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Procreation and Technological Family Planning**  
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*The Desire for Children, the Children of one's Desire. The Meaning of Medically Assisted Procreation and Technological Family Planning*

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**Abstract**

The spread of medically assisted procreation (MAP) techniques promises to realise the previously denied human dream of planning and controlling one's progeny. The reproductive business market tends to fuel this dream, promising that technology can take over where nature falls short. Based on the spread of individualism and instrumental rationality, this promise modifies the social imaginary of procreation and generativity. The new social imaginary features a disproportionately greater freedom of choice and decision-making powers for adults (parents), along with increased risks of genetic determination also given the extremely rapid developments in genetics. At the same time, this demand is fuelled by the presence of a booming private reproductive market which often employs commercial marketing techniques by promising couples and women not only that they can achieve their desire for a child but can make the 'child of their desire' – they can have the children that they want, when and how they want them.

This article presents the results of an exploratory study conducted with a sample of 360 subjects aged between 25 and 45 who may or may not have not used MAP and examines their responses to a questionnaire. In particular, what lies behind the idea that technology and private fee-based services can supplant nature and public services in areas that they cannot reach? How widespread is the idea? What are the ethical, social and cultural implications at the root of the concept? How can this idea modify the sense and meaning of procreation? What level of freedom and rights should the baby be granted? The results of the research show that the sample is divided almost equally on the issue of MAP between those who acknowledge its potential but are

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aware of its associated social and cultural risks and those who highlight its potential by referring to rights-based reasons and money-based reasons.

Keywords: medically assisted procreation, reproductive rights, commodification of babies.

## **1. Introduction**

One of the issues most frequently debated by sociologists of the family and demographers is the fertility crisis, which has affected most western countries and reached extremely worrying levels in Italy (with a rate of 1.3 children per 1000 women of child-bearing age). The general trend is that women give birth to a lower number of children than the population replacement level. Although the choice to have a child is strictly personal, inasmuch as it falls within the realm of individual self-determination (of the couple and of the woman), the decision actually has significant repercussions at a macro level: it influences family forms, affects the demographic structure of a country and contributes to population ageing processes. In general, there is ageing within families, which disrupts the structure of inter-generational relations (few babies, few young people, numerous elderly people), creating a strong imbalance between the active and the inactive, with a corresponding negative impact on the resistance of welfare structures – pension, healthcare and social assistance systems (Di Nicola, 2017a). Many studies have highlighted the persistent discrepancy between the number of children desired (usually still found to be 2 children per woman of child-bearing age, meaning that the couple is reproduced) and the number of children actually generated (in Italy, the fertility rate has long been below the replacement level, which is 2.01 children per 1000 women of child-bearing age). Researchers have tried to examine the factors at the root of this difference between ‘desire and reality’. The reasons for the fertility crisis can be understood by considering the interplay of elements such as women staying in education for longer, an increase in the age at marriage and at the birth of their first child (De Rose, Dalla Zuanna, 2013), a reduction in cohorts of women of child-bearing age, difficulties experienced by women with children in entering the job market or remaining there after the birth of their third (if not first) child due to lack of childcare services, the high cost of services for babies (0-3 years old) and inadequate conciliation policies, as well as cultural factors which now attribute a different value to maternity and filiation than in the past.<sup>1</sup>

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<sup>1</sup> For a comprehensive presentation of the theories and research that have tackled the issue of hypofertility at Italian and European level, see Santangelo (2011). The female employment rate

There is therefore the idea of a 'desire for children' which is not satisfied, or at most only partially satisfied. Nevertheless, in the last few years – at least in the Italian context – the theme of procreation has returned to the forefront, but in a partially different cultural context. 2006 saw the approval of Law no. 40 regulating medically assisted procreation (hereinafter MAP), while Law no. 76 in 2016 introduced civil partnerships for same-sex couples; as a result, the courts have been afflicted with the problem of legal recognition of the children of same-sex couples, whether born from previous heterosexual partnerships or through heterologous MAP or surrogacy. At the same time, heterologous procreation is now lawful in Italy (when Law no. 40 was approved, only homologous MAP was allowed) for heterosexual couples with a diagnosis of infertility (on these matters, see Di Nicola, 2016). Conversely, surrogacy is forbidden. Therefore, for same-sex couples, heterologous MAP and surrogacy are only viable options for having a child if they enter the reproductive market in another European country.

The 2015 Ministry of Health report for Parliament about the state of implementation of Law no. 40 offers an extremely interesting picture that reveals how the context of procreation is changing in Italy.<sup>2</sup>

The report says that 366 centres were active in 2015, of which 114 were public centres, 24 were publicly-approved private centres and 228 were private centres. Out of all of these, 164 provided 1st-level techniques and 202 provided 2nd and 3rd-level techniques.<sup>3</sup> 314 centres were active with at least one couple – 131 for 1st-level techniques and 183 for 2nd- and 3rd-level techniques. 74,292 couples were treated in 2015; 95,110 cycles were started (92,310 in homologous MAP and 2800 in heterologous MAP), of which 36,670 were in public centres, 23,595 in publicly-approved private centres and 34,845 in private centres.

Although still in its infancy, the spread of heterologous MAP has established trade in oocytes, sperm and embryos between European countries.

*Imports reported in 2015:*

Cryo-containers with oocytes (6/7 oocytes per container): 3304 from: Denmark, Greece, Czech Republic, Spain, Switzerland;

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in Italy is below the percentage at European level: in 2009, the employment rate for women aged between 25 and 64 was 60.2%, compared to 72.0% in the 27 member states of the European Union. This rate drops to 42.6% for women with three or more children. Source: ISTAT (2010), *Partecipazione delle donne alla vita economica e sociale*, Roma.

<sup>2</sup> [http://www.salute.gov.it/portale/documentazione/p6\\_2\\_2\\_1.jsp?lingua=italiano&id=2617](http://www.salute.gov.it/portale/documentazione/p6_2_2_1.jsp?lingua=italiano&id=2617).

<sup>3</sup> The report distinguishes between 1st-level techniques (simple insemination) and 2nd- and 3rd-level techniques (IVF – in vitro fertilisation). With 2nd- and 3rd-level techniques, thawing techniques refer to the use of previously frozen gametes to form embryos or the direct use of previously frozen embryos stored in clinics, while fresh techniques refer to embryos formed by gametes that are not cryopreserved.

Cryo-containers with sperm: 1982 from: Denmark, Greece, Czech Republic, Spain, Switzerland;

Cryo-containers with embryos (1/2 embryos per container): 744 from: Austria, Greece, Czech Republic, Spain, Switzerland.

*Exports reported in 2015:*

Cryo-containers with oocytes (6/7 oocytes per container): 19 to: Denmark, Greece, Czech Republic, Spain, Switzerland;

Cryo-containers with sperm: 2638 to: Denmark, Greece, Czech Republic, Spain, Switzerland;

Cryo-containers with embryos (1/2 embryos per container): 22 to: Austria, Greece, Czech Republic, Spain, Switzerland<sup>4</sup>.

12,836 babies were stillborn (12,235 with homologous MAP, 601 with heterologous MAP), the equivalent of 2.6% of the total number of babies born in 2015 (485,780 according to ISTAT data).

Although not particularly significant, these data prompt a few considerations. With regard to MAP, homologous procreation is still the most widespread form, but heterologous MAP is expected to grow; private (fee-based) centres are more common than public and publicly-approved private centres: the reproductive market has thus become transnational, as demonstrated by the trade in incoming and outgoing cryo-containers (Shenfield et al., 2010). The idea that technology and private fee-based services can supplant nature and public services in areas that they cannot reach is therefore spreading. This marks a break in the debate on the subject of hypofertility and procreation models, moving onto issues related to MAP and the ethical and social dilemmas raised by the use of such new techniques (Di Nicola, 2017b; Iagulli, 2013). The spread of this idea raises ethical problems and dilemmas that affect all couples interested in MAP, not only homosexual couples.

## **2. The strength and reach of an idea: the theoretical reference framework**

What lies behind the idea that technology and private fee-based services can supplant nature and public services in areas that they cannot reach? How widespread is it? What are the ethical, social and cultural implications behind the concept? How can this idea alter the sense and meaning of procreation?

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<sup>4</sup> In 2016 there was a significant increase in cryo-containers of exported sperm imported embryos, due to the fact that more embryos are formed abroad as a result of the growth of heterologous MAP.

An exploratory study was conducted in order to answer these questions with a quota sample of subjects aged between 25 and 45 resident in three Italian regions with different socio-cultural traditions: Veneto with a strong Catholic tradition, Emilia-Romagna with a secular tradition and Campania with a home-centred tradition.<sup>5</sup> 360 subjects were interviewed for the survey – 120 from each region, divided equally between men and women with or without children and with a medium-low or medium-high level of education. The purpose of the research was exploratory and non-representative, aiming to understand the existence and extent of changes in the social imaginary of procreation, the value attributed to children and the potential and (perceived) risks of the spread of MAP techniques.<sup>6</sup>

The research was carried out by adopting the concept of social imaginary posited by C. Taylor (2005) as its theoretical reference framework – the set of ideologies, knowledge and shared know-how that both influences and is influenced by social practices; the social imaginary enables individual self-understanding and self-positioning in society in a context of dialogic and shared know-how. As Taylor says, the social imaginary extends beyond the immediate background know-how that gives meaning to our specific practices. This background can never be expressed in the form of explicit doctrines due to its limitless and undefined nature. However, there is not a one-way relationship between practices and underlying background know-how: while it is true that know-how makes a practice possible, it is also true that the practice itself spreads know-how to a large extent (Taylor, 2005: 37-38 of the It. trans.). The reference to the concept of social imaginary is extremely important in heuristic terms for two reasons: 1. because Taylor explicitly attributes practices – actions concretely implemented by social actors – with a ‘transformative’ power of the system of knowledge: practices, influenced by know-how, are retroactive and in turn modify knowledge and the know-how which makes the action possible; they therefore modify common sense knowledge; 2. because the concept of social imaginary allows us to understand how social change is activated from within a social system. Taylor asks what happens exactly when a theory profoundly transforms the social imaginary.

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<sup>5</sup> The research team consists of Paola Di Nicola, Cristina Lonardi and Debora Viviani from the Department of Human Sciences at the University of Verona. Data were collected through telephone interviews using CAWI (Computer Assisted Web Interview) methodology. The survey tool was created directly by the client and reviewed by the Project Manager at SWG, the research company that conducted the survey from 15 to 22 September 2017.

<sup>6</sup> The sample of respondents was not asked if they had ever used MAP techniques, but only if they had ever heard of it and where and how they had collected information. The level of knowledge is extremely high (more than 92% of respondents are aware of MAP) and many sources of information are used (friends, doctor, specialist journals, popular science magazines, newspapers, weekly press, TV, radio and internet (Di Nicola, Lonardi, Viviani, 2018).

For the most part, individuals undertake, improvise or are introduced to new practices that are given meaning by the new perspective, initially developed by the theory; this perspective is the context that provides practices with meaning. The new concept therefore becomes accessible to participants in an unprecedented way and begins to define the boundaries of their world – in the end, it can transform into the expected form of things that is even too obvious to be mentioned (Taylor, 2005: 43 of It. trans.).

The research took shape from two observations: the procreative practices permitted by MAP are spreading and the new knowledge transmitted by MAP provides a concrete demonstration that technology can step in to achieve what seems impossible when nature fails. These techniques are ‘powerful’ because they are supported by ‘scientific’ knowledge which the average citizen can say little about (for example in terms of validity, feasibility and success); this knowledge is presented as ethically neutral and it is up to the citizen whether or not to make ethical judgements and decide ‘freely’ whether or not to use the techniques – the only impediments are personal moral qualms and financial resources. Old and new procreative practices thus begin to coexist, to the point that the differences between them are no longer perceived – the result is always children who are strongly desired. This outcome has a highly positive value, as the birth of a baby is especially beautiful in an ageing society populated by single people. The effort undertaken to have a child overshadows the problems of a financial, technical, emotional-relational, psychological, identity-based and ethical nature raised by the use of MAP in its heterologous form and surrogacy (Deonandan et al., 2012; Righetti et. al., 2009; Rossi Sciumè, 1993a, 1993b, 1995; Vegetti Finzi, 1997). MAP opens up new scenarios and fresh opportunities: avoiding the transmission of genetic diseases to children, allowing a woman to have children well beyond the age of menopause, having children even with a same-sex partner, procreating even if one or both of the members of the couple are sterile, carrying a pregnancy to term and giving birth to a child for a sister or daughter that cannot have one, having a child without being in a relationship, having a child with certain physical and behavioural characteristics and being able to freeze eggs if a thirty-something woman does not have a fixed partner or cannot or does not want to become pregnant due to work commitments.<sup>7</sup> These scenarios and opportunities are usually summed up by the idea that the number of figures (oocyte or sperm donor, surrogate mother, social parent, biological parent) involved in childbirth has multiplied. These figures generally disappear in physical terms after the birth (donors are anonymous, surrogate mothers are

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<sup>7</sup> To this end, some American multinationals have offered their employees the benefit of paying for the storage of frozen eggs so that they can have children when they leave the job market.

paid off, grandmothers – hopefully – cede to their daughters and so on),<sup>8</sup> but only after leaving their genetic and/or biological traces in the baby. Parents that use heterologous MAP and surrogacy have not only decided to have a child but can also choose their genetic heritage – in this way, they think that they have ‘deceived’ nature. The freedom of choice and decision-making power of adults (parents) becomes disproportionately wider, while the risks of genetic determination increase also due to rapid developments in genetics. At the same time, the demand is fuelled by the existence of a booming private reproductive market which often adopts commercial marketing techniques by promising women and couples not only that their desire for a child will be fulfilled but also that they will have the ‘child of their desire’ – the child that they want, when and how they want it.

The commercial marketing and scientific popularisation of these issues, not to mention the popular press and television programmes, do not intentionally create false needs and do not fuel new expectations. Indeed, MAP is only used by an extremely limited number of women and men, alone or in a couple. However, these channels make it clear that ‘new things’ are possible in the field of human reproduction, providing citizens and consumers with more freedom of choice. They potentially address an audience of subjects who are already experiencing the malaise of modernity, as Taylor put it, in terms of culture, values and behaviour, which can be summed up as follows:

- individualism, not seen as the centrality of individuals and their freedom of action with regard to ascriptive influences (a positive and central value of modern democratic societies), but as the increasing spread of “the sense that lives have been flattened and narrowed, and that this is

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<sup>8</sup> This withdrawal is not always accepted by women who have carried a pregnancy to term for a commissioning couple (especially in the West). Many of these women uphold the dignity and importance of their work and feel betrayed if the intended mother distances them after the birth and subsequently prevents them from seeing the baby even though they met and had contact during the pregnancy (Berend, 2012). Berend’s work is part of the rich area of studies aiming to examine and reconstruct the profile of the surrogate mother in western and developing countries. Depending on the interpretation, this profile tends to see the surrogate mother as a woman with psychological problems, a cold calculator or a mature woman aware of the choices she has made, which are due to financial needs in most cases. Furthermore, for some researchers surrogacy lends itself to two different social appraisals depending on whether it is done out of love or money. In the former case, the surrogate mother’s behaviour is socially accepted because it confirms the social stereotype of a woman willing to sacrifice herself for others, whereas in the second case her behaviour is stigmatised as it reveals an image of a calculating rational woman, which goes against the widespread reassuring perception of women as subjects with a natural aptitude for making gifts. On these issues, see for example: Anleu, 1990, 1992; Cook et al., 2003; Deondan et al., 2012; Jadva et al., 2003; Pizitz et al., 2013; Teman, 2008; van den Akker, 2003, 2007.

connected to an abnormal and regrettable self-absorption” (Taylor 1991: 4);

- “The primacy of instrumental reason [...] the kind of rationality we draw on when we calculate the most economical application of means to a given end” (Taylor 1991: 5). The primacy of instrumental reason is also evident in the prestige and aura that surround technology and prompt us to seek technological solutions even when something extremely different is needed. This primacy is ‘commodifying’ public goods (Sandel, 2017) and the private areas of relationships and care (Hochschild, 2006);
- Privatism and loss of civic and social engagement: “Perhaps something like this alienation from the public sphere and consequent loss of political control is happening in our highly centralized and bureaucratic political world. [...] If this is so, what we are in danger of losing is political control over our destiny, something we could exercise in common as citizens” (Taylor 1991: 10). This situation leads to the creation of the form of ‘soft despotism’ in which the citizen asks for guaranteed rights, security and wellbeing in exchange for loyalty that is essentially loss of political control. For the issues related to our study, the loss of civic engagement is translated into the difficulty of civil society to ‘stem the flow’ or take a specific and effective position against the promulgation of laws that influence important areas of our life (such as living wills, medically assisted procreation and so on), whose content tends to satisfy the requests of well organised lobby groups, in the name of a concept of common good that coincides with their particular idea or ideology of common good, which should be valid for everyone.<sup>9</sup>

Compared to the cultural, normative and value-related context in which the common feeling of the legitimate ‘desire for a child’ first took shape, as a new technique MAP marks the arrival of the new common feeling of the ‘child of one’s desire’, drawing on the gradual slide of individualism into narcissism and the increasingly widespread ideas that anything is possible with money and that children are a right everyone is entitled to regardless of their age and position in the life cycle. This right must be guaranteed by governments irrespective of their political colours, without either drawing attention to the ethical and moral implications raised by new technologies

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<sup>9</sup> With regard to the Italian context, an example is the promulgation of Law no. 40 of 2006 on medically assisted procreation, which established rules and procedures particularly detrimental to the health of the woman and the interests of the couple, in line with the ethical directives of the Catholic Church. An abrogative referendum on the matter was held immediately after the promulgation of the law, but failed due to the extremely low turnout. The most controversial articles were removed by the Constitutional Court for being unconstitutional at the instigation of couples who were unable to access MAP due to the nature and formulation of Law 40.

when they affect the beginning and end of human life or prompting debate in civil society.

The aim of this research is to investigate and analyse – at an exploratory level – whether and how these two forms of background know-how (common sense knowledge regarding procreation that can be summed up as ‘desire for a child’ and ‘child of one’s desire’) can coexist and whether one is undermining the other. What do citizens think of MAP if they embrace both the opportunities and the risks?

### **3. Men and women facing the potential and risks/limits of MAP**

The research – whose results are partly presented herein – was conducted for exploratory purposes to assess whether there is a new social imaginary of reproduction, supported by the increasing use of MAP techniques and magnified by the mass media. The respondents were not asked whether they had ever used MAP, but only whether they had heard of it and what idea they had formed about the potential and limits and/or dangers of these new techniques. In the questionnaire layout, the different indicators identified fell between two polarised perspectives:

- MAP as a human right everyone is entitled to regardless of age, marital status, presence or absence of a relationship, presence of a homosexual relationship – a right geared towards encouraging the free determination of social actors, strengthening their freedom and self-determination; or MAP as treatment for couples with infertility problems – therefore MAP as a ‘subordinate’ right subject to certain legal restrictions and limits;
- For love or money: the social actors involved in the new landscape of procreation (third parties with regard to the couple: sperm, oocyte and uterus donors) can/must act free of charge (gift) or against payment (money and contractual agreements).

The starting point was the idea that these two perspectives would show the presence and/or coexistence of two different ways of seeing and evaluating the potential and limits of MAP techniques – which can be summed up by the two expressions desire for a child and child of one’s desire – and that these two ways of seeing and evaluating MAP would have repercussions on how men and women relate to problems of sterility<sup>10</sup> and

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<sup>10</sup> Analysis of the relationship between male and female identity and sterility was conducted by Paola Di Nicola, Cristina Lonardi and Debora Viviani using the data from this research and submitted to the journal *Salute e Società* for publication. The article passed the review process and will be published in the first edition of 2019.

different expectations about the features (physical, but also characterial) of their 'desired' child.<sup>11</sup>

The two perspectives chosen for analysis can be related to some interesting fields of study, whose results offer new interpretations on the issue of MAP.

The issue of rights can be addressed using Sandel's lectures on the matter of justice (2010) and the limitations of the utilitarian and liberalist perspective in providing an answer to certain ethical dilemmas. Sandel claims that the reference to individual rights is used by liberals to justify practices such as the donation of organs, sperm, oocytes and surrogate motherhood against payment. Utilitarians believe that the sale of organs, gametes and surrogacy are 'right' if the exchange between the giver and the receiver is mutually beneficial, while liberals think that an agreement (involving exchange) is valid and just if the parties make it freely. With regard to this position, Sandel underlines that in many situations, especially those in which material goods are not exchanged, the position of the contracting parties is never on the same level – an organ is sold and a uterus is rented due to need. Nobody can live well without an organ (such as a kidney) and the money received will do nothing to improve health, while surrogate mothers in the developing world act out of necessity: they subject themselves to a complex medical practice, which can also be dangerous to their health, in order to receive money and meet the needs of their family more effectively. After the procedure, however, such women continue to be denied reproductive rights in their countries (health care, access to services and information about contraception and reproduction).<sup>12</sup> The limits of utilitarian and liberalist thinking actually lie in their concept of the holder of the rights, seen as an autonomous and

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<sup>11</sup> For a complete presentation of the different results of the research, see Di Nicola, Lonardi, Viviani 2018.

<sup>12</sup> The concept of the 'reproductive right' guaranteed to women in developing countries is translated into the right to be able to choose how many children to have and the time between one child and another; the right to health and contraceptive information and medical assistance before, during and after childbirth. Reproductive right is actually used for these women to refer to the right to contraception and contraceptive information, a term which is 'unwelcome' in the cultural and religious contexts in which many of these women live. With regard to the condition of women in developing countries who lend themselves to carrying pregnancies to term for other women, we can speak of 'denied' reproductive rights, as they stay at healthcare facilities (they are actually distanced from their everyday environment and therefore also from any children) while pregnant for a commissioning couple and their health and the pregnancy are constantly checked and monitored, but when they return home they have no access to healthcare services related to reproduction. The situation of Indian surrogate mothers has been the subject of heated debate to which Indian researchers have also contributed meaningfully 'from within' (Pande, 2014; Rudrappa, 2015, 2017). For a critical analysis of the transnational reproductive market, see Bailey (2011); Markens (2007, 2012) and Wilkinson (2016).

independent subject without ties (social factors) that can limit opportunities to assert rights in various social transactions. It is an atomistic concept of the social actor, which hinders the perspective that the part can only be understood through the whole (the relevant socio-cultural and political context and the intersubjective network of interdependencies): who holds which right and how it can be asserted without damaging and interfering with someone else's freedom (Wolgast 1991).<sup>13</sup> This delicate and complex balance becomes crucial if the assertion of a right involves an unborn third party whose life is the responsibility of a parent. Is it right to determine the sex and genetic heritage of the unborn baby and attribute characteristics that may not be appreciated in adolescence or adulthood? Is it right that a woman chooses to have a child, deciding in advance that there will be no father? Is it right – but this concerns society more than individual choices – that a woman can only have a child when she is allowed to do so by her employment status (such as the case of freezing eggs as a benefit)? Is it right that two grandparents can use the (previously frozen) oocytes and sperm of their deceased daughter-in-law and son through surrogacy to give birth to an orphaned grandchild who will probably also lose their reference figures (the said grandparents) in adolescence? Is it right that an elderly woman can decide to have a child 'for herself'? Is it right to pay a woman with financial difficulties to carry a pregnancy to term for a commissioning couple who often travel to developing countries in order to save money? Is it right that a man can donate his sperm anonymously and against payment, without addressing the issue of how many women will be inseminated, namely the ethical problem of how many children he has begotten around the world, generating unaware siblings who sometimes then use the web to track down

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<sup>13</sup> There is another area of studies that is critical of individual rights in reference to an 'abstract' subject in his universality and atomism: an autonomous independent adult male who is able to live his life and achieve his life goals 'regardless' of his relationship (restrictions on freedom) and socio-economic situation. A state that wishes to create the right society has the duty to safeguard the rights of such a citizen. This abstract vision of a citizen does not include women, as they are unable to 'disregard' the constraints of maternity unless they reject it, or subjects who are not self-sufficient, who have lower social benefits and in any case depend on others in order to live an acceptable life. Starting from such analysis, researchers such as Nussbaum (2012, 2013), Okin Moller (2012) and Tronto (1993) suggest adding the right to dependency to the list of rights – as no human being is born 'independent and autonomous', but becomes so after being inserted into a network of emotional and material interdependency (family, parents, mother), no one can be certain of not losing their autonomy during their adult life and loss of autonomy is indeed a common condition in old age. Speaking of the right to dependency means recognising that individual rights are always relational because they are grounded in a structure of intersubjective relationships and 'subordinated' to legal and cultural standards, constraints and limits which enable the satisfaction of individual rights without harming the rights of others (such as the right to care and the right of carers).

each other and meet up? Other questions could also be asked regarding issues that do not only concern homosexual couples. The problem actually arises from the fine line between ‘enhancement’ and ‘selection’ (Sandel, 2007) and the dangers of eugenics. As Habermas (2016) highlights, the problem arises from the grey area of negative selection, including all the MAP techniques that can prevent the occurrence of serious health problems in the baby (the positive aspect of MAP), but also techniques for selecting certain characteristics that become part of the genetic heritage of the unborn baby and which, as they are genetically defined, will then be passed on genetically to future offspring (the negative aspect of MAP). In this respect, MAP could become a political instrument to select certain demographic categories or social groups that would become genetically superior. It is awareness of the fragility of the boundary between negative and positive genetics that leads Sandel (2007), Habermas (2016) and Jonas (1997) to speak of rules: placing constraints, limits and restrictions that remove the absolute freedom of social actors to use MAP techniques to prevent them from becoming the new business market. As Habermas puts it, ‘In putting the question this way, I am not taking the attitude of a cultural critic opposed to welcome advances of scientific knowledge. Rather, I am simply asking whether, and if so how, the implementation of these achievements affects our self-understanding as responsible agents’ (Habermas 2003: 12). In this respect, the rights discussed are subordinate rather than absolute.<sup>14</sup>

Jonas speaks specifically of the need for an ethics of technology: “That ethics most generally speaking has a say in matters of technology, or that

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<sup>14</sup> Imposing limits is not easy in a society of individuals because any restriction can be seen as an attack on individual freedom. Also with MAP, insemination remains a relational act on two levels: the meeting of a spermatozoon and an oocyte belonging to flesh-and-blood subjects (a man and a woman who have ‘donated’ or sold their biological material) triggers a first-level relationship; this leads to the formation of an embryo and then a foetus and a baby with the genetic heritage of the first two social actors, who therefore have a second-level relationship (albeit only genetic) with the baby. The regulation of this relationship cannot be left to the free will of the individual and the market. Regulating it means, for example, imposing an age limit on women who want to use artificial insemination; limiting the number of attempts at implantation to prevent what is effectively a form of futile medical care if too many attempts are made; forbidding a subject or couple from buying or using oocytes and sperm donated by deceased subjects, even in the event of kinship ties; asking donors – whether male or female – to ‘come forth’ if the child asks to know their origins upon reaching adulthood; imposing a limit on the number of inseminations that can be carried out with the sperm of a single donor or asking the donor to authorise a number of inseminations; setting up gamete banks run by the state or closely monitored private centres; allowing the embryo to be treated to prevent serious diseases, completely banning the ability to select embryos on the basis of characteristics deemed important by the parental couple; banning surrogacy and placing the buying and selling of babies on the same level.

technology is subject to ethical considerations, follows from the simple fact that technology is an exercise of human power, that is, a form of action, and all human action is answerable to moral scrutiny” (Jonas 1982: 891).

Taking the above perspective as a starting point, this article will analyse the extent to which precise accentuation of the issue of individual rights and instrumental rationality influences the previously denied dream of being able to programme and plan one's own progeny. It will also examine the issue of how much freedom should be guaranteed to the child. In this respect, Habermas (2016) feels that the freedom of a child lies in inheriting an ‘unmanipulated genetic heritage’ at birth (with no manipulation allowed for purposes other than those in the child's interests).

### ***3.1 Different ‘reasons’: absolute rights vs subordinate rights, money vs gift***

Two indices were constructed to develop this analysis: rights-based reasons and money-based reasons. The former index includes evaluations that refer to principles of individual freedom and self-determination, which must be safeguarded in any case, and the latter collects appraisals that invoke money as an instrument to guarantee higher levels of individual freedom. The construction phase of the two indices took into account the fact that in the previous analysis of the research data – published in Di Nicola, Lonardi, Viviani (2018) – the sample of respondents adopted some extremely different cogent positions: in general, there is a slightly more widespread stance (around 50-55%) of those with a cautious if not critical attitude towards the various potential effects of MAP at an individual level and within the couple, family and society, but also a non-negligible percentage (approximately 45-50%) of respondents who see MAP as a viable path which is ‘right’ for having children without any particularly critical repercussions. Rather than revealing certainties, the results seem to highlight the ambivalences or difficulties that emerge when attempting to take a clear-cut position on heartfelt heated issues such as procreation, infertility, sterility, difficulties in having a child and the desire to have a child. The spread of new practices can transform these ambivalences into a new social imaginary: new ways to give meaning (new common sense knowledge) to generativity and procreation. In the light of this premise, it was decided to adopt polarisation in the construction of the indices by identifying those who disagreed (partially or totally) with the items used and those who agreed (totally or partially).

The following tables show the frequency distributions of the different items used to construct the two indices.

*TABLE 1. Percentage distribution of the items used for the construction of the index: rights-based reasons. % per line.*

Please express your level of agreement with the following statements	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
MAP is a form of insemination/reproduction without sex which everyone has a right to use: young people, adults, elderly people, men and women	19.2	33.3	32.8	14.7
MAP techniques require the construction of state-run databases to ensure that everyone has access regardless of their income	6.9	18.6	50.3	24.2
It is right that women try to overcome the limits of their bodies in any way possible	15.6	42.8	31.4	10.3
Surrogacy increases the level of control that women have over their bodies	23.6	39.7	25.7	9.2
A woman is free to do what she wants with her body (sell/give eggs or make her uterus available)	10.8	27.5	41.9	19.7

*TABLE 2. Percentage distribution of the items used in the construction of the index: money-based reasons. % per line.*

Please express your level of agreement with the following statements	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
MAP techniques must be managed under market conditions to guarantee maximum freedom of choice to citizens	18.6	31.9	34.7	14.7
Each male or female donor must be paid according to a precise contractual agreement	23.3	34.7	32.5	9.4
MAP techniques include the presence of donors (of eggs or sperm) who must be remunerated	23	31.1	33.1	11.9
It is right that a woman who provides her uterus to carry a pregnancy to term for a commissioning couple is paid	20.3	29.4	30.8	19.4
A surrogate mother must respect the terms of the contract and cannot have second thoughts	30	40	21.4	8.6

It will be noted – in line with what was stated above – that the distribution of the sample regarding the ten items is highly differentiated. The majority are placed in the middle categories, while an average of around 15-16% chose the highest value for all five items in the rights-based index and an average of approximately 12-13% selected the highest value for the five items in the money-based index. These distributions were used to construct two indices using the same logic: ‘rights-based reasons’ and ‘money-based

reasons'.<sup>15</sup> The two indices are distributed as follows over the whole sample (360 cases):<sup>16</sup>

- Rights-based reasons:

1. absent: 46.1%

2. present: 53.9%

-Money-based reasons:

1. absent: 49.4%

2. present: 50.6%.

It can be seen that there is an almost dichotomous distribution of the two indices in the sample of respondents: on the one hand those who believe that the use of MAP techniques must be regulated by the principle of subordinate rights (46.1% think that there must be restrictions) and on the other hand those who speak the language of absolute individual rights (53.9%); on the one hand those who believe that the use of MAP techniques must be regulated by the principle of gift or gratuitousness (49.4%) and on the other

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<sup>15</sup> For each of the two indices a value of 1 was given every time the respondent selected 3 and 4 and a value of 0 was given for 1 and 2. The distribution of the two indices varies between 0 (those who chose 1 and 2) and 5 (those who chose 3 or 4 at least once). The two indices were then dichotomised, dividing the sample between those who do not agree (absent) and those who agree (present) with the underlying aspect of the two indices. There were no non-answers in the distribution of the 10 items used to construct the two indices.

<sup>16</sup> The names given to the two indices are based on the following assumptions. Rights-based reasons express the position of those who believe that individual rights and freedoms must be safeguarded when assessing certain aspects, issues and problems of MAP, maintaining that it must be open to everyone, managed by the state and that women are free to do what they want with their bodies. This index shows the contrast between absolute individual rights and subordinate rights, the presence or absence of legal and health restrictions on access to MAP. Money-based reasons express the position of those who feel that instrumental rationality – in particular the logic of money and the logic of contract – should be favoured in the management of different situations when assessing certain problems raised by MAP. In the first case, it is either accepted or not accepted that MAP must impose limits on the freedom of individual choice, while in the second case the logic of money is either accepted or not accepted. The second index shows the polarity between gift and contract, acting out of love or money. Those who act according to contractual logic believe that the mere presence of monetary exchange and a written contract in the case of surrogacy prevents any form of dispute between the parties: the money enables an 'equal' exchange that creates no debt between the parties. In the case of surrogacy, the stipulation of a contract establishes strict control on the lifestyle of the surrogate mother (for example, not having sexual relations with her partner, leading a healthy lifestyle) and acceptance of any healthcare measure for the good of the unborn baby such as selective abortion in the event of a multiple pregnancy, even if the woman does not want to abort for various reasons. In cases with a written contract, the surrogate mother cannot claim any right to the baby she has given birth to. The two indices are not mutually exclusive, inasmuch as they were constructed using different variables referring to different aspects but are connected (Pearson correlation coefficient: .267, sig. ,000). Indeed, rights-based reasons and money-based reasons both contribute to the definition of a new social imaginary of procreation.

hand those who invoke the logic of contract and money (50.6%). The distribution of the two indices confirms the findings of other analysis conducted on the same data (Di Nicola, Lonardi, Viviani, 2018): with regard to the broad spectrum of issues raised by MAP, the sample of respondents adopts two positions which are divergent but transversal with regard to traditional profile variables. This confirms the fact that the social imaginary of procreation and generativity is changing significantly: on the one hand there are those who believe that procreation is the result of an encounter between two gametes, that there is still something unmeasurable about the result of this meeting (at least with regard to the genetic heritage of the unborn baby) and that new reproduction technologies must play a facilitating role, only assisting the natural process and intervening in a reparative capacity; on the other hand there are those who believe that technology can play a suppletive role, replacing nature and creating new conditions for the meeting of two gametes, neither of which necessarily belongs to the intended parents. The distribution of these two positions is transversal with regard to sex and age – only geographical location, religious practice and level of education have a significant influence on the propensity to adopt one of the two positions.

With regard to the index of rights-based reasons,<sup>17</sup> there are no distribution differences between men and women; subjects aged between 37 and 45 follow rights-based reasons in 56.7% of cases (compared to the average of 53.6%), while the younger age group (25-36) is less convinced, rejecting them in 48.9% of cases compared to the general average of 46.1%. Having or not having children does not have a significant influence on the distribution of the index: those with children fall within the acceptance area of the index in 54.2% of cases, compared to 53.6% of those who are childless and the general percentage of 53.9%. The acceptance area of the index is most highly populated by residents in Campania (60.8%), followed by those in Emilia Romagna (51.7%), while just over half of those in Veneto (50.8%) are on the side of disagreement, with a 4 percentage-point gap compared to the general distribution (46.1%). Rights-based reasons are followed above all by those who say they are atheists or never attend religious worship (60.4%, compared to the general reference value of 53.9), while regular religious practice favours an attitude of slight disagreement with the index (absent in 49.4% of cases, compared to 46.1% of the total of those who disagree). With regard to marital status, while there are no significant differences in the

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<sup>17</sup> In the analysis of the distribution of the profile variables of the (independent) respondents with regard to the two aspects (absent and present) of the indices, the comparison is made with the distribution out of the total number of cases (360), which is indicated as average value, average value percentage and reference value.

distribution of the index between single and married people, it is above all separated and divorced people who reject rights-based reasons (77.8%, compared to the average distribution of those who disagree of 46.1%). Rights-based reasons are invoked above all by people with a low level of education (80.0%), while the distribution of respondents with higher levels of education in the index is in line with the general distribution (rejection of index: 46.1%, acceptance of index: 53.9%). 56.1% of those living alone reject the index (reference value: 46.1%), while it is accepted above all by those in a childless couple (59.2% compared to the general reference value of 53.9%).

Money-based reasons are more likely to be invoked by men than women (51.1% vs 49.4) and residents in Campania (58.3% compared to the general average percentage of 50.6%), while they are perceived less by residents of Emilia-Romagna (55.0%, compared to the average percentage of 49.4%). The younger age bracket (25-36) is more sensitive to instrumental rationality (51.7%), while the older group (37-45) tends to distance itself (50.6%). As for the previous index, lack of religious practice favours an attitude that agrees with money-based reasons (57.1%, compared to the general percentage of 50.6%). Conversely, those who worship regularly or attend places of worship when obliged to do so – respectively 56.8% and 54.2% of cases – distance themselves from instrumental rationality (average reference percentage: 49.4%). With regard to marital status, while unmarried people reject instrumental rationality (money-based reasons) in 51.2% of cases (compared to the reference value of 49.4%), separated and divorced people accept it in 55.6% of cases (general reference value: 49.4%). Albeit with a lower intensity than in the previous index, subjects with a lower level of education adhere to the logic of instrumental rationality in 60.0% of cases (compared to the general reference value of 50.6%), while the distribution of subjects with a higher level of education is not significantly different from the general pattern (acceptance: 50.6%, disagreement: 49.4%). Those in a childless couple are less sensitive to the logic of money (56.1%), while those in couples with children agree more with instrumental rationality (53.2%).

The distribution of the sample over the two indices confirms the findings of the other analysis. Regarding the issues and problems of MAP, the sample of respondents expresses highly differentiated positions, attitudes and judgements, showing that use of these techniques raises ethical dilemmas about which they do not always feel able to adopt clear specific positions. From the distribution of the two indices examined, it can be said that in general men are more likely than women to adopt the logic of money, perhaps because they are less involved in the broad issue of procreation, but in terms of rights men and women assume identical positions. In general, subjects with a low level of education express stronger attitudes of acceptance both

regarding rights and money, just as those who do not practise a religion or declare themselves atheists are more positive. Residents in Campania fall within the area of acceptance of the two indices, almost as if the value attributed to children and filiation in this socio/cultural context justified any path leading to them. The younger age bracket is more likely to follow money-based reasons, while the older group identifies more with rights-based reasons. Divorcees and separated people stress money-based reasons but noticeably reject rights-based reasons. Finally, those in childless couples are more open to rights-based reasons, distancing themselves from money-based reasons.

The data examined thus far confirms Taylor's claims about changes in imaginaries: after new theories and knowledge have been introduced, practices start to transform and gradually occur alongside older and more traditional practices – they do not undermine the latter but are experienced and perceived as normal. The new theories and knowledge (and corresponding practices) promoted and favoured by MAP are essentially supported and fuelled by two social processes that currently exist side by side. Firstly, there is the gradual slide of individualism (seen as the centrality of individual and absolute rights but within a dialogical, intersubjective and relational social and political context) into narcissism, which also loses sight of the dialogic and interobjective aspect of individual rights as they are irrelevant to the subject. Secondly, there is the slow penetration of market forces into previously untouched areas of life dominated by instrumental rationality – procreation. MAP techniques promise men and above all women that they can have a child when and how they want with the right financial resources. This embodies the gradual transition from the complex of the 'desire for a child' to the complex of the 'child of one's desire'.

### ***3.2 The children of one's desire***

What does a couple expect from MAP and what does MAP promise? Which baby takes shape in the social imaginary of parents? In order to answer these questions, the two constructed indices will be intersected with a series of variables concerning above all the programmed and planned baby. The work undertaken to construct the two indices analysed above aimed to investigate whether and to what extent proximity to or distance from rights- and money-based reasons influences certain decisions or choices that the couple or individual might make with regard to MAP techniques.

Preimplantation diagnosis is one of the first steps that the intended parents or single parent can/must take after the embryo has been formed. It is a procedure always used by couples who know there is a high probability of

transmitting a hereditary disease to the baby, but it is also used by couples who want to know in advance that the baby will not have any problems and is healthy: a just desire that all diagnostics related to pregnancy has attempted to satisfy since the end of the nineteenth century (Filippini, 2017; Prasad, 2014).

If the result of the preimplantation diagnosis is unfavourable and medical science can do nothing to correct the problem, the woman or intended parents are faced with the first major ethical dilemma: whether or not to proceed with the implantation, knowing full well that the embryos cannot be destroyed or experimented with. The preimplantation diagnosis presents the couple – above all the woman – with the dilemma of the contrast between her right to choose what to do and the right to life of the embryo that she has helped to create. Without entering into the bioethical debate on the nature of the embryo, which is outside the framework of this article, it can be said that the emphasis on individual rights tends to put the right of the embryo in a subordinate position to the woman's rights, while the emphasis on instrumental rationality considers the position of the woman who decides not to continue with the implantation to be the most rational one as it satisfies the woman's interest by not giving birth to a baby with problems and the potential baby's interest by avoiding a life full of difficulties.

TABLE 3. *Preimplantation diagnosis and distribution of indices.*

Do you think it is right that preimplantation diagnosis is made before starting MAP procedures to see if the baby has any hereditary diseases?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never	6.6	2.6	5.1	3.8
Yes, in cases where there is a high likelihood of transmitting genetic and hereditary diseases	45.2	37.6	44.4	37.9
Yes, always	48.2	59.8	50.6	58.2

As Tab. 3 shows, both respondents who follow rights- and money-based reasons tend to see preimplantation diagnosis as a procedure to adopt in any case to safeguard the interests of the woman and the baby. Regarding preimplantation diagnosis, advocates of individual rights show a clearer position than those who support money-based reasons, but around 58-60% of both groups believe that the diagnosis must always be made.

At centres where MAP is available, couples are offered the opportunity to choose certain characteristics of their child.<sup>18</sup> In general, as Tab. 4 shows, fears

<sup>18</sup> The 'selection' of certain characteristics 'desired' by the intended parents is made by choosing from donor profiles which refer to the phenotype (height, colour of eyes and hair) and other characteristics such as level of education, aptitudes (for example a talent for music, sport or manual work), intelligence quotient, academic performance, healthy lifestyle (not smoking, not drinking, no addictions, no tendency for promiscuous sexual relations) and so on. Those with

about race selection are felt by slightly over a third of respondents who disassociate themselves from the two indices and by around a quarter of those who reason on the basis of rights or money. The logic of rights and instrumental rationalism tends to diminish the consideration that children cannot and must not be ‘engineered’, while maintaining a positive view of some form of planning in order to have children that comply with certain characteristics deemed positive and know in advance how to relate to the child.

TABLE 4. *Preimplantation diagnosis and distribution of indices.*

In general, is it right that a parent can select the characteristics of a child?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never, because it would mean race selection	33.1	25.3	33.1	24.7
No, never, because a baby cannot be genetically engineered	53.0	38.7	53.4	37.4
Yes, because it is right that parents ensure that the child has certain characteristics deemed positive	11.4	26.8	12.4	26.9
Yes, because parents would know in advance how to raise the child and satisfy his or her needs	2.4	9.3	1.1	11.0

The first question asked by parents, relatives and friends when they see a newborn baby for the first time is: who does it look like? They often try to find traces of the mother and father in the baby’s face (nose, mouth, chin, shape of eyes and so on). Everyone ultimately agrees that a healthy baby is much more important than resemblance, but in symbolic terms seeing certain parental features in the baby is the first form of attributing an identity ratified by legal recognition. It should therefore come as no great surprise that almost half of our sample feel that it would be right to choose certain physical characteristics that recall the parental phenotype when using MAP. The other characteristics (characterial and vocational) are less important. Nevertheless, regarding this variable, Tab. 5 shows that those who follow rights- and money-based reasons attribute more importance to being able to select character traits and aptitudes than physical characteristics.

With regard to MAP, it seems that those who reason in terms of individual rights – which then become the child’s rights – and those who think that MAP should be regulated by the financial and contractual principle hope/want to minimise the friction created by the baby and reduce

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sufficient financial resources can ask for a more in-depth genetic profile of the donor. In terms of marketing, many centres and institutes ‘promise’ much more. After analysing the advertising messages of many American centres using statements to the press made by their managers, researchers such as M. Sandel (2007) believe that many promises are actually kept and that the main objective is to meet the consumer’s needs and requests.

socialisation problems as the decision to use MAP is a complex and onerous choice – the product must not disappoint.

TABLE 5. *The preferred characteristics and distribution of the indices.*

With MAP techniques, the couple can choose certain characteristics. Which characteristics is it right to choose?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
Physical: sex, height, eye colour				
Yes	47.6	60.8	43.8	65.4
No	52.4	39.2	56.2	34.6
Character traits: empathy, congeniality				
Yes	12.7	20.1	10.1	23.1
No	87.3	79.9	89.9	76.9
Aptitude for certain activities (sport, music etc.)				
Yes	14.5	20.6	10.7	24.7
No	85.5	79.4	89.3	75.3

TABLE 6. *Unfulfilled expectations and distribution of the indices.*

It is possible that a baby born using MAP is different from its parents' expectations in somatic and/or physical terms. Given the effort made, in your opinion...	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
The parents should accept the baby as it is	88.6	88.1	91.6	85.2
The parents should be allowed a trial period to decide	6.6	7.7	5.6	8.8
The parents should be allowed to reject the baby	4.8	4.1	2.8	6.0

If expectations about the baby's physical and characterial traits are unfulfilled after the birth, our sample largely shows an enlightened attitude of acceptance, which in many respects recalls the way in which parents have to embrace the imponderable at each new birth. As Tab. 6 shows, although those who follow rights- and money-based reasons are slightly more likely to suggest giving parents time 'to think about it', very few respondents think that a parent has the right to reject a baby (even though the percentage for those following money-based reasons is slightly higher: 6.0% vs 2.8% of those who disassociate themselves from this logic).

Determining certain characteristics of a planned child and in general planning a child outside the still prevalent model of a heterosexual couple procreating through the sexual act means making choices that have a profound and irreversible influence on the child's life. Parents have always transmitted their genetic heritage to their children and influenced their living environment on the basis of their social position and socialisation processes, offering some opportunities while restricting others. However, in many respects children can partially call into question everything shaped through socialisation and inter-generational changes have been marked by natural obvious struggles for the recognition of identities conducted by generations of

children against their parents, above all at times of great social change and mobility. You can argue with and contest a flesh-and-blood father, you can mourn the loss of a father who has died or gone away and you can feel anger towards a father who refused to acknowledge you, but how should you relate to a father who is absent due to your mother's decision or because he is an anonymous donor who wants to remain such, a father who acted for financial gain and may have spawned many other children (who are therefore your siblings) that you do not know? Teenagers might ask their mothers these same questions. It is not a matter of reasoning and defending the positions of those who say that 'test tube children' should know the answers to these questions; the problem is that test tube children must be guaranteed the right to hold to account the parents who raised them about the decisions they made – in which the children had no say – and for which they cannot invoke chance or the unpredictability of life events.

*TABLE 7. Rights of children to hold parents accountable for their choices and distribution of the indices.*

A genetically engineered child must be guaranteed the right, upon reaching adulthood, to hold their parents accountable for their choices	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never	24.1	22.2	23.6	22.5
Only in certain cases	23.5	30.4	24.2	30.2
Yes, always	52.4	47.4	52.2	47.3

With regard to the opportunity to explain choices to children (see Tab. 7), about 50% of our sample think that this right needs to be guaranteed. However, those who follow rights- and money-based reasons are less sensitive to this issue and are more likely to say that the right must only be guaranteed in some cases and less likely to say that it must always be guaranteed.

*TABLE 8. Right of children to file charges against parents for their choices and distribution of the indices.*

Can genetically engineered children file charges against their parents if they believe they have characteristics that have had a negative influence on their life?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never	55.4	53.1	55.1	53.3
Only in certain cases	30.7	32.5	30.9	32.4
Yes, always	13.9	14.4	14.0	14.3

More than 50% of the sample deny a child's right to take legal action against their parents regarding the choices made (see Tab. 8), with slightly less acceptance among those who follow rights- and money-based reasons. However, with regard to this variable, the distribution of the sample tends to

be homogeneous between the different levels of acceptance of the indices, probably also because the idea of filing charges against one's parents for making certain choices seems somewhat unlikely, at least in the Italian cultural system.<sup>19</sup>

With heterologous MAP techniques and surrogacy there is always a third party present who is unconnected to the couple and makes procreation possible by donating sperm or oocytes or providing her uterus to carry the pregnancy to term. These are genetic parents and, in the case of surrogacy using oocytes not taken from the surrogate mother, biological mothers. They are therefore essential figures for realising the procreation project of a couple (whether heterosexual or homosexual) or a single person (who decides to have a child despite not having a stable relationship at the moment of procreation) who in principle tend to disappear at the time of insemination (with heterologous MAP) or birth (with surrogacy). There are cases in which the intended parents and the surrogate mother maintain relations, but this does not happen in the majority of cases (Berend, 2012). Donors – above all men – are anonymous by definition, while the surrogate mother usually hands over the baby after birth in accordance with specific contractual agreements. The intended parents tend to want to remove any third parties from the baby's life, starting from the assumption that children belong to 'those that raise them'. The effort made and the struggle borne (not only in financial terms) justify this wish for exclusivity in the relationship with their much desired child.

TABLE 9. *The presence of donors and distribution of the indices.*

In your opinion, is it right that sperm or oocyte donors have a relationship with the baby whose birth they have contributed to?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never. Donors must not have any relationship with the intended parents and the baby.	38.6	34.5	35.4	37.4
No, unless the child specifically asks to meet the donor.	32.5	37.6	37.6	33.0
Yes, but only if the intended parents agree.	19.9	19.6	16.9	22.5
Yes, it must always be guaranteed to every donor.	9.0	8.2	10.1	7.1

The sample of respondents takes the same line (see Tab. 9): regardless of their proximity to rights- or money-based reasons, in more than 30% of cases they think that donors must not have any relationship with the intended parents and the baby. It is important to stress, however, that those who follow

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<sup>19</sup> The press has sometimes referred to children with disabilities who have filed charges against their parents for not having aborted despite knowing that their child would have problems. Such cases have occurred in the United States. However, considering that children with disabilities have such a high level of physical and emotional dependency on their parents, legal action seems somewhat unlikely.

rights-based reasons tend to underline the child's right 'to ask', while those who follow money-based reasons favour the commissioning couple's right to grant consent and more frequently assume a position of denial.

TABLE 10. *The search for origins and distribution of the indices.*

The adoption laws recognise an adopted child's right to track down their father and mother and know their genetic and biological origins. Should children born using MAP also be given this right?	Rights-based reasons		Money-based reasons	
	Absent	Present	Absent	Present
No, never, because they are the commissioning couple's or intended parent's children, not the donors' children.	27.7	28.4	29.8	26.4
No, never, because it might destabilise the child.	16.3	11.3	12.9	14.3
Yes, but only if the donors grant their consent.	27.7	37.9	30.9	35.2
Yes, the right to know one's origins must always be guaranteed also to children born through MAP.	28.3	22.7	26.4	24.2

Regarding the right of children born through MAP to know their origins, our sample is divided almost equally between those who believe that it must never be guaranteed and those (a slightly larger group) who think instead that it must always be guaranteed (see Tab. 10). However, those who follow rights- and money-based reasons subordinate the child's right to know their origins to the donor's consent (respectively 37.9% and 35.2%). The fear that knowledge of the donors could upset the child is expressed by about 12-16% of the sample, with a slight predominance of those who reject the logic of rights (16.3%).

#### 4. Conclusions: the ambivalence, potential and risks of MAP

The data analysis conducted above demonstrates that the 'temptation' to 'engineer' children is present in our sample, with more than half of cases seeing the appeal for different reasons (individual rights and instrumental rationality, contractual logic). The word 'temptation' is used rather than tendency for various motives: because our sample is not representative, because we do not know whether the respondents have used MAP techniques, because there are not large differences between presence and absence in the two indices although they exist and finally because the opportunities to genetically determine certain characteristics of an embryo are less real and concrete than many science-fiction films have led us believe, although such options were included in the questionnaire to see how 'sensitive' our sample was to potential future scenarios of genetic

engineering.<sup>20</sup> In this field, as genetics, biology and medical science are taking giant steps forward, the probability or possibility of falling into temptation increases – the mass media, specialist journals and even the popular weekly press increasingly cover the progress being made. Medically assisted procreation techniques have entered our social imaginary, taking shape as instruments that can satisfy the need-desire for a child even among those who are unable to have one, undermining the more traditional practice of adoption. They are shaping the common sense knowledge that influenced reproductive practices in new terms by saying that ‘technology can reach the places that nature is unable to’ and that – perhaps the most ethically problematic aspect – a baby can be seen as a commodity with market value. New practices are therefore possible, currently placed alongside the more traditional practices which see insemination and the birth of a baby as something which still has the appeal of mystery and the imponderable, and is not totally open to free individual choice. However, a dialectic is often set up between old and new practices, whereby the latter can make the former more difficult and less advantageous. For example, the increase in the use of MAP in industrialised countries from the 1990s onwards ‘does not seem to be justified by a drop in fertility over time [...] but by a greater supply of treatment, sometimes even dictated by “market” needs, as a WHO recommendation outlined around fifteen years ago [...] In other words, the desire for a “biological child at all costs”, which is especially urgent for women who are latecomers to the reproductive field, often becomes such – perhaps to an exaggerated extent – precisely because MAP exists and expresses the demand that seeks a response in an almost immediate medical supply’ (De Rose, Dalla Zuanna 2013: 128). At the same time, the increase in the use of MAP to have children is accompanied by a decrease in adoptions (De Rose, Dalla Zuanna 2013; Di Nicola, Lonardi, Viviani, 2018).

The data analysed suggest that a strong accentuation of rights- and money-based reasons makes respondents slightly less alert to the risks of eugenics, more sensitive to the opportunities for selecting certain character and aptitude traits of the child (to reduce and restrict parenting difficulties) and less inclined to safeguard the child’s right to know their origins. As mentioned above, it is a matter of temptations not tendencies, subtle hints of

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<sup>20</sup> An apt example is Andrew Niccol’s wonderful film *Gattaca*, made in 1997 (the title was obtained by combining the initial letters of the four nucleobases of DNA: guanine, adenine, thymine and cytosine). The film describes a perfect happy society without any social conflict in which there is a clear distinction between ‘valid’ people with the ‘perfect’ engineered genetic makeup who constitute the upper class and ‘invalid’ people born with their natural genetic heritage who constitute the lower class and do unskilled jobs. Eugenic control is used to create and control the division and discrimination between social classes.

attitudes and positions which could, however, harden and make the 'child of one's desire' the framework within which men and women implement new reproductive practices.

The hardening of these temptations-tendencies may have wide-ranging repercussions on individuals, couples and indeed society. The strong emphasis on absolute individual rights could be transformed into a narcissism that denies the importance of the other (and relations with the other) as a constituent element of the self and justifies manipulative practices of the other to achieve individual goals and desire. Partnerships thus lose importance (whether heterosexual or same-sex) and it becomes increasingly difficult to have 'meaningful' relationships. In its role as the female specific – for better or worse – underpinning the partnership contract, maternity with the corresponding treatment becomes an entirely female duty, relieving the man of any responsibility (sperm donors are 'anonymous' by definition), while the woman's body becomes an object under the total and increasingly pervasive control of medical knowledge. This control finds total fulfilment in surrogate mothers, who effectively become mere containers that have nothing to do with the baby they carry. There is an increasing number of private centres offering MAP, collection centres for gametes donated by subjects against payment (Maturo, 2009), laboratories that make preimplantation diagnosis, form embryos and carry out insemination, and societies which recruit women willing to act as surrogate mothers in countries where it is legal. These centres, laboratories and societies operate according to strict market logic, offering a range of fee-based services through marketing. In terms of social impact, these centres are in line with the strong tendency to commodify public goods and care work, foregrounding the principle that anything can be obtained 'by paying' and, above all, that those with money to spend will obtain the best services. The risk is a new form of social and economic inequality between those who have money and those that do not, between rich and poor women, rich and poor countries, and poor women in poor countries and rich women in poor countries. These poor women have no access to 'reproductive rights', as they were defined as long ago as 1964 at the Tehran Conference.

Being aware not only of the potential but also of the limits, risks and social repercussions of MAP techniques means having awareness of the permeability of instrumental rationality, which risks becoming the only 'underlying principle' of our increasingly global and interconnected societies (Sassen, 2015). Having this awareness does not mean totally rejecting MAP, but requires the ability to develop 'reflective know-how' that makes the new reproductive practices an extra resource in the hands of men and women rather than an instrument of subjugation to reproductive policies that increase human dependency on technology even to exercise a right of humanity that is

so commonplace that it has never been sufficiently addressed: the right to survival of the human species.

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