elected or feasible, the male partner has a significant genetic defect and the recipient also is known either to be affected or to be a carrier of it, or the recipient has previously produced an offspring affected by a condition and carrier status cannot be determined, the male partner has an ineradicable sexually transmissible infection, the female partner is Rh-negative and severely Rh-immunized, and the male partner is Rh-positive and for females without male partners” (10).

As Sharma (11) points out, “a surrogate mother is a woman who carries a child, usually for an infertile couple,” and surrogacy has been an option since biblical times (11). The main indications for gestational surrogacy are absence of a uterus after hysterectomy for uterine or cervical carcinoma, after hemorrhage, or in cases of congenital absence (12). “A less obvious indication is for women who have suffered repeated miscarriages and for whom the chance of ever carrying a baby to term is remote. Similarly, women who repeatedly fail to implant normal healthy embryos in treatment by IVF for no obvious reason may also be considered to be suitable candidates. Certain medical conditions, such as severe heart or renal disease, which might threaten the life of a woman were she to become pregnant, are also indications, provided

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that she is considered to be fit enough to look after the child after birth and that her life expectancy is reasonable” (13). Because the availability of IVF techniques has become widespread and acceptance of egg and sperm donation is growing, third-party reproduction also has become commonplace throughout the world (14, 15). However, infertile Turkish couples can use none of the methods described here because Turkish legislation forbids third-party reproduction (16).

Because legislation is primarily based on the sociocultural concerns of society, determining society’s opinion is one of the first steps in the process of constructing or modifying the regulations (17). To date, only one study has surveyed public opinion in Turkish society on third-party reproduction, which is restricted to oocyte donation (17). We believe that only those who are facing infertility can make the proper decisions about choices in infertility treatment. Thus, our survey focused on the opinions of infertile Turkish women regarding third-party reproduction, including oocyte and sperm donation and gestational surrogacy.

MATERIALS AND METHODS

This descriptive study was carried out in the ART Center of Gulhane Military Medical Academy in the city of Ankara. Our study enrolled 368 Turkish women from infertile married couples who had been accepted for treatment at the ART Center between April 2005 and May 2006. No sampling was performed. The participants were asked to complete a questionnaire; each participant completed the form alone and unassisted. The form consisted of 38 questions to determine the sociodemographic status, previous history with infertility, and opinion of the participants on gamete donation and gestational surrogacy. The chi-square test was used to statistically analyze the data. $P < .05$ was considered statistically significant.

RESULTS

Sociodemographic Information

Of the 368 women who agreed to complete the questionnaire, some patients did not answer all of the questions because they either had refused to answer individual items or had overlooked them. For this reason, the number of patients who answered each question is indicated in parentheses. All the values are given as mean \pm standard deviation. The mean age of the 361 women who entered their date of birth was 30.23 ± 5.16 years. For educational level, 29.7% (107 out of 360) of the participants had graduated from university, and 18.1% (65/360) from primary school. The general characteristics of the participants are shown in Table 1.

Opinions on Sperm and Oocyte Donation

The responses showed that 25.1% (91 out of 363) of the women had knowledge of gamete donation. By participants’ educational level, there was a statistically significant difference in having information on sperm and oocyte donation ($P < .05$). The number of women who stated that they had

knowledge of sperm and oocyte donation was higher among participants who had graduated from high school or university (73 out of 251) than among those who were illiterate or had graduated from primary or elementary school (15 out of 105); the difference was statistically significant ($P < .05$).

Concerning duration of marriage only (without age or previous trials), 38.4% of women who had been married ≤ 10 years and 18.8% of women who had been married > 10 years would allow their spare oocytes to be donated; the difference was statistically significant ($P < .05$). Concerning previous ART trials only (without age or duration of marriage), 20% of women with no previous trials and 31.9% of women with one or more previous trials would consider receiving oocytes from donors; the difference was statistically significant ($P < .05$). Concerning male factors (without age or duration of marriage), 2.8% of women with no previous trials and 8.7% of women with one or more previous trials would consider receiving sperm from a donor if the husband had a genetically transmitted disease; the difference was statistically significant ($P < .05$). Concerning the number of previous trials (without age or duration of marriage), 25.9% of women with one or two previous trials and 57.1% of women with three to five trials would consider donating their oocytes; the groups included women from all ages, and the difference was statistically significant ($P < .05$). Concerning accepting donor oocytes from another woman, women who would consider donating their own spare oocytes and those who would not showed a statistically significant difference ($P < .05$).

There also was a statistically significant difference between the women who would accept donor oocytes from another woman and who would not in terms of approval of their husbands donating sperm to a sperm bank; of the establishment of sperm banks; of accepting sperm from another man in the presence of genetic disorders in the husband or in cases of azoospermia in the husband; of accepting both oocytes and sperm from other individuals in the presence of genetic disorders in both wife and husband; and of using adoption or donation in cases IVF treatment failure ($P < .05$).

The other questions that were asked of the participants and their answers are summarized in Table 2.

Opinions on Gestational Surrogacy

When the participants were asked if they would use a surrogate mother if they were not able to become pregnant, 15.1% (54 out of 357) of the participants stated that they would, and 14.9% (55 out of 357) said they did not have enough information about gestational surrogacy. Among the participants, 5.3% (17 out of 323) stated that they would consider becoming a surrogate mother, and 12% (39 out of 325) said that they would consider becoming a surrogate mother for a relative.

There was a statistically significant difference between the participants who would accept oocytes from other women and who would not in the respect of using gestational surrogacy ($P < .05$). When considering the number of previous

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